

**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-P]

RIN 0938-A156

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

**AGENCY:** Health Care Financing Administration (HCFA), HHS, and Office of Inspector General (OIG), HHS.  
**ACTION:** Proposed rule.

**SUMMARY:** As required by sections 4521, 4522, and 4523 of the Balanced Budget Act of 1997, this proposed rule would eliminate the formula-driven overpayment for certain outpatient hospital services, extend reductions in payment for costs of hospital outpatient services, and establish in regulations a prospective payment system for hospital outpatient services (and for Medicare Part B services furnished to inpatients who have no Part A coverage). The prospective payment system would simplify our current payment system and apply to all hospitals, including those that are excluded from the inpatient prospective payment system. The Balanced Budget Act provides for implementation of the prospective payment system effective January 1, 1999, but delays application of the system to cancer hospitals until January 1, 2000. The hospital outpatient prospective payment system would also apply to partial hospitalization services furnished by community mental health centers.

Although the statutory effective date for the outpatient prospective payment system is January 1, 1999, implementation of the new system will have to be delayed because of year 2000 systems concerns. The demands on intermediary bill processing systems and HCFA internal systems to become compliant for the year 2000 preclude making the major systems changes that are required to implement the prospective payment system. The outpatient prospective payment system will be implemented for all hospitals and community mental health centers as soon as possible after January 1, 2000, and a notice of the anticipated implementation date will be published in the **Federal Register** at least 90 days in advance.

This document also proposes new requirements for provider departments and provider-based entities. These proposed changes, as revised based on our consideration of public comments, will be effective 30 days after publication of a final rule.

This proposed rule would also implement section 9343(c) of the Omnibus Budget Reconciliation Act of 1986, which prohibits Medicare payment for nonphysician services furnished to a hospital outpatient by a provider or supplier other than a hospital, unless the services are furnished under an arrangement with the hospital. This section also authorizes the Department of Health and Human Services' Office of Inspector General to impose a civil money penalty, not to exceed \$10,000, against any individual or entity who knowingly and willfully presents a bill for non-physician or other bundled services not provided directly or under such an arrangement.

This proposed rule also addresses the requirements for designating certain entities as provider-based or as a department of a hospital.

**DATES:** Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on November 9, 1998.

**ADDRESSES:** Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1005-P, P.O. Box 26688, Baltimore, MD 21207-0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-09-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-1005-P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309-G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

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**FOR FURTHER INFORMATION CONTACT:** Janet Wellham, (410) 786-4510 (for general information). Joel Schaeer (OIG), (202) 619-0089 (for information concerning civil money penalties).

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).

George Morey (410) 786-4653 (for information related to the determination of provider-based status).

Janet Samen (410) 786-9161 (for information on the application of APCs to community mental health centers).

**SUPPLEMENTARY INFORMATION:** To assist readers in referencing sections contained in this document, we are providing the following table of contents.

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- In addition, because there are many terms to which we refer by acronym in this rule, we are listing these acronyms and their corresponding terms in alphabetical order below:
- APC Ambulatory payment classification
- APG Ambulatory patient group
- ASC Ambulatory surgical center
- BBA Balanced Budget Act of 1997
- CAH Critical access hospital
- CCI [HCFA's] Correct Coding Initiative
- CCR Cost center specific cost-to-charge ratio
- CHAMPUS Civilian Health and Medical Program of the Uniformed Services
- CMHC Community mental health center
- CMP Civil money penalty
- CORF Comprehensive outpatient rehabilitation facility
- CPT [Physicians'] Current Procedural Terminology, 4th Edition, 1998, copyrighted by the American Medical Association
- DME Durable medical equipment
- DMEPOS DME, orthotics, prosthetics, prosthetic devices, prosthetic implants and supplies
- DRG Diagnosis-related group
- EACH Essential access community hospital
- ESRD End-stage renal disease
- FDO Formula-driven overpayment
- FQHC Federally qualified health center
- HCPCS HCFA Common Procedure Coding System
- HHA Home health agency
- ICD-9-CM International Classification of Diseases, Ninth Edition, Clinical Modification
- IME Indirect medical education
- IOL Intraocular lens
- MDC Major diagnostic category
- MDH Medicare dependent hospital
- MedPAC Medicare Payment Advisory Commission
- MSA Metropolitan statistical area
- NECMA New England County Metropolitan Area
- OBRA Omnibus Budget Reconciliation Act
- PPS Prospective payment system
- RHC Rural health clinic
- RPCH Rural primary care hospital
- RRC Rural referral center
- SCH Sole community hospital
- SGR Sustainable growth rate
- SNF Skilled nursing facility
- TEFRA Tax Equity and Fiscal Responsibility Act of 1982
- I. Background**
- As the Medicare statute was originally enacted, Medicare payment for hospital services (inpatient and outpatient) was based on hospital-specific reasonable costs attributable to serving Medicare beneficiaries. Later, the law was amended to limit payment to the lesser of a hospital's reasonable costs or to its customary charges. In 1983, section 601 of the Social Security Amendments of 1983 (Public Law 98-21) completely revised the cost-based payment system for most hospital inpatient services by enacting section 1886(d) of the Social

Security Act (the Act). This section provided for a prospective payment system (PPS) for acute inpatient hospital stays, effective with hospital cost reporting periods beginning on or after October 1, 1983.

Although payment for most inpatient services became subject to a PPS, hospital outpatient services continued to be paid based on hospital-specific costs, which provided little incentive for hospital efficiency for outpatient services. At the same time, advances in medical technology and changes in practice patterns were bringing about a shift in the site of medical care from the inpatient to the outpatient setting. During the 1980s, the Congress took steps to control the escalating costs of providing outpatient care. The Congress amended the statute to implement across-the-board reductions of 5.8 percent and 10 percent to the amounts otherwise payable for hospital operating costs and capital costs, respectively, and legislated a number of different payment methods for specific types of hospital outpatient services. These methods included fee schedules for clinical diagnostic laboratory tests, orthotics, prosthetics, and durable medical equipment (DME); composite rate payment for dialysis for persons with end-stage renal disease (ESRD); and payments based on blends of hospital costs and the rates paid in other ambulatory settings such as separately certified ambulatory surgical centers (ASCs) or physician offices for certain surgery, radiology, and other diagnostic procedures. Nevertheless, Medicare payment for services performed in the hospital outpatient setting remains largely cost-based.

In section 9343(f) of the Omnibus Budget Reconciliation Act of 1986 (OBRA 1986) (Public Law 99-509) and in section 4151(b)(2) of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508), the Congress required the Secretary to develop a proposal to replace the current hospital outpatient payment system with a PPS and to submit a report to the Congress on the proposed system. In OBRA 1986, the Congress paved the way for development of a PPS, under section 9343(g), by requiring fiscal intermediaries to require hospitals to report claims for services under the HCFA Common Procedure Coding System (HCPCS), and, under section 9343(c), by extending the prohibition against unbundling of hospital services under section 1862(a)(14) of the Act to include outpatient services as well as inpatient services. HCPCS coding enabled us to determine what specific procedures and services were being

billed, while the extension of the prohibition against unbundling ensured that all nonpractitioner services provided to hospital outpatients would be billed only by the hospital, not by an outside supplier, and, therefore, would be reported on hospital bills and captured in the hospital outpatient data that could be used to develop an outpatient PPS.

Section 1866(g) of the Act, as added by section 9343(c) of OBRA 1986, and amended by section 4085(i)(17) of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Public Law 100-203), also authorizes the Department of Health and Human Services' Office of Inspector General to impose a civil money penalty (CMP), not to exceed \$2,000, against any individual or entity who knowingly and willfully presents a bill in violation of an arrangement (as defined in section 1861(w)(1) of the Act).

A proposed rule to implement section 9343(c) was published in the **Federal Register** on August 5, 1988. However, those regulations were never published as a final rule, so we are including them in this regulation and will implement them as part of the final regulation implementing the hospital outpatient PPS.

The Secretary submitted a Report to Congress on March 17, 1995. The report summarized the research HCFA conducted in searching for a way to classify outpatient services for purposes of developing an outpatient PPS. The report cited Ambulatory Patient Groups (APGs), developed by 3M-Health Information Systems under a cooperative grant with HCFA, as the most promising classification system for grouping outpatient services and recommended that APG-like groups be used in designing a hospital outpatient PPS.

The report also presented a number of options that could be used, once a PPS was in place, for addressing the issue of rapidly growing beneficiary copayment. As a separate issue, we recommended that the Congress amend the provisions of the law pertaining to the blended payment methods for ASC surgery, radiology, and other diagnostic services to correct an anomaly that resulted in a less than full recognition of the amount paid by the beneficiary in calculating program payment (referred to as the formula-driven overpayment).

The Balanced Budget Act of 1997 (BBA) (Public Law 105-33), enacted on August 5, 1997, contains a number of provisions that affect Medicare payment for hospital outpatient services. The purpose of this proposed rule is to implement sections 4521, 4522, and

4523 of the BBA and section 9343(c) of OBRA 1986. Section 4521 of the BBA eliminates the formula-driven overpayment effective for services furnished on or after October 1, 1997. Because of the October 1, 1997 effective date, HCFA has already taken action to implement this provision. Section 4522 extends the current cost reductions of 5.8 percent and 10 percent (applicable to hospital outpatient operating costs and hospital capital costs, respectively) through and including December 31, 1999.

Section 4523 of the BBA amends section 1833 of the Act by adding subsection (t), which provides for implementation of a PPS for most hospitals for outpatient services furnished on or after January 1, 1999 and for cancer hospitals that are excluded from inpatient PPS for services furnished on or after January 1, 2000. We note that while the statutory effective date for the outpatient PPS is January 1, 1999, implementation of the new payment system will have to be delayed because of year 2000 systems concerns. The demands on intermediary bill processing systems and HCFA internal systems to become compliant for the year 2000 preclude making the major systems changes that are required to implement the PPS. See Section XI of this preamble ("Delay in Implementation") for a more detailed explanation of the reasons for delay. The outpatient PPS will be implemented as soon as possible after January 1, 2000. A notice of the anticipated implementation date will be published in the **Federal Register** at least 90 days in advance. The rates that will go into effect on the implementation date will apply to all hospitals including cancer hospitals described in section 1886(d)(1)(B)(v) of the Act. The rates will be based on the rates that would have been in effect January 1, 1999 updated by the rate of increase in the hospital market basket minus one percentage point.

Section 1833(t)(1)(B) of the Act authorizes the Secretary to designate the hospital outpatient services that would be paid under the PPS. Section 1833(t)(1)(B) also requires that the outpatient PPS include inpatient services covered under Part B for beneficiaries who are entitled to Part A benefits but who have exhausted their Part A benefits or otherwise are not in a covered Part A stay. However, section 1833(t)(1)(B) specifically excludes as covered services under the outpatient PPS ambulance services and physical and occupational therapy, and speech-language pathology services, for which separate fee schedules are required by

statute. (See section 4531 of the BBA for amendments pertaining to ambulance services and section 4541 for amendments pertaining to outpatient rehabilitation services.)

Section 1833(t)(2) of the Act stipulates certain requirements for the hospital outpatient PPS. The Secretary is required to develop a classification system for covered outpatient services which may consist of groups arranged so that the services within each group are comparable clinically and with respect to the use of resources. In addition, this section specifies data requirements for establishing relative payment weights, which are to be based on median hospital costs determined by data from the most recent available cost reports; requires that the portion of the Medicare payment and the beneficiary copayment that are attributable to labor and labor-related costs be adjusted for geographic wage differences; and authorizes the establishment of other adjustments, such as outlier adjustments or adjustments for certain classes of hospitals, that are necessary to ensure equitable payments. All adjustments are required to be made in a budget neutral manner. This section concludes with the requirement that a control on unnecessary increases in the volume of covered services be established.

Section 1833(t)(3) provides for a new method of calculating beneficiary copayment. It freezes beneficiary copayment at 20 percent of the national median charges for covered services (or group of covered services) furnished during 1996 and updated to 1999 using the Secretary's estimated charge growth from 1996 to 1999. This section specifies how beneficiary deductibles are to be treated in calculating the Medicare payment and beneficiary copayment amounts and requires that rules be established regarding determination of copayment amounts for covered services that were not furnished in 1996. Further, it prescribes the formula for calculating the initial conversion factor used to determine Medicare payment amounts for 1999 and the method for updating the conversion factor in subsequent years.

Sections 1833(t)(4) and (t)(5) describe the basis for determining the Medicare payment amount and the beneficiary copayment amount for services covered under the outpatient PPS. The latter section requires the Secretary to establish a procedure whereby hospitals may voluntarily elect to reduce beneficiary copayment for some or all covered services to an amount not less than 20 percent of the Medicare payment amount. Hospitals are further allowed to advertise any such

reductions of copayment amounts. Section 4451 of the BBA added section 1861(v)(1)(T) to the Act, which stipulates that bad debts will not be recognized on any copayment the hospital elects to reduce.

Section 1833(t)(6) authorizes periodic review and revision of the payment groups, relative payment weights, wage index, and conversion factor.

Section 1833(t)(7) describes how payment is to be made for ambulance services, which are specifically excluded from the outpatient PPS under section 1833(t)(1)(B).

Section 1833(t)(8) provides that the Secretary may establish a separate conversion factor for determining services furnished by cancer hospitals excluded from inpatient PPS under this PPS.

Section 1833(t)(9) prohibits administrative or judicial review of the PPS classification system, the groups, relative payment weights, adjustment factors, other adjustments, calculation of base amounts, periodic adjustments, and the establishment of a separate conversion factor for those cancer hospitals excluded from inpatient PPS.

Section 4523(d) of the BBA amends section 1833(a)(2)(B) of the Act to require payment under the PPS for some services described in section 1832(a)(2) that are currently paid on a cost basis and furnished by providers of services such as comprehensive outpatient rehabilitation facilities (CORFs), home health agencies (HHAs), hospices, and community mental health centers (CMHCs). This amendment requires that partial hospitalization services furnished by CMHCs beginning January 1, 1999 be paid under the PPS. As noted earlier, implementation of the PPS will be delayed. Implementation will occur as soon as possible after January 1, 2000.

## II. Elimination of Formula-Driven Overpayment

Before enactment of section 4521 of the BBA, under the blended payment formulas for ASC procedures, radiology, and other diagnostic services, the ASC or physician fee schedule portion of the blends was calculated as if the beneficiary paid 20 percent of the ASC rate or physician fee schedule amount instead of the actual amount paid, which was 20 percent of the hospital's billed charges. Section 4521 corrects this anomaly by changing the blended calculations so that all amounts paid by the beneficiary are subtracted from the total payment in determining the amount due from the program. Effective for services furnished on or after October 1, 1997, payment for surgery, radiology, and other diagnostic services

under blended payment methods will be calculated by subtracting the full amount of copayment due from the beneficiary (based on 20 percent of the hospital's billed charges).

## III. Extension of Cost Reductions

Section 1861(v)(1)(S)(ii) of the Act requires that the amounts otherwise payable for hospital outpatient operating costs and capital costs be reduced by 5.8 percent and 10 percent, respectively. These reductions were scheduled to sunset at the end of fiscal year 1998, but section 4522 of the BBA extended the reductions through December 31, 1999.

## IV. Prohibition Against Unbundling of Hospital Outpatient Services

### A. Background

The Social Security Amendments of 1965 (Public Law 89-97), enacted on July 30, 1965, established title XVIII of the Act, which authorized the establishment of the Medicare program to pay part of the costs of health care services furnished to eligible beneficiaries. Part A of the program (Hospital Insurance) provides basic health insurance protection against the costs of inpatient or home health care. Part B of the program (Supplementary Medical Insurance) provides voluntary supplementary insurance covering most physician services and certain other items and services not covered under Part A, including hospital outpatient services.

Before the enactment of Public Law 98-21 on April 7, 1983, which established the Medicare PPS for inpatient hospital services, nonphysician services furnished to Medicare beneficiaries who were hospital patients were generally billed by the hospitals. Under certain circumstances, however, Part B of the Medicare statute permitted payments to be made to an outside supplier or another provider for certain nonphysician services otherwise covered by Medicare Part B that were furnished to a hospital patient. When payments were made under these circumstances, some nonphysician services were billed as hospital services in one hospital and billed by an outside supplier in another. The practice of billing by suppliers outside the hospital for these services has been referred to in the legislative history as the "unbundling" of hospital services.

Since the enactment of Public Law 98-21 and the publication of implementing regulations on September 1, 1983 (48 FR 39752), the Medicare program has required that nonphysician

services furnished to hospital inpatients be covered and paid for under Medicare as hospital services. This practice of covering nonphysician services furnished to hospital inpatients by an outside supplier as hospital services is referred to as "bundling." Under the PPS for inpatient hospital services, a single predetermined payment is made for a case based on the diagnosis-related group (DRG) to which the case is assigned. Bundling ensures that the DRG payments to all hospitals cover a comparable "bundle" of services related to the hospital stay.

Specifically, Public Law 98-21 added section 1862(a)(14) to the Act to prohibit payment for services (other than physician services) furnished to an inpatient of a hospital by an entity other than the hospital, unless the services are furnished under an arrangement (as defined in section 1861(w)(1) of the Act). (Section 1861(w)(1) of the Act specifies that the term "arrangements" is limited to arrangements under which receipt of payment by the hospital or other provider for Medicare-covered services to an individual discharges the liability of the individual or any other person to pay for the services.) Public Law 98-21 also added section 1866(a)(1)(H) to the Act to provide that a hospital is eligible to participate in the Medicare program only if the hospital agrees to furnish to inpatients either directly or under an arrangement all Medicare-covered items and services, other than physician services.

Regardless of whether the hospital furnishes the services directly or arranges for furnishing the services, the hospital assumes financial responsibility for the services. The Medicare program makes payment only to hospitals and not to other providers or suppliers that furnish inpatient services on behalf of the hospitals.

In Public Law 98-21, the Congress addressed only nonphysician services furnished to Medicare beneficiaries who are hospital inpatients. The Congress did not address at that time nonphysician services furnished to Medicare beneficiaries who are hospital outpatients, for which payment is made, usually on a cost basis, under Part B of Medicare. Thus, services to hospital outpatients continued to be unbundled in some hospitals. Subsequently, in section 9343(c) of OBRA 1986, the Congress extended the bundling provision to all nonphysician services furnished to hospital "patients," thus also including nonphysician services furnished to Medicare beneficiaries who are hospital outpatients.

Sections 9343(c)(1) and (c)(2) of OBRA 1986 amended sections

1862(a)(14) and 1866(a)(1)(H) of the Act, respectively. As revised, section 1862(a)(14) of the Act prohibits payment for nonphysician services furnished to hospital patients (inpatients and outpatients), unless the services are furnished by the hospital, either directly or under an arrangement (as defined in section 1861(w)(1) of the Act). As revised, section 1866(a)(1)(H) of the Act requires each Medicare-participating hospital to agree to furnish directly all covered nonphysician services required by its patients (inpatients and outpatients) or to have the services furnished under an arrangement (as defined in section 1861(w)(1) of the Act). Section 9338(a)(3) of OBRA 1986 affected implementation of the bundling mandate by amending section 1861(s)(2)(K) of the Act to permit services of physician assistants to be covered and billed separately.

Bundling of outpatient hospital services was required in order to provide a basis for implementing another provision of OBRA 1986, which required the development of a prospective payment methodology for outpatient hospital services. Section 9343(f) of OBRA 1986 amended section 1135 of the Act to require the Secretary to submit to the Congress by April 1, 1988, an interim report concerning development of a fully prospective payment system for ambulatory surgery. The legislation also specified that a final report was due to the Congress no later than April 1, 1989, with recommendations concerning implementation of a fully prospective payment mechanism for ambulatory surgery services by October 1, 1989. We released an interim report in June of 1988 and the final report in September of 1990. The final report summarized our research findings relating to hospital outpatient prospective payment and did not contain specific recommendations regarding a PPS for ambulatory surgical services. Later, in section 4151(b)(2) of OBRA 1990, the Congress expanded its earlier request and required HCFA to develop a PPS that included all hospital outpatient services. That legislation also directed us to submit a report to the Congress concerning this proposal. We submitted a report to the Congress on March 17, 1995.

In order for us to be able to develop a PPS for hospital outpatient services, it was necessary to have available clear and consistent rules about the range of services that would be included in this payment system. Previous policies on coverage of hospital outpatient services permitted services to be unbundled and thus allowed providers to vary their practices concerning the furnishing of

services. The Congress recognized the inconsistencies of the current payment system and required bundling as a first step toward payment reform.

#### *B. Previous Medicare Regulations Affecting Bundling*

Previous regulations set forth at 42 CFR 405.310(m) concerning noncoverage of certain services furnished to hospital inpatients (redesignated as § 411.15(m)) implemented the statutory requirement for bundling of inpatient hospital services. They excluded from coverage nonphysician services furnished to hospital inpatients by an entity other than the hospital, unless the services were furnished under an arrangement. The exclusion from coverage in effect at that time did not apply to physician services that met the conditions for payment for physician services to provider patients in § 405.550(b) (redesignated as § 415.102(a)), or services of anesthesiologists employed by physicians that met the conditions for payment in § 405.553(b)(4) concerning reasonable charges for anesthesiology services furnished by the anesthesiologist or by an anesthetist employed by the anesthesiologist. (The regulation is now deleted as the payment structure for anesthesiologists has changed.) The exception for physician services is required by section 1862(a)(14) of the Act. Services of physician-employed anesthetists were exempted from bundling as an administrative measure to prevent disruption of long-standing physician-anesthetist team relationships. However, in a final rule published on May 26, 1993 (58 FR 30630), the regulations set forth at § 411.15(m) and § 489.20(d) were revised to reflect the statutory exclusion of certified registered nurse anesthetist (CRNA) services (including services of anesthesiologist assistants), physician assistant services, certified nurse midwife services, and qualified psychologist services from the inpatient bundling requirement. Section 411.15(m) concerns services to hospital inpatients excluded from coverage, and § 489.20(d) concerns a provider agreement in the case of a hospital or critical access hospital (CAH) to furnish directly or make arrangements for Medicare-covered services to inpatients of a hospital or a CAH.

#### *C. Office of Inspector General (OIG) Civil Money Penalty Authority*

In order to prevent the unbundling of nonphysician hospital services, section 9343(c)(3) of OBRA 1986 amended section 1866 of the Act by adding a new paragraph (g). Specifically, this

authority provided for the imposition of a civil money penalty (CMP), not to exceed \$2,000, against any person who knowingly and willfully presents, or causes to be presented, a bill or request for payment for a hospital outpatient service under Part B of Medicare that violates the requirement for billing under arrangements specified in section 1866(a)(1)(H) of the Act. Section 1866(g) was further amended by section 4085(i)(17) of OBRA 1987. Section 4085(i)(17) of OBRA 1987 deleted all references to hospital outpatient services under Part B of Medicare and authorized imposition of a CMP when arrangements should have been made but were not. Section 1866(g) of the Act authorizes imposition of a CMP against any person who knowingly and willfully presents, or causes to be presented, a bill or request for payment inconsistent with an arrangement under section 1866(a)(1)(H) or in violation of the requirement for an arrangement. The result of this amendment is that the CMP is now applicable for all services furnished to hospital patients, whether paid for under Medicare Part A or B. The statute also requires that a CMP be imposed in the same manner as other CMPs are imposed under section 1128A of the Act. Section 231(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) revised section 1128A of the Act to increase the CMP maximum amount for each false claim or prohibited practice from \$2,000 to \$10,000. Implementing regulations for this authority are set forth in 42 CFR parts 1003 and 1005.

To implement the provisions of section 9343(c) of OBRA 1986, we published a proposed rule in the **Federal Register** on August 5, 1988 (53 FR 29486). Those regulations have not been published in final, but we are proposing revised implementing regulations as part of this regulation.

#### *D. Proposed Regulations Published August 5, 1988*

##### 1. Bundling of Hospital Outpatient Services

We proposed to implement the requirement for bundling of outpatient hospital services by amending then existing Medicare regulations (§ 405.310 concerning particular services excluded from coverage, and part 410 concerning supplementary medical insurance benefits) to exclude coverage of any services that are furnished in a hospital to an outpatient of the hospital by an entity other than the hospital during or as a result of an encounter in the hospital, unless the services are

furnished under an arrangement. In addition, we proposed to require bundling of those diagnostic procedures or tests (for example, magnetic resonance imaging procedures) that are furnished outside the hospital by an entity other than the hospital but are ordered during an encounter in the hospital with the patient or as a result of such an encounter.

In the proposed rule, in § 405.310(n)(1) concerning definitions of services to hospital outpatients excluded from coverage (now redesignated as § 411.15(m)), we defined a hospital outpatient as an individual who is not an inpatient of the hospital but who is registered as an outpatient.

We proposed to define, in § 410.2 ("Definitions"), the term "encounter" as a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, where applicable, by hospital staff bylaws, to order or furnish services for the patient for the purpose of diagnosis or treatment of the patient. The use of the "encounter" as a basis for identifying the services to be bundled is not specifically required by OBRA 1986 but is needed in order to implement the bundling requirement in a uniform and equitable manner, as explained further in section III. of the preamble of the August 5, 1988 proposed rule (53 FR 29489).

As in the case of services to hospital inpatients, physician services that meet the conditions for payment for services of physicians to provider patients in § 415.102(a) would not be bundled under our proposal. (The exception for physician services is required by section 1862(a)(14) of the Act.) We also proposed, as an administrative measure, to exempt from outpatient bundling the services of physician-employed anesthetists that meet the conditions for payment for services furnished by an anesthesiologist or by an anesthetist employed by the anesthesiologist in § 405.553(b)(4). These services were exempted from bundling to prevent disruption of long-standing physician-anesthetist team relationships. We also proposed to exempt physician assistant services as defined in section 1861(s)(2)(K)(i) of the Act from inpatient and outpatient bundling. We proposed this change to help accomplish the objective of section 1861(s)(2)(K)(i) of the Act, as amended by section 9338(a)(3) of OBRA 1986, which permits physician assistant services to be covered and to be billed separately. As noted earlier, we have made the changes in the types of services excluded from bundling of inpatient services in the May 1993 final rule (58 FR 30630).

We also proposed to revise the regulations set forth at § 489.20, which describe the basic commitments included in the provider agreement. They would require a hospital that furnishes services to a beneficiary who is not currently an inpatient of a hospital but who is registered by the hospital as an outpatient to agree either to furnish directly or to make arrangements (in accordance with section 1861(w)(1) of the Act) for all items and services for which bundling is required under the proposed revision described above, and for which the beneficiary is entitled to have payment made under Medicare.

We proposed in the August 5, 1988 proposed rule that if a Medicare outpatient is referred to another provider or supplier for further diagnostic testing or other diagnostic services as a result of an encounter that occurs in the hospital, the hospital would be responsible for arranging with the other entity for the furnishing of services. (We have now changed our view on bundling of these services as discussed in the following section IV.E.) Also, the hospital would be responsible for furnishing or arranging for the furnishing of prostheses and prosthetic devices (other than dental) that replace all or part of an internal body organ (for example, intraocular lenses (IOLs)) and are implanted or fitted during an encounter. For example, in the absence of a bundling provision, the physician who implants an IOL during surgery performed on an outpatient of a hospital also could be the supplier of the IOL and could bill Medicare under Part B for it. As proposed in our August 1988 rule, this practice would be prohibited, and the hospital would have to furnish the IOL, either directly or under an arrangement (that is, would have to pay for the lens). The same policies would apply to other items and services, such as artificial limbs, knees, and hips; orthotics; equipment and supplies covered under the prosthetic device benefit; and services incident to physician services. Thus, hospitals would be required to assume financial liability for prostheses and prosthetic devices (which are regarded as "services" for Medicare coverage purposes) and for other services furnished by an outside entity to their outpatients, and the practice of unbundling these services would be prohibited.

Sometimes a hospital may furnish an item or service for which a patient will have a continuing need. For example, a hospital may furnish a DME item such as a wheelchair. When this situation occurs, the proposed rule required that

the hospital would be responsible for bundling the items and services it furnishes on-site. In adopting the view that these types of items are subject to bundling, we did not discount the patient's continuing need for them after leaving the hospital. However, the bundling provisions in sections 1862(a)(14) and 1866(a)(1)(H) of the Act prohibit unbundling of services to an individual who is a patient of a hospital and do not provide any specific exception to these provisions for DME. Therefore, we did not believe it would be appropriate to exclude DME from bundling when it was furnished to a hospital patient. (We have now changed our previous position on bundling of DME as discussed in section IV.E.)

## 2. Civil Money Penalties for Unbundling Hospital Outpatient Services

In order to implement section 1866(g) of the Act, in our August 5, 1988 proposed rule, we proposed that the OIG would impose a CMP against any person who knowingly and willfully presents, or causes to be presented, a bill or request for payment for a hospital outpatient service under Part B of Medicare that violates the billing arrangement under section 1866(a)(1)(H) of the Act or the requirement for an arrangement. The amount of the CMP was to be limited to \$2,000 for each improper bill or request, even if the bill or request included more than one item or service. However, in accordance with the Health Insurance Portability and Accountability Act of 1996, which increased the minimum penalty amount to \$10,000, the increased amount will now be reflected in the regulations.

### *E. Revised Proposed Regulations on Bundling of Hospital Services*

This proposed rule incorporates most of the provisions of the August 5, 1988 proposed rule. The following describes how the regulations published in this proposed rule to implement the rebundling of outpatient hospital services differ from the regulations we proposed and published on August 5, 1988:

- We are not including any of the changes in the regulations relating to payment for physician laboratory services (§§ 405.555(a) through (c), and 405.556(c) of the August 5, 1988 proposed rule), because these regulations were deleted as a result of publication of regulations to implement the Medicare physician fee schedule published on November 25, 1991 (56 FR 59502).

- We are revising § 409.10(b), which describes services that are not included in the definition of "hospital inpatient

or inpatient CAH services" to include all of the services that are now exceptions from the bundling rule under section 1862(a)(14) of the Act. Section 4511 of the BBA revised sections 1862(a)(14) and 1866(a)(1)(H) of the Act to exclude services of nurse practitioners and clinical nurse specialists described in section 1861(s)(2)(K) of the Act from the bundling requirement.

- As previously indicated, proposed § 410.2 had been revised in the earlier proposed rule to include a definition of an "encounter." The definition of an encounter is expanded to include encounters in a CAH. That section is further amended to include a definition of an "outpatient" as a person who has not been admitted as an inpatient but who is registered on the hospital or CAH records as an outpatient and receives services (rather than supplies alone) directly from the hospital or CAH. The revision to include CAHs in these definitions is made to comply with sections 1862(a)(14) and 1866(a)(1)(H) of the Act, which require that CAHs be treated as hospitals for purposes of the bundling provisions. (The BBA eliminated rural primary care hospitals (RPHs) and created CAHs. The Congress intended, under section 4201(c) of the BBA, that CAHs be subject to the same Medicare requirements to which RPHs were subject.)

- The revision to § 410.27 is the same as in the earlier proposed rule except that the revision is now designated as paragraph (e) instead of paragraph (c).

- We are removing paragraph (a)(4) of § 410.28 ("Hospital or CAH diagnostic services furnished to outpatients: Conditions") to reflect a change made by section 4085(i)(11) of OBRA 1987 regarding provisions of diagnostic services furnished to outpatients.

- Proposed § 410.30 (redesignated as § 416.39 in this proposed rule) is being significantly revised. In § 410.30(a) and (b) (now § 410.39 (a) and (b) of regulations published on August 5, 1988, we proposed to require the hospital to furnish directly or under arrangements all services furnished to its outpatients during an encounter as well as any diagnostic services furnished outside the hospital that were ordered during or as a result of an encounter in the hospital. In this rule, we are not extending the bundling requirements to include diagnostic services ordered during an encounter in the hospital that are furnished outside the hospital. Thus, the hospital will not be required to furnish such diagnostic services directly or under arrangements. We are proposing a more limited

approach to bundling because the PPS we are proposing involves less "packaging" than we anticipated when we published the August 1988 proposed regulations. At that time, we believed that a PPS payment for a surgical procedure was likely to include preoperative tests and that payment for a clinic visit was likely to include the ancillary services (for example, laboratory tests and x-rays) that were needed to make a diagnosis. Therefore, by requiring bundling of off-site diagnostic tests that were ordered during an outpatient encounter at the hospital, we believed we could ensure that: (1) We had sufficient data to set payment rates that included the ancillary tests, and (2) once the system was implemented, the bundling rules would prevent any duplication of program payments. That is, a service packaged into a PPS payment to the hospital could not also be billed to the program as an ancillary test by an outside entity.

As noted above, the PPS we are proposing now does not include extensive packaging; therefore, the payment for related diagnostic tests is not included in the payments under the ambulatory payment classification (APC) groups for surgical procedures, clinic visits, emergency room visits, etc. Any diagnostic tests that are furnished will result in a separate payment. The program will pay the entity that actually furnishes the service—the hospital, if the service is provided directly or under arrangements made by the hospital; or another Medicare recognized entity, if the patient leaves the hospital and obtains the service elsewhere. Because diagnostic tests are not being packaged into another hospital service, we no longer need to require that a hospital furnish directly or under arrangements the services ordered during, or as a result of, an encounter, but furnished outside the hospital. If the PPS is changed in future years to require a more packaged approach to payment, the bundling regulations will be revised. Proposed § 410.30 (now § 410.39) is also revised to require that the bundling rules apply to CAHs, and the list of services that are excepted from the bundling requirements, in § 410.30(b) (now § 410.39(b)) (previously designated in the August 5, 1988, proposed rule as § 410.30(c)), is expanded to include all of the services that are currently excepted under section 1862(a)(14) of the Act.

- We are revising § 411.15(m) (previously designated as § 405.310(m)) significantly. We are eliminating proposed § 405.310(n). That section, which had described the hospital

outpatient services that were excluded from coverage if not furnished directly or under arrangements, has been revised so that we will not require that hospitals bundle diagnostic services ordered during or as a result of an encounter in the hospital if furnished outside the hospital. The requirements of that section have been incorporated into § 411.15(m)(1). We are revising § 411.15(m)(2), which describes the services that are exceptions to the bundling rule, to include all of the services that are now exceptions under section 1862(a)(14) of the Act. We are further revising § 411.15(m)(3), "Scope of exclusion," to delete the reference to DME as a service that must be bundled. DME is defined under section 1861(n) of the Act as equipment used in the patient's home or in another institution used as his home other than a hospital or skilled nursing facility (SNF). By definition, DME is not something that is provided for use in the hospital setting. Therefore, we do not believe that the DME benefit provides for any item or service that is expected to be used by the patient while in the hospital as an inpatient or outpatient. Section 1862(a)(14) of the Act requires the hospital to provide directly or under arrangements services furnished to the patients of a hospital or CAH. We did not provide an exception for DME in our earlier proposed rule, because the bundling requirements under sections 1862(a)(14) and 1866(a)(1)(H) of the Act did not provide an exception for DME. However, we now believe that a statutory exception is not required because the bundling requirements apply to the services a hospital furnishes to its patients, and DME is not a hospital service. The covered Part B benefit for DME as described under section 1861(n) of the Act is intended for equipment used in the home, so a hospital that furnishes DME to its patients is not providing a hospital service to its patients, but is acting in the capacity of a supplier of DME, not a provider of hospital services. For these reasons, we will not require bundling of DME for hospital patients.

- Section 412.50 was not amended in the earlier proposed rule, but we are revising it in this rule to specify that hospital inpatient services do not include the services that are exceptions to the bundling requirements under section 1862(a)(14) of the Act.

- We are revising proposed § 489.20(d) to incorporate as exceptions to the bundling requirements all of the services that are now exceptions under section 1866(a)(1)(H) of the Act.

- In addition to minor wording changes in introductory paragraph (b),

proposed § 1003.102 remains the same as in the August 5, 1988 proposed rule, with the exception that the revision is now designated as paragraph (b)(14) rather than as paragraph (b)(4), as originally indicated in the August 5, 1988 proposed rule. Paragraphs (b)(11) through (b)(13) of § 1003.102 are being reserved. We are also amending § 1003.103(a) to indicate, in accordance with section 231(c) of the Health Insurance Portability and Accountability Act, that the maximum CMP for each improper bill or request has been increased to \$10,000.

- We are also amending § 1003.105 (Exclusion from participation in Medicare and State health care programs) by revising paragraph (a)(1)(i) to reflect that this basis for imposition of a CMP is also a basis for an exclusion from participation in Medicare and the State health care programs.

#### **V. Hospital Outpatient Prospective Payment System (PPS)**

In this proposed rule, we delineate the services that are covered under the hospital outpatient prospective payment system (PPS) that we are required to establish under section 1833(t) of the Act. We also propose Medicare payment rates when those services are ordered or furnished for diagnosis or treatment of a Medicare beneficiary who is registered on hospital records as an outpatient, and who receives services directly from the hospital.

In this section, we explain the framework for the hospital outpatient PPS. This framework rests on Medicare's definition of an outpatient, which we discuss in section IV.E, above, and on Medicare's definition of what constitutes a hospital outpatient department or clinic. In section VI., below, we address requirements to define and distinguish among the various sites where services that are covered under the hospital outpatient PPS could be furnished. For example, a service furnished at an outpatient department or clinic located within a hospital can also be furnished at a "provider-based" entity, at a site away from a hospital that functions as though it were a department within the hospital, at an ASC, and at a physician office. Under the statute as it is currently written, in order to determine whether Medicare makes payment for a service under the hospital outpatient PPS that is the subject of this proposed rule or under another provision of Medicare Part B, such as the ASC benefit or the physician fee schedule, it is essential to clarify exactly where and under what conditions the service was furnished.

This PPS will apply to covered hospital outpatient services furnished by any hospital participating in the Medicare program, except for those hospitals discussed below. Partial hospitalization services in community mental health centers (CMHCs) will also be paid under this PPS.

The cancer hospitals that are excluded from inpatient PPS will be paid under hospital outpatient PPS. Although the BBA provides for a separate conversion factor if necessary, we intend to pay cancer hospitals using the same conversion factor and rates as all other hospitals. Certain hospitals in Maryland furnish services that are exempt from this system because they qualify under section 1814(b)(3) of the Act for payment under the State's payment system. Such excluded services are limited to the services paid under the State's payment system as described in section 1814(b)(3) of the Act. Any other outpatient services furnished by the hospital will be paid under the outpatient PPS. Critical access hospitals are excluded from the outpatient PPS because they are paid under a reasonable cost based system, as required under section 1834(g) of the Act. All other participating hospitals will be paid under hospital outpatient PPS.

Distinct parts of hospitals that are excluded under inpatient PPS will be included in the outpatient PPS, to the extent that outpatient services are furnished by the hospital. For example, a hospital with an excluded inpatient psychiatric unit will have payment made under this PPS for outpatient psychiatric services including to inpatients who are not in a covered Part A stay.

#### *A. Scope of Services Within the Outpatient PPS*

Section 1833(t)(1)(B)(i) of the Act gives the Secretary the authority to designate which services are to be covered under the hospital outpatient PPS. In this section, we indicate the types of services for which we are proposing to make payment under the hospital outpatient PPS and the types of services we are proposing to exclude from the scope of the hospital outpatient PPS.

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for the services that she designates are covered under the hospital outpatient PPS. Section 1833(t)(2)(B) of the Act allows the Secretary to classify covered outpatient services by groups so that the services within each are comparable clinically and with respect to the use of resources.

We refer to the hospital outpatient PPS classification system that we have developed as the Ambulatory Payment Classification (APC) system. The APC system consists of 346 groups of services that are covered under the hospital outpatient PPS.

In section V.B., below, we explain how we assigned services and procedures to APC groups and in sections V.C. and V.D., below, we explain how we used the APC groups to determine hospital outpatient PPS payment rates.

#### 1. Services Excluded From the Hospital Outpatient PPS

Section 1833(t)(1)(B)(iii) of the Act excludes the following from payment under the hospital outpatient PPS: ambulance services, physical and occupational therapy, and speech-language pathology services. These services will be paid under fee schedules in all settings.

Section 1833(t)(1)(B)(i) of the Act gives the Secretary the authority to designate which hospital outpatient services are covered under the outpatient PPS. In considering which services to include under the outpatient PPS, we wanted to ensure that all hospital outpatient services are paid under a prospectively determined amount. Some hospital outpatient services (for example, clinical diagnostic laboratory services, orthotics and prosthetics, ESRD dialysis services) are currently paid based on fee schedules or other prospective rates. Payments under these fee schedules apply not only to hospital outpatient services, but the same or very similar payment rates apply across a number of sites of ambulatory care. Such similar payments across various settings creates a level playing field where HCFA pays virtually the same payment for the same service, without regard to where the service is furnished. So that we do not disrupt an existing level playing field, we propose to exclude from our PPS, hospital outpatient services that are currently paid prospectively determined rates that are the same rates paid in other settings.

We are proposing to exclude from the hospital outpatient PPS the following:

a. Certain services already paid for under fee schedules or other payment systems including, but not limited to, services for patients with ESRD that are paid for under the ESRD composite rate; laboratory services paid under the clinical diagnostic laboratory fee schedule; and DME, orthotics, prosthetics, prosthetic devices, prosthetic implants and supplies (DMEPOS) paid for under the DMEPOS

fee schedule when the hospital is acting as a supplier of these items. An item such as crutches or a walker that is given to the patient to take home, but that may also be used while the patient is at the hospital, would be billed to the DME regional carrier rather than being paid for under the hospital outpatient PPS.

b. Hospital outpatient services furnished to inpatients of an SNF regardless of whether the person is in a Part A covered stay and furnished pursuant to the resident assessment or comprehensive care plan and that are covered under the SNF PPS, furnished "under arrangements" and billable only by the SNF.

c. Services and procedures that require inpatient care.

*MedPAC Recommendation:* In its March 1998 report to the Congress, the Medicare Payment Advisory Commission (MedPAC) recommends that costs associated with allied health professions training, such as nursing schools and paramedical education, be excluded from the calculation of the relative weights and the conversion factor used to set outpatient PPS payment rates. MedPAC further recommends that Medicare make separate payment for these costs, consistent with the manner in which Medicare pays for allied health professions training costs under the inpatient PPS.

*Response:* We agree with MedPAC's recommendation. We did not include costs associated with allied health professions training in the calculation of outpatient PPS relative weights and conversion factors. We propose to pay hospitals that have allied health professions training programs on a cost-pass-through basis similar to the way we treat these costs under the hospital inpatient PPS.

#### 2. Services Included Within the Scope of the Hospital Outpatient PPS

##### a. Services for Patients Who Have Exhausted Their Part A Benefits

Section 1833(t)(1)(B)(ii) of the Act provides for Medicare payment under the hospital outpatient PPS for certain services furnished to inpatients who have exhausted Part A benefits or otherwise are not in a covered Part A stay. Examples of services covered under this provision include diagnostic x-rays and certain other diagnostic services and radiation therapy covered under section 1832 of the Act.

##### b. Partial Hospitalization Services

Section 1833(a)(2)(B) of the Act provides that partial hospitalization

services furnished in CMHCs be paid for under the hospital outpatient PPS. Partial hospitalization is a distinct and organized intensive psychiatric outpatient day treatment program, designed to provide patients with profound and disabling mental health conditions an individualized, coordinated, comprehensive, and multidisciplinary treatment program.

##### c. Services Designated by the Secretary

Under the authority established by the statute at section 1833(t)(1)(B)(i), we further are proposing to include within the scope of services for which payment is made under the hospital outpatient PPS the following:

- Services that are included within the outpatient PPS system are all hospital outpatient services that have not been identified for exclusion as described in section V.A.1., above. Among the types of services that we have classified into APC groups for payment under the hospital outpatient PPS are the following: surgical procedures; radiology, including radiation therapy; clinic visits; emergency department visits; diagnostic services and other diagnostic tests; partial hospitalization for the mentally ill; surgical pathology; cancer chemotherapy.

- Services furnished to SNF inpatients that are not packaged into SNF consolidated billing precisely because they are services that are commonly furnished by hospital outpatient departments and that SNFs would not be able to provide, such as CT scans, magnetic resonance imaging, or ambulatory surgery requiring the use of an operating room.

- Supplies such as surgical dressings that can be used during surgery or other treatments in the hospital outpatient setting that are also on the DMEPOS fee schedule. Payment for such supplies, when they are used in the hospital, is packaged into the APC payment rate for the procedure or service with which the items are associated.

- Certain preventive services furnished to healthy persons, such as colorectal cancer screening.

Section 4523(d)(3) of the BBA provides that we will make Part B payment for certain medical and other health services, when furnished by a provider of services or by others under arrangement with a provider of services, under the outpatient PPS, if we would otherwise pay those providers on a reasonable cost basis for those services. Specifically, we are proposing that we would pay for the following medical and other health services under the

outpatient PPS when furnished by a provider of services:

- Antigenes (as defined in 1861(s)(2)(G) of the Act);
- Splints and casts (1861(s)(5));
- Pneumococcal vaccine, influenza vaccine, hepatitis B vaccine (1861(s)(10)).

We make Part B payment for the above services under the outpatient PPS when those services are provided by a CORF, HHA, or hospice program. However, this provision does not apply to services, furnished by a CORF, that fall within the definition of CORF services at section 1861(cc)(1) of the Act. It also does not apply to services furnished by a hospice within the scope of the hospice benefit. Nor does it apply to services furnished by HHAs to individuals under an HHA plan of treatment within the scope of the home health benefit.

### 3. Hospital Outpatient PPS Payment Indicators

Column B in Addendum B indicates the payment status of each HCPCS code. Addendum B displays all HCPCS codes, including those incidental services that are packaged into APC payment rates. Addendum G identifies inpatient services not payable under outpatient PPS.

- We use "A" to indicate services that are paid under some other method such as the DMEPOS fee schedule or the physician fee schedule.
- We use "E" to indicate services for which payment is not allowed under the hospital outpatient PPS or is not covered by Medicare.
- We use "C" to indicate inpatient services that are not payable under the outpatient PPS.
- We use "N" to indicate services that are incidental, with payment packaged into another service or APC group.
- We use "P" to indicate services that are paid only in partial hospitalization programs.

- We use "S" to indicate significant procedures for which payment is allowed under the hospital outpatient PPS but to which the multiple procedure reduction does not apply.

- We use "T" to indicate surgical services for which payment is allowed under the hospital outpatient PPS. Services with a payment indicator "T" are the only services to which the multiple procedure payment reduction applies.

- We use "V" to indicate medical visits for which payment is allowed under the hospital outpatient PPS. Providers must use ICD-9-CM (International Classification of Diseases, Ninth Edition, Clinical Modification) codes to determine the level of payment for services with a payment indicator "V".

- We use "X" to indicate ancillary services for which payment is allowed under the hospital outpatient PPS.

The table below lists all of the outpatient PPS indicators and what they designate.

#### STATUS INDICATORS

[How Medicare Pays for Various Services When They Are Billed for Hospital Outpatients]

Indicator	Service	Status
A .....	Pulmonary Rehabilitation; Clinical Trial .....	Non-paid.
C .....	Inpatient Procedures .....	Bill as Inpatient.
A .....	Durable Medical Equipment, Prosthetics and Orthotics .....	DMEPOS Fee Schedule.
E .....	Non-covered Items and Services .....	Non-paid.
A .....	Physical, Occupational and Speech Therapy .....	Rehab Fee Schedule.
A .....	Ambulance .....	Ambulance Fee Schedule.
A .....	EPO for ESRD patients .....	National Rate.
A .....	Clinical Diagnostic Laboratory Services .....	Lab Fee Schedule.
A .....	Physician Services for ESRD patients .....	Bill to carrier.
A .....	Screening Mammography .....	Lower of Charge or National Rate.
N .....	Incidental Services, packaged into APC Rate .....	Packaged; no additional payment allowed.
P .....	Partial Hospitalization Services .....	Paid per diem.
S .....	Significant Procedure, not reduced when multiple .....	Paid under hospital outpatient PPS (APC rate).
T .....	Significant Procedure, multiple procedure reduction applies .....	Paid under hospital outpatient PPS (APC rate).
V .....	Visit to Clinic or Emergency Department .....	Paid under hospital outpatient PPS (APC rate).
X .....	Ancillary Service .....	Paid under hospital outpatient PPS (APC rate).

### B. Description of the Ambulatory Payment Classification (APC) Groups

In response to OBRA 1986 and OBRA 1990 requirements to develop a hospital outpatient PPS, we examined systems that were in place or under development, and we entered into a cooperative agreement with 3M-Health Information Systems to develop a classification system for outpatient services. The results of our review of existing systems are outlined in a Report to Congress dated March 17, 1995. The report identified the Ambulatory Patient Groups (APGs), which were developed by 3M-Health Information Systems, as the most promising classification system, and we recommended that APG-

like groups be used as the basis for the hospital outpatient PPS. Soon after the report was submitted to the Congress, 3M-Health Information Systems released an updated version (known as Version 2.0) of the APGs. Since the release of Version 2.0, HCFA has revised the APGs based on more recent Medicare data. These revisions constitute what we are calling the Ambulatory Payment Classification (APC) system or groups that are proposed in this rule. Services within the APC system are identified by HCPCS codes and descriptions.

### 1. Setting Payment Rates Based on Groups of Services Rather Than on Individual Services

*MedPAC Recommendation:* In its March 1998 report to the Congress entitled "Report to the Congress: Medicare Payment Policy," MedPAC recommends that payment rates under the hospital outpatient PPS be based upon relative weights for each individual service rather than upon groups of similar services to help ensure consistent payments across ambulatory settings. MedPAC gives several reasons to support this recommendation:

- If services in a group are not homogeneous, a single payment rate for

all services in the group would not be accurate.

- Hospitals whose case mix includes a greater than average volume of higher-cost procedures in a group with a payment rate based on median costs for all procedures in the group could face losses and would have a financial incentive to provide only the lower-cost procedures within a group and to avoid the higher-cost procedures.

- Grouping services creates considerable administrative burdens and problems related to data consistency, provider education, the need for extensive technical assistance, and modification of claims processing systems.

- If costs for services in a group change at different rates, the price for the group may become distorted over time, necessitating periodic rebasing of group weights.

- Using groups to set rates for services under the hospital outpatient PPS moves away from standardizing payment systems across ambulatory settings.

*Response:* We have carefully reviewed MedPAC's concerns about using groups of services rather than individual services as the basis for setting weights under the hospital outpatient PPS, and we believe that we have addressed most of these concerns in our approach to ratesetting using APC groups.

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for covered outpatient services. Section 1833(t)(2)(B) provides that this classification system may be composed of groups, so that services within each group are comparable clinically and with respect to the use of resources. The statute refers to "each such service (or group of services)," implying that we may choose or not choose to group services. We have chosen to set rates for groups of similar services rather than setting rates for individual services for several reasons:

- The composition of the APC groups is based on two premises: the procedures within each group must be similar clinically, and the procedures must be similar in terms of resource costs. As we explain below, we used 3M's APGs as a starting point, but we have subsequently made changes to most of the 3M groups, taking into account 1996 outpatient claims data; data collected in a 1994 survey of ASC costs and charges; data collected in 1995 and 1996 to establish resource-based practice expense relative values under the Medicare physician fee schedule; comments on surgical groupings following an ASC town meeting held at

HCFA in July 1996 at which participants reviewed 3M's Version 2.0 surgical APGs for consistency in terms of clinical characteristics and resource costs; and the medical judgment of HCFA's medical advisors. Further, we invite comments on the composition of all the APC groups that are presented in this proposed rule and whether readers believe that further refinements are needed. We request that commenters support their recommendations for changes in the APC groups with data regarding resource costs (time, supplies, equipment, labor requirements) as well as clinical arguments.

We have also solicited comments on the same surgical APC groups that are proposed in this rule as part of a proposed rule entitled "Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998" (HCFA-1885-P), published in the **Federal Register** June 12, 1998 (63 FR 32290). We intend to coordinate our review of all comments submitted timely during the comment period for the hospital outpatient PPS proposed rule and the ASC proposed rule. Any subsequent changes to the APC groups will be used by both payment systems when we set their respective final rates. We have a high level of confidence in the homogeneity of the APC groups that will emerge from this exhaustive review process.

- We have found that, in this context, setting weights at a single code level suggests a level of precision that is often not warranted due either to low procedure volume or questionable cost data.

- Of the 10,500 codes in the HCPCS, over 5,000 describe services that are covered under the hospital outpatient PPS. However, an examination of outpatient claims data for 1997 reveals that as few as 100 HCPCS codes account for more than a third of all coded services billed during that year. MedPAC states in its report to the Congress that its analysis of physician claims for 1996 revealed that more than 90 percent of hospital outpatient volume was accounted for by 300 high volume services. Because so many codes were billed infrequently or not at all, we found ratesetting to be facilitated by grouping together the data that were available for codes that are similar clinically. We disagree with MedPAC's suggestion that we establish payment groups composed only of low-volume procedures. If we were to establish such groups, we would either have to except these groups from the principle of clinical consistency that applies to other

APC groups or greatly increase the number of APC groups within the outpatient PPS. And, this approach does not solve the problem of how to establish weights for procedures, whether they are taken individually or in groups, for which we have inadequate cost data. Placing low Medicare volume procedures in APC groups with which they are similar clinically and in terms of resource consumption does not affect the weight established for the group to any appreciable extent because the weight derives from the higher volume procedures within the group.

- Grouping closely related services, and paying the median cost of the group, discourages the upcoding that occurs when individual services that are similar have disparate median costs.

- Using APC groups to set outpatient weights is consistent with the ratesetting method we are proposing for ASCs. In a proposed rule entitled "Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998" (HCFA-1885-P), published in the **Federal Register** June 12, 1998 (63 FR 32290), we propose payment rates for surgical procedures performed in Medicare-approved ASCs using APC surgical groups proposed in this rule.

- Payment rates for new or redefined services can be more reliably established by assigning codes for these services to an existing group of several codes that share characteristics with the new code rather than trying to match it to an equivalent single procedure for which we may or may not have reliable cost data.

- Our experience basing ASC payment rates on groups of codes has proved to be no more burdensome administratively than has our experience with setting weights on a single code basis under the Medicare physician fee schedule. Under the outpatient PPS, with weights set by APC groups, hospitals will continue to use the same HCPCS coding and the same claims forms that they use currently. Any burdens on HCFA or on hospitals necessitating additional technical assistance or systems changes are more a function of implementing an entirely new payment system than of our setting weights on the basis of groups of services instead of on the basis of single procedures or services.

We invite comments on our setting rates on the basis of groups of services rather than on individual codes.

## 2. How the Groups Were Constructed

3M created APGs by combining procedure codes and diagnosis codes into groups that were clinically related (such as all codes for repair of fractured legs) and analyzing claims data to determine if the codes that were clinically similar also used resources in similar ways (for example, surgical repair would likely be more resource intensive than closed manipulation and casting). The resources that were examined were based on a 3-month sample of all Medicare claims for outpatient services. The sample of nearly 15 million claims was selected from claims paid in 1992 with the charges on each claim matched to departmental cost-to-charge ratios from the hospital that provided the services. The costs that were calculated using billed charges and department cost-to-charge ratios included direct costs, as well as the overhead for performing the services. The APGs were clustered into significant procedures (both surgical and nonsurgical), medical visits (in both clinics and emergency departments), and ancillary services. Other groups captured incidental services (those that would not be paid separately) and procedures for which no payment is made, such as services specifically excluded from Medicare payment by statute.

Our Report to Congress recommended the use of APG-like groups for a hospital outpatient prospective payment system. When the time came to update payment groups for ASCs, which already were paid under a PPS, we decided to propose the use of APG-like groups. The ASC industry was accustomed to eight payment groups, with rates ranging from about \$300 to about \$900 in roughly \$75 increments, without clinical coherence. While interested in our proposal, the ASCs were concerned about perceived misclassifications, with groups containing codes they believed represented divergent resources. To accommodate these concerns, we regrouped many surgical codes, creating more levels within some ranges of groups and otherwise changing 3M's system. We also found it necessary to change the medical APGs. The medical visit groups, which under the APGs were grouped based on the patient's diagnosis, were clearly distinct when laboratory services and plain film x-rays were packaged in, but were much less distinct when those ancillary services related to the visit were not packaged, as will be the case initially under our system. We therefore investigated other approaches to categorizing medical visits that would result in clearly

defined payment groups without extensive packaging. We discuss these approaches in section V.B.4., below.

This process of revising 3M's APGs resulted in the development of the set of 346 mutually-exclusive and exhaustive service categories called ambulatory payment classification groups or APCs. The weights of the groups proposed in this rule are based on new data, as required by the BBA. We matched the database of 98 million hospital outpatient claims paid in 1996 to the most recent available cost reports for each hospital, and constructed the groups using these cost data. We defined each outpatient service under the PPS by a HCPCS code and classified it either into one of the APC groups for which an outpatient PPS payment rate is established or into a non-payment category of services that are excluded from the outpatient PPS. A weight is associated with each APC group. See section V.C. of this rule for details on how we calculated the weights. Procedures and services assigned a non-payment classification include services that can be provided only on an inpatient basis; codes or services that are not covered by Medicare; and procedures and services paid under fee schedules or other payment method.

## 3. Packaging Under the Groups

Packaged services are those that are recognized as contributing to the cost of the services in an APC, but that we do not pay for separately. Under the APC system, packaged services include the operating room, recovery room, anesthesia, medical/surgical supplies, pharmaceuticals, observation, blood, intraocular lenses, casts and splints, donor tissue, and various incidental services such as venipuncture. We "packaged" the services (and their costs) within the APC group of procedures with which they were delivered in the base year. Below is a list of the hospital revenue centers from which we derived costs that were packaged within the APC groups. For example, a given surgical procedure would have a cost for the use of the operating and recovery rooms in every case. However, supply costs might vary, with some patients requiring special drains and dressings and others needing minimal dressings. The average packaged cost for supplies might represent, for example, \$200 for the former group 40 percent of the time, and \$150 for the rest. Thus, the APC would include \$170 for supplies. Similarly, only a few cases would have included observation in the base year, but each case in the group would include a small

amount for the times we associated observation with the cases in the group.

We have packaged the cost of pharmaceuticals and biologicals within APC groups. We did this because we believe drugs are usually provided in connection with some other treatment or procedure. We have captured aggregate cost data on all drugs that were billed with HCPCS codes and those billed with revenue center codes, whether or not a HCPCS was entered. Thus, historical patterns of drug use are captured within the APC groups with which the drugs were billed during the base year. The only separate drug groups we have created are for chemotherapeutic agents, because those were separately identified in 3M's APG system. Because we intended to use an APG-like system, we required detailed coding of chemotherapeutic agents in order to be able to capture the costs of the specific drugs. We did not require HCPCS coding of other drugs, so we cannot specifically identify costs of non-chemotherapy drugs. We understand, however, that some rarely-used drugs are both expensive and used in only a few hospitals. In those instances, APC payment rates may not adequately represent costs for hospitals that treat patients who require infusions of very costly drugs or biologicals. Because we do not have bills that were coded to identify these high-cost drugs individually, we cannot evaluate the impact of paying separately for high-cost drugs. We could require HCPCS coding of all drugs or certain categories of drugs in order to gather the data, but we know hospitals could find such a requirement burdensome. We solicit comments on this issue.

Currently, drugs that can be self-administered are not covered under Part B of Medicare (with certain specific exemptions for blood-clotting factors, immunosuppressives, erythropoietin for dialysis patients, and certain oral chemotherapeutic agents and antiemetics). This presents problems in the outpatient hospital setting because even a pain killer given to a groggy patient postoperatively would not be covered. The only way such drugs can be paid for is for the hospital to bill the beneficiary. In many cases, the hospital does not, both because keeping track of such small charges for billing purposes is burdensome and because beneficiaries would not understand why they are being asked to pay for, for example, pain medication that was clearly related to the procedure they had undergone.

We propose to allow hospitals to provide drugs to patients without requiring that the hospital bill the

patient, and without Medicare's paying the hospital. Normally, hospitals are not allowed to waive such billing, since not charging a patient could be seen as an inducement to the patient to use other services at the hospital, for which the hospital would be paid. However, if the benefit is not advertised, we believe that provision of the self-administered drugs at no charge to the beneficiary need not constitute an inducement in violation of the anti-kickback rules. The hospital may not advertise this to the public or in any other way induce patients to use the hospital's service in return for forgoing payment.

**Recommendation:** MedPAC recommends that the unit of payment under the outpatient PPS be the individual service or procedure that is furnished and that payment for services and supplies integral to the individual service or procedure be bundled within that single unit of payment.

**Response:** We agree both with MedPAC's recommendation regarding what should constitute the unit of payment under the outpatient PPS, and with MedPAC's recommendation regarding the "bundling" of payment, which we call "packaging," for supplies and services that are integral to the individual service or procedure that constitutes the unit of payment. All services and procedures for which payment is to be made under the outpatient PPS are identified by HCPCS codes and descriptions. This approach of identifying individual services by HCPCS as the unit for payment parallels the unit for payment under both the Medicare physician fee schedule and the ASC facility services benefit. In addition, as we explain above, the payment amount for each HCPCS code is a packaged payment that takes into account the costs associated with services and supplies that are integral to the primary HCPCS-coded service or procedure and that are furnished at the same time and in the same place as the primary service or procedure. Because we modeled the outpatient PPS package of services for surgical procedures on the package of services that is the basis for payments for facility services furnished by Medicare approved ASCs, the definition of packaging will become standardized across both settings upon implementation of the outpatient PPS.

MedPAC cites as a disadvantage of using individual services or procedures as the unit for payment the limited options that are available to control the volume of unnecessary ancillary services. We discuss in section V.J. how we intend to address volume control under the outpatient PPS. While a broader definition of packaging that

includes related ancillaries such as diagnostic x-rays and other diagnostic tests that are furnished in other settings or at a different time than the primary service or procedures may have potential benefits not realized by the more limited packaging that we are using, we are concerned that applying different definitions of packaging to payments for the same primary service furnished in different settings would defeat the goal of establishing a unified payment structure across sites. One component of achieving this goal is to employ a consistent definition of packaging across all sites of ambulatory services. We solicit comments on the packaging options and the implications for ratesetting and volume control of using the same or different definitions of packaging across different settings.

The following table identifies by revenue code the services and items that are packaged into the various categories of APC groups (surgery, radiology, other diagnostic, medical visits, and all other APC groups).

PACKAGED SERVICES BY REVENUE CENTER

SURGERY	
250	PHARMACY.
251	GENERIC.
252	NONGENERIC.
257	NONPRESCRIPTION DRUGS.
258	IV SOLUTIONS.
259	OTHER.
270	M&S SUPPLIES.
271	NONSTERILE SUPPLIES.
272	STERILE SUPPLIES.
360	OPERATING ROOM.
361	MINOR SURGERY.
369	OTHER.
370	ANESTHESIA.
379	OTHER.
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.
490	"AMBULATORY SURGERY, GENERAL CLASS".
491	OTHER AMBULATORY SURGICAL CARE.
630	DRUGS REQUIRING ID.
631	SINGLE SOURCE DRUG.
632	MULTIPLE SOURCE DRUG.
636	DRUGS REQUIRING DETAILED CODING.
700	CAST ROOM.
709	OTHER.
710	RECOVERY ROOM.
719	OTHER.
720	LABOR ROOM.
721	LABOR.
722	DELIVERY.
723	CIRCUMCISION.
724	BIRTHING CENTER.

PACKAGED SERVICES BY REVENUE CENTER—Continued

729	OTHER.
750	GASTROINTESTINAL.
759	OTHER.
760	OBSERVATION ROOM.
761	TREATMENT ROOM.
762	OBSERVATION ROOM.
769	OTHER TREATMENT ROOM.
890	OTHER DONOR BANK.
891	BONE.
892	ORGAN.
893	SKIN.
899	OTHER.
920	"OTHER DIAGNOSTIC SERVICES, GENERAL CLASS".
929	OTHER DIAGNOSTIC SERVICES.
940	"OTHER THERAPEUTIC SERVICES, GENERAL CLASS".
949	OTHER THERAPEUTIC SERVICES.

MEDICAL VISIT

250	PHARMACY.
251	GENERIC.
252	NONGENERIC.
257	NONPRESCRIPTION DRUGS.
258	IV SOLUTIONS.
259	OTHER.
270	M&S SUPPLIES.
271	NONSTERILE SUPPLIES.
272	STERILE SUPPLIES.
279	OTHER.
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.
630	DRUGS REQUIRING ID.
631	SINGLE SOURCE DRUG.
632	MULTIPLE SOURCE DRUG.
636	DRUGS REQUIRING DETAILED CODING.
762	OBSERVATION ROOM.

DIAGNOSTIC

250	PHARMACY.
251	GENERIC.
252	NONGENERIC.
254	INCIDENT TO OTHER DIAGNOSTIC.
257	NONPRESCRIPTION DRUGS.
258	IV SOLUTIONS.
259	OTHER.
270	M&S SUPPLIES.
271	NONSTERILE SUPPLIES.
272	STERILE SUPPLIES.
360	OPERATING ROOM.
361	MINOR SURGERY.
369	OTHER.
370	ANESTHESIA.
372	INCIDENT TO OTHER DIAGNOSTIC.
379	OTHER.
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.

**PACKAGED SERVICES BY REVENUE CENTER—Continued**

450 .....	ER.
459 .....	OTHER.
622 .....	INCIDENT TO OTHER DIAGNOSTIC.
630 .....	DRUGS REQUIRING ID.
631 .....	SINGLE SOURCE DRUG.
632 .....	MULTIPLE SOURCE DRUG.
636 .....	DRUGS REQUIRING DETAILED CODING.
710 .....	RECOVERY ROOM.
719 .....	OTHER.
762 .....	OBSERVATION ROOM.

**RADIOLOGY**

250 .....	PHARMACY.
251 .....	GENERIC.
252 .....	NONGENERIC.
255 .....	INCIDENT TO RADIOLOGY.
257 .....	NON-PRESCRIPTION DRUGS.
258 .....	IV SOLUTIONS.
259 .....	OTHER.
270 .....	M&S SUPPLIES.
271 .....	NONSTERILE SUPPLIES.
272 .....	STERILE SUPPLIES.
360 .....	OPERATING ROOM.
361 .....	MINOR SURGERY.
369 .....	OTHER.
370 .....	ANESTHESIA.
371 .....	ANESTHESIA INCIDENT TO RADIOLOGY.
379 .....	OTHER.
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.
621 .....	SUPPLIES INCIDENT TO RADIOLOGY.
630 .....	DRUGS REQUIRING ID.
631 .....	SINGLE SOURCE DRUG.
632 .....	MULTIPLE SOURCE DRUG.
636 .....	DRUGS REQUIRING DETAILED CODING.
710 .....	RECOVERY ROOM.
719 .....	OTHER.
762 .....	OBSERVATION ROOM.

**ALL OTHER APC GROUPS**

250 .....	PHARMACY.
251 .....	GENERIC.
252 .....	NONGENERIC.
257 .....	NONPRESCRIPTION DRUGS.
258 .....	IV SOLUTIONS.
259 .....	OTHER.
270 .....	M&S SUPPLIES.
271 .....	NONSTERILE SUPPLIES.
272 .....	STERILE SUPPLIES.
279 .....	OTHER.
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.
630 .....	DRUGS REQUIRING ID.
631 .....	SINGLE SOURCE DRUG.
632 .....	MULTIPLE SOURCE DRUG.

**PACKAGED SERVICES BY REVENUE CENTER—Continued**

636 .....	DRUGS REQUIRING DETAILED CODING.
762 .....	OBSERVATION ROOM.

**4. Treatment of Clinic and Emergency Visits**

The major issue we face in determining payment for clinic and emergency room visits is whether to include diagnosis as well as *Physicians' Current Procedural Terminology (CPT)* codes in setting payment rates. We solicit comments on the approaches that we discuss below and on other possible alternatives.

Determining payment for clinic and emergency room visits requires a variety of considerations and trade-offs. These include:

- The impact of packaging on setting payment rates (for example, the more packaging, the greater the difference among APC payments; however, we are not proposing a fully packaged system initially, which reduces payment differences and may necessitate additional policies to increase differences across payment groups);
- How to code visits in a manner that recognizes variations in service intensity and levels of resource consumption (for example, how to pay more for visits that cost more);
- How to keep the system administratively manageable (for payment purposes, we assign 31 CPT codes that describe different levels of evaluation and management services to 7 APC groups);
- How to define critical care in terms of facility as opposed to physician inputs (for example, what is an appropriate facility payment for critical care when critical care CPT codes are currently determined to reflect physician inputs);
- Data problems associated with identifying costs from claims that list multiple services (for example, the data analysis we have conducted so far reflects only data from claims for single visits; we are analyzing data from multiple visit claims to glean additional information relevant to these policies);
- How to move toward greater uniformity of payments across ambulatory settings so as to remove payment as an incentive for determining site of service (for example, the trade-off that could result if, by enhancing differentiation of payments for services within the hospital outpatient setting, we were to increase payment differences across settings for services that are provided in both hospital outpatient departments and physician offices).

Given the range of issues surrounding payments for clinic and emergency room visits, we are continuing to weigh different options. We are concerned that using diagnosis coding to set rates for hospital outpatient clinic visits could increase disparities in payment methodology between outpatient departments and physician offices, for which a new system of resource based practice costs is just now being proposed. (These concerns do not extend as much to emergent and critical care, which are not routinely furnished in physician office settings.) Diagnostic coding has not been used in the past to adjust payments in the physician office setting and there is no general evidence that practice expense (or work) in physician office settings varies by the patient's diagnosis. Moreover, because patients in the hospital outpatient department can be shifted easily to alternative outpatient settings, adjustment of facility costs to take diagnosis into account in one setting but not others may create incentives to shift patients among ambulatory settings in unknown ways.

**Coding Visits**

We have considered several approaches to setting prospective payment rates for hospital clinic and emergency visits. We reviewed the medical visit groups in 3M's version 2.0 of APGs that are based solely on ICD-9 diagnosis codes, with 80 APGs providing several groups for each body system; we analyzed the effect on ratesetting of defining clinic and emergency visits solely by CPT code; and, we analyzed the effect of using a matrix that combines patient diagnosis with a CPT code to describe the nature of the outpatient encounter. We discuss these various approaches in more detail here and some of the advantages and disadvantages of each. Again, we solicit comments on these approaches to setting payment rates for clinic and emergency room visits as well as comments on alternative approaches that are not mentioned here.

*Approach 1: Using Diagnosis Codes Only*

3M's approach of using only ICD-9 diagnosis codes with extensive packaging results in a wide range of group payment rates. The group that pays the most is almost 13 times as costly as the lowest-paid group. However, when we removed minor laboratory tests, x-rays, and certain other minor procedures that had been packaged into 3M's medical visit APGs in order to conform with the packaging that we propose in this proposed rule,

the difference between the highest and the lowest paid group dropped to not quite five times. (Fully packaged APGs are sufficiently differentiated for payment purposes, while partially packaged APGs are not; therefore, if we were to move to a fully packaged system, we would re-evaluate approaches using diagnosis.)

We also found that grouping clinic and emergency visits solely on the basis of diagnoses tends to result in visits that require major resources for critical cases clustering together with less resource-intensive follow-up visits after the crisis has passed.

#### *Approach 2: Using CPT Codes Only*

The APC groups that we propose in this proposed rule as the basis for setting rates for surgical services consist solely of CPT codes. We looked at using only CPT codes to establish payment groups for outpatient clinic and emergency room visits, but we found that the variation between the most costly and the least costly encounter was quite flat, with the former only 4.5 times greater than the latter. When basing payment on CPT codes alone, the range reflects hospitals' billing patterns in increasing level of intensity, but cases at the margin are overwhelmed by the numbers of visits billed so that individual cases with low or high costs are not discernible. Also, billing patterns reflect standard bills, not the resources used in any particular case.

#### *Approach 3: CPT and Diagnosis Hybrid*

We looked at another approach that bases payment rates on a hybrid of CPT codes and patient diagnoses. We first assigned 31 CPT codes that describe physician encounters with patients in the outpatient setting to seven APC groups: three for clinic visits, three for emergency department visits, and one for critical care. We also collapsed approximately 12,000 ICD-9 codes into 20 major diagnostic categories (MDCs), arranged generally by body system. Classifying services in this fashion produces a more manageable number of groups, and results in a matrix of 121 CPT/diagnosis combinations, in which the most costly combination is more than 10 times as costly as the least.

Our grouping of evaluation and management CPT codes was based on several factors. As we note above, we grouped 31 CPT codes that represent different levels of physician "evaluation and management" of patients into seven APC groups. (For a more complete discussion, refer to the evaluation and management services guidelines in Physicians' *Current Procedural Terminology* 1998 edition (CPT '98)

published by the American Medical Association.) CPT codes are more descriptive of physician effort than of facility use, and our cost data showed little difference between level 1 and level 2 visits or between level 4 and level 5 visits. Therefore, we elected to combine some of the CPT codes into a single group, for example, the two least intensive outpatient visit codes, 99201 and 99202, are both in APC 911, which is the lowest level of clinic visits, etc. Grouping CPT codes together in this fashion reduces administrative burden, and our data analysis shows only small additional cost differences among the complete set of CPT medical visit codes. Moreover, we found that grouping CPT codes in this fashion evens out certain anomalies that arise when an emergency department furnishes services that would not typically be thought of as emergency care, such as suture removal, or treatment of a skin disease. Even though suture removal or treatment of conditions such as impetigo, conjunctivitis, etc. is performed in emergency departments, these types of services are more appropriately furnished at a clinic because they do not require the more elaborate resources of the emergency department. Assigning codes to APC groups would allow us to set payment for care of patients with minor problems in the emergency department at a level equivalent to payment for the same care when it is furnished at a clinic. We welcome comments on payment for services that do not require emergency room use.

Using a matrix of evaluation and management codes with patient diagnosis would offset the disadvantages noted above of grouping solely by CPT code (too little payment variation) or solely by patient diagnosis (reduced payment variation and commingling of resource intensive and non-resource intensive visits). Defining a clinic or emergency visit APC in terms of both CPT code and diagnosis, even when grouping codes to provide a manageable number of groups, would better recognize the facility resources consumed in providing emergency and critical care visits. Many such visits, of course, cluster around the same dollar amount, but this is expected because many visits involve typical care and standard resources. The cases that represent care at higher or lower levels of intensity appear to represent real differences in resource consumption. We used the CPT/patient diagnosis hybrid to model impacts. We do not believe that payment to individual hospitals would be significantly affected, whether we base payment rates

on groups of CPT codes only or on groups that combine CPT codes and patient diagnosis.

Using a matrix that combines CPT codes with patient diagnosis to set payment rates for clinic and emergency department visits would also improve the coding of diagnoses in the hospital outpatient setting generally. Such improved diagnosis coding is critical to evaluating future degrees of packaging in the APC system, and we have already noted that more packaging tends to increase the measured cost differences across APC groups.

However, as we discussed earlier, there are also problems with using a matrix that includes diagnosis codes for hospital outpatient visits. We are concerned about the effect of using a method to pay for clinic visits in the hospital outpatient setting that is at variance with the method we use to pay for the same service in a physician office. A possible alternative to using diagnosis codes as an indicator of resource consumption in connection with medical visits in hospital outpatient departments is to create a uniform fee schedule for physician visits across all ambulatory settings, paying the site at which the service is furnished the physician practice expense component as a "facility fee." However, the latter option would require legislation and a possible reallocation of the overhead currently associated with medical visits in the outpatient department to other outpatient services. Given the complexity of these issues, it may not be desirable to introduce additional differences, such as diagnosis, among payments in medical visits at this time. We invite public comment on all of the issues raised in the discussion in this section. In addition, after this rule is published, we will be reexamining our outpatient database and extending our analysis to multiple visit data. We will incorporate the findings of these additional analyses into our final decision.

#### **Hypothetical Case Using the Hybrid**

The following is a hypothetical case presented to illustrate how payment would be determined using the CPT code/diagnosis code hybrid. A new patient, an elderly woman who has recently come to live with her family in the area, presents to the primary care clinic complaining of fatigue, shortness of breath, swollen ankles, and loss of vision. The physician spends 45 minutes eliciting the patient's medical, family, and social history and performing an extensive physical examination. Suspecting cataracts as the

cause of her loss of vision, the physician suggests she make an appointment in the eye clinic. Suspecting congestive heart failure as the cause of her other symptoms, but also suspicious of coexisting diabetes and hypertension, the physician orders laboratory tests and an electrocardiogram (ECG) to be performed that day, and schedules an appointment in the cardiovascular clinic for a later date. If payment to the hospital were to be made on the basis of a CPT code/ICD-9 code matrix, the hospital's claim for services furnished in connection with this visit would identify the following information: CPT code 99204, comprehensive outpatient visit, new patient, and ICD-9 diagnosis code 401.1, benign hypertension. Payment would be determined by mapping CPT code 99204 to APC group 915, levels 4 and 5 clinic visit, and ICD-9 code 4011 to MDC 36, cardiovascular system diseases. Payment would be the rate established for the resulting hybrid group identifier, 91536. Addendum A lists the payment rates for the proposed hospital clinic and emergency room payment groups. Separate payment would be made under the clinical diagnostic laboratory fee schedule for the laboratory work; the ECG would be paid for separately on the basis of the payment rate established for APC 950.

Several months later, the same patient, who now is known to have congestive heart failure, returns to the primary care clinic complaining of a cough and runny nose. The physician, having determined that the symptoms are due to a virus, recommends using a humidifier and drinking extra fluids. The hospital would code this visit with CPT code 99212 (problem-focused outpatient visit, established patient) and with ICD-9 diagnosis code 460 (acute nasopharyngitis, or common cold). This combination, in turn, would map to APC 911, levels 1 and 2 clinic visit, plus MDC 31, ear, nose, mouth and throat diseases, and payment for this patient's second visit to the hospital clinic would be based on the rate established for hybrid group 91131.

#### Payment for Screening Services

Every patient who presents to an emergency department and requests (or has requested on his or her behalf) a screening must be screened in accordance with section 1867(a) of the Act. If the physician or other hospital staff who performs the screening determines that no medical emergency exists, the patient can be referred to one of the hospital's clinics or to another provider such as a physician office for further treatment, or the emergency department personnel can decide to

treat the patient in the emergency department. We propose to create a HCPCS code to be used to bill the screening. Payment for this new code will be low because no treatment is included in the screening. Payment for the screening APC is made only when no additional services are furnished by the emergency department. If non-emergency treatment is furnished, the appropriate emergency room visit should be billed, and *not* the screening. Similarly, if the screening reveals that an emergency does exist and treatment is instituted immediately, the screening should not be billed; the screening is subsumed into the further treatment. If an emergency room physician feels the need to consult with another physician before deciding whether the patient needs emergency treatment, the consultation is part of the original screening, and the hospital should bill for only one screening visit, if a bill for screening is appropriate, as described above.

#### Payment for Critical Care

We propose to have hospitals use CPT code 99291 to bill for outpatient encounters in which critical care services are furnished. We use the CPT definition of "critical care," which is the evaluation and management of the unstable critically ill or injured patient who requires the constant attendance of a physician. Under the outpatient PPS, we would allow the hospital to use CPT 99291 in place of, but not in addition to, a code for a medical visit or for an emergency department service. However, the entire duration of the hospital outpatient department's critical care services for an individual patient is represented by CPT 99291, and we would not allow the facility to use CPT 99292 to bill for critical care services extended in 30-minute increments, as would the attending physician. (We have packaged the costs associated with subsequent hours of critical care billing into the APG group of services with which the critical care hours were billed in the base year.) If other services, such as surgery, x-rays, or cardiopulmonary resuscitation, are furnished on the same day as the critical care services, we would allow the hospital to bill for them separately.

We expect that the numbering scheme proposed in this rule to distinguish clinic and emergency room visits would be changed in the final rule. Although we believe the 5-digit identifier used in this proposal makes it easier to see the relationship between the CPT code for the level of the visit and the ICD-9-CM code for the diagnosis, for claims processing purposes, we would have to

replace 5-digit identifiers with 3-digit ones.

#### 5. Treatment of Partial Hospitalization Services

In accordance with section 1861(ff) of the Act, partial hospitalization services may be furnished only by a hospital to its outpatients or by a community mental health center (CMHC). We published an interim final rule on February 11, 1994 (59 FR 6570) to establish coverage criteria and payment requirements for partial hospitalization programs. In that rule, we indicated that physician services and certain nonphysician practitioner services are not considered to be partial hospitalization services. Payment for these services is outside the scope of this proposed rule.

The partial hospitalization program of services is organized and furnished similarly, whether the program is administered by a hospital or by a CMHC. Section 1833(a)(2)(B) of the Act requires that payment for CMHC partial hospitalization services be based on the hospital outpatient PPS. Thus, the methodology we are proposing would apply to hospital outpatient and to CMHC partial hospitalization programs. The current rules governing CMHC payment appear in 42 CFR part 413. This proposed rule would amend § 413.1 to indicate that payment for partial hospitalization services furnished by CMHCs is made in accordance with the hospital outpatient prospective payment system described in part 419 of this chapter.

Patients eligible for the Medicare partial hospitalization benefit comprise two groups: patients who have been discharged from a psychiatric hospital for whom partial hospitalization services are provided in lieu of continued inpatient treatment; and patients who exhibit disabling psychiatric/psychological symptoms as a result of an acute exacerbation of a severe and persistent mental illness for whom the partial hospitalization services are provided in lieu of admission to an inpatient psychiatric hospital.

As required by section 1835(a)(2) of the Act, admission to a partial hospitalization program is limited to patients whose physicians certify that: (1) the individual would require inpatient psychiatric care in the absence of partial hospitalization services; (2) an individualized, written plan of care has been established by a physician and is reviewed periodically by a physician; and (3) the patient is or was under the care of a physician. This certification would be made when the physician

believes that the course of the patient's current episode of illness would result in psychiatric hospitalization if the partial hospitalization services are not substituted.

The acute psychiatric condition being treated by a partial hospitalization program must require intensive active treatment, including a combination of medical and nursing interventions, individual and group psychotherapy, occupational therapy, family counseling, and various adjunctive therapeutic activities that are not primarily recreational or diversionary. The patient's degree of impairment must be severe enough to require a multidisciplinary structured day program, but not so severe that patients are incapable of participating in and benefitting from an active treatment program. Patients must require partial hospitalization services at levels of intensity and frequency comparable to patients in an inpatient setting for similar psychiatric illnesses. In addition, the patient must have an adequate community-based network to support the patient outside the partial hospitalization program.

Typically, patients admitted to a partial hospitalization program initially require full-time participation in order to provide crisis stabilization, that is, 6 hours of programming for 5 days per week. In some cases, the patient may ultimately require inpatient psychiatric care despite the partial hospitalization services. However, in most cases, as the patient's symptoms diminish and functional goals are achieved, the frequency of attendance is reduced to 4 days and, later, to 3 days. Once the patient's participation drops to this level, the need for partial hospitalization services in lieu of inpatient psychiatric care is not generally indicated and the patient would be discharged to a lower level of outpatient psychiatric care.

Under the current reasonable cost payment system, providers report the total number of units for each partial hospitalization service furnished during the billing period. As noted earlier, hospitals are also required to report claims for services using HCPCS codes. Payment for the additional overhead cost of supportive staff and recordkeeping for a comprehensive day program of services would be built into the provider's charge structure for covered partial hospitalization services and paid through the cost report settlement process.

Because a day of care is the unit that defines the structure and scheduling of partial hospitalization services, we believe that a per diem payment for

partial hospitalization services is a more appropriate methodology than billing for each component of a partial hospitalization program. A packaged, per diem approach is used by other governmental and private payers when paying for partial hospitalization services. In order to determine the median cost for the partial hospitalization APC group, we analyzed the components reported for each partial hospitalization service over the course of a billing period and established a per diem payment rate. This analysis resulted in an APC payment rate of \$208.25 per day, of which \$46.78 is the beneficiary's copayment.

As noted above, partial hospitalization providers currently report the total number of units for each service billed. We have revised the billing instructions to require CMHCs to report HCPCS codes and to require hospitals and CMHCs to report the date of each service, effective October 1, 1998. We welcome information from the public to assist us in refining the median cost for a day of partial hospitalization. We are particularly interested in information concerning the mix of services that constitute a typical partial hospitalization day.

We have not established a group to represent a half-day of partial hospitalization, although we are aware that other governmental and private payers have adopted both a full and half-day rate for partial hospitalization. For example, CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) recognizes a day with at least 6 hours of programming as a full day, while days with at least 3 programmed hours, but less than 6, are paid a per diem rate equal to 75 percent of the full day rate. However, the CHAMPUS per diem is not tied to the cost of certain covered services, but rather to the number of programmed hours the patient attends. As noted above, we will begin to collect information October 1, 1998, regarding which services are furnished each day. Once we have analyzed this information, we will be able to determine the extent to which half-days are used typically in partial hospitalization treatment planning. We are interested in public comments regarding whether we should establish a half-day partial hospitalization group.

We have also decided not to propose a minimum number of hours or units of covered services that constitute a partial hospitalization day at this time. However, we are concerned that a low frequency of participation, either very few days per week or few covered

services per day, indicate that the partial hospitalization program is no longer reasonable and necessary and the patient could be managed in a less intensive level of outpatient treatment or periodic office visits. Fiscal intermediaries in performing medical review of claims will continue to make decisions regarding whether the services furnished a patient are covered and payable as partial hospitalization services. As noted above, CHAMPUS has established a minimum of 3 hours of service for payment of their partial hospitalization per diem amount. We are specifically requesting public comment on adopting a minimum number of services for Medicare payment purposes.

We note that many other payers have established an annual limit on the number of covered partial hospitalization days. There is currently no duration limit on the Medicare partial hospitalization benefit. Rather, in order to be covered by Medicare, partial hospitalization services must be reasonably expected to improve or maintain the patient's condition and to prevent relapse or hospitalization. For most psychiatric patients, particularly those with long term, chronic conditions, control of symptoms and maintenance of a functional level to avoid hospitalization is an acceptable expectation of improvement. It is not necessary for a course of partial hospitalization services to have, as its goal, restoration of the patient to the level of functioning exhibited prior to the onset of the illness. Some patients may undergo a course of treatment that increases their level of functioning but then reach a point where further significant improvement is not expected. Continued coverage after this point may be dependent upon evidence that the patient is not able to maintain stability with less intensive treatment. Although we are not proposing a duration standard for partial hospitalization at this time, we are concerned that there is significant variation in duration of treatment. We solicit data that show treatment duration from providers of partial hospitalization services. We are also considering specifying a timeframe for periodic physician recertification of need for partial hospitalization services as a method to ensure that a patient's individual needs continue to require the intensity of a partial hospitalization program.

Finally, we are concerned about the impact of establishing a per diem payment for partial hospitalization on the provision of other outpatient mental health services. Patients should be

referred to the outpatient mental health treatment program that best suits their individual needs. Partial hospitalization programs differ from other outpatient mental health treatment programs in the intensity of the program, the frequency of participation, and the patient's need for a comprehensive structured program of services. Upon discharge from a partial hospitalization program, a patient's symptoms and level of functioning will have stabilized to the point that the intensity of a partial hospitalization program is no longer necessary. We are concerned that providing a per diem payment for partial hospitalization services may discourage timely discharge. For this reason, medical review by fiscal intermediaries will continue to focus on patients' initial and continued eligibility for partial hospitalization services.

As noted previously, once we have complete encounter data on which to base the per diem partial hospitalization rate, the per diem will represent the median cost of services furnished on a typical day. As such, it will not be based on the cost of each service furnished on a particular day. Since partial hospitalization represents the most intensive outpatient program and we will have established the median cost of furnishing a day of partial hospitalization services, it does not seem appropriate to pay more for other, less intensive outpatient psychiatric programs. For this reason, we are specifically requesting public comment on establishing a limit on routine outpatient mental health services furnished on a given day to equal the partial hospitalization per diem amount.

#### 6. Comments on Specific APCs

*APCs 061-064.* We created separate (that is, unpackaged) groups for various chemotherapeutic agents because we believed that some agents had high costs that would not be recognized if those drugs were packaged into the median cost for the chemotherapy administration. We solicit comment on whether to package these costs into the chemotherapy delivery codes in the final rule. We request that commenters identify high-cost chemotherapeutic agents that would not be adequately recognized if packaged or that may require a separate payment or higher payment grouping.

*APC 226:* This group represents the facility costs for making custom maxillofacial prosthetics. There are few claims, and the median cost is very low compared to the practice expenses associated with these claims on the Medicare physician fee schedule. We assume poor coding accounts for the

anomalous cost. However, it may be that these services are not performed in hospital outpatient departments; they may actually be performed by maxillofacial surgeons in their offices or by dental laboratories. We welcome comments on whether these services are actually provided in the outpatient hospital setting and the resources involved.

*APC 317 (Cochlear device implantation):* The few claims in our database for this procedure have such disparate costs that we are uncertain of the appropriate assignment of the surgery. The device is paid for from the DMEPOS fee schedule. We solicit comments on whether the implant procedure itself resembles procedures in another APC group to which it could be appropriately assigned.

*APCs with a status indicator of "V":* The groups that represent medical visits in clinics and emergency departments are based on a matrix, with intensity represented by six levels of CPT codes combined with 20 categories of ICD-9 codes indicating diagnosis or condition. Although current instructions require hospitals to use a CPT code to bill for medical visits, we permit hospitals to bill for all medical visits under a single code (99201) unless a hospital chooses to be more specific. In 1997, our data show code 99201 accounting for 22 percent of all medical visits billed, which we surmise is an overstatement of the incidence of the lowest level clinic visit. With the implementation of the hospital outpatient PPS, we will require hospitals to begin coding medical visits with greater specificity. As a result, we expect to see an increase in the relative incidence of higher level medical visits and emergency visits and a proportional decrease in the relative incidence of the lowest level clinic visit. We will monitor claims by provider for unexplained increases in the total number of visits or in the proportion of visits billed at the highest levels. Use of HCPCS codes should conform with the CPT clinical examples of cases in each code level.

Because the layout of the outpatient claim form does not allow a HCPCS code to be linked to more than one ICD-9-CM code, the form properly accounts for only one medical visit per claim. When two or more medical visits occur on the same day for different diagnoses, a separate claim would be created for each visit, showing the appropriate level of CPT code and the related diagnosis. We would expect this to occur only in those hospitals that operate many outpatient clinics dedicated to various conditions, such as a diabetes clinic, arthritis clinic, etc. Clinics in which a

patient is seen for one or a number of conditions by one health care professional, such as in a primary care clinic, would bill for only one clinic visit for that encounter.

A medical visit would not be billed simply because a patient has presented to a hospital for a service such as chemotherapy, cardiac rehabilitation, an x-ray, etc.

We propose not to pay for a medical visit that takes place on the same date of service as a scheduled outpatient surgery. Registration of the patient, taking of vital signs, insertion of an IV, preparation for surgery, etc., are packaged into and paid for as part of the APC group to which the surgical procedure or service is classified.

In cases where a surgical procedure or service is performed as the immediate result of an outpatient visit (such as the removal of skin lesions following a visit to a dermatology clinic) or from an emergency department visit, the visit would be billed with a modifier -25, indicating that a separately identifiable evaluation and management service was furnished.

*APCs 667 and 668:* These groups, for cataract surgery without and with insertion of an IOL, should require different resources, because 667 should not include the cost of an IOL. Because the median costs of the two groups are identical, we assume that hospitals were not correctly coding some cases. Therefore, we have reduced the median cost of 667 by \$200 to reflect the resources associated with an IOL. We arrived at this figure by allowing the \$150 that was allowed for an IOL as the ASC portion of the blended amount formerly paid, and by assuming that the recognition of hospitals' costs under the blend would result in the hospital IOL "allowance" being higher than the ASC's. This reduction will have a very small overall effect, because the services in APC 668 were billed more than 225 times as often as those in APC 667. This also leads us to believe that the data we have for the services in APC 668 are more likely to represent accurate information.

*APC 670:* This group packages payment for the acquisition costs of corneal tissue with the payment for the corneal transplant surgery. It has been brought to our attention that the costs of acquiring corneal tissue vary widely from one locality to another, so that packaging may not be a reasonable way to handle these costs. We are specifically soliciting comments on the issue of packaging corneal tissue costs. We are also soliciting suggestions for alternate ways to pay for corneal tissue, if the comments and supporting data we

receive indicate that packaging is not an appropriate way to treat these costs.

*APCs 761 and 762, and 791 and 792:* These groups are anomalous, because the group entitled "Complex" in each case has a lower weight than the one entitled "Standard." This has to do with the cost of the procedure itself compared to the cost of the radionuclide involved. We are working with the Society for Nuclear Medicine to correct these anomalies.

*APCs 902 and 903:* We had very few bills for the vaccines in these groups (902 includes polio vaccine and DPT; 903 includes vaccines for rabies and plague). We are considering combining the two groups. We solicit comments on vaccine costs to supplement our data.

*APCs 091 and 91191:* Brief psychotherapy encounters can be identified by either a CPT code (as in APC 091) or a low- or mid-level visit with a psychiatric diagnosis (APC 91191). We determined the median costs for these bills taken together, because we believe that there are no differences in the facility resources used in these instances. In the case of other psychiatric encounters, we believe that clinic services at the highest level should be the equivalent of an extended psychotherapy encounter. Mid- and high-level emergency room encounters should be billed by evaluation and management CPT codes and psychiatric diagnoses.

*APC 921:* Although the addenda refer to this APC, in fact diabetic education services will be paid under the physician fee schedule, which will establish rates for one-on-one sessions and group sessions. The addenda will be corrected in the final rule. (A proposed rule titled "Medicare Program; Expanded Coverage for Diabetes Outpatient Self-Management Training Services" is under development.)

*APCs 981 and 982:* These groups represent nerve and muscle tests. We are continuing to evaluate whether these two groups should be combined in the final rule, because there is very little distinction between them in our cost data.

We are still examining ways to pay for drugs outside the composite rate for ESRD patients, and the services to be paid under our system in CORFs, HHAs, and hospices. These will be APCs, based on services that are packaged in our system.

#### 7. Discounting of Surgical Procedures

Under hospital outpatient PPS, we will discount payment amounts when more than one procedure is performed during a single operative session or when a surgical procedure is terminated

prior to completion. The discount policy explained below is consistent with Medicare policy and regulations governing payment for physician and ASC surgical services.

##### *a. Reduced Payment for Multiple Procedures*

When more than one surgical procedure (defined as those HCPCS codes in APC groups with status "T") is performed during a single operative session, we propose that the full Medicare payment amount and beneficiary copayment amount would be paid for the procedure having the highest APC payment rate. Fifty percent of the normal Medicare payment amount and beneficiary copayment amount would be paid for all other procedures performed during the same operative session to reflect the savings associated with having to prepare the patient only once and the incremental costs associated with anesthesia, operating and recovery room use, and other services required for the second and subsequent procedures.

##### *b. Discounted Payment for Terminated Procedures*

Under outpatient PPS, the hospital will use modifiers to indicate procedures that are terminated prior to completion. Modifier-52 (Reduced Services) is used to identify a procedure that is terminated after the patient has been prepared for surgery, including sedation when provided, and taken to the room where the procedure is to be performed, but *before* anesthesia is induced (for example, local, regional block(s), or general anesthesia). Fifty percent of the normal Medicare payment amount and beneficiary copayment amount would be paid for a procedure terminated before anesthesia is induced.

Modifier-53 (Discontinued Procedure) is used to indicate that a surgical procedure was started but discontinued *after* the induction of anesthesia (for example, local, regional block, or general anesthesia), or *after* the procedure was started (incision made, intubation begun, scope inserted) due to extenuating circumstances or circumstances that threatened the well-being of the patient. To recognize the costs incurred by the hospital to prepare the patient for surgery and the resources expended in the operating room and recovery room, the full Medicare payment amount and beneficiary copayment amount would be paid for a procedure that was started but discontinued after the induction of anesthesia or after the procedure was started, as indicated by a modifier-53.

The elective cancellation of procedures would not be reported. If multiple procedures were planned, only the procedure actually initiated would be billed. A pattern of canceled procedures will prompt medical review of the reasons for cancellation and may trigger review of the appropriateness of patient selection for outpatient surgery.

#### 8. Inpatient Care

In recent years, the distinction between inpatient and outpatient care has been blurred by the retention of outpatients in the hospital overnight, sometimes for many days in a row. Medicare paid for observation services while the hospital determined whether an outpatient needed admission for further treatment. Frequently, the patients did not understand that they were not inpatients until they were billed for 20 percent of outpatient charges as copayment. In November 1996, we put in place a policy limiting outpatient observation services to a maximum of 48 hours. We made clear at that time that observation was not a means to make it possible to perform inpatient surgery on an outpatient basis, nor was it appropriate to retain chemotherapy patients in long-term observation. Because observation is not provided as the sole service a patient receives, we packaged costs associated with observation into the median costs for the services, for example, surgery or chemotherapy, with which they were furnished in 1996.

There are procedures that, by their nature, require inpatient care. Open abdominal surgery requires a postoperative recovery period, for example, to ensure that bowel function resumes. Certain major surgeries require monitoring in an intensive care unit until the patient's neurological or other function returns. Yet other surgeries involve large or delicate surgical wounds that require monitoring, skilled dressing changes, and fluid replacement. These procedures obviously require inpatient care, and performing them on an outpatient basis would clearly jeopardize patient health and safety. Other procedures are not as clearly defined as inpatient, but we have classified them as inpatient because they are performed on an inpatient basis virtually all the time for the Medicare population, either because of the invasive nature of the procedures, the need for postoperative care, or the underlying physical condition of the patient who would require such surgery. These procedures are not classified in an outpatient APC group, and no payment is provided for these procedures under the hospital

outpatient PPS. We will deny payment for claims that are submitted for these procedures furnished as outpatient services because performing these procedures on an outpatient basis is not safe or appropriate, and therefore not reasonable and necessary under Medicare rules. Because we base these denials on the exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1), beneficiaries may be protected from liability by the limitation on liability provision of section 1879 of the Act.

The procedures that we consider appropriate and safe only in an inpatient setting and for which we are excluding payment under the hospital outpatient PPS are listed in Addendum H to enable hospitals to make appropriate site of care decisions. This list represents national Medicare policy and is binding on fiscal intermediaries and peer review organizations, as well as on hospitals and Medicare participating ASCs.

We acknowledge that we have classified in outpatient APC groups some procedures that may seem closely related to procedures that we are excluding from the outpatient PPS on the basis of their status as inpatient procedures. We expect that when the former are performed in the outpatient setting, they will be only the simplest, least intense cases. The fact that a service is included in an APC group under the hospital outpatient PPS should not be construed to mean that the procedure may only be performed in an outpatient setting. In every case, we expect the surgeon and the hospital to assess the risk to the individual patient and to act in that patient's best interests.

*C. Calculation of Group Weights and Rates*

1. Group Weights

Section 1833(t)(2)(C) of the Act requires the Secretary to develop relative payment weights for covered groups of hospital outpatient services. The statute requires that such weights be developed using 1996 hospital outpatient claims and the most recent available hospital cost reports. We are required to base these weights on median hospital costs. In constructing the database to model the outpatient PPS proposal, we used a universe of approximately 98 million calendar year 1996 final action claims for hospital outpatient department services received through June 1997 to match to the most recent hospital cost reports available.

To derive weights based on median hospital costs for services in the hospital outpatient APC groups, we

needed to convert billed charges to costs and aggregate them to the procedure or visit level. To do this, we first identified the cost-to-charge ratio that was specific to each hospital's cost centers ("cost center specific cost-to-charge ratios" or CCRs). We then developed a crosswalk to match the hospital's CCRs to revenue centers used on the hospital's 1996 outpatient bills. The CCRs included operating and capital costs but excluded costs associated with direct graduate medical education and allied health education. (Medicare payment for direct graduate medical education is made as a pass-through under the inpatient PPS and includes the costs associated with approved educational activities for residents assigned to the hospital's outpatient department. We discuss in elsewhere in this proposed rule how we would make payment for allied health education.)

Our next task was to identify each hospital's most recent available cost report from which to determine the hospital's CCRs. Because there is generally a 2-year lag between claims adjudication and cost report filing, the most recent cost reports that we could expect to be available to associate with calendar year 1996 claims were those from PPS-12 (cost reporting periods beginning on or after October 1, 1994 and before October 1, 1995). We searched the PPS-12 period first to match the 1996 final action claims to a cost report. If we achieved a match, no other action was needed. However, if no match was found, we next searched for a cost report in the PPS-11 period and subsequently in the PPS-10 period, if necessary.

If the most recent available cost report that we used for a provider was one that had been submitted but not settled, we calculated an adjustment factor to adjust for the differences that exist between settled and "as submitted" cost reports. We determined the adjustment factor by dividing the outpatient department cost-to-charge ratio from the hospital's most recent settled cost report by the outpatient department cost-to-charge ratio from the hospital's "as submitted" cost report for the same period. We used the resulting ratio to adjust each of the CCRs in the hospital's most recent "as submitted" cost report. We repeated this process for every hospital for which the most recent available cost report was a cost report that had not been settled.

The Office of Inspector General (OIG) is concerned that the cost reports we are using may reflect some unallowable costs. Therefore, the OIG, in conjunction with HCFA, is proposing to examine the extent to which the cost reports used reflect costs that were inappropriately

allowed. If this examination reveals excessive inappropriate costs, we would address this issue in a future proposed rule, or perhaps seek legislation to adjust future payment rates downward.

When this process was completed, we were able to match revenue centers from approximately 83 million claims to CCRs of approximately 5,600 hospitals. We excluded from the crosswalk approximately 15 million claims in which the bill type denoted services that would not be covered under the PPS, for example, bill type 72X for dialysis services for patients with ESRD. The table below shows the three cost reporting periods we used and the percentage of the cost reports within each PPS period with which we were able to match 1996 claims. The most recent cost reports available to us were from the hospital inpatient PPS-12 period, and 95.8 percent of the most recent cost reports available to us matched the 1996 claims that we are required to use as the basis for establishing relative payment weights for the APC groups in the outpatient PPS.

Reporting period	Percentage of cost reports matched
PPS-12 (cost reporting period beginning on or after 10/1/94 and before 10/1/95) .....	95.8
PPS-11 (cost reporting period beginning on or after 10/1/93 and before 10/1/94) .....	3.7
PPS-10 (cost reporting period beginning on or after 10/1/92 and before 10/1/93) .....	0.5
	100.0

We next separated the estimated 83 million claims that we had matched with a cost report into two distinct groups: single-procedure claims and multiple-procedure claims. Single-procedure claims are those for which the HCPCS to be grouped to an APC is the only code that appears on the bill, other than laboratory and incidentals such as venipuncture. Multi-procedure claims included more than one HCPCS code that could be mapped to an APC. There were approximately 37 million single-procedure claims and 46 million multiple-procedure claims.

To calculate median costs for services within an APC, we used only the single-procedure bills. (Of the roughly 37 million single-procedure claims, about 11 million were excluded from the conversion process largely because the only HCPCS codes reported on the claims were for laboratory procedures.)

This approach was taken because of our inability to specifically allocate charges or costs for packaged items and services such as anesthesia, recovery room, drugs, or supplies to a particular procedure when more than one significant procedure or medical visit was billed on a claim. Use of the single-procedure bills minimizes the risk of improperly assigning costs to the wrong procedure or visit. Although single-procedure/visit bills were used for determining APC relative payment weights, the multiple-procedure bills were used in the service mix calculations, regressions, and impact analyses.

For each single-procedure claim, we calculated a cost for every billed line item charge by multiplying each revenue center charge by the appropriate hospital-specific CCR. If the appropriate cost center did not exist for a given hospital, we crosswalked the revenue center to a secondary cost center when possible, or to the hospital's overall cost-to-charge ratio for outpatient department services. We excluded from this calculation all charges associated with HCPCS codes previously defined as noncovered under this PPS, for example, laboratory, ambulance, and therapy services.

To calculate the per-procedure or per-visit costs, we used the charges shown in the revenue centers that contained items integral to performing the procedure or visit. These included those items that we previously discussed as being subject to our proposed packaging provision. For example, in calculating the surgical procedure cost, we included charges for the operating room, treatment rooms, recovery, observation, medical and surgical supplies, blood, pharmacy, anesthesia, cast and splints, and donor tissue, bone, and organ. For medical visit cost estimates, we included charges for items such as medical and surgical supplies, drugs, observation, and blood. A complete listing of the revenue centers we used is included elsewhere in this preamble.

To standardize costs for geographic wage variation, we divided the labor-related portion of the operating and capital costs for each billed item by the hospital inpatient prospective payment system wage index published in the **Federal Register** on May 8, 1998 (63 FR 25575). We used 60 percent to represent our estimate of that portion of costs attributable, on average, to labor, but this factor is sensitive to other payment adjustments. Therefore, we will restandardize costs in the final rule using FY 1999 hospital inpatient PPS wage index values and the final labor market share value. A more detailed

discussion of wage index adjustments is found below (section V.E. of this document).

We then added the standardized labor-related cost to the non-labor-related cost component for each billed item to derive the total standardized cost for each procedure or medical visit. We trimmed standardized procedure and visit costs to remove extremely unusual costs that appeared to be errors in the data. The trimming methodology is analogous to that used in calculating the DRG weights for the inpatient PPS: any bills with costs outside of 3 standard deviations from the geometric mean were eliminated. The geometric mean and the associated standard deviation are used because the distribution of costs more closely resembles a lognormal distribution than a normal distribution: there are no negative costs, and the average cost is greater than the median cost. Using the geometric mean has the effect of minimizing the impact of the most unusual bills in the determination of the mean. The geometric mean is calculated by taking the mean of the natural logarithm cost. Since the distribution of the natural logarithms of a set of numbers is more compact than the distribution of the numbers themselves, bills with extreme costs do not appear as extreme as they would if non-logged costs were examined. This ensures that only the most unusual data will be removed from the calculation.

After we trimmed the procedure and visit level costs, we mapped each procedure or visit cost to its assigned APC. We calculated the median cost for each APC weighted by procedure volume.

Using these median APC costs, we then calculated the relative payment weights for each APC. We decided to scale all the relative payment weights to APC 91336, a mid-level clinic visit for cardiovascular services because it is one of the most frequently performed services. This approach is consistent with that used in developing relative value units for the Medicare physician fee schedule. By assigning APC 91336 a relative payment weight of "1.0," hospitals can easily compare the relative relationship of one APC to another. Next, we divided the median cost for each APC by the median cost for APC 91336 to derive the relative payment weight for each APC.

## 2. Conversion Factor

Section 1833(t)(3)(C)(i) of the Act requires that we establish a conversion factor for 1999 to determine the Medicare amounts for each covered group of services. The statute mandates

that the conversion factor be established on the basis of the weights and aggregate projected utilization for 1999 and based on the base amount of payments described in section 1833(t)(3)(A) of the Act. Such base amount is calculated for the services included in the outpatient PPS, as an estimate of the sum of (1) total payments that would be payable from the Trust Fund under the current (non-PPS) payment system in 1999 plus (2) the beneficiary copayments that would have been made under the new (PPS) system in 1999. Section 1833(t)(3)(C)(ii) of the Act further requires that the Medicare amount take into account all appropriate adjustments.

Although section 1833(t)(2)(C) of the Act requires us to project utilization for hospital outpatient services, we were unable to project precisely increases in the volume and intensity of services because we were not able to quantify some of the factors that affect utilization. For instance, we would anticipate that Medicare beneficiaries that choose to migrate to managed care plans may be healthier than those who choose to stay in fee-for-service plans. Thus, we could assume a decrease in the volume of services but an increase in the intensity of services furnished for Medicare beneficiaries enrolled in fee-for-service plans. Another factor that we believe will affect future utilization is the incentive to code HCPCS accurately to receive payment. Currently, hospitals are paid for the majority of the outpatient services they furnish on a cost basis. Claims without a HCPCS or an invalid HCPCS are not always rejected. In contrast, under the new PPS, hospitals would be required to use HCPCS codes and, for medical visits and emergency room services, ICD-9 codes, in order to receive payment. We expect that frequencies may increase as a result of the coding requirements. All in all, these are factors we believe will affect the reporting of volume and intensity of services, but we were not able to quantify these assumptions individually to project 1999 utilization. Therefore, we used what we believe to be a more reliable and valid approach to computing the conversion factor under the methodology described below.

## Setting the Rates

In order to convert the relative weights determined for each APC (see previous section) into payment rates, we calculated a conversion factor that would result in payments to hospitals under the PPS in 1999 equaling the total projected payment specified in section 1833(t)(3)(A) of the Act. The prospective payment rate set for each APC is

calculated by multiplying the APC's relative weight by a conversion factor. We computed the conversion factor by first adding together for calendar year 1996 the aggregate Medicare hospital outpatient payments paid under the current cost-based payment system (referred to in this section as current law payments) plus the estimated beneficiary copayment amounts that would be paid under the outpatient PPS for the same services. We then divided that amount by the sum of the relative weights for all APCs under the hospital outpatient PPS. The methodology we followed to determine current law Medicare hospital outpatient payments and beneficiary copayments is discussed in section V.C.2.a., below, which is followed in section V.C.2.b. by a discussion of the sum of the relative weights.

*a. Calculating Aggregate Calendar Year 1996 Medicare and Beneficiary Payments for Hospital Outpatient Services (Current Law)*

First, to calculate Medicare hospital outpatient payment amounts under current law (that is, before PPS), we identified calendar year 1996 single and multiple procedure bills for all the services that we will recognize under the outpatient PPS. As we identified services that will be paid under the outpatient PPS, we eliminated invalid or noncovered HCPCS codes.

Hospital payments include both operating and capital costs for the HCPCS coded services for which payment is to be made under the outpatient PPS. We summed both of these types of costs by HCPCS at the provider level. Summarizing the data in this manner allows us to simulate provider payment on an aggregate basis. We then applied the legislated capital cost reductions of 10 percent and operating cost reductions of 5.8 percent, as required by section 4522 of the BBA.

We determined for each HCPCS code the applicable payment methodology under current law. We then calculated current law payment for procedures in the baseline using one of the following equations, as appropriate:

- For radiology procedures paid for under the radiology fee schedule, payment is determined in the aggregate for each provider as the lower of cost, charge, or blended amount. The radiology blended amount is determined by the following equation:

$$(0.42 \times \text{lower of cost or charge minus beneficiary copayment}) + (0.58 \times ((0.62 \times \text{global physician fee schedule amount}) - \text{beneficiary copayment}))$$

- For surgical procedures for which Medicare pays an ASC facility fee, payment is determined in the aggregate for each provider as the lower of the cost, charge, or blended amount. The ASC blended amount is determined by the following equation:

$$(0.42 \times \text{lower of cost or charge minus beneficiary copayment}) + (0.58 \times (\text{ASC payment rate} - \text{beneficiary copayment}))$$

- For diagnostic procedures paid under the diagnostic fee schedule, payment is determined in the aggregate for each provider as the lower of cost, charge, or blended amount. The blended amount is determined by the following equation:

$$(0.50 \times \text{lower of cost or charge minus beneficiary copayment}) + (0.50 \times ((0.42 \times \text{global physician fee schedule amount}) - \text{beneficiary copayment}))$$

For all other covered services not subject to one of the blended payment method categories, payment is determined to be the lower of costs or charges less beneficiary copayment. Because the formula-driven overpayment (FDO) was corrected beginning October 1, 1997, the blended equations eliminate FDO.

We then determined each provider payment. We summed the aggregate amounts computed for each of the four types of payment methodologies discussed above to determine the Medicare payment amount for each provider. In addition, we also determined the amount of the beneficiary copayment for each provider using the beneficiary copayment amounts that would be paid under the PPS. Summing both the Medicare payment and the beneficiary copayment amounts at the provider level is necessary in order to determine the impact of the outpatient PPS on individual hospitals. In addition to calculating provider payments under the current law and PPS payment systems, we calculated the aggregate Medicare payments under the current system and beneficiary copayments under the PPS for all hospitals for services that are within the scope of the outpatient PPS. The total amount reflects the amount hospitals would be paid under the PPS in accordance with section 1833(t)(3)(A) of the Act and is the numerator in the equation for calculating the unadjusted conversion factor.

*b. Sum of the Relative Weights*

Next we summed the relative weights. Specifically, we multiplied the volume of procedures or visits (excluding the volume of packaged services) for each

group by the relative weights for each group. We then calculated the conversion factor by dividing the sum of the volume multiplied by the relative weights for each APC into the total payment explained above, including both Medicare payment and beneficiary copayment. The calendar year 1996 conversion factor is \$46.32. To trend forward the 1996 conversion factor to 1999, HCFA's Office of the Actuary estimated an update factor of 1.0939. The update factor represents the estimated per service increase in outpatient Medicare payments and beneficiary copayment between 1996 and 1999 net of changes in the volume and intensity of services. Medicare payments per service were increased by projected CPI-medical items for cost-based services and for blend services mandated updates. Beneficiary copayments were increased by projected increases in CPI-outpatient charges. In estimating the update factor, HCFA's Office of the Actuary assumed that using the national median of the charges for PPS services to establish the unadjusted copayment amount would result in beneficiaries paying 6.9 percent less in coinsurance payments in 1999 than what they would have been expected to pay otherwise, which would create an incentive for a behavioral offset by hospitals of 10 percent of the coinsurance reduction. It was assumed that 45 percent of this offset would apply to the services subject to the PPS and, therefore, would be included in setting the 1999 conversion factor. The remaining 55 percent of the offset would be reflected in expenditures for non-PPS services with both the beneficiary and Medicare absorbing this impact. The adjusted 1999 conversion factor is \$50.67.

*D. Calculation of Medicare Payment Amount and Copayment Amount*

*1. Introduction*

In the previous section, section V.C, we explain how we determined national prospective payment rates, standardized for area wage variations, for the APC groups. In this section, we explain how we are proposing to calculate Medicare program payment amounts and beneficiary copayment amounts for each APC group.

Under the statutory provision currently in effect, copayment for hospital outpatient department services is based on 20 percent of the hospital's billed charges. Because most hospital outpatient services have been paid, at least in part, on the basis of retrospectively calculated cost, Medicare payment amounts for most

hospital outpatient services are not known at the time the services are furnished. For that reason, coinsurance could not be based on 20 percent of the payment amount. Accordingly, the statute required that copayment be based on 20 percent of charges. Because charges for hospital outpatient services have increased faster than costs for those services, beneficiaries' copayments of 20 percent of charges have, for some services, accounted for 50 percent or more of the total (Medicare program plus beneficiary) payments to the hospitals. Because of extensive secondary insurance coverage, a large share of the copayments made to hospitals is not direct out-of-pocket expenditures by the beneficiaries. There has, however, been concern that premiums for Medigap policies may be affected by the growing copayment liability. In addition, copayments most directly affect those beneficiaries who do not have supplemental insurance. This group of beneficiaries cannot afford to purchase supplemental insurance, and high copayment rates can be a hardship for those needing services. The outpatient PPS created by section 4523 of the BBA, which added section 1833(t) to the Act, includes a mechanism that is designed to eventually achieve a beneficiary copayment level equal to 20 percent of the prospectively determined payment rate that has been established for the service.

*MedPAC Comment:* In its March 1998 report to the Congress, MedPAC expresses concern about the inequity represented by the current level of beneficiary copayment liability, which generally exceeds 20 percent of the total payment to hospitals for outpatient services. MedPAC, recognizing that immediate beneficiary copayment reductions to 20 percent of payments made to hospitals would result either in unacceptable increases in program outlays and/or unacceptable reductions in payments to hospitals, agrees with the need for a phased-in approach to the copayment reductions. However, MedPAC recommends that the Congress specify a shorter timeframe than that which results from the provisions of the BBA to phase in fully the appropriate beneficiary copayment contribution of 20 percent for hospital outpatient services paid for under the outpatient PPS.

*Response:* While we do not disagree with MedPAC's recommendation with respect to beneficiary copayment, because of the budgetary implications and the existing statutory requirements resulting from the BBA, implementation of this recommendation would

ultimately require action by the Congress.

The next sections describe the steps that we followed in accordance with statutory requirements to determine the beneficiary copayment amount and the Medicare program payment amount for services paid for under the hospital outpatient PPS.

## 2. Determination of Unadjusted Copayment Amount, Program Payment Percentage, and Copayment Percentage

In order to calculate program payment amounts and beneficiary copayment amounts, we first determined for each APC group two base amounts, in accordance with statutory provisions:

- An *unadjusted copayment amount*, described in section 1833(t)(3)(B) of the Act.
- The "pre-deductible payment percentage," which we call the *program payment percentage*, described in section 1833(t)(3)(E).

The steps that we followed to calculate these two base amounts for each APC group are explained below.

### (a) Calculate the unadjusted copayment amount for each APC group.

(i) Determine the national median of the charges billed in 1996 for the services that constitute the APC group after standardizing charges for geographic variations attributable to labor costs. (To make the labor adjustment, we divided the portion of each charge that we estimated was attributable to labor costs (60 percent) by the provider's hospital inpatient wage index value, and we added the result to the non-labor portion of the charge (40 percent). Section V.F. provides a detailed discussion of the adjustments made within the outpatient PPS to offset regional differences in labor costs.)

(ii) Update charge values to projected 1999 levels by multiplying the 1996 median charge for the APC group by 29.2 percent, which the HCFA Office of the Actuary estimates to be the rate of growth of charges between 1996 and 1999.

(iii) Multiply the estimated 1999 national median charge for the APC group by 20 percent, which becomes the *unadjusted copayment amount* for the APC group. The *unadjusted copayment amount* is frozen at the 1999 level until such time as the program payment percentage (see below) equals or exceeds 80 percent (section 1833(t)(3)(B)(ii) of the Act).

(b) Calculate the *program payment percentage* (*pre-deductible payment percentage*). In this proposed rule, we use the term *program payment percentage* to replace the term "pre-

deductible payment percentage," which is referred to in section 1833(t)(3)(E) of the Act. The *program payment percentage* is calculated annually for each APC group, until the value of the program payment percentage equals 80 percent. To determine the program payment percentage for each APC group, we followed these steps:

(i) Subtract the APC group's unadjusted copayment amount from the payment rate set for the APC group;

(ii) Divide the difference [(APC payment rate) minus (unadjusted copayment amount)] by the APC payment rate, and multiply by 100. The resulting percentage is the program payment percentage.

Calculation of the program payment percentage allows us to determine a "copayment percentage," which equals the difference between the program payment percentage and 100 percent. As the program payment percentage for an APC group approaches 80 percent due to annual market basket increases of the APC payment rates, the copayment percentage, conversely, approaches 20 percent, which is ultimately the target copayment percentage for all services paid for under the hospital outpatient PPS. When the copayment percentage equals 20 percent of the APC payment rate, we consider the copayment amount for that APC to be fully phased in at the standard Medicare copayment level, as we explain in the next section.

## 3. Calculation of Medicare Payment Amount and Beneficiary Copayment Amount

a. Calculate the *Medicare payment amount*. A Medicare payment amount is calculated for every APC group. The Medicare payment amount takes into account wage index and other applicable adjustments and applicable beneficiary deductible amounts. The Medicare payment amount calculated for an APC group applies to all the services that are classified within that APC group. The Medicare payment amount for a specific service classified to an APC group under the outpatient PPS is calculated as follows:

(i) Apply to the national payment rate that is set annually for each APC group the appropriate wage index adjustment (see section V.E. for a discussion of how national APC rates are to be adjusted for geographic wage differences) and any other adjustments applicable to the provider;

(ii) Subtract from the adjusted APC group payment rate the amount of any applicable deductible as provided under § 410.160; and

(iii) Multiply the adjusted APC group payment rate, from which the applicable

deductible has been subtracted, by the program payment percentage determined for the APC group or 80 percent, whichever is lower. The result is the Medicare payment amount.

b. *Calculate the copayment amount.*

A *copayment amount* is calculated annually for each APC group. The copayment amount calculated for an APC group applies to all the services that are classified within the APC group. The copayment amount for an APC is calculated as follows:

Subtract the APC group's Medicare payment amount from the adjusted APC group payment rate less deductible, for example,  $COPAYMENT\ AMOUNT = (adjusted\ APC\ group\ payment\ rate\ less\ deductible) - (APC\ group\ Medicare\ payment\ amount)$ . The resulting difference is the beneficiary copayment amount.

Again, as soon as the Medicare program payment percentage of an adjusted APC payment rate less deductible equals or exceeds 80 percent, we set the copayment amount at 20 percent of the adjusted APC group payment rate, and we consider the standard Medicare 20 percent copayment level to be fully phased in for that APC group (section 1833(t)(3)(B)(ii) of the Act). Thereafter, for those APC groups whose program payment percentage has become 80 percent of the APC payment rate (and whose copayment percentage is 20 percent), the unadjusted copayment amount for the APC ceases to be frozen at the 1999 level. The copayment amount for the APC group is permanently established at 20 percent of the adjusted APC group payment rate. Because the copayment amount is now tied directly to the APC payment rate, the copayment dollar amount increases as annual updates increase the APC group payment rate.

For example, assume that the wage-adjusted payment rate for an APC is \$300; the program payment percentage for the APC group is 60 percent; the wage-adjusted copayment amount for the APC group is \$120; and the beneficiary has not yet satisfied any portion of his or her annual \$100 deductible.

- (A) Adjusted APC payment rate: \$300
- (B) Subtract the applicable deductible:  $\$300 - \$100 = \$200$
- (C) Multiply the remainder by the program payment percentage to determine the Medicare payment amount:  $0.6 \times \$200 = \$120$
- (D) Subtract the Medicare payment amount from the adjusted APC payment rate less deductible to determine the copayment amount:  $\$200 - \$120 = \$80$

In this case, the beneficiary pays a deductible of \$100 and an \$80 copayment. The program also pays \$120, for a total payment to the hospital of \$300. Applying the program payment percentage ensures that the program and the beneficiary pay the same proportion of payment that they would have paid if no deductible were taken.

In the event that the annual deductible has already been satisfied, the calculation runs as follows:

- (A) Adjusted APC payment rate: \$300
- (B) Subtract the applicable deductible: N/A
- (C) Multiply by the program payment percentage to determine the Medicare payment amount:  $0.6 \times \$300 = \$180$
- (D) Subtract the Medicare payment amount from the adjusted APC payment rate less deductible to determine the copayment amount:  $\$300 - \$180 = \$120$

In this case, the beneficiary makes a \$120 copayment. The program also pays \$180, for a total payment to the hospital of \$300.

#### 4. Hospital Election To Offer Reduced Copayment

The transition to the standard Medicare copayment rate (20 percent of the wage-adjusted APC payment rate) will obviously be gradual. For those APC groups for which copayment is currently a relatively high proportion of the total payment, the process will be correspondingly lengthy. Therefore, the Act offers hospitals the option of electing to reduce copayment amounts and allows the hospital to advertise these reduced rates. In this section, we discuss the procedure by which hospitals can elect to offer a reduced copayment amount, and the effect of such election on calculation of the program payment and beneficiary copayment.

Section 1833(t)(5)(B) of the Act requires the Secretary to establish a procedure under which a hospital, before the beginning of a year, may elect to reduce the copayment amount otherwise established for some or all hospital outpatient department services to an amount that is not less than 20 percent of the hospital outpatient prospective payment amount. The statute further provides that the election of a reduced copayment amount will apply without change for the entire year, and that the hospital may advertise its reduced copayment levels. Section 1833(t)(5)(C) of the Act provides that deductibles cannot be waived. Finally, section 1861(v)(1)(T) of the Act (as established by section 4451 of the BBA)

provides that no reduction in copayment elected by the hospital under section 1833(t)(5)(B) may be treated as a bad debt.

In this rule, we are proposing that a hospital may make the election to reduce copayments on a calendar year basis. The hospital must notify its fiscal intermediary of its election to reduce copayments no later than 90 days prior to the start of the calendar year. This 90-day notification requirement is necessary in order to give the intermediaries sufficient time to make the systems changes required to implement the hospital's election. The hospital's notification must be in writing. It must specifically identify the APC groups to which the hospital's election will apply and the copayment level (within the limits identified below) that the hospital has selected for each group. The election of reduced copayment must remain in effect unchanged during the year for which the election was made. The hospital may advertise and otherwise disseminate information concerning the reduced level of copayment that it has elected.

We also are proposing that a hospital may elect to reduce the copayment amount for any or all APC groups. A hospital may *not* elect to reduce the copayment amount for some, but not all, services within the same APC group.

A hospital may not elect for an APC group a copayment amount that is less than 20 percent of the adjusted APC payment rate for that hospital. In determining whether to make such an election, hospitals should note that the national copayment amount under this system, based on 20 percent of national median charges for each APC, may yield copayment amounts that are significantly higher or lower than the copayment that the hospital has previously collected. This is because the median of the national charges for an APC group, from which the copayment amount is ultimately derived, may be higher or lower than the hospital's historic charges. We, therefore, advise that hospitals, in determining whether to exercise the option of electing lower copayment and the level at which to make the election, carefully study the annual copayment amounts for each APC group in relation to the copayment amount that the hospital has previously collected.

Calculation of copayment amounts on the basis of a hospital's election of reduced copayment for the most part follows the formula described previously. For example, assume that the adjusted APC payment rate is \$300; the program payment percentage for the

APC group is 60 percent; the hospital has elected a \$60 adjusted *reduced* copayment amount for the APC group; and the beneficiary has not satisfied the annual deductible.

- (A) Adjusted APC payment rate: \$300  
 (B) Subtract the applicable deductible:  
 $\$300 - \$100 = \$200$   
 (C) Multiply by the program payment percentage to determine the Medicare payment amount:  $0.6 \times \$200 = \$120$   
 (D) Beneficiary's copayment is the difference between the APC payment rate reduced by any deductible amount and the Medicare payment amount, but not to exceed the adjusted reduced copayment amount:  $\$200 - \$120 = \$80$  (limited to \$60 because of the hospital-elected reduced copayment amount)

In this case, Medicare makes its regular payment of \$120, but the beneficiary pays a \$100 deductible and a reduced copayment amount of \$60, for a total payment to the hospital of \$280 instead of the \$300 that the hospital would have received if it had not made its election.

#### E. Adjustment for Area Wage Differences

##### 1. Proposed Wage Index

Section 1833(t)(2)(D) of the Act requires that, as part of the methodology for determining prospective payments to hospitals for outpatient services, the Secretary must determine a wage adjustment factor to adjust the portion of payment and copayment attributable to labor-related costs for relative differences in labor and labor-related costs across geographic regions in a budget-neutral manner.

To determine which wage adjustment factor to incorporate into the hospital outpatient department PPS, we considered several options. One choice would be to use a wage index specific to hospital outpatient department labor costs. However, the Congress did not require us to nor did we have either the time or resources necessary to construct a hospital-outpatient-department-specific wage index.

We next considered the hospital inpatient PPS wage index that HCFA maintains under the Medicare program. The hospital inpatient PPS wage index is well established, and it is constructed specifically for the purpose of "reflecting the relative hospital wage level in the geographic area of the hospital compared to the national average hospital wage level" (section 1886(d)(3)(E) of the Act), a requirement that is analogous to that set forth under

the hospital outpatient department PPS in section 1833(t)(2)(D) of the Act. The data upon which the hospital inpatient PPS wage index is based are collected from Medicare cost reports, and the wage index is updated annually. Any changes in hospital inpatient PPS wage index values must be made in such a manner as to assure budget neutrality (section 1886(d)(3)(E) of the Act). The hospital inpatient PPS wage index for fiscal year 1998 reflects the following:

- Total salaries and hours from short-term, acute care hospitals.
- Home office costs and hours.
- Fringe benefits associated with hospital and home office salaries.
- Direct patient care contract labor costs and hours.
- The exclusion of salaries and hours for nonhospital type services such as SNF services, home health services, or other subprovider components that are not subject to the PPS.

A detailed description of the fiscal year 1999 hospital inpatient PPS wage index is contained in the proposed rule entitled "Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1999 Rates (HCFA-1003-P)" published in the **Federal Register** on May 8, 1998 (63 FR 25575).

We decided that using the hospital inpatient PPS wage index as the source of an adjustment factor for geographic wage differences for the hospital outpatient department PPS was both reasonable and logical, given the inseparable, subordinate status of the outpatient department within the hospital overall. We then had to determine which version of the hospital inpatient PPS wage index to use. There are several possible wage indices that can be developed from the basic wage and salary data taken from hospital cost reports, depending on changes that are applied to the data. One modification takes into account the effect of hospital redesignation under 1886(d)(8)(B) of the Act and hospital reclassification under 1886(d)(10). A second modification results from assigning to an urban hospital the statewide rural wage index value for the State in which that hospital is located when the wage index of the urban hospital would otherwise be lower than the statewide rural wage index value (the "floor"). (In fiscal year 1998, this particular "hold harmless" provision affected 128 hospitals in 32 metropolitan statistical areas (MSAs).) Given the choice between the wage index that we use under the hospital inpatient PPS, which reflects reclassification and other changes, and a wage index that does not incorporate these changes, we are proposing to adopt the wage index that is used to

determine payments to hospitals under the hospital inpatient PPS to adjust for relative differences in labor and labor-related costs across geographic areas under the hospital outpatient department PPS. We note that hospital outpatient department services do not fall under the category of either "nonhospital type services" or of "other subprovider components," which are excluded from consideration in developing the hospital inpatient PPS wage index. We also note that because hospital staff frequently provide services in both the inpatient and outpatient departments, labor costs associated with hospital outpatient department services are generally reflected in the hospital wage and salary data that are the basis of the hospital inpatient PPS wage index.

By statute, we implement the annual updates of the hospital inpatient PPS on a fiscal year basis. However, updates to the hospital outpatient department PPS will be made on a calendar year basis. We are proposing to update the wage index values used to calculate hospital outpatient department PPS Medicare payment and beneficiary copayment amounts on a calendar year basis. In other words, the hospital inpatient PPS wage index values that are updated annually on October 1 will be implemented for the hospital outpatient department PPS on the January 1 immediately following. We are proposing this schedule so that wage index changes are implemented concurrently with any other revisions, such as changes in the APC groups resulting from new or deleted CPT codes, that are implemented on a calendar year basis.

##### 2. Labor-Related Portion of Hospital Outpatient Department PPS Payment Rates

In calculating payments to hospitals under the hospital inpatient PPS, the labor-related portion of expenses within the standardized amounts used to establish the prospective payment rates is multiplied by the hospital wage index value to offset regional wage differences. The fiscal year 1998 labor-related portion under the hospital inpatient PPS is 71.1 percent. The manner in which this portion was calculated is explained in detail in the August 29, 1997 **Federal Register** (62 FR 45993). We note that compensation for wages, salaries, and employee benefits accounts for 61.4 percent of expenses, with the other 9.7 percent attributable to professional fees, postal services, and all other labor-intensive services, as explained in the August 29, 1997 **Federal Register** (62 FR 45995).

Current ASC payment rates are standardized for regional wage differences, and carriers adjust the base rates to calculate payments to individual facilities by multiplying the labor-related portion of the base rate by the appropriate hospital inpatient PPS wage index factor. The labor-related portion of current ASC payment rates is 34.45 percent based on 1986 ASC survey data.

Because of the sequence of steps that we followed to construct the hospital outpatient department services PPS database, we had to estimate the percentage of hospital outpatient department costs attributable to labor in order to standardize hospital outpatient department costs for geographic wage differences. We decided that 60 percent represented a reasonable estimate of outpatient costs attributable to labor, as it falls between the hospital inpatient PPS operating cost labor factor of 71.1 percent and the ASC labor factor of 34.45 percent and is within a percentage point of the labor-related costs under the hospital inpatient operating cost PPS attributed directly to wages, salaries, and employee benefits (61.4 percent) under the rebased 1992 hospital market basket that was used to develop the fiscal year 1997 update factor for inpatient PPS rates (published August 30, 1996 at 61 FR 46187). In addition to considering what percentage of costs is attributed to labor by other payment systems, we considered health care market factors such as the shift of more complex services from the inpatient to the outpatient setting, which could influence labor intensity and costs, and 60 percent seemed appropriate. (As we explain in section V.I. below, regression analysis confirmed the labor percentage to be 60 percent.) We calculated 60 percent of each hospital's total operating and capital costs. We then divided that amount by the provider's 1996 hospital inpatient PPS wage index value to standardize differences in costs that are attributable to geographic wage differences. The total cost of performing a procedure/visit, therefore, includes wage-standardized operating and capital costs, as well as bundled ancillary costs (that is, operating room time, medical/surgical supplies, pharmaceuticals, anesthesia, recovery room, observation, biologicals, etc.) and minor ancillary procedures (for example, venipuncture), as explained in greater detail in section V.C.

The final hospital outpatient department PPS payment rates that would have been effective January 1, 1999 may differ slightly from those proposed in this rule because we intend

to adjust APC payment rates using the fiscal year 1999 hospital inpatient PPS wage index values that are implemented October 1, 1998. The hospital inpatient PPS wage index values proposed for fiscal year 1999 are in the **Federal Register** proposed rule published May 8, 1998 entitled "Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1999 Rates (HCFA-1003-P)" (63 FR 25575).

We are proposing to use the annually updated hospital inpatient PPS wage index values to adjust both program payment and copayment amounts for area wage variations, as we explain below.

### 3. Adjustment of Hospital Outpatient Department PPS Payment and Copayment Amounts for Geographic Wage Variations

To adjust the APC payment rates and beneficiary copayment rates for outpatient services for geographic wage variations, we are proposing to use the same labor-related percentage (60 percent) that we used initially to standardize costs for geographic wage differences. When intermediaries calculate actual payment amounts, they will multiply the prospectively determined APC payment rate and copayment amount by that labor-related percentage to determine the labor-related portion of the base payment and copayment rates that is to be adjusted using the appropriate wage index factor. That labor-related portion will then be multiplied by the hospital's inpatient PPS wage index factor, and the resulting wage-adjusted labor-related portion will be added to the non-labor-related portion, resulting in wage-adjusted payment and copayment rates. The wage-adjusted copayment amount is then subtracted from the wage-adjusted APC payment rate, and the result is the Medicare payment amount for the service or procedure. Note that even if a hospital elects to discount the copayment, the full copayment amount is assumed for purposes of determining Medicare program payments. (See section V.D. for a discussion of how Medicare program payments are calculated when the Part B deductible applies.)

The following is an example of how an intermediary would calculate the Medicare payment for a surgical procedure with a hypothetical APC payment rate of \$300 that is performed in the outpatient department of a hospital located in Heartland, USA. The copayment amount for the procedure is \$105. The hospital inpatient PPS wage index value for hospitals located in Heartland, USA is 1.0234. The labor-

related portion of the base payment rate is \$180 ( $\$300 \times 60$  percent), and the non-labor-related portion of the base payment rate is \$120 ( $\$300 \times 40$  percent). The labor-related portion of the base copayment rate is \$72 ( $\$120 \times 60$  percent), and the non-labor-related portion of the base copayment rate is \$48 ( $\$120 \times 40$  percent). It is assumed that the beneficiary deductible has been met.

#### *Wage-Adjusted Base Payment Rate*

*(rounded to nearest dollar):*

$$\begin{aligned} &= (\$180 \times 1.0234) + \$120 \\ &= \$184 + \$120 \\ &= \$304 \end{aligned}$$

#### *Wage-Adjusted Base Copayment Rate*

*(rounded to nearest dollar):*

$$\begin{aligned} &= (\$72 \times 1.0234) + \$48 \\ &= \$74 + \$48 \\ &= \$122 \end{aligned}$$

#### *Calculate Medicare Program Payment*

*Amount:*

$$\$304 - \$122 = \$182$$

### *F. Claims Submission and Processing*

Hospitals will receive detailed instructions on claims submission over the coming year. This section provides a brief overview of the process.

In order for APCs to properly capture services furnished, hospitals must assign HCPCS codes to services. Revenue center codes will capture only packaged services (operating and recovery room, pharmaceuticals, medical/surgical supplies, etc.). Correct assignment of codes requires an understanding of the differences among surgical procedures, a knowledge of the extent of effort expended in a clinic visit, etc. We believe that many hospitals currently have surgical records coded using HCPCS in the medical records department. However, many hospital coders are much more familiar with the ICD-9-CM system of classification than they are with HCPCS. Among the sources of education available to update skills, hospitals may want to explore in-service education from a credentialed coder with experience in billing for physicians' and surgeons' services, classes available from local hospital associations or medical record associations, formal classes in local colleges, etc.

Coding conventions in the outpatient setting differ slightly from those in use in inpatient settings. The diagnosis identified on the claim need not be the "principal" diagnosis, as required under DRGs. Instead the diagnosis is the reason for the visit as identified at the time of the visit. It is not necessary to wait to submit the claim until laboratory or x-ray results are known, in an effort to more clearly identify the diagnosis. In billing for clinic and emergency

department visits, the diagnosis should relate to the reason for the visit. A patient who attends several different clinics in one day should have separate claims submitted for each clinic visit, since at this time only one diagnosis can be associated with each claim. We will seek a change to the UB-92 allowing diagnoses to be identified by number, so that each line item can have a diagnosis associated with it.

Another difference from inpatient reporting is that the DRG GROUPER can take every procedure coded and identify the one highest in the surgical hierarchy applicable to the diagnosis, then ignore those that do not affect the DRG. The HCPCS codes, however, are both more numerous and very specific and should be used appropriately, since each code will trigger a payment.

We propose to apply to hospital outpatient claims HCFA's Correct Coding Initiative (CCI). One of the purposes of the CCI is to ensure that the most comprehensive of a group of codes is billed instead of the component parts. For example, G0001 (routine venipuncture) is a component part of 36430 (transfusion of blood or blood components) and should not be separately billed. Similarly, 94760 (pulse oximetry) should not be billed with surgical procedures for which it is a common monitoring technique. In 1997, hospital outpatient claims showed it more than 10,000 times with 45378 (diagnostic colonoscopy). The CCI also checks for mutually-exclusive code pairs. For example, 93797 (cardiac rehabilitation without ECG monitoring) should not be billed simultaneously with 93798 (cardiac rehabilitation with ECG monitoring), which happened nearly 12,000 times in 1997 hospital outpatient claims. We propose to use the CCI edits to ensure that only appropriate codes are grouped and priced.

Carriers have used CCI as an editing tool since January 1996, and have discovered that the vast majority of edits are rarely triggered. However, as shown in the examples above, hospitals' coding patterns could result in inappropriate payments unless such edits are applied. Under the cost reimbursement system, these types of errors did not ultimately result in higher payments to the hospitals; nor did providing wrong numbers in the units field (for example, repeating the revenue code). Again, under this PPS, each unit billed will trigger a payment. Thus, we have created a second set of edits limiting the number of units allowed for each HCPCS code. For example, only "1" will be accepted in the units field for cataract surgery, but for most services

the edit allows for the procedure to be performed a number of times in a day, with an upper limit to reduce obvious errors. Of course, hospitals should report only the actual number of times a procedure was performed, keeping in mind that CPT and HCPCS definitions sometimes specify the units. For example, code 11720 is for debridement of nail(s) by any method; one to five. This code should be reported only once for any number of nails debrided between one and five, inclusive. If more than five nails are debrided, the appropriate code is 11721, debridement of nail(s) by any method; six or more, billed only once in place of 11720.

We propose to require that hospital outpatient and CMHC bills that span more than one day indicate the date of the service for each line item on the bill. Line item dates of service are needed in order to implement the CCI and the units' edits, both of which are applied based on services furnished on the same date.

Further information on billing line item dates of service, using HCPCS to code all claims, and editing will be provided by instructions.

#### G. Updates

##### 1. Revisions to Weights and the Wage and Other Adjustments

Section 1833(t)(6)(A) of the Act gives the Secretary authority to periodically review and update the APC groups, the relative payment weights, and the wage and the other adjustments that are components of the outpatient PPS, to take into account changes in medical practice, changes in technology, the addition of new services, new cost data, and other relevant information and factors.

We explained above that we intend to update the wage index values used to calculate program payment and copayment amounts on a calendar year basis, adopting effective for services furnished each January 1 the wage index value established for a hospital under the inpatient PPS the previous October 1.

Recalibration of the APC group weights is another type of revision provided for under the statutory review authority. We define recalibration as the updating of all the APC group weights based on more recent information. We do not intend to make this type of update on an annual basis. For example, we are required to rebase ASC payment rates using survey data that are collected every 5 years. At this time, we would like to solicit comments on how frequently to recalibrate the hospital

outpatient APC weights and on the method and data that should be used.

Section 1833(t)(6)(B) of the Act requires that all revisions to APC groupings, weights, and other adjustments be made in a budget-neutral manner. Adjustments made for a particular year may not cause the estimated amount of expenditures under the outpatient PPS to increase or decrease from the expenditures that we estimate would have been made under the outpatient PPS without any updates or revisions.

##### 2. Revisions to APC Groups

It is our intent to use the same APC surgical groups in the payment systems both for hospital outpatient services and for surgical services furnished by Medicare-approved ASCs. A discussion of the use of APC groups to set payment rates for Medicare-approved ASCs can be found in the proposed rule entitled "Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998" (HCFA-1885-P) that was published in the **Federal Register** June 12, 1998 (63 FR 32290). In order to maintain comparability of the APC groups across both settings, we are proposing to coordinate our review of comments on the composition of the APC groups that are submitted during the public comment period following publication of both this proposed rule and the ASC proposed rule. We are further proposing to coordinate any adjustments to the composition of the APC surgical groups that may result from our analysis of both sets of comments to ensure that the final APC surgical groups not only reflect and take into account both sets of comments, but also remain comparable for ASCs and hospital outpatient departments to the maximum extent possible within the constraints imposed by statutory and regulatory requirements.

Thereafter, we expect the composition of all the APC groups to remain essentially intact from one year to the next with the exception of the few changes that may be necessary as a consequence of annual revisions to HCPCS and ICD-9 codes. We do not plan to routinely reclassify services and procedures from one APC to another. HCFA will make these changes based on evidence that a reassignment would improve the group(s) either clinically or with respect to resource consumption. All changes in APC groups must be budget neutral, and changes in APC groups will only be made through notice and comment when we implement the annual outpatient PPS update.

We are proposing to follow certain conventions when, as a result of annual HCPCS and ICD-9 revisions, we add new services to the hospital outpatient PPS. As part of the notice and comment process accompanying the annual update of the outpatient PPS, we shall propose the assignment of a newly created code to the existing APC that, in the judgment of our medical advisors, is the most similar clinically and in terms of resource requirements to the new service. Because a new service will not have any charge history or cost data associated with it, classification of a new service to an existing APC group will not alter the APC payment rate, relative weight, and program payment and copayment amounts that have been established for that APC group. The new service will assume the same payment rate, relative weight, and program and copayment amounts that have been established for the APC group to which it is classified.

If the annual revision of HCPCS or ICD-9 result in the deletion of a code or service that is classified in an APC group under the outpatient PPS, we shall remove that service from the APC group and discontinue paying for the service under the outpatient PPS. When a CPT code that contributed cost data to our 1996 database is deleted, we will continue to use the cost data in the APC. This in fact did occur in the psychotherapy set of codes. The codes that were in effect in 1996 have been replaced. If we did not capture these data from those codes, we would not be able to assign a weight to brief psychotherapy visits. As long as the new codes belong in the same APC, in terms of clinical coherence and related resource use, the data are relevant. If the code that contributed data to the 1996 database were revised so that it no longer belonged in the APC to which it was originally assigned, the revised code would be placed in an APC that better matched the new description. As in the case of an entirely new code, no cost data would be available for the revised code, so it would be assigned the weight, program payment rate, and copayment rate of the codes in the new APC. We will not create an APC for an entirely new code, but will assign it for at least 2 years to an existing group while accumulating data on its costs relative to the other codes in the APC.

When we do reclassify a service from one APC group to another, the reclassification will affect the payment rate, the weight, and the payment and copayment amounts for both of the "donor" APC group and the "receiving" APC group if the service that is reclassified was recognized in 1996 and

is reflected in our database. As a result of reclassifying a service that was recognized in 1996 and is reflected in our database, we shall recalculate the payment rate, the weight, and the payment and copayment amounts for both the "donor" APC group and the APC group to which the service is reassigned. If the service that is reclassified was not recognized in 1996 and is therefore not reflected in our database, we shall treat it in the same manner that we treat the addition of altogether new services and the removal of services that are deleted from HCPCS and ICD-9, that is, reclassifying the code will have no effect on the payment rate, relative weight, and payment and copayment amounts for either the donor APC or the receiving APC, and the reclassified code will assume the payment rate, relative weight, and payment and copayment amounts of the APC to which the service is reclassified.

### 3. Annual Update to Conversion Factor

Section 1833(t)(3)(C)(ii) of the Act requires us to update annually the conversion factor used to determine APC payment rates. Section 1833(t)(3)(C)(iii) of the Act provides that the update be equal to the hospital inpatient market basket percentage increase applicable to hospital discharges under section 1886(b)(3)(B)(iii) of the Act, reduced by one percentage point for the years 2000, 2001, and 2002. We also have the option (under section 1833(t)(3)(C)(iii)) of developing a market basket that is specific to hospital outpatient services. We are considering this option, and we solicit comments on possible sources of data that are suitable for constructing a market basket specific to hospital outpatient services.

### H. Outlier Payments

Section 1833(t)(2)(E) of the Act requires us to establish in a budget-neutral manner other adjustments that we determine are necessary to ensure equitable payments, such as outlier adjustments or adjustments for certain classes of hospitals. We considered several factors to evaluate the necessity of an outlier adjustment policy.

The most relevant factor is that the proposed system has minimal packaging. Unlike the DRG system for inpatient services, where a patient can be classified into only one payment group during an inpatient stay, payment can be made for a number of APC groups for a given patient on a given day. If multiple services are delivered, payments will be made for multiple APCs. Because a hospital will receive payment for each service furnished, we

believe this greatly reduces the need for an outlier adjustment.

Another relevant factor is that critical care services have been isolated into their own APC. Payment for the critical care APC is based on median hospital costs of critical care services. Therefore, payments for this group will reflect the intensity and associated higher costs of this type of medical care.

Even if critical care is not delivered, higher payment will be made for more serious cases. Payments for medical visits to the emergency room will be made at three incremental levels of intensity, and additional payments will be made for any other laboratory work, x-rays, or surgical interventions resulting from the visit.

Upon consideration of the above factors, we do not believe that an outlier adjustment is necessary to ensure equitable payments.

### I. Adjustments for Specific Classes of Hospitals

As part of the analysis to determine whether payment adjustments would be proposed for the outpatient prospective payment system, we conducted extensive regression analysis of the relationship between outpatient hospital costs (calculated as hospital outpatient operating and capital cost per unit) and several factors that affect costs. The latter included variables used in estimating similar models for the inpatient PPS, as well as several variables unique to hospital outpatient departments. We considered all costs and services for each hospital relevant to the proposed payment system. Ultimately, we decided not to propose any adjustments to the Federal payment other than the wage index used to adjust for local variation in labor costs at this time. While this reflects a difference in policy relative to inpatient PPS, the proposed outpatient PPS is fundamentally different. Specifically, the outpatient system has limited packaging, so variations in costs are limited to the resources used to produce a single procedure. Cost variations in the inpatient system, however, also can be attributed to variation in the intensity of services bundled under a single rate. Therefore, variations in outpatient cost per unit among hospitals are expected to be small relative to the variations in inpatient cost per discharge that have been estimated in the past.

We began our analysis by examining the distribution of service mix and cost per unit (or cost per service) among various types of hospitals. This analysis revealed some extreme values of cost per unit among types of hospitals, especially major teaching hospitals,

hospitals with trauma centers, and eye and ear hospitals. These costs were 200 percent to 400 percent higher than the average cost per unit for all hospitals. Because costs are measured on a per unit basis, values of this magnitude suggested problems both with identifying procedure codes and properly entering the correct unit of measurement (times performed, minutes of treatment, etc.). Under the current payment system, hospitals will be fully reimbursed for their services even if claims do not contain all the procedure codes that would be associated with revenue centers billed. A consistent practice of such under-coding would lead to very high costs associated with a single unit.

The presence of these extreme values also suggested that a few hospitals could unduly influence the distribution of hospital outpatient cost per unit in our regression analysis. Individual bills were not edited for extreme unit costs. However, even removing cost outliers at the bill-level might not have eliminated these extreme variations at the hospital level. A single under-coded bill might not meet outlier thresholds, but the combined effects of coding differences on all of a hospital's bills could create much higher or lower unit costs.

In light of the lack of trimming for outlier/error costs at the bill level, the possibility of outlier hospitals skewing the distribution of cost per unit, and the hospital-level analysis for payment adjustments argued for an edit on cost per unit at the hospital level. The distribution of cost per unit more closely resembles a lognormal distribution than a normal distribution; there are no negative costs and the average cost is greater than the median cost. We identified outliers using the mean and standard deviation of the natural logarithm of cost per unit. Taking the natural logarithm of any variable compresses the distribution and minimizes the impact of the most unusual bills in the determination of the mean. The compressed distribution also makes it more difficult to identify outliers.

We removed 83 hospitals through an edit of three standard deviations from the mean of the logged unit costs: 51 hospitals with a logged cost per unit exceeding three standard deviations above the mean and 32 hospitals with a logged cost per unit less than three standard deviations below the mean. Removing outlier hospitals greatly improved the distribution of unit costs among types of hospitals. The exempted Maryland hospitals were also excluded from the analysis. However, we included the 10 cancer hospitals. After

we removed the 54 exempted Maryland hospitals, outlier hospitals, and hospitals for which we could not identify payment variables, we were left with 5,419 hospitals for analysis. Our regression analyses use this set of hospitals.

A variety of regression models have become the standard of practice for examining hospital cost variation and analyzing potential payment adjustments. We looked at two standard models: fully specified explanatory models to examine the impact of all relevant factors that might potentially affect outpatient hospital cost per unit and payment models that examine the impacts of those factors used to determine payment rates. The payment models standardize the dependent variable, hospital outpatient cost per unit, by service mix to capture the relationship between the APC weights and payment under the PPS, rather than a statistical relationship between service mix and costs. Both unweighted regressions and regressions weighted by volume were examined. All regressions employed a double log or semi-log specification. References to logs throughout this discussion refer to the natural logarithm, and the geometric mean is the mean of the natural logarithm of values. Our dependent variable was total hospital outpatient cost per unit.

We used payment variables from the inpatient prospective payment system, including disproportionate share patient percentage, both capital and operating teaching variables (resident to average daily census and resident to bed ratios respectively), and dummy variables to account for location in a rural, large urban, and other urban area. We also looked at a modified teaching variable that reflects outpatient volume, several dummy variables unique to outpatient departments, such as the presence of a trauma unit, and the difference in costs among various types of TEFRA hospitals and cancer hospitals. A discussion of the major payment variables and our findings appears below.

#### Service Mix Index

Using APC weights and the number of services provided in each APC, we calculated an average APC weight, or service mix, for each hospital. We also calculated a "discounted" service mix that considers the reduced weight for additional surgical procedures performed at the same time, which is consistent with the proposed payment system. The national average service mix is 1.43, and the national average service mix discounted for multiple procedures is 1.45. The differences

between the two are negligible due to the low volume of services subject to discounting, and they proved almost interchangeable in the adjustment regressions. We did use the discounted service mix for our regressions because it reflects the proposed policy.

Since APC weights are calculated from costs, we would expect approximately a one to one, or proportional, relationship between service mix and hospital outpatient cost per unit. That is, we expect the coefficient of the service mix to be one in a regression of outpatient cost per unit on the service mix. However, initial payment regressions of hospital outpatient cost per unit on service mix and the wage index revealed a coefficient of 0.68, suggesting that the calculated service mix increases faster than cost per unit; a 10 percent increase in the service mix is associated with a 6.8 percent increase in costs.

This estimated relationship prompted a preliminary analysis of the relationship between geometric means and median cost per unit within each APC. If per unit cost within APCs is distributed log normally, the median and the geometric mean are equivalent. However, if the distribution of costs within APCs is skewed, then the median may differ from the geometric mean. Because the dependent variable in the regression models is the natural log of hospital outpatient cost per unit, a systematic difference between the geometric mean of cost per unit and median cost per unit could explain the lack of one to one relationship between hospital service mix and hospital cost per service. Weighting the regression equation by the volume of services, essentially giving greater weight to the relationship between service mix and unit costs for hospitals with a higher volume of services, increases the relationship to 7.5 percent. Higher volume hospitals tend to have a higher service mix and higher service costs.

A limited analysis of unit costs for selected APCs demonstrated that, in general, in APCs with low relative weights, median hospital cost per unit is lower than the geometric mean of logged hospital cost per unit, and, in APCs with high relative weights, median hospital cost per unit is generally higher than the geometric mean. This would lead to a greater spread in a hospital's service mix than appears in their actual cost per unit, and would provide an explanation for the less than proportional relationship that was estimated to exist between service mix and cost per unit. A regression of cost per unit on a service mix derived from weights based on the geometric

mean and the wage index demonstrated better correlation; a 10 percent increase in service mix led to a 7.7 percent increase in cost per unit. Weighting this regression equation by the volume of services increases the relationship to 9.1 percent, suggesting that the higher service mix of higher volume hospitals better tracks those hospitals' cost per unit.

#### Labor Share

The coefficient of the hospital wage index is the estimated percentage change in costs attributable to a 1 percent increase in the wage index. This coefficient provides an estimate of the share of outpatient hospital unit costs that are attributable to labor. Depending on the model specification, the coefficient ranged from 0.51 to 0.68 reflecting a labor share between 50 and 70 percent. The coefficient from a fully specified payment regression of the hospital cost per unit standardized for the service mix on the wage index, disproportionate share patient percentage, modified teaching, rural, and urban variables is approximately 0.60, suggesting a labor share of 60 percent. Even though we ultimately decided that we would not propose additional adjustments, we believe that the coefficient from this specification provides the best estimate of the labor share for the proposed system. This judgment was based on a policy to use a labor share that reflected the relationship between the wage index and costs, rather than the effects of correlated factors. The explanatory regression model that has a dependent variable of unstandardized hospital outpatient cost per unit also implies a labor share of 60 percent across most specifications.

#### Teaching Intensity and Disproportionate Share Patient Percentage

For the inpatient PPS, the intensity of teaching programs has typically been measured by the resident to bed ratio or resident to average daily census ratio. Early in our regression analysis, we used resident to the average daily census of inpatient days, the teaching variable from inpatient capital PPS. The results suggested that costs increase somewhat with the size of the teaching program ( $p < 0.05$ ). However, we believed that this ratio could not adequately represent teaching hospitals with large outpatient departments relative to the size of their inpatient operations. We modified the resident to average daily census variable to reflect the ratio of residents to combined inpatient and outpatient utilization. To accomplish

this, we calculated the ratio of inpatient costs per day to outpatient costs per unit for each hospital, and we used this ratio to convert hospital services into inpatient day equivalents. We combined both inpatient days and outpatient day equivalents to get a ratio of residents to inpatient and outpatient days. Since we cannot, at this time, allocate residents to inpatient and outpatient settings, we could not estimate a teaching variable based on residents to outpatient volume alone.

We created the disproportionate share patient percentage variable by adding the percentage of inpatient days attributable to Medicaid patients to the percentage of Medicare patients receiving Supplemental Security Income. In most regression specifications, the disproportionate share percentage was positive, small in magnitude, and significant ( $p < 0.05$ ). These coefficients imply that a hospital with a 40 percent disproportionate share percentage would be approximately 4.5 percent [calculated  $(e^{DSHP*0.11} - 1) * 100$ ] more costly than hospitals without any low-income patients. Teaching intensity variables were not significant in un-weighted regressions ( $p > 0.05$ ). However, they were positive and significant in regressions weighted by number of services. The teaching coefficient implies that a hospital with a resident to combined inpatient and outpatient "days" ratio of 0.35 would be 2.4 percent [calculated  $((1+IME)^{0.08} - 1) * 100$ ] more costly than hospitals with no residents.

We also estimated several regression specifications to determine if there were thresholds for the estimated impacts of teaching and disproportionate share patient percentage on costs. We determined that positive and significant estimated differences do not occur for hospitals whose disproportionate share percentage is less than 0.40. Significant effects for the teaching variable do not occur for hospitals whose ratio of residents to inpatient and outpatient days is less than 0.32. We used these results to estimate a new disproportionate share patient percentage based on a 0.30 threshold and a ratio of residents to inpatient and outpatient "days" based on a 0.28 threshold. We chose these thresholds by identifying the point at which the relationship between the unit costs and the teaching intensity or disproportionate share patient percentage becomes positive rather than significant because of the lack of significance associated with the teaching variable and because the small coefficient for the disproportionate share variable led to intermittent

significance for higher values. We subtracted these thresholds from the original variable to create new teaching and disproportionate share patient percentage variables. 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 disproportionate share patient percentage and teaching variable at the threshold level. The new variables suggest that a hospital with a disproportionate share patient percentage 10 points higher than the 30 percent threshold is approximately 2.3 percent more costly [calculated  $(e^{DSHP*0.23} - 1) * 100$ ] and that a hospital with a ratio of residents to inpatient and outpatient utilization 0.07 higher than the 0.28 threshold is approximately 0.75 percent more costly [calculated  $((1+IME)^{0.11} - 1) * 100$ ].

#### Urban and Rural Location

We also estimated difference in hospital outpatient costs between rural, large urban, and other urban areas. In almost all of the regression models, both explanatory and payment, the rural dummy variable was positive and significant ( $p < 0.05$ ). Rural hospitals had approximately 8 percent higher standardized unit costs than urban hospitals. In all of the regression models, large urban hospitals were not significantly different from other urban hospitals.

#### TEFRA and Cancer Hospitals

We also found that some types of TEFRA hospitals (long-term care, children's, and psychiatric) and the ten cancer hospitals have significantly ( $p < 0.05$ ) higher unit costs standardized for service mix. Cancer, children's, and long term care hospitals demonstrated standardized unit costs that were at least 20 percent higher than other hospitals. We believe that these significantly higher costs largely can be attributed to under-coding because proper coding is not required for the payment of many services under the current system, especially medical visits. Poor coding would affect calculations of both service mix and cost per unit.

#### Estimated Payments

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 thought 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 adjustments for disproportionate share patient percentage and teaching intensity discussed above.

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**CHANGES FOR 1999  
OUTPATIENT PROSPECTIVE PAYMENT SYSTEM**

	Number of hospitals (1)	Outpatient percent (2)	No Teaching and DSH Adjustments				Teaching and DSH Adjustments			
			Percent change in Medicare Outpatient payment (3)	Conversion Factor Effect removed (4)	Standardized payment to cost ratio (5)	Percent change in total Medicare payments (6)	Percent change in Medicare Outpatient payment (7)	Conversion Factor Effect removed (8)	Standardized payment to cost ratio (9)	Percent change in total Medicare payments (10)
ALL HOSPITALS	5,419	9.9	-3.8	-0.0	1.0000	-0.4	-3.8	-0.0	1.0000	-0.4
NON-TERRA HOSPITALS	4,864	10.0	-3.7	0.1	1.0011	-0.4	-3.7	0.1	1.0012	-0.4
GEOGRAPHIC LOCATION: URBAN HOSPITALS	2,677	9.3	-3.3	0.5	1.0057	-0.3	-3.2	0.6	1.0069	-0.3
LARGE URBAN AREAS	1,516	9.1	-5.0	-1.3	0.9868	-0.5	-4.6	-0.8	0.9915	-0.4
OTHER URBAN AREAS	1,161	9.6	-0.9	3.0	1.0332	-0.1	-1.3	2.6	1.0293	-0.1
RURAL HOSPITALS	2,187	14.7	-5.2	-1.5	0.9816	-0.8	-5.7	-1.9	0.9770	-0.8
VOLUME (URBAN) 0 - 4,999 UNITS	278	12.1	-15.6	-12.3	0.8164	-1.9	-14.8	-11.4	0.8244	-1.8
5,000 - 10,999 UNITS	442	9.8	-6.3	-2.6	0.9559	-0.6	-5.8	-2.1	0.9607	-0.6
11,000 - 20,999 UNITS	599	9.1	-5.8	-2.1	0.9574	-0.5	-5.6	-1.9	0.9593	-0.5
21,000 - 42,999 UNITS	780	8.7	-3.6	0.2	1.0071	-0.3	-3.9	-0.1	1.0040	-0.3
43,000 OR MORE UNITS	578	9.7	-2.0	1.9	1.0266	-0.2	-1.7	2.2	1.0299	-0.2
VOLUME (RURAL) 0 - 4,999 UNITS	816	18.2	-17.0	-13.7	0.7799	-3.1	-17.2	-13.9	0.7781	-3.1
5,000 - 10,999 UNITS	694	15.8	-10.0	-6.5	0.9144	-1.6	-10.3	-6.7	0.9122	-1.6
11,000 - 20,999 UNITS	420	14.6	-5.8	-2.1	0.9848	-0.8	-6.2	-2.5	0.9812	-0.9
21,000 - 42,999 UNITS	215	13.5	-1.8	2.0	1.0368	-0.2	-2.5	1.3	1.0294	-0.3
43,000 OR MORE UNITS	42	13.2	5.3	9.4	1.1263	0.7	4.6	8.7	1.1190	0.6

	No Teaching and DSH Adjustments			Teaching and DSH Adjustments						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Number of hospitals	Outpatient Percent	Percent change in Medicare Outpatient payment	Conversion Factor Effect removed	Standardized payment to cost ratio	Percent change in total Medicare payments	Percent change in Medicare Outpatient payment	Conversion Factor Effect removed	Standardized payment to cost ratio	Percent change in total Medicare payments
TEACHING STATUS										
NON-TEACHING	3,847	11.2	-3.1	0.7	1.0031	-0.3	-3.7	0.1	0.9973	-0.4
FEWER THAN 100 RESIDENTS	766	9.1	-1.8	2.0	1.0326	-0.2	-2.4	1.5	1.0266	-0.2
100 OR MORE RESIDENTS	250	9.2	-9.4	-5.8	0.9331	-0.9	-6.4	-2.7	0.9643	-0.6
DISPROPORTIONATE SHARE PATIENT RATIO	25	25.1	-0.3	3.6	0.9250	-0.1	-1.2	2.7	0.9175	-0.3
0	916	10.3	-4.9	-1.1	0.9780	-0.5	-5.8	-2.1	0.9682	-0.6
0.001- 0.099	1,016	10.9	-0.9	3.0	1.0447	-0.1	-1.9	1.9	1.0337	-0.2
0.100- 0.159	1,613	10.1	-3.0	0.8	1.0113	-0.3	-3.7	0.0	1.0039	-0.4
0.160- 0.299	1,294	9.2	-6.6	-2.9	0.9617	-0.6	-3.5	0.3	0.9934	-0.3
GREATER THAN 0.299										

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 teaching intensity and disproportionate share patient percentage on costs were small and, in some cases, not statistically significant.

2. Payment impacts without such adjustments do not vary considerably, the largest being a reduction of 5.8 percent for major teaching hospitals. These impacts should also be evaluated in terms of the overall effect on Medicare payments since 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 threshold adjustments we considered, estimated payment reductions for rural hospitals would be 1.9 percent under the proposed system, rather than 1.5 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 13.9 percent of current payments, rather than 13.7 percent, and these hospitals also earn a greater percentage of their Medicare income (18.2 percent) from providing outpatient services. Because of these potential shifts in payments, any adjustment should be based on stronger analytic results than 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 further analyze 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 3.1 percent for rural low-volume hospitals and 1.8 percent for urban low-volume hospitals. Low-volume hospitals have higher than average standardized unit costs, which may be attributable to economies of scale, under-coding, 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. Moreover, these hospitals do not comprise a large enough proportion of other hospital types to substantially benefit from other adjustments (for example, teaching or disproportionate share).

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. Approximately 60 percent of the rural hospitals furnishing fewer than 5,000 visits fall into these categories. We are investigating the reasons for their higher costs and are assessing whether a temporary adjustment is needed to moderate the impact of moving to an outpatient PPS. One option we are considering would be to phase-in the outpatient PPS for low-volume Medicare-dependent and sole community hospitals by paying a portion of the payment based on PPS rates and a portion based on the current payment system. For example, payment could be based on 75 percent of payments under the current system and 25 percent on PPS rates in the first year, 50 percent current system payments and 50 percent PPS rates in the second year, 25 percent current system payments and 75 percent PPS rates in the third year, and completely on PPS rates in subsequent years. Another option we are considering would phase-in outpatient PPS if a low-volume sole community hospital or Medicare-dependent hospital has a negative Medicare margin for outpatient services. For example, payment could be based on the amount payable under outpatient PPS plus a percentage of the difference between those amounts and the amounts payable under the current system. The percentage of the difference that would be payable could phase down, for example, 75 percent in year one of implementation, 50 percent in year 2, 25 percent in year 3, and no adjustment in year 4 and subsequent

years. We solicit comment on this and other alternatives we might consider. By statute, any adjustment would have to be budget neutral.

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 under-coded for many of the services cancer hospitals provide 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, children's and free-standing psychiatric hospitals are less dependent than other hospitals on Medicare revenues. Finally, the remaining classes of TEFRA hospitals, rehabilitation and long-term care, lose a much smaller percentage of their total Medicare income, 3.7 and 3.5 percent respectively than the average for all facilities.

We are not proposing adjustments for any eye and ear or trauma hospitals because payment simulations demonstrated an increase in payments under the proposed PPS. We will assess the need for additional adjustments and make any appropriate changes as data become available under the new system.

#### *J. Volume Control Measures*

Section 1833(t)(2)(F) of the Act requires us to develop a method for controlling unnecessary increases in the volume of covered outpatient department services, including partial hospitalization services in CMHCs. If the volume of services paid for increases beyond amounts established through methodologies determined in section 1833(t)(2)(F), section 1833(t)(6)(C) provides that the update to the conversion factor may be adjusted. MedPAC recommends in its report to the Congress that we implement an expenditure cap to help control spending for hospital outpatient services and that we monitor hospital outpatient volume to ensure that access to services and quality of care are not reduced under a cap.

In this proposed rule, we are proposing a volume control measure for services furnished in CY 2000. In the

proposed rule for rates that would be effective in CY 2001, we plan to propose an appropriate method for determining expenditure targets for services furnished in CY 2001 and subsequent years, following completion of further analysis of how that target should be computed. Later in this section, we discuss several possible approaches for controlling the volume of hospital outpatient services furnished in CY 2001 and subsequent years.

Pursuant to section 1833(t)(2)(F) and consistent with section 1833(t)(6)(C), we are proposing to update the target amount specified under section 1833(t)(3)(A) for CY 1999 as an expenditure target for services furnished in CY 2000. We will update the CY 1999 target for inflation (based on the projected change in the hospital market basket minus one percentage point) and estimated changes in the volume and intensity of hospital outpatient services and estimated Part B fee-for-service changes in enrollment. If volume exceeds the target for CY 2000, we are proposing to adjust the update to the conversion factor for CY 2002. We will compare the CY 2000 target to an estimate of CY 2000 actual payments to hospitals. (HCFA's Office of the Actuary will determine the CY 2000 actual payments using the best available data.) If unnecessary volume increases, as reflected by expenditure levels, cause payments to exceed the target, we will determine the percentage by which the target is exceeded, and adjust the CY 2002 update to the conversion factor by the same percentage.

In conjunction with the Office of Inspector General, we are proposing to do further work to assure that only payments made in accordance with existing Medicare law and regulations were used in the calculation of the target amount. If this work reveals that adjustments to the target amount and expenditure ceiling are warranted, we will address this issue in a future rule.

When the inpatient PPS was implemented, the packaging of all services provided during an admission under a single rate was the primary method of volume control. This method was appropriate because the concern was the intensity of services per admission, rather than the number of admissions, which was generally stable. For outpatient department services, there has been rapid growth in the intensity of ancillary services per procedure. We believe that greater packaging of these services might provide volume control. However, because the hospital outpatient PPS will not initially include a significant degree of packaging, we are examining a

number of mechanisms to control unnecessary increases, as reflected by expenditure levels, in the volume of covered outpatient department services. The volume of services is a significant concern, particularly during the first few years of the outpatient PPS, because of the possible incentives under PPS to increase utilization.

Although the updated target amount provides a basis against which we can measure year 2000 actual payments, we need to develop an approach for establishing a volume control measure for years 2001 and beyond. Because of the complexities involved in developing such a system, we do not plan to propose a method for future years (2001 and beyond) until we issue our notice of proposed rulemaking for CY 2001, but we want to open a discussion now, so that we can obtain comments that we can use in developing a proposal.

One possible mechanism to control unnecessary increases in the volume of outpatient services paid for under the outpatient PPS is to expand the sustainable growth rate (SGR) system for physician services, which is required under section 1848(d)(3) of the Act, as amended by section 4502 of the BBA, to take into account hospital outpatient services. Physicians typically are responsible for ordering medical services and are thus responsible for determining a substantial portion of hospital outpatient volume. Expanding the SGR system for physician services to include hospital outpatient services would provide added incentives for physicians to evaluate the necessity of orders for hospital outpatient services.

A second possible mechanism would be to expand the SGR system for physician services to include all ambulatory services, for example, services in hospital outpatient departments and ASCs, and to use this expanded SGR system to establish updates for the ambulatory facility payments as well as for physician fee schedule updates. This method would spread volume control incentives more evenly across the ambulatory sector. It would more closely align physician and facility incentives and be less sensitive than a hospital-outpatient-department-only SGR to shifts in site of service.

A third approach to controlling unnecessary growth in the volume of hospital outpatient services is to modify the physician SGR method and incorporate it into the hospital outpatient department payment system. That is, as in the physician payment context, an SGR value for hospital outpatient services would be calculated and payment updates for these services would be reduced if volume increases

result in expenditures above target levels.

We believe the third option of linking updates of the outpatient department conversion factor to an SGR system is the most feasible approach to take initially. Additional study, analysis, and possible legislative modification would be necessary before we could consider implementing either of the first two options discussed above. We acknowledge that, to the extent that hospital outpatient volume is physician driven, an outpatient SGR could arguably be viewed as unnecessarily and unfairly penalizing facilities. Moreover, because sites of ambulatory care are relatively interchangeable with respect to the delivery of outpatient services, setting appropriate targets for hospital outpatient departments alone could be difficult. However, an outpatient SGR system would parallel the SGR system created for physician services under section 4502 of the BBA. Physician volume issues have been extensively analyzed by MedPAC, and the SGR system for physicians has evolved as a feasible method for volume control. Many outpatient PPS issues are similar to physician issues because changes in technology and places of service can affect expenditures for both hospital outpatient departments and physicians.

The outpatient SGR system would base volume and intensity growth allowances for services under the outpatient PPS on the growth in the general economy. Other factors in determining the target rate of growth include medical inflation, changes in enrollment, and changes in spending due to changes in the law or regulations. The outpatient SGR would be calculated as the product of—

- (1) The annual update to the conversion factor (described in section V.G.3. of this preamble), which is the outpatient market basket percentage increase reduced by one percentage point for the years 2000, 2001, and 2002.
- (2) The percentage increase or decrease in Part B enrollees (excluding those enrolled in Medicare+Choice) from one year to the next;
- (3) The projected growth in the real gross domestic product per capita (or real gross domestic product per capita plus an appropriate factor for recent outpatient department services growth) from the previous year to the year involved; and
- (4) The percentage change in spending for outpatient department services resulting from changes in law and regulations from one year to the next.

This growth rate system would be used in setting annual updates to the conversion factor for hospital outpatient services. Pursuant to section 1833(t)(2)(F) of the Act, and consistent with section 1833(t)(6)(C), we would lower the annual update to the conversion factor for a given year if volume increases cause expenditures to exceed the target amount in a previous year. While we think using an outpatient department SGR is the most feasible option in the short term, in the long term we would like to develop a more integrated approach that addresses physicians and ASCs, as well as outpatient departments. In addition to requesting comments on our proposed volume control measure for services furnished in CY 2000, we specifically solicit comments on the appropriateness of applying the SGR method directly to payments made under the outpatient PPS for future years. We also welcome comments on the development of a long-term integrated system that we would consider as we develop possible future proposals. In our final rule, we will respond to comments on our proposed volume control measure for services furnished in CY 2000. We do not intend to respond to comments concerning the development of an SGR system for services furnished after CY 2000, an integrated system, or any other approach. However, we will use any comments we receive in developing a proposal we will make next year for volume control measures to be applied to services furnished after CY 2000.

#### *K. Prohibition Against Administrative or Judicial Review*

Section 1833(t)(9) of the Act prohibits administrative or judicial review of the PPS classification system, the groups, relative payment weights, adjustment factors, other adjustments, volume control methods, calculation of base amounts, periodic control methods, periodic adjustments, and the establishment of a separate conversion factor for cancer hospitals.

## **VI. Hospital Outpatient Clinics and Other Provider-Based Entities**

### *A. Background*

The Medicare law (section 1861(u) of the Act) lists the types of facilities that are regarded as providers of services, but does not use or define the term "provider-based." However, from the beginning of the Medicare program, some providers, which are referred to in this section as "main providers," have owned and operated other facilities, such as SNFs or HHAs, that were administered financially and clinically

by the main provider. The subordinate facilities may have been located on the main provider campus or may have been located away from the main provider. In order to accommodate the financial integration of the two facilities without creating an administrative burden, we have permitted the subordinate facility to be considered provider-based. The determination of provider-based status allowed the main provider to achieve certain economies of scale. To the extent that overhead costs of the main provider, such as administrative, general, housekeeping, etc. were shared by the subsidiary facility, these costs were allowed to flow to the subordinate facility through the cost allocation process in the cost report. This was considered appropriate because these facilities were also operationally integrated, and the provider-based facility was sharing the overhead costs and revenue producing services controlled by the main provider.

Before implementation of the hospital inpatient PPS in 1983, there was little incentive for providers to affiliate with one another merely to increase Medicare revenues or to misrepresent themselves as being provider-based, since at that time each provider was paid primarily on a retrospective, cost-based system. At that time, it was in the best interest of both the Medicare program and the providers to allow the subordinate facilities to claim provider-based status, because the main providers achieved certain economies, primarily on overhead costs, due to the low incremental nature of the additional costs incurred. For example, the billing department of a main provider could usually accommodate the additional workload associated with a provider-based facility by hiring an additional billing clerk, instead of incurring the cost of a separate billing department for the provider-based facility. This economy of scale would usually extend to the other overhead costs incurred by the main provider, because the free-standing facility was generally more costly to maintain than one that was provider-based. This was due primarily to the savings on overhead costs that were accomplished by the merging of the free-standing facility into the main provider and having it integrated with the main provider. Although there were several limited guidelines outlining the conditions for certain provider-based situations, we devoted few resources to reviewing provider compliance, because there was little incentive for providers to use this designation inappropriately.

Since 1983, the number of provider-based facilities has increased

significantly. For example, in July of 1982, there were 481 provider-based HHAs as compared with 2,577 provider-based HHAs in October of 1996. This was an increase of 435.75 percent in the 13 years since the PPS was established. In addition, many hospitals now have a large number of outpatient clinics, often located at various sites.

We believe the growth in the number of facilities and organizations claiming to be provider-based has occurred for several reasons. First, the PPS established payment rates using base year costs that included provider overhead. Health care providers, looking for ways to increase their Medicare revenues, realized that if they established provider-based facilities or organizations that were still subject to the reasonable cost principles, they would then be able to shift some of the overhead from the hospital inpatient operating costs to these provider-based facilities or organizations. The PPS main provider would be paid a PPS payment that was intended to cover overhead costs, as well as being reimbursed on a reasonable cost basis based on Medicare's share of the overhead costs for the services furnished by the provider-based facility or organization. A main provider that is excluded from PPS and subject to the rate-of-increase limits would also benefit from shifting its overhead to the subordinate provider-based facility or organization. This cost shifting would enable it to increase its payment by being paid for the Medicare share of the diverted overhead on a cost-based methodology, as well as bringing its costs below the rate-of-increase limit. The main provider could then share in the incentive payment by having its costs come in below the target rate.

More recently, other factors have combined to create incentives for providers to affiliate with one another and to acquire control of nonprovider treatment settings, such as physician offices. Integrated delivery systems offer a wide variety of health care services and can assume responsibility for entire episodes of a patient's illness. These systems are attractive to patients, who seek continuity of care, and to businesses seeking a single source of health services for their employees. The resulting growth in the number of patients enrolled by these integrated delivery systems has created a powerful incentive for affiliations. In addition, hospitals rely on referrals from physicians to assure a steady stream of patients, and they have begun to purchase physician practices and integrate them into their outpatient operations. This trend also has created

incentives for hospitals to affiliate with physician practices.

#### B. Effects on Medicare

For several reasons, it is essential that we ensure that decisions regarding provider-based status are made appropriately, and that facilities or organizations are not recognized as provider-based unless they are in fact integral and subordinate parts of the main provider. As noted earlier, in cases where main providers are paid under the PPS and subordinate facilities or organizations are paid under the reasonable cost reimbursement method (section 1861(v)(1)(A) of the Act and 42 CFR part 413), a provider-based determination could allow the main provider to shift overhead costs to cost centers that are paid on a cost basis and thereby increase Medicare payments with no commensurate benefit to the Medicare program or its beneficiaries.

Payments for services furnished in a hospital outpatient clinic generally include both a facility payment and payment for the professional services of a physician. The combined payments are typically higher than the payment for comparable services furnished in a physician office, where a separate facility fee is not payable. In many cases, there is also an increase in beneficiaries' out-of-pocket expenses compared to services furnished in a physician office. For example, when a beneficiary is treated in a physician office, the only payment made is Part B payment to the physician for his or her professional services, under the physician fee schedule. The single payment made under the physician fee schedule pays for the physician's work and includes a component for practice expense. The beneficiary's coinsurance is based on 20 percent of the physician fee schedule amount. However, if the same service is furnished in a hospital outpatient clinic, Medicare Part B payment for a facility fee is also made to the hospital, in addition to the physician's payment (which may include a smaller practice expense component). Thus, for the same visit, the beneficiary is also subject to the Part B coinsurance for the hospital's facility fee. Beneficiaries are responsible for coinsurance based on 20 percent of the hospital's charges (or, the applicable coinsurance amounts under the hospital outpatient PPS).

Provider-based status also raises issues of Medicare coverage. Generally, the services of nonphysician staff furnished in a physician office are covered only as services "incident to" the professional services of a physician under section 1861(s)(2)(A) of the Act.

This means that a physician must be available on the premises when the service is furnished, in order to provide direct supervision of that service. In hospital outpatient departments, however, we presume that the "incident to" requirements are met with respect to hospital services incident to physician services to outpatients (section 1861(s)(2)(B)). The policy assumed the outpatient department was co-located on the hospital premises and staff physicians would be available nearby to provide necessary oversight. It is possible that a hospital outpatient clinic may not be in the immediate vicinity of the hospital and may furnish nonphysician services without actually providing for direct physician supervision of those services. We do not believe that such services should be presumed to meet applicable "incident to" requirements. As explained below, it could also present a health and safety risk at a time when the office is staffed with nonphysician personnel who are furnishing medical care with no physician present and available to attend to any unexpected emergency situation that may arise.

Provider-based status for a facility or organization can have other implications for the health and safety of its patients. Hospital outpatient facilities are subject to the Medicare conditions of participation in 42 CFR part 482, including specific requirements covering such crucial areas as adequacy of physician care (§ 482.22, "Conditions of participation: Medical staff"), and the safety of the physical environment, including compliance with fire safety requirements (§ 482.41, "Conditions of participation: Physical environment"). Beneficiaries have the right to expect that any outpatient department of a hospital meets applicable conditions of participation and that the facility is capable of providing care commensurate with the general level of care furnished in a hospital outpatient department that is co-located with the inpatient setting. However, the facility claimed as an outpatient department may not have been surveyed for compliance with the conditions of participation and, in some cases, we may not even have been notified of its existence.

The BBA includes several new provisions that can be implemented appropriately only if clear distinctions are made between free-standing and provider-based facilities. Section 4205(a)(1) of the BBA amended section 1833(f) of the Act to extend the per-visit payment limit for rural health clinics (RHCs), which previously applied only to free-standing RHCs, to most provider-

based RHCs as well. (The law provides that the limit does not apply to RHCs located in hospitals with less than 50 beds.)

Section 4541 of the BBA amended section 1833 of the Act to establish a prospective system of payment for outpatient physical therapy services (including outpatient speech-language pathology services) and outpatient occupational therapy services furnished after 1998, and to establish a \$1,500 annual limit on the amount of payment for such services to each beneficiary. Under sections 1833(g)(1) and (g)(2) of the Act, however, that limit does not apply to services furnished in hospital outpatient departments. Moreover, as explained later in this section of the preamble, there are differences in payment for ambulatory surgical services, depending on whether the services are furnished in a hospital, by an approved ASC, or in a physician office. Further, higher composite rate payments are made to hospital-based ESRD facilities than to free-standing ESRD facilities. Thus, it is essential that we have clear rules for identifying provider-based facilities.

#### C. Relationship of the "Provider-Based" Proposals to Prospective Payment for Outpatient Hospital Services and Effective Date of "Provider-Based" Proposals

Although the proposed regulations set forth in new § 413.65 and in the amendment to § 413.24 relate to providers generally, their implementation is crucial to successful implementation of a PPS for outpatient hospital services. No outpatient PPS can succeed if it does not clearly define the services to which it applies. Experience suggests that under the existing policies defining provider-based status, many ambulatory services may be characterized either as physician office services or as services of hospital outpatient departments or clinics or an ASC, depending on the financial incentives involved. Thus, we are publishing these proposed rules to permit clearer distinctions to be made between various types of services, and to ensure that services paid for under the outpatient PPS are of the same type as those included in the data on which the system is based.

As explained in the previous section of this preamble, it is essential that provider-based decisions be made appropriately in all cases, not just those involving outpatient hospital services paid for under a PPS. Therefore, the effective date of these proposals will not be delayed until after an outpatient PPS is in effect. On the contrary, we plan to

implement proposed §§ 413.24(d)(6)(i) and (ii), 413.65, 489.24(b), and 498.3, as revised based on our consideration of public comments, with respect to services furnished on or after 30 days following publication of a final rule.

#### *D. Basis for Current Provider-Based Policy*

Although there is no direct statutory requirement to maintain explicit criteria for determination as to provider-based status, there are statutory references acknowledging the existence of this payment outcome. For example, section 1881(b) of the Act provides for separate payment rates for hospital-based (ESRD) facilities.

There is currently no general definition of "provider-based facility" in the CFR. However, various sections of the CFR do contain provisions for recognition of specific types of entities as provider-based.

Section 405.2462(a) authorizes payment for RHCs and Federally qualified health centers (FQHCs) as provider-based, if:

(1) The clinic or center is an integral and subordinate part of a hospital, SNF, or HHA participating in Medicare, (that is, a provider of services); and

(2) The clinic or center is operated with other departments of the provider under common licensure, governance, and professional supervision.

Definitions of hospital-based HHAs and SNFs were published in final notices on cost limits for HHAs and SNFs, in the June 5, 1980 (45 FR 38014) and September 4, 1980 (45 FR 58699) issues of the **Federal Register**, respectively. These criteria were identical to one another and were similar to the RHC and FQHC definition but they provided considerably more detail in their description of common governance.

Further, we have provided additional detail regarding the factors to be considered in making determinations regarding provider-based status in our manuals. The Medicare Regional Office Manual at section 6860 provides a list of criteria that should be considered in making a determination regarding provider-based status for clinics. Also, section 2186 of the State Operations Manual provides direction regarding provider-based designation for HHAs.

Program Memorandum A-96-7, published on August 27, 1996, pulled together the instructions previously manualized for specific entity types into a general instruction for the designation of provider-based status to all facilities or organizations. In developing this Program Memorandum, we took information from the State Operations

Manual (sections 2024, 2186, and 2242), the Regional Office Manual (section 1060, 2020 and 6865), and §§ 405.2462 and 413.170 of the CFR.

Under the policy we set forth in Program Memorandum A-96-7, the following applicable requirements must be met before an entity can be designated as provider-based for Medicare payment purposes:

1. The entity is physically located in close proximity of the provider where it is based, and both facilities serve the same patient population (for example, from the same service, or catchment area);

2. The entity is an integral and subordinate part of the provider where it is based, and as such, is operated with other departments of that provider under common licensure (except in situations where the State separately licenses the provider-based entity);

3. The entity is included under the accreditation of the provider where it is based (if the provider is accredited by a national accrediting body) and the accrediting body recognizes the entity as part of the provider;

4. The entity is operated under common ownership and control (that is, common governance) by the provider where it is based, as evidenced by the following:

- The entity is subject to common bylaws and operating decisions of the governing body of the provider where it is based;

- The provider has final responsibility for administrative decisions, final approval for personnel actions, and final approval for medical staff appointments in the provider-based entity; and

- The entity functions as a department of the provider where it is based with significant common resource usage of buildings, equipment, and service personnel on a daily basis.

5. The entity director is under the direct day-to-day supervision of the provider where it is located, as evidenced by the following:

- The entity director or individual responsible for day-to-day operations at the entity maintains a daily reporting relationship and is accountable to the Chief Executive Officer of the provider and reports through that individual to the governing body of the provider where the entity is based; and

- Administrative functions of the entity, for example, records, billing, laundry, housekeeping and purchasing are integrated with those of the provider where the entity is based.

6. Clinical services of the entity and the provider where it is located are

integrated as evidenced by the following:

- Professional staff of the provider-based entity have clinical privileges in the provider where it is based;

- The medical director of the entity (if the entity has a medical director) maintains a day-to-day reporting relationship to the chief medical officer or other similar official of the provider where it is based;

- All medical staff committees or the professional committees at the provider where the entity is based are responsible for all medical activities in the provider-based entity;

- Medical records for patients treated in the provider-based entity are integrated into the unified records system of the provider where the entity is based;

- Patients treated at the provider-based entity are considered patients of the provider and have full access to all provider services; and

- Patient services provided in the entity are integrated into corresponding inpatient and/or outpatient services, as appropriate, by the provider where it is based.

7. The entity is held out to the public as part of the provider where it is based (for example, patients know they are entering the provider and will be billed accordingly).

8. The entity and the provider where it is based are financially integrated as evidenced by the following:

- The entity and the provider where it is based have an agreement for the sharing of income and expenses, and

- The entity reports its cost in the cost report of the provider where it is based using the same accounting system and the same cost reporting period as the provider where it is based.

Our policy will continue to follow the principles we articulated in Program Memorandum A-96-7 until 30 days after this rule is published as final in the **Federal Register**. After that date, we will apply the policies set forth in the final regulations.

#### *E. Provisions of This Proposed Rule*

This proposed rule would add a new § 413.65, stating the appropriate definitions of, and the general requirements for, the determination of "provider-based" status. In paragraph (a), we are proposing to define the following terms for purposes of this section: department of a provider, free-standing facility, main provider, provider-based entity, and provider-based status. The definitions used are as follows.

*Department of a provider* means a facility or organization or clinic that is

either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and financial and administrative control of the main provider in accordance with the provisions of proposed § 413.65. A department of a provider is not licensed or certified to provide services in its own right, and Medicare conditions of participation do not apply to the department as an independent entity. The term "department of a provider" does not include an RHC or FQHC; however, an RHC or FQHC could qualify as a provider-based entity.

*Free-standing facility* means an entity that furnishes health care services to Medicare beneficiaries, and that is not integrated with any other entity as a main provider, a department of a provider, or a provider-based entity.

*Main provider* means a provider that either creates or acquires ownership of another entity to deliver additional health care services under its name, ownership, and financial and administrative control.

*Provider-based entity* means a provider, or an RHC or FQHC as defined in § 405.2401(b), that is either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and administrative and financial control of the main provider in accordance with the provisions of proposed § 413.65. A provider-based entity is certified to provide services in its own right.

*Provider-based status* means the relationship between a main provider and a provider-based entity, or a department of a provider, that is in compliance with the provisions of proposed § 413.65.

We are proposing to state explicitly, in new paragraph (b), that a facility or organization is not entitled to be treated as provider-based simply because it or the provider believe it to be provider-based. We also would state that, if a facility or organization seeking provider-based status is located off the campus of a provider, or inclusion of the costs of the facility or organization on the provider's cost report would increase the total costs on that report by at least 5 percent, HCFA will not treat the facility or organization as provider-based for purposes of billing or cost reporting unless the provider has contacted HCFA and obtained a determination of provider-based status. This means that we would not accept billings from the facility or organization as if it were provider-based, and the provider will not be permitted to include costs of the facility or organization on its cost report, unless

the acquisition or creation of the facility or organization has been reported to us and we have determined that it is either a department of a provider or a provider-based entity. Further, a facility not located on the campus of a hospital and used as a site of physician services of the kind ordinarily furnished in physician offices will be presumed to be a free-standing facility unless it is determined by HCFA to have provider-based status. For example, a physician office practice purchased by a main provider would not qualify for provider-based status unless it meets all applicable criteria in proposed § 413.65.

We are proposing to require, in new paragraph (c), that a main provider that acquires a facility or organization for which it wishes to claim provider-based status must report its acquisition of the facility or organization to HCFA and furnish all information needed for a determination as to whether the facility or organization meets the criteria in this section for provider-based status. A main provider that has had one or more facilities or organizations determined to have provider-based status also must report to HCFA any material change in the relationship between it and any department or provider-based entity, such as a change in ownership of the entity or entry into a new or different management contract, that could affect the provider-based status of the department or entity.

In new paragraph (d), we propose the requirements for a determination of "provider-based status." In paragraph (d)(1), we would set forth licensure requirements for facilities or organizations seeking provider-based status. Any facility or organization seeking to be a department of a provider would have to be operated under the same license as the main provider. We note that if a State's licensure laws establish restrictions on the type or location of facilities or organizations that can be licensed as part of a provider, we would defer to those restrictions in determining whether a particular facility is a department of the provider. For example, if the hospital licensure laws of a particular State precluded facilities located more than 5 miles from a hospital from being licensed as part of the hospital, we also would not consider those facilities to be a part of the hospital. Provider-based entities would not have to be operated under the same license as the main provider, since in most cases we expect that they would be separately licensed by the State. To take account of possible State-by-State differences in licensure, however, we would require only that a prospective provider-based entity be

licensed in accordance with the law of the State in which it is located.

In addition, if a State health facilities' cost review commission, or other agency that has authority to regulate the rates charged by hospitals or other providers in a State, finds that a particular facility or organization is not part of a provider, we also would determine that the facility or organization does not have provider-based status. We believe it would be inappropriate for a facility or organization to be considered free-standing for State ratesetting purposes, but provider-based status under Medicare.

In paragraph (d)(2), we would require that a facility or organization be under the ownership and control of the main provider. In particular, we would require that the facility or organization be 100 percent owned by the provider, that the main provider and a facility or organization seeking provider-based status have the same governing body, and that the facility or organization be operated under the same organizational documents as the main provider. For example, the facility seeking provider-based status would have to be subject to the bylaws and operating decisions of the governing body of the main provider. In addition, we would require that the main provider have final responsibility for administrative decisions, final approval for outside contracts, final responsibility for personnel policies, and final approval for medical staff appointments in the department or entity.

In paragraph (d)(3), with respect to administration and direct supervision of the main provider, we are proposing to require that a facility or organization seeking provider-based status have a reporting relationship to the main provider that is characterized by the same frequency, intensity, and level of accountability that exists in the relationship between the main provider and one of its departments. As evidence of this relationship, we would look to whether the facility is under the direct supervision of the provider where it is located, whether it is operated under the same monitoring and oversight as any other department of the provider, and is operated as any other department with respect to supervision and accountability. We would expect the director or individual responsible for daily operations at the facility or organization to maintain a day-to-day reporting relationship with a manager at the main provider and to be accountable to the main provider's governing body in the same manner as any department head of the provider. We also would require integration of certain

administrative functions, in particular, billing services, records, human resources, payroll, employee benefit package, salary structure, and purchasing services. Either the same employee or group of employees would have to handle these administrative functions for both the facility or organization and the main provider, or the administrative functions for the entity and the main provider would have to be contracted out under the same contractual agreement, or be handled under different contract agreements, with the entity's contract being managed by the main provider's billing department.

In paragraph (d)(4), we are proposing that a facility or organization seeking provider-based status and the main provider share integrated clinical services, as evidenced by privileging of the professional staff of the department or entity at the main provider, and the main provider's maintenance of the same monitoring and oversight of the department or entity as of other departments. Also, the medical director of the department or entity must maintain a day-to-day reporting relationship with the chief medical officer (or equivalent) of the main provider, and be under the same supervision as any other director of the main provider. We also would expect medical staff committees or other professional committees of the main provider to be responsible for medical activities in the department or entity, including quality assurance, utilization review, and the coordination and integration of services. We also would expect medical records to be integrated into a unified retrieval system. We would expect that inpatient and outpatient services of the facility or organization and the main provider be integrated and that patients treated at the facility or organization who require further care have full access to all services of the main provider, including all inpatient or outpatient services of the main provider.

In paragraph (d)(5), we would require that the proposed department or entity and the main provider be fully financially integrated within the main provider's financial system, as evidenced by the sharing of income and expenses. The department's or entity's costs should be reported in a cost center of the provider, and the department's or entity's financial status should be incorporated into, and readily identifiable in, the main provider's financial statements.

In paragraph (d)(6), we would require that the main provider and the facility seeking status as a department of the

provider be held out to the public as a single entity, so that when patients enter the department they are aware that they are entering the provider and will be billed accordingly. (This requirement would not apply to a provider-based entity that is itself a provider, such as a SNF.)

In paragraph (d)(7), we would require that the department of a provider or provider-based entity and the main provider be located on the same campus. Alternatively, the main provider and facility seeking provider-based status must demonstrate that they serve the same patient population. The department or entity and the main provider would be required to demonstrate that they serve the same patient population by submitting patient lists and/or demographic data showing that a high percentage of the patients of both come from the same geographic area, or that patients of the entity also receive a preponderance of services from the main provider. We would specify that a facility or organization is not considered to be in the "immediate vicinity" of the main provider if it is located in a different State than the main provider. We welcome comments as to whether an exception should be made for areas where a single metropolitan area may include two or more States.

New paragraph (e) would specifically prohibit the approval of provider-based status for any proposed department or entity that is owned by two or more providers engaged in a joint venture. Some hospitals, under joint venture arrangements, are jointly purchasing or jointly creating free-standing facilities. Although the facility or organization is operated by two or more hospitals, the dominant hospital claims the free-standing facility or organization as a department or provider-based entity. This is clearly unallowable, because the facility or organization is owned by more than one hospital, and in its own right must be considered as free-standing, subject to all of the rules and certifications that govern that type of operation.

In proposed paragraph (f), we would state that facilities or organizations operated under management contracts will be considered provider-based only if specific requirements for staff employment, administrative functions, day-to-day control of operations, and holding of the management contract by the provider itself rather than by a parent organization are met. Generally, we believe it would be difficult for any facility or organization operated under a management contract to provide all services to be able to demonstrate the

degree of integration with a provider that would be needed to qualify for provider-based status. Thus, we are proposing to adopt these requirements, which are designed to ensure that we treat a facility or organization under a management contract as provider-based only if it clearly is operated by the provider, not by the management company or by a common parent organization.

In proposed paragraph (g), we would specify nine obligations of hospital outpatient departments and hospital-based entities. These obligations are spelled out in detail to help us ensure that facilities seeking recognition as hospital outpatient departments or hospital-based entities are in fact what they represent themselves as being, and are not simply the private offices of individual physicians or of physicians in group practices. The obligations are—

- In the case of hospital outpatient departments located off the main provider campus, compliance with the anti-dumping requirements in §§ 489.20 (l), (m), (q), and (r) and 489.24. If any individual comes to any hospital-based entity (including an RHC) located on the main hospital campus and a request is made on the individual's behalf for examination or treatment of a medical condition, as described in § 489.24, the hospital must comply with the anti-dumping requirements in § 489.24. We would also revise § 489.24(b) to clarify that for purposes of the anti-dumping rules set forth in that section, hospital property means the entire main hospital campus, including the parking lot, sidewalk, and driveway, as well as any facility or organization that is located off the main hospital campus but has been determined under § 413.65 to be a department of the hospital.
- Billing of physician services in hospital outpatient departments or hospital-based entities (other than RHCs) with the correct site-of-service indicator, so that applicable site-of-service reductions to physician and practitioner payment amounts can be applied;
- In the case of hospital outpatient departments, compliance with all the terms of the provider agreement;
- Compliance by physician staff with the nondiscrimination provisions in § 489.10(b) of this chapter;
- In the case of hospital outpatient departments (other than RHCs), representation to other payers as an outpatient department of the hospital, and treatment of all patients, for billing purposes, as hospital outpatients;

- In the case of hospital outpatient departments or hospital-based entities, compliance with the payment window provisions applicable under § 412.2(c)(5) (for PPS hospitals) or § 413.40(c)(2) (for PPS-excluded hospitals);
- In the case of hospital outpatient departments or hospital-based entities (other than RHCs), notice to each beneficiary treated that he or she will be liable for coinsurance for a facility visit as well as for the physician service; and
- In the case of hospital outpatient departments, compliance with applicable Medicare hospital conditions of participation for hospitals in part 482 of this chapter.

We would also preclude any facility or organization that furnishes all services under arrangements from qualifying as provider-based. We believe the provision of services under arrangement was intended to be allowed only to a limited extent, in situations where cost-effectiveness or clinical considerations, or both, necessitate the provision of services by someone other than the provider's own staff. The "under arrangement" provision in section 1861(w)(1) of the Act and § 409.3 is not intended to allow a facility merely to act as a billing agent for another. We are concerned that this would be the case if all services at a facility or organization seeking provider-based status were furnished under arrangement. We believe use of arranged-for services could, if not limited, become a means of circumventing the provider-based requirements. We are proposing in paragraph (g)(10) that a facility or organization may not qualify for provider-based status if all of the services furnished at the facility are furnished under arrangements. We note that this approach is consistent with existing policy under which a hospital outpatient is expected to receive services, rather than supplies, directly from the hospital.

Proposed paragraph (h) states that if we learn of a provider that has inappropriately treated a facility or organization as provider-based, before obtaining our determination of provider-based status, we would reconsider all payments to that main provider for periods subject to reopening, investigate, and determine whether the designation was appropriate. If we find it was not provider-based, we will recover all payments in excess of those payments that should have been made in the absence of the provider-based status. As explained further below,

however, recovery will not be made for any period prior to the effective date of this rule if during all of that period the management of the facility or organization made a good-faith effort to operate it as a department of a provider or provider-based entity.

In proposed paragraph (i), we would detail the application of the principles in paragraph (h) to situations involving inappropriate billing for services furnished in a physician office or other facility or organization as if they had been furnished in a hospital outpatient or other department of a provider or in a provider-based entity. Generally, when such cases of inappropriate billing are found, we will recover any overpayments as described in the preceding paragraph. Under certain circumstances, however, we will determine that the management of a facility or organization has made a good faith effort to operate it as a department of a provider or a provider-based entity and will not recover past payments. We would take this action if we determine that the requirements regarding licensure and public awareness in paragraphs (d)(1) and (d)(6) are met, all facility services were billed as if they had been furnished by a department of the main provider or a provider-based entity of the main provider, and all professional services of physicians and other practitioners were billed with the correct site-of-service indicator, as described in paragraph (g)(4).

We are also proposing to add a new paragraph (j) that would allow HCFA to review past determinations. If we find that a designation was in error, and the facility or organization in question does not meet the requirements of this section, we will notify the main provider that the provider-based status will cease as of the first day of the next cost report period following notification of the redetermination.

In addition, we are proposing to add to § 413.24(d) new paragraphs (6)(i) and (6)(ii) to clarify that main providers, in completing their Medicare cost reports, may not allocate overhead costs to the provider-based or other cost centers that incur similar costs directly through management contracts or other arrangements. These changes are needed to prevent mis-allocation of management costs, which would result in excessive payment to those types of providers paid on a reasonable cost basis.

As the number of affiliation agreements among various entities has increased, there has been a noticeable shift in the way the HHAs and clinics have been managed, resulting in increased Medicare payments. Today,

there are many management companies that enter into contracts with main providers to manage their provider-based entities, and the costs of these management services are being directly assigned to the department or provider-based entity receiving the service. The contracts typically call for the management company to provide the billing and accounting services, and to procure services, such as housekeeping, laundry and linen, to enable the department or provider-based entity to operate away from the campus and supervision of the main provider, even though these management companies must report to the board of the main provider. In addition to directly assigning these costs to the department or provider-based entity, the main provider, through the cost report, is still allocating overhead costs to the department or provider-based entity, even though these services are being performed through the management contract and not through the main provider. Under these circumstances, the provider could be paid three times for the same overhead cost. The first payment would be made through the PPS payment, which reflects overhead cost. The second payment would come through the cost of the management contract, and the third would come through the allocation of a share of the main provider's overhead cost to the department or provider-based entity. Our proposed changes to § 413.24 are needed to prevent this result.

To provide an administrative appeals process for entities that have been denied provider-based status, we are proposing to revise the regulations on provider appeals at § 498.3. As revised, these rules would specify that a provider seeking a determination that a facility or an organization is a department of the provider or a provider-based entity under proposed § 413.65 will be included in the definition of "prospective provider" for purposes of part 498, and will be afforded the same appeal rights as a prospective provider, such as a hospital or SNF, that has been found by HCFA not to qualify for participation as a provider. We believe it is in the best interest of both HCFA and health care organizations to have an explicit procedure for handling these appeals.

#### *F. Requirements for Payment*

The following discussion sets out the requirements that must be met to allow us to make payment under the outpatient PPS for various services.

### 1. Prerequisites for Payment for Outpatient Hospital Services and Supplies Incident to Physician Services

Medicare Part B benefits include payment for services and supplies that are furnished incident to the professional services of a physician. Medicare makes payment for services and supplies furnished in physician offices that are incident to a professional service of a physician under the provisions of the Medicare physician fee schedule (section 1848 and section 1861(s)(2)(A) of the Act; 42 CFR part 414). Payment for the "incident to" services furnished in physician offices is generally included within the fee for the physician services. Medicare also makes payment for hospital services and supplies that are incident to a physician service furnished to outpatients (section 1861(s)(2)(B) of the Act). Payment for "incident to" services furnished to hospital outpatients is *in addition to* payment for the professional services of a physician. The place where "incident to" services are furnished determines how Medicare pays for them.

We are proposing to add to the regulations certain prerequisites that the hospital must fulfill before it can receive Medicare payment under section 1861(s)(2)(B) of the Act for services and supplies furnished "incident to" physician services at a site that is off the premises of the main hospital complex. These prerequisites are intended to adapt our current policy regarding payment for "incident to" services furnished to hospital outpatients to address the special circumstances presented by a hospital outpatient department or clinic that is not co-located on the hospital campus or within a short distance of the hospital and that HCFA has designated as a department of the hospital or "provider-based."

The first prerequisite is that the office/clinic meet the responsibilities and criteria incumbent upon a provider-based entity as defined in § 413.65(g). We are proposing this requirement because the fact that a hospital owns and/or operates a clinic does not automatically make that clinic an integral, subordinate part of the hospital. If the clinic does not conform with the responsibilities and criteria at § 413.65(g), that clinic would be paid as a physician office, and Medicare payment for services furnished at that site would be made accordingly.

The second prerequisite is that the hospital seek an official determination from HCFA that the provider-based designation applies to the proposed off-site hospital outpatient department/

clinic as required by § 413.65(d). The authority to determine whether or not an entity has provider-based status rests solely with HCFA. The criteria and obligations that are a prerequisite of a provider-based hospital outpatient designation are discussed earlier in this section.

Current regulations require that, in order to be paid for as "incident to" services, outpatient hospital services and supplies are to be furnished as an integral though incidental part of a physician service (§ 410.27(a)(1)(ii)). In addition, as a matter of policy, we require that the services and supplies be furnished on a physician's order by hospital personnel and under a physician's supervision (Intermediary Manual, section 3112.4(A)). When "incident to" services are furnished on hospital premises, we assume the physician supervision requirement to be met because staff physicians would be present nearby within the hospital. We also allow staff in a department of the hospital other than that of the ordering physician to supervise the services. We equate the location of the hospital outpatient department or hospital clinic within the hospital's walls, or their co-location on the same campus, with being "on the hospital premises," and we assume physician supervision is always at hand. In the interests of beneficiary health and safety, we do not believe it is reasonable, safe, or appropriate to extend these assumptions to a hospital outpatient department or hospital clinic that is located off-site and that is not on the hospital premises, even if that outpatient department or clinic is accorded provider-based status. Therefore, we are proposing as the third prerequisite for a hospital to receive payment for "incident to" services under section 1861(s)(2)(B) of the Act, when these services are furnished at a hospital outpatient department or clinic that HCFA designates as provider-based: that the "incident to" services and supplies always be furnished under the direct supervision of a physician.

Unless the three prerequisites are met, we are proposing to continue to regard a clinic, even if it is owned or operated by a hospital, as a physician office or physician clinic for Medicare payment purposes. Payment for services and supplies incident to physician services that are furnished to Medicare beneficiaries at that site would only be paid in accordance with section 1848 and section 1861(s)(2)(A) of the Act, and payment would be subject to Medicare physician fee schedule payment policies and regulations (part 410; part 414).

### 2. Prerequisites for Payment for Hospital or Critical Access Hospital Diagnostic Services Furnished to Outpatients

Prerequisites for payment for diagnostic services furnished to hospital outpatients are addressed in § 410.28. We are proposing to add a new paragraph to the regulation that would require, at a minimum, a general level of physician supervision, and in some cases, direct or personal physician supervision, when diagnostic x-ray tests and other diagnostic tests are furnished at a hospital outpatient department or clinic that HCFA has determined meets the criteria and obligations of a provider-based entity in accordance with § 413.65. The definitions of general, direct, and personal supervision are contained in § 410.32. Although the levels of supervision defined in § 410.32 apply specifically to diagnostic x-ray and other tests that are payable under the Medicare physician fee schedule, we believe the same levels of supervision are equally relevant and reasonable and necessary to ensure that beneficiary health and safety are protected and that diagnostic x-ray and other diagnostic tests are safe and effective when they are furnished at a hospital outpatient department or clinic that HCFA has designated to be provider-based.

We are also proposing to exclude from the supervision requirement in provider-based outpatient settings the same three types of diagnostic tests that are excluded from the supervision requirement under the physician fee schedule:

- Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.
- Diagnostic tests personally furnished by a "qualified audiologist" as defined in section 1861(l)(3) of the Act. These include "audiology services" as defined in section 1861(l)(2) of the Act. We exclude these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally performed by a qualified psychologist practicing independently of an institution, agency, or physician office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14-3). These services are distinguished from services of a clinical psychologist, which are covered under section 1861(ii) of the Act, rather than section 1861(s)(3).

We are proposing to coordinate changes to the physician supervision requirements for diagnostic tests performed in outpatient settings that HCFA has designated to be provider-based with changes made to these requirements under the Medicare physician fee schedule. Refer to the final rule governing the 1998 physician fee schedule that was published in the October 31, 1997 **Federal Register** ("Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998" (BPD-884-FC) (62 FR 59048)) for a full discussion. Implementing instructions for physician supervision of diagnostic tests are being developed. We note that these implementing instructions will contain revisions in the supervision levels required for many ultrasound services, stress tests, and some other services.

When diagnostic x-rays and other diagnostic tests are performed at a hospital-owned and/or operated office or clinic that is off-site and that HCFA does *not* designate as provider-based, we are proposing to pay for these services under the provisions of the Medicare physician fee schedule and the requirements of § 410.32 or under the provisions of § 410.33, if applicable.

### 3. Payment for Ambulatory Surgical Services

Upon implementation of the hospital outpatient PPS, Medicare payment for resource costs incurred in connection with performing ambulatory surgical procedures would be made either under the provisions of the hospital outpatient PPS; or, under the benefit established at section 1832(a)(2)(F) of the Act for facility services furnished by an approved ASC in connection with surgical procedures specified by the Secretary; or, under the physician fee schedule as established under section 1848 of the Act.

When ambulatory surgery is performed at the hospital on Medicare beneficiaries who are registered at the hospital as outpatients, Medicare would allow payment under the outpatient PPS, as explained in this proposed rule. However, Medicare would make payment under the outpatient PPS for surgical procedures performed at an off-site clinic that the hospital owns and operates and for which it submits claims only if the off-site clinic has been designated by HCFA as a department of the hospital in accordance with proposed § 413.65.

Alternatively, if the hospital-owned off-site facility is certified or accredited

in accordance with ASC conditions of coverage and the requirements at part 416, Medicare would make payment for covered surgical procedures performed at the off-site facility under the ASC benefit.

However, for Medicare payment purposes, we consider an off-site office, clinic, organization, or facility that is owned and operated by a hospital but that does not meet the requirements at proposed § 413.65 or in part 416, to be a physician office or clinic, and Medicare payment for surgical procedures performed at that site would be limited to what Medicare allows for physician services furnished in connection with the surgical procedure under the Medicare physician fee schedule.

### VII. MedPAC Recommendations

We reviewed the March 1998 report submitted by MedPAC to the Congress and gave its recommendations careful consideration in establishing the framework for the outpatient PPS that is the subject of this proposed rule. We responded earlier to several MedPAC recommendations that pertained directly to specific features of the outpatient PPS. In this section, we address the more general MedPAC recommendations on hospital outpatient payment policies.

*Recommendation:* MedPAC expresses its concern about the effects of inappropriate payment levels that could, if they are too low, restrict beneficiary access to care or prompt shifts of services for financial rather than clinical reasons, or that could, if they are too high, stimulate growth in the volume of outpatient services that is unrelated to patient needs. MedPAC states that the initial level of payment established in the BBA is a reasonable starting point for the outpatient PPS, but recommends that the Secretary monitor access to hospital outpatient services to ensure that the aggregate level of payment under the outpatient PPS is appropriate.

*Response:* We agree with MedPAC that monitoring service patterns not only in hospital outpatient departments but across all ambulatory settings subsequent to implementation of the outpatient PPS is essential in order to detect sudden changes and to identify variant trends in where services are being furnished to Medicare beneficiaries. As is MedPAC, we too are aware of how vividly any differences in payment for services furnished in different ambulatory settings will be revealed once the outpatient PPS is implemented, and we expect that these differences will, not surprisingly,

precipitate shifts in services from one setting to another. It is the recognition of this likely outcome that makes it all the more urgent that we resolve the dilemma posed by two conflicting policy determinations raised by MedPAC: whether to set Medicare payments to reflect the cost of providing a service regardless of where the service is furnished or whether to set Medicare payments to acknowledge that the site where a service is furnished could affect the cost of furnishing the service. As we discuss below, we clearly are inclined toward a position that Medicare should determine payment on the basis of the service that is furnished rather on the setting where that service is furnished, but there are many factors still to be considered before making such a determination final. In the meantime, we believe that the adjustments provided for under the outpatient PPS will contribute to ensuring that Medicare is paying adequately for services, especially in areas where a hospital is the only provider of services to which beneficiaries have access. We particularly welcome comments and suggestions regarding methods by which we can enhance our monitoring of service delivery patterns to ensure that the outpatient PPS is not adversely affecting beneficiary access to hospital outpatient care in accordance with MedPAC's recommendation. We agree with MedPAC's concern that payment levels under the outpatient PPS be sufficient to support the provision of services, especially in areas where a hospital is the only provider of such services, but that payment levels under the outpatient PPS not exceed payments for the same services at other ambulatory sites to such a degree as to cause shifts in where services are provided for financial rather than clinical reasons.

*Recommendation:* MedPAC recommends that HCFA continue to investigate service classification systems that could be applied consistently to all ambulatory care settings. In its 1998 report to Congress, MedPAC expresses concern about the impact on service delivery of paying different amounts for the same service based on where the service is furnished. MedPAC appears to favor Medicare ambulatory care payment systems that are standardized across hospital outpatient, physician office, and ASC settings. MedPAC equates "standardized" with "policies that are comparable for the same service, regardless of setting," (p. 83) and " \* \* \* consistency of payment across all ambulatory settings" (p. 84).

*Response:* In principle, we agree that establishing Medicare payment

uniformity across ambulatory care settings is important. We have, to the extent permitted by the statute, incorporated into the outpatient PPS elements of Medicare payment policy for ASCs and for physician services.

Upon implementation of the outpatient PPS, the same unit of payment (HCPCS codes and descriptors) will be used for all three settings. Packaging under the outpatient PPS parallels that for ASCs. At least initially, volume control under the outpatient PPS parallels that which is applied to physician services. The policy for discounting multiple procedures will be comparable under the outpatient PPS, the ASC benefit, and the physician fee schedule. APC groups will be used to set rates for ASC payments and for hospital outpatient surgical services, and we propose to pay for the same surgical procedures in both settings. Notwithstanding these similarities, payment rates for most procedures will not be the same for ASCs and under the outpatient PPS. We use different data and methods to set rates for ASC services, for physician services, and for hospital outpatient services. The latter is attributable primarily to the fact that the statute sets forth criteria that are to be considered when setting payment mechanisms that are specific to each site of service.

Several fundamental issues must be addressed before we achieve the goal of making consistent payment for the same service across all ambulatory sites of service. First, consensus must be reached on what constitutes "consistent payment." Even MedPAC equivocates on this point, noting that while it believes that "Medicare's payment should reflect the cost of efficiently providing a service, regardless of where it is delivered \* \* \* (b)ecause of access or quality concerns \* \* \* it may be appropriate to continue to pay different amounts for the same service, depending on the setting in which it is furnished." Does "consistent" or "comparable" payment mean the *same* payment for a service regardless of setting? Or would consistency be achieved by using the same group weights for hospital outpatient and ASC payment rates even though we used site-specific conversion factors, resulting in different payment rates? Should we use ASC groups as the basis for setting payments for physician services? Is there a single index that is appropriate to standardize variations in costs attributable solely to geographical differences? And which legislative changes would be required to standardize payment for services across ambulatory settings? These are but a few

of the issues and options that we and stakeholders across the spectrum of ambulatory care must thoroughly examine and analyze as we move towards standardizing payments across ambulatory sites of service. We solicit comments on this issue, on options to be considered in restructuring Medicare payment provisions towards the goal of establishing payment uniformity across ambulatory sites, and on strategies for achieving consensus on the definition of both goals and the means of attaining them.

#### **VIII. Collection of Information Requirements**

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comment on each of these issues for the provisions summarized below that contain information collection requirements:

##### *Section 413.65 Requirements for a Determination That a Facility or an Organization is a Department of a Provider or a Provider-Based Entity*

*Section 413.65(c)(1) and (c)(2)* states that a main provider that acquires a facility or organization for which it wishes to claim provider-based status, including any physician offices that a hospital wishes to operate as a hospital outpatient department or clinic, must report its acquisition of the facility or organization to HCFA and must furnish all information needed for a determination as to whether the facility or organization meets the requirements in paragraph (d) of this section for provider-based status. This requirement applies, however, only if the facility or organization is located off the campus of the provider, or inclusion of the costs of the facility or organization on the provider's cost report would increase

the total costs on the report by at least 5 percent. Furthermore, a main provider that has had one or more entities considered provider-based also must report to HCFA any material change in the relationship between it and any provider-based facility or organization, such as a change in ownership of the facility or organization or entry into a new or different management contract that could affect the provider-based status of the facility or organization.

The burden associated with this requirement is the time for the main provider to report its acquisition to HCFA, furnish all information needed for a determination, report to HCFA any material change in the relationship between it and any provider-based facility or organization, such as a change in ownership of the facility or organization or entry into a new or different management contract that could affect the provider-based status of the facility or organization. It is estimated that 105 main providers will take 10 hours for a total of 1,050 hours.

##### *Section 419.42 Hospital Election To Reduce Copayment*

*Section 419.42(b) and (c)* states that a hospital must notify its fiscal intermediary of its election to reduce copayments no later than 90 days prior to the start of the calendar year. The hospital's election must be properly documented. It must specifically identify the ambulatory payment classification to which it applies and the copayment level (within the limits identified below) that the hospital has selected for each group.

The burden associated with these requirements is the time it takes a hospital to compile, review, and analyze data for both revenues and copayments; prepare and present the data to the hospital board; make a business decision as to whether the hospital would elect to reduce copayments; and then notify its fiscal intermediary of its election. A hospital would notify its fiscal intermediary of its election to reduce copayments only if there were other providers, in close proximity, that would attract a majority of the hospital's business if they did not reduce their copayments. Since hospitals do not want to lose money by absorbing copayments, we anticipate that this requirement will affect 750 hospitals and take them 10 hours each for a total of 7,500 hours.

*Section 419.42(e)* states that the hospital may advertise and otherwise disseminate information concerning the reduced level(s) of coinsurance that it has elected.

The burden associated with this requirement is the time for the hospital to disseminate information concerning its coinsurance election. It is estimated that 750 hospitals will each take 10 hours annually to disseminate this information via newsletters and information sessions at senior citizen centers for a total of 7,500 hours.

While the information collection requirements listed below are subject to the Paperwork Reduction Act, the burden associated with these requirements is captured under § 413.65(c)(1) and (c)(2).

Section 413.65(b)(2) states that a provider or a facility or organization must contact HCFA and the facility or organization must be determined by HCFA to be provider-based before the main provider begins billing for services of the facility or organization as if they were furnished by a department of the provider-based entity, or before it includes costs of those services on its cost report.

Section 413.65(d)(7)(i) requires that the facility or organization demonstrates a high level of integration with the main provider by showing that it meets all of the other provider-based criteria, and

demonstrates that it serves the same patient population as the main provider, either by submitting records such as common patient lists and/or demographic data showing that a high percentage of patients of both the main provider and the applicant entity come from the same geographic area, or by submitting data substantiating that the patients served by the entity also receive services from the main provider (for example, the patients of an RHC receive inpatient hospital services from the main provider).

While the information collection requirements listed below are subject to the Paperwork Reduction Act, we believe the burden associated with these requirements is not subject to the Act, as defined by 5 CFR 1320.3(b)(2), because the time, effort, and financial resources necessary to comply with these requirements would be incurred by persons in the normal course of their activities.

Section 413.65(g)(7) states that when a Medicare beneficiary is treated in a hospital outpatient department or hospital-based entity, the hospital has a duty to notify the beneficiary, prior to the delivery of services, of the

beneficiary's potential financial liability (that is, a coinsurance liability for a facility visit as well as for the physician service).

We believe the information collection requirement below is exempt from the Paperwork Reduction Act, as defined by 5 CFR 1320.4(a)(2), since this activity is pursuant to the conduct of an investigation or audit against specific individuals or entities.

Section 413.65(i)(1) states that if HCFA determines that a provider has been inappropriately billing Medicare for services furnished in a physician office or other facility or organization as if they had been furnished in a hospital outpatient department or other department of a provider or in a provider-based entity, HCFA stops all payments to the provider for outpatient services until the provider can demonstrate which payments are proper.

The table below indicates the annual number of responses for each regulation section in this proposed rule containing information collection requirements, the average burden per response in minutes or hours, and the total annual burden hours.

ESTIMATED ANNUAL BURDEN

CFR section	Responses	Average burden per response (hours)	Annual burden hours
413.65(c)(1) and (c)(2) .....	105	10	1,050
419.42(b) and (d) .....	750	10	7,500
419.42(f) .....	750	10	7,500
Total .....			16,050

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements. These requirements are not effective until they have been approved by OMB. A notice will be published in the **Federal Register** when approval is obtained.

If you comment on any of these information collection and record keeping requirements, please mail copies directly to the following:  
 Health Care Financing Administration,  
 Office of Information Services,  
 Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Room C2-26-17, 7500 Security Boulevard, Baltimore, MD 21244-1850, Attn: Louis Blank HCFA-1005-P, Fax number: (410) 786-1415 and,  
 Office of Information and Regulatory Affairs, Office of Management and

Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Allison Herron Eydtt, HCFA Desk Officer, Fax numbers: (202) 395-6974 or (202) 395-5167.

**IX. Response to Comments**

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the "DATES" section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

**X. Regulatory Impact Analysis**

*A. Introduction*

We have examined the impacts of this proposed rule as required by Executive Order 12866, the Unfunded Mandates Reform Act of 1995, and the Regulatory Flexibility Act (RFA) (Public Law 96-354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more annually). Because the projected savings resulting from this proposed rule are

expected to exceed \$100 million, it is considered a major rule.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits for any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million. This proposed rule does not mandate any requirements for State, local, or tribal governments. However, our estimations indicate that the loss of income to the private sector as a result of this rule should exceed \$300 million total to all hospitals.

We generally prepare a regulatory flexibility analysis that is consistent with the RFA (5 U.S.C. 601 through 612), unless we certify that a proposed rule would not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, we consider all hospitals to be small entities.

Also, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis for any proposed rule that may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA). Section 601(g) of the Social Security Amendments of 1983 (Public Law 98-21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the proposed prospective payment system, we classify these hospitals as urban hospitals.

#### *B. Estimated Impact on Medicare Program*

According to HCFA's Office of the Actuary, the benefit impacts of the hospital outpatient PPS (including elimination of the formula-driven overpayment (FDO) effective as of October 1, 1997, extension of the 10 percent reduction in payments for hospital outpatient capital cost and the 5.8 percent reduction for outpatient services paid on a cost basis through CY 1999, and the implementation of a PPS for hospital outpatient services on January 1, 1999 would be as follows:

Fiscal year	Impact (\$ millions)
1998 .....	- 940
1999 .....	- 1650
2000 .....	- 1330
2001 .....	- 1070
2002 .....	- 990
2003 .....	- 680

The use of the national median of the charges for PPS services to establish the unadjusted copayment amount would have resulted in the beneficiaries paying 6.9 percent less in coinsurance payments in 1999 than what they would have been expected to pay otherwise. It was assumed that there would have been a behavioral offset by the hospitals of 10 percent of the coinsurance reduction. It was assumed that 45 percent of this offset would apply to the services subject to the PPS and, therefore, would have been included in setting the 1999 conversion factor. The remaining 55 percent of the offset would be reflected in expenditures for non-PPS services with both the beneficiary and Medicare absorbing this impact. With the delay in implementation of the outpatient PPS, the behavioral offset will not occur in 1999, and, therefore, there will be slightly higher program savings.

#### *C. Objectives*

The primary objective of the proposed prospective payment system is to simplify the payment system while at the same time ensuring that payments are sufficient to adequately compensate hospitals for their legitimate costs. In addition, we share national goals of deficit reduction and restraints on government spending in general.

We believe the proposed changes would further each of these goals while maintaining the financial viability of the hospital industry and ensuring access to high quality health care for Medicare beneficiaries. We expect that these proposed changes would ensure that the outcomes of this payment system are reasonable and equitable while avoiding or minimizing unintended adverse consequences.

#### *D. Limitations of our Analysis*

The following quantitative analysis presents the projected effects of our proposed policy changes, as well as statutory changes, on various hospital groups. We use the best data available; in addition, we do not make adjustments for future changes in such variables as volume and intensity. As we have done in previous proposed rules, we are soliciting comments and information about the anticipated effects

of these changes on hospitals and our methodology for estimating them.

#### *E. Hospitals Included in and Excluded From the Prospective Payment System*

The outpatient prospective payment system encompasses nearly all hospitals that participate in the Medicare program. However, those services furnished by Maryland hospitals that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act are excluded from the PPS. Critical access hospitals (CAHs) are also excluded and are paid at cost under section 1834(g).

#### *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 the 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. The exempted Maryland hospitals were 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 assess 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 83 hospitals of which 32 hospitals had extremely low unit costs and 51 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, outlier hospitals, and hospitals for which we could not identify payment variables, we included 5,419 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' Medicare 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 5,419 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 4,864 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 2,677 hospitals located in urban areas (MSAs or NECMAs) included in our analysis. Among these, there are

1,516 hospitals located in large urban areas (populations over 1 million), and 1,161 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 2,187 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 3,847 non-teaching hospitals in our analysis, 766 teaching hospitals with fewer than 100 residents, and 250 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 (625), 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.

#### *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 3.8 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 3.8 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 3.8 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, partial hospitalization 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 is only somewhat smaller than the national average. We believe that billing practices may account for this phenomenon. Some TEFRA hospitals appear to under-code 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 almost 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. That 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 1.8 percent,

while major teaching hospitals experience a reduction of 9.4 percent. Non-teaching hospitals experience a decrease of 3.1 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 less than 1 percent loss in their total Medicare income.

Hospitals with a high percentage of low income patients (disproportionate share patient percentage  $\leq 0.35$ ) appear to experience payment reductions of 6.8 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 5.2 percent and large urban hospitals would lose about 5.0 percent under the new system while other urban hospitals would lose 0.9 percent. These small differences illustrate fairly equitable payment among these geographical settings. However, 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 percent for rural and 15.6 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. These hospitals also have a service mix (1.03) lower than the national average (1.45) and higher than average hospital cost per unit standardized for service mix. 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 (18.2 percent) from outpatient services than the average. SCHs and MDHs comprise about 60 percent of these low-volume rural hospitals.

As discussed previously in section V.I, the Adjustments section, we are particularly concerned about the potential impact on the approximately 60 percent of low-volume rural hospitals that are sole community hospitals or Medicare-dependent hospitals. As previously discussed, one option would be to phase-in the outpatient PPS for low-volume Medicare-dependent and sole community hospitals by paying a portion of the payment based on PPS rates and a portion based on the current payment system. For example, payment could be based on 75 percent of payments under the current system and 25 percent on PPS rates in the first year, 50 percent current system payments and 50 percent PPS rates in the second year, 25 percent current system payments and 75 percent PPS rates in the third year, and completely on PPS rates in subsequent years. If such an approach were adopted, the impact on Medicare outpatient payment for these hospitals would be 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 .....	-2.1	-4.3	-6.4	-8.5
SCH .....	-1.7	-3.3	-5.0	-6.7
SCH/RRC .....	-0.5	-1.0	-1.6	-2.1

Another option discussed earlier in the adjustments section would phase-in outpatient PPS if a low-volume sole community or Medicare-dependent hospital has a negative Medicare margin for outpatient services. For example, payment could be based on the amount payable under outpatient PPS plus a percentage of the difference between those amounts and the amounts payable under the current system. The percentage of the difference that would be payable could phase down, for

example, 75 percent in the first year, 50 percent in the second year, 25 percent in the third year, and no additional payment in subsequent years. We solicit comments on these and other alternatives we could consider.

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 13.6 percent. This could be attributed to higher non-labor costs in

New England. West North Central hospitals also would experience a 7.7 percent payment loss.

Urban census division breakouts reveal that Middle Atlantic urban hospitals lose 11.3 percent of payments while the other urban census regions gain or lose modestly.

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 8.5 and 6.7 percent, respectively. Some of this decrease may be attributed to the impact on low-volume rural hospitals.

Cancer hospitals experience a 29.2 percent loss. Several factors may contribute to this loss. Under-coding 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 which 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.

BILLING CODE 4120-01-P

**CHANGES FOR  
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	5,419	9.9	-3.8	-0.4
NON-TEFRA HOSPITALS	4,864	10.0	-3.7	-0.4
<u>NON-TEFRA HOSPITALS:</u>				
LOCATION				
GEOGRAPHIC LOCATION				
URBAN HOSPITALS	2,677	9.3	-3.3	-0.3
LARGE URBAN AREAS	1,516	9.1	-5.0	-0.5
OTHER URBAN AREAS	1,161	9.6	-0.9	-0.1
RURAL HOSPITALS	2,187	14.7	-5.2	-0.8
BED SIZE (URBAN)				
0- 99 BEDS	654	15.5	-7.4	-1.1
100-199 BEDS	917	10.4	-2.5	-0.3
200-299 BEDS	542	9.2	-0.7	-0.1
300-499 BEDS	425	8.6	-3.3	-0.3
500 OR MORE BEDS	139	8.3	-7.0	-0.6
BED SIZE (RURAL)				
0- 49 BEDS	1,149	19.6	-9.8	-1.9
50- 99 BEDS	644	15.5	-6.9	-1.1
100-149 BEDS	229	13.5	-4.6	-0.6
150-199 BEDS	91	13.0	-2.0	-0.3
200 OR MORE BEDS	74	11.4	0.1	0.0
VOLUME (URBAN)				
0- 4,999 UNITS	278	12.1	-15.6	-1.9
5,000- 10,999 UNITS	442	9.8	-6.3	-0.6

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
11,000- 20,999 UNITS	599	9.1	-5.8	-0.5
21,000- 42,999 UNITS	780	8.7	-3.6	-0.3
43,000 OR MORE UNITS	578	9.7	-2.0	-0.2
VOLUME (RURAL)				
0- 4,999 UNITS	816	18.2	-17.0	-3.1
5,000- 10,999 UNITS	694	15.8	-10.0	-1.6
11,000- 20,999 UNITS	420	14.6	-5.8	-0.8
21,000- 42,999 UNITS	215	13.5	-1.8	-0.2
43,000 OR MORE UNITS	42	13.2	5.3	0.7
URBAN BY CENSUS DIV.				
NEW ENGLAND	152	10.7	-4.9	-0.5
MIDDLE ATLANTIC	399	8.3	-11.3	-0.9
SOUTH ATLANTIC	400	8.6	-3.8	-0.3
EAST NORTH CENTRAL	451	10.7	-0.5	-0.1
EAST SOUTH CENTRAL	158	7.9	0.9	0.1
WEST NORTH CENTRAL	189	9.5	-1.6	-0.2
WEST SOUTH CENTRAL	340	9.7	-2.2	-0.2
MOUNTAIN	122	10.2	1.3	0.1
PACIFIC	429	9.3	0.1	0.0
PUERTO RICO	37	6.8	8.3	8.6
RURAL BY CENSUS DIV.				
NEW ENGLAND	56	16.9	-13.6	-2.3
MIDDLE ATLANTIC	81	13.5	-1.9	-0.3
SOUTH ATLANTIC	283	11.8	-5.7	-0.7
EAST NORTH CENTRAL	288	15.8	-3.3	-0.5
EAST SOUTH CENTRAL	267	11.2	-5.6	-0.6

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
WEST NORTH CENTRAL	516	19.6	-7.7	-1.5
WEST SOUTH CENTRAL	339	14.1	-6.1	-0.9
MOUNTAIN	216	16.7	-3.5	-0.6
PACIFIC	137	16.4	0.8	0.1
PUERTO RICO	4	6.6	34.6	2.3
<b>TEACHING STATUS</b>				
NON-TEACHING	3,847	11.2	-3.1	-0.3
<b>FEWER THAN 100 RESIDENTS</b>				
FEWER THAN 100 RESIDENTS	766	9.1	-1.8	-0.2
100 OR MORE RESIDENTS	250	9.2	-9.4	-0.9
<b>DISPROPORTIONATE SHARE PATIENT RATIO</b>				
0	25	25.1	-0.3	-0.1
0.001- 0.099	916	10.3	-4.9	-0.5
0.100- 0.159	1,016	10.9	-0.9	-0.1
0.160- 0.229	977	10.2	-2.9	-0.3
0.230- 0.349	966	9.6	-4.2	-0.4
0.350 AND GREATER	964	9.2	-6.8	-0.6
<b>URBAN TEACHING AND DSH BOTH TEACHING AND DSH</b>				
BOTH TEACHING AND DSH	957	9.0	-4.6	-0.4
TEACHING AND NO DSH	2	19.8	-18.6	-3.7
NO TEACHING AND DSH	1,708	9.8	-1.9	-0.2
NO TEACHING AND NO DSH	10	28.6	40.8	11.7
<b>RURAL HOSPITAL TYPES</b>				
<b>NONSPECIAL STATUS HOSPITALS</b>				
NONSPECIAL STATUS HOSPITALS	950	15.0	-6.6	-1.0
RRC	168	12.4	-1.9	-0.2
SCH/EACH	625	16.4	-6.7	-1.1

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
MDH	365	18.2	-8.5	-1.5
SCH/EACH AND RRC	55	13.7	-2.1	-0.3
TYPE OF OWNERSHIP				
VOLUNTARY	2,877	9.9	-4.0	-0.4
PROPRIETARY	680	7.9	-1.1	-0.1
GOVERNMENT	1,307	12.3	-4.0	-0.5
SPECIALTY HOSPITALS				
EYE AND EAR	13	33.6	1.4	0.5
TRAUMA	160	9.1	-5.9	-0.5
CANCER	10	22.0	-29.2	-6.4
<u>TEFRA HOSPITALS:</u>				
REHABILITATION	141	3.7	-24.1	-0.9
PSYCHIATRIC	304	10.4	-11.7	-1.2
LONG-TERM CARE	70	3.5	-4.1	-0.1
CHILDREN'S	40	9.9	-34.8	-3.4

## XI. Delay in Implementation Date

Like other public and private organizations that depend upon the smooth functioning of computer systems, the Medicare program faces the challenge making changes to assure that computers can recognize dates in the year 2000 and later. Computer programming, which has commonly employed only two digits to record the year in the date for transactions and other entries, will not be able to distinguish the year 2000 from the year 1900 without reprogramming. Such confusion in the context of Medicare enrollment and claims processing could create massive errors, as computers could mistakenly determine that beneficiaries are not eligible for benefits or that services were rendered before the effective date of benefit provisions.

For Medicare, achieving year 2000 (Y2K) compliance involves renovating all computer and information systems. The year 2000 especially affects HCFA because of our extensive reliance on multiple computer systems. More than 183 systems are used in administering the Medicare and Medicaid programs, and 98 of these are considered "mission critical" for establishing beneficiary eligibility and making payments to providers, plans, and states. Medicare is the most automated health care payer in the country. The Medicare program processes nearly one billion claims each year, or about 17 million transactions each week. Fully 98 percent of inpatient hospital and other Medicare Part A claims are processed electronically, as are 85 percent of physician and other Medicare Part B claims.

The renovation process is complicated because each piece in the systems used by Medicare, its 60-plus claims processing contractors, interfaces with state Medicaid programs, and some 1.6 million providers must be thoroughly reviewed and renovated by those responsible for each particular system. Programs must be tested, both alone and for the complicated interfaces among them. To fix only the Medicare systems, 49 million lines of code must be renovated. All Medicare-specific software must be renovated, and tested to assure that it continues to work with new versions of vendor-supplied software, including operating systems that drive the hardware. Some hardware must be upgraded, and our telecommunications equipment and software must be compliant. We must assure that all data exchanges with thousands of partners are compliant. Testing of year 2000 changes presents a far greater burden than testing of routine system changes because we must test

multiple times on a range of different dates. For example, February 29, 2000 and March 1, 2000 must both be tested because CY 2000 is a leap year.

Because this process is necessary to keep program payments going out to beneficiaries and providers, year 2000 work must take precedence over other projects that require systems changes, including some Balanced Budget Act provisions. The Y2K project must be completed before other projects simply because activity on these other projects would divert resources from the Y2K project and could even compromise the effort to assure Y2K compliance if implemented in tandem. Many other private and public organizations, including most major insurance companies, have reached the same conclusion and are halting other projects involving information technology changes to clear the decks for the year 2000.

HCFA's independent year 2000 verification and validation contractor, Intermetrics, has advised the agency to delay all projects that could interfere with year 2000 work. Intermetrics specifically advised the agency to "seek necessary relief from Congressional mandates, system transitions and version releases to allow near-term, focused attention to achieving Y2K compliant systems." This includes projects that are complex, or which would occur during a critical window between October 1999 and March 2000. Otherwise, they warned, "many of your most critical system renovations have risk of significant schedule slippage."

Implementation of outpatient PPS is one of the projects that must be delayed by the year 2000 system renovations, because it requires massive system changes. Major contractor systems will be affected: the Fiscal Intermediary Standard Systems (FISS), the Arkansas Part A Standard System (APASS), the Common Working File (CWF), the Outpatient Code Editor (OCE), and the various systems operated by Fiscal Intermediaries and their corporate entities. Several HCFA systems will also be affected, including the National Claims History (NCH), the Provider Statistical & Reimbursement System (PS&R), and the Electronic Data Interchange (EDI). The scope of the required changes is also substantial. Among the required changes are:

- Expansion of the claim record of FISS, APASS, EDI, NCH and CWF to accept and retain specific information related to how a service is being paid or why it's denied.
- Conversion of all claims history to correspond with expanded format.

- Rewriting the program for FISS to process claims using line item dates of service.

- Rewriting the program for CWF to accept non covered charges by claim and line item.

- Developing, installing and testing an outpatient PRICER which determines payment amounts based on the HCFA Common Procedural Codes (HCPCS).

- Revision of interfaces with the fiscal intermediaries, providers, Billing Agents, EDI, OCE, PS&R and NCH and create an interface for PRICER.

- Developing, installing and testing a program to calculate the variable co-insurance per payment code grouping for each provider who elects to accept a reduced co-insurance.

- Revision of all claims processing output and interfaces including: Medicare Summary Notices (MSN), Beneficiary Denial Letters (BDL), Explanation of Medicare Benefits (EOMB), Notice of Utilization (NOU), Remittance Advice (RA).

The consequence of all these required changes to basic systems will be to change the entire way Fiscal Intermediaries process and pay hospital outpatient and community mental health center claims. There is also a major impact on the many systems that are required to receive this revised output. Changes of this magnitude require massive testing by all of the systems maintainers as well as each Fiscal Intermediary. Additionally, the impact on the Fiscal Intermediary systems has a domino effect. The intermediaries are doing business for Medicare under the auspices of their respective corporate entities. These corporate systems must be modified to accept, edit and relay the new information necessary to process outpatient PPS claims. They are also working toward becoming millennium compliant and competing for the same resources to scope, program, test and rework these changes, as well as the multitude of other BBA changes and Y2K. In the light of this, HCFA has no choice but to suspend implementing such massive change while the Intermediaries, their respective corporate entities, the standard systems maintainers as well as the provider community are working diligently to become Y2K compliant. It would be irresponsible to continue activity that would create a real danger that basic enrollment and claims processing activities will be disrupted, with far worse consequences for providers and beneficiaries than delay in implementation of outpatient PPS will cause.

We analyzed whether existing systems could be used to mimic processing of bills under the outpatient PPS. In every case, there were insuperable obstacles. In no case, for example, could these other systems compute the coinsurance correctly: the other available systems compute coinsurance as 20 percent of charges or 20 percent of a fee schedule amount. We have therefore reluctantly concluded that there is no alternative to a delay in implementation. As previously noted, the outpatient PPS will be implemented as soon as possible after January 1, 2000. A notice of the anticipated implementation date will be published in the **Federal Register** at least 90 days in advance.

We expect that there will be no negative impact on hospitals generally from the delay in implementation. The effect on individual hospitals will, of course, vary depending on how their current cost-based reimbursement compares to the total payments they would receive under the proposed system. Hospitals altogether should receive about the same level of Medicare program payments under the existing payment system, as they would have received in program payments under the outpatient PPS. When beneficiary coinsurance is taken into account, we expect that hospitals generally will receive about 3.8 percent more in total payments under the existing payment system, than they would have received in total payments under the outpatient PPS. We should note that payment rates will be established at the level they would have been if the PPS had been implemented on January 1, 1999.

The major impact of the delay in implementation will be on beneficiaries who will continue to pay coinsurance based on 20 percent of the hospital's charges. In the aggregate, we estimate beneficiary coinsurance would have been 6.9 percent lower under the outpatient prospective payment system in 1999 than under the current system. Under the prospective payment system, coinsurance will be based on our estimate of the median coinsurance amount for each APC under the current system in 1999. In the aggregate, estimated median coinsurance amounts are 6.9 percent lower than estimated mean coinsurance amounts for each APC. The actual impact will depend on the extent to which hospitals raise their charges in 1999. For example, the impact on beneficiaries would be moderated if hospitals show restraint in increasing charges (which have been increasing more rapidly than cost). We will actively encourage hospitals to voluntarily restrain from increasing

their current charges. The actual impact on a given beneficiary will also depend on the hospital's charge structure relative to national charge levels. A beneficiary receiving services from a hospital with relatively low charges could be advantaged by the delay whereas a hospital with relatively high charges would be disadvantaged by the delay. We note that the impact will not be carried over to the prospective payment system.

#### List of Subjects

##### 42 CFR Part 409

Health facilities, Medicare.

##### 42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

##### 42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

##### 42 CFR Part 412

Administrative practice and procedure, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

##### 42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

##### 42 CFR Part 419

Health facilities, Hospitals, Medicare.

##### 42 CFR Part 489

Health facilities, Medicare, Reporting and recordkeeping requirements.

##### 42 CFR Part 498

Administrative practice and procedure, Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

##### 42 CFR Part 1003

Administrative practice and procedure, Archives and records, grant program—social programs, Maternal and Child Health, Medicaid, Medicare, Penalties.

For the reasons set forth in the preamble, 42 CFR chapters IV and V would be amended as follows:

#### PART 409—HOSPITAL INSURANCE BENEFITS

A. Part 409 is amended as set forth below:

1. The authority citation for part 409 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)).

#### Subpart B—Inpatient Hospital Services and Inpatient Critical Access Hospital Services

2. In § 409.10, paragraph (b) is revised to read as follows:

##### § 409.10 Included services.

\* \* \* \* \*

(b) *Inpatient hospital services* does not include the following types of services:

(1) Post-hospital SNF care, as described in § 409.20, furnished by a hospital or a critical access hospital that has a swing-bed approval.

(2) Nursing facility services, described in § 440.155 of this chapter, that may be furnished as a Medicaid service under title XIX of the Act in a swing-bed hospital that has an approval to furnish nursing facility services.

(3) Physician services that meet the requirements of § 415.102(a) of this chapter for payment on a fee schedule basis.

(4) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.

(5) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

(6) Certified nurse mid-wife services, as defined in section 1861(gg) of the Act.

(7) Qualified psychologist services, as defined in section 1861(ii) of the Act.

(8) Services of an anesthetist, as defined in § 410.69 of this chapter.

#### PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

B. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)), unless otherwise indicated.

#### Subpart A—General Provisions

2. In § 410.2, the following definitions are added in alphabetical order to read as follows:

##### § 410.2 Definitions.

As used in this part—

\* \* \* \* \*

*Encounter* means a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, if applicable, by hospital or CAH staff bylaws, to order or furnish hospital services for diagnosis or treatment of the patient.

\* \* \* \* \*

*Outpatient* means a person who has not been admitted as an inpatient but who is registered on the hospital or CAH records as an outpatient and receives services (rather than supplies alone) directly from the hospital or CAH.

\* \* \* \* \*

**Subpart B—Medical and Other Health Services**

3. In § 410.27, the section heading is revised, the introductory text to paragraph (a) is revised, the introductory text to paragraph (a)(1) is republished, and new paragraphs (a)(1)(iii), (e), and (f) are added to read as follows:

**§ 410.27 Outpatient hospital services and supplies incident to a physician service: Conditions.**

(a) Medicare Part B pays for hospital services and supplies furnished incident to a physician service to outpatients, including drugs and biologicals that cannot be self-administered, if—

(1) They are furnished—

\* \* \* \* \*

(iii) In the hospital or at a location (other than an RHC or an FQHC) that HCFA designates as qualifying as a department of a provider under § 413.65 of this chapter; and

\* \* \* \* \*

(e) Services furnished by an entity other than the hospital are subject to the limitations specified in § 410.39(a).

(f) Services furnished at a location (other than an RHC or an FQHC) that HCFA designates as having provider-based status under § 413.65 of this chapter must be under the direct supervision of a physician as defined in § 410.32(b)(3)(ii).

4. In § 410.28, paragraph (a)(4) is removed, paragraph (c) is redesignated as paragraph (d), and new paragraphs (c) and (e) are added to read as follows:

**§ 410.28 Hospital or CAH diagnostic services furnished to outpatients: Conditions.**

\* \* \* \* \*

(c) Diagnostic services furnished by an entity other than the hospital or CAH are subject to the limitations specified in § 410.39(a).

\* \* \* \* \*

(e) Medicare Part B makes payment under section 1833(t) of the Act for diagnostic tests performed at a facility (other than an RHC or an FQHC) that HCFA designates as having provider-based status only when the diagnostic tests are furnished under the appropriate level of physician supervision specified by HCFA in

accordance with the definitions in § 410.32(b)(3)(i), (b)(3)(ii), and (b)(3)(iii).

5. A new § 410.39 is added to read as follows:

**§ 410.39 Limitations on coverage of certain services furnished to hospital outpatients.**

(a) Except as provided in paragraph (c) of this section, Medicare Part B does not pay for any item or service that is furnished to a hospital outpatient (as defined in § 410.2) during an encounter (as defined in § 410.2) by an entity other than the hospital unless the hospital has an arrangement (as defined in § 409.3 of this chapter) with that entity to furnish that particular service to its patients.

(b) As used in paragraph (a) of this section, the term “hospital” includes a CAH.

(c) The limitations stated in paragraphs (a) and (b) of this section do not apply to the following services:

(1) Physician services that meet the requirements of § 415.102(a) of this chapter for payment on a fee schedule basis.

(2) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.

(3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

(4) Certified nurse mid-wife services, as defined in section 1861(gg) of the Act.

(5) Qualified psychologist services, as defined in section 1861(ii) of the Act.

(6) Services of an anesthetist, as defined in § 410.69.

**PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT**

C. Part 411 is amended as set forth below:

1. The authority citation for part 411 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)).

**Subpart A—General Exclusions and Exclusion of Particular Services**

2. In § 411.15, the introductory text is republished; the section heading to paragraph (m) is revised; paragraph (m)(1) is revised; the introductory text to paragraph (m)(2) is republished; paragraphs (m)(2)(iii), (m)(2)(iv), and (m)(2)(v) are redesignated as paragraphs (m)(2)(iv), (m)(2)(v), and (m)(2)(vi), respectively; and new paragraphs (m)(2)(iii) and (m)(3) are added to read as follows:

**§ 411.15 Particular services excluded from coverage.**

The following services are excluded from coverage.

\* \* \* \* \*

(m) *Services to hospital patients*—(1)

*Basic rule.* Except as provided in paragraph (m)(2) of this section, any service furnished to an inpatient of a hospital or to a hospital outpatient (as defined in § 410.2 of this chapter) during an encounter (as defined in § 410.2 of this chapter) by an entity other than the hospital, unless the hospital has an arrangement (as defined in § 409.3 of this chapter) with that entity to furnish that particular service to the hospital’s patients. (As used in this paragraph (m)(1), the term “hospital” includes a CAH.)

(2) *Exceptions.* The following services are not excluded from coverage:

\* \* \* \* \*

(iii) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

\* \* \* \* \*

(3) *Scope of exclusion.* Services subject to exclusion under the provisions of this paragraph (m) include, but are not limited to, clinical laboratory services; pacemakers and other prostheses and prosthetic devices (other than dental) that replace all or part of an internal body organ (for example, intraocular lenses); artificial limbs, knees, and hips; equipment and supplies covered under the prosthetic device benefits; and services incident to a physician service.

\* \* \* \* \*

**PART 412—PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES**

D. Part 412 is amended as set forth below:

1. The authority citation for part 412 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)).

**Subpart C—Conditions for Payment Under the Prospective Payment Systems for Inpatient Operating Costs and Inpatient Capital-Related Costs**

2. In § 412.50, paragraphs (a) and (b) are revised to read as follows:

**§ 412.50 Furnishing of inpatient hospital services directly or under arrangements.**

(a) The applicable payments made under the prospective payment systems, as described in subparts H and M of this part, are payment in full for all inpatient hospital services, as defined in § 409.10

of this chapter. Inpatient hospital services do not include the following types of services:

- (1) Physician services that meet the requirements of § 415.102(a) of this chapter for payment on a fee schedule basis.
- (2) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.
- (3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.
- (4) Certified nurse mid-wife services, as defined in section 1861(gg) of the Act.
- (5) Qualified psychologist services, as defined in section 1861(ii) of the Act.
- (6) Services of an anesthetist, as defined in § 410.69 of this chapter.

(b) HCFA does not pay any provider or supplier other than the hospital for services furnished to a beneficiary who is an inpatient, except for the services described in paragraphs (a)(1) through (a)(6) of this section.

\* \* \* \* \*

**PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES**

E. Part 413 is amended as set forth below:

1. The authority citation for part 413 continues to read as follows:

**Authority:** Secs. 1102, 1861(v)(1)(A), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395x(v)(1)(A), and 1395hh).

**Subpart A—Introduction and General Rules**

**§ 413.1 [Amended]**

2. In § 413.1, paragraph (a)(2)(viii) is removed.

**Subpart B—Accounting Records and Reports**

3. In § 413.24, the heading to paragraph (d) is published, and a new paragraph (d)(6) is added to read as follows:

**§ 413.24 Adequate cost data and cost finding.**

\* \* \* \* \*

(d) *Cost finding methods.* \* \* \*

(6) *Management contracts.* (i) If the main provider purchases services for a department of the provider or a provider-based entity through a management contract or otherwise directly assigns costs to the department

or entity, the like costs of the main provider must be carved out to ensure that they are not allocated to the department of the provider or provider-based entity. However, if the like costs of the main provider cannot be separately identified, the costs of the services purchased through a management contract must be included in the main provider's administrative and general costs and allocated among the provider's overall statistics.

(ii) Costs of free-standing entities may not be shown in the provider's trial balance for purposes of stepping down overhead costs to such entities. The provider must develop detailed work papers showing the exact cost of the services (including overhead) provided to or by the free-standing entity and show those carved out costs as non-reimbursable cost centers in the provider's trial balance.

\* \* \* \* \*

**Subpart E—Payments to Providers**

4. A new § 413.65 is added to read as follows:

**§ 413.65 Requirements for a determination that a facility or an organization is a department of a provider or a provider-based entity.**

(a) *Definitions.* In this subpart E, unless the context indicates otherwise—

*Department of a provider* means a facility or organization or a physician office that is either created by, or acquired by, a main provider for the purpose of furnishing health care services under the name, ownership, and financial and administrative control of the main provider, in accordance with the provisions of this section. A department of a provider may not be licensed to provide health care services in its own right, and Medicare conditions of participation do not apply to a department as an independent entity. For purposes of this part, the term "department of a provider" does not include an RHC or an FQHC.

*Free-standing facility* means an entity that furnishes health care services to Medicare beneficiaries and that is not integrated with any other entity as a main provider, a department of a provider, or a provider-based entity.

*Main provider* means a provider that either creates, or acquires ownership of, another entity to deliver additional health care services under its name, ownership, and financial and administrative control.

*Provider-based entity* means a provider of health care services, or an RHC or an FQHC as defined in § 405.2401(b) of this chapter, that is either created by, or acquired by, a main

provider for the purpose of furnishing health care services under the name, ownership, and administrative and financial control of the main provider, in accordance with the provisions of this section.

*Provider-based status* means the relationship between a main provider and a provider-based entity or a department of a provider, that complies with the provisions of this section.

(b) *Responsibility for obtaining provider-based determinations.* (1) A facility or organization is not entitled to be treated as provider-based simply because it or the main provider believe it is provider-based.

(2) A provider or a facility or organization must contact HCFA and the facility or organization must be determined by HCFA to be provider-based before the main provider begins billing for services of the facility or organization as if they were furnished by a department of the provider or provider-based entity, or before it includes costs of those services on its cost report.

(3) A facility that is not located on the campus of a hospital and is used as a site of physician services of the kind ordinarily furnished in physician offices will be presumed to be a free-standing facility, unless it is determined by HCFA to have provider-based status.

(c) *Reporting.* (1) A main provider that acquires a facility or organization for which it wishes to claim provider-based status, including any physician offices that a hospital wishes to operate as a hospital outpatient department or clinic, must report its acquisition of the facility or organization to HCFA and must furnish all information needed for a determination as to whether the facility or organization meets the requirements in paragraph (d) of this section for provider-based status.

(2) A main provider that has had one or more facilities or organizations considered provider-based also must report to HCFA any material change in the relationship between it and any provider-based facility or organization, such as a change in ownership of the facility or organization or entry into a new or different management contract that could affect the provider-based status of the facility or organization.

(d) *Requirements.* An entity must meet the following requirements to be determined by HCFA to be a provider-based entity or a department of a provider:

(1) *Licensure.* The department of the provider and the main provider are operated under the same license, except in areas where the State requires a separate license for the department of

the provider. If a State health facilities' cost review commission or other agency that has authority to regulate the rates charged by hospitals or other providers in a State finds that a particular facility or organization is not part of a provider, HCFA will determine that the facility or organization does not have provider-based status.

(2) *Operation under the ownership and control of the main provider.* The facility or organization seeking provider-based status is operated under the ownership and control of the main provider, as evidenced by the following:

(i) The facility or organization is 100 percent owned by the provider.

(ii) The main provider and the facility or organization seeking status as a department of the provider have the same governing body.

(iii) The facility or organization is operated under the same organizational documents as the main provider. For example, the facility or organization seeking provider-based status must be subject to common bylaws and operating decisions of the governing body of the provider where it is based.

(iv) The main provider has final responsibility for administrative decisions, final approval for contracts with outside parties, final approval for personnel actions, final responsibility for personnel policies (such as fringe benefits/code of conduct), and final approval for medical staff appointments in the facility or organization.

(3) *Administration and supervision.* The reporting relationship between the facility or organization seeking provider-based status and the main provider must have the same frequency, intensity, and level of accountability that exists in the relationship between the main provider and one of its departments, as evidenced by compliance with all of the following requirements:

(i) The facility or organization is under the direct supervision of the provider where it is located.

(ii) The facility or organization is operated under the same monitoring and oversight by the provider as any other department of the provider, and is operated just as any other department of the provider with regard to supervision and accountability. The facility or organization director or individual responsible for daily operations at the entity—

(A) Maintains a day-to-day reporting relationship with a manager at the main provider; and

(B) Is accountable to the governing body of the main provider, in the same manner as any department head of the provider.

(iii) The following administrative functions of the facility or organization are integrated with those of the provider where the facility or organization is based: billing services, records, human resources, payroll, employee benefit package, salary structure, and purchasing services. Either the same employees or group of employees handle these administrative functions for the facility or organization and the main provider, or the administrative functions for both the facility or organization and the entity are—

(A) Contracted out under the same contract agreement; or

(B) Handled under different contract agreements, with the contract of the facility or organization being managed by the main provider's billing department.

(4) *Clinical services.* The clinical services of the facility or organization seeking provider-based status and the main provider are integrated as evidenced by the following:

(i) Professional staff of the facility or organization have clinical privileges at the main provider.

(ii) The main provider maintains the same monitoring and oversight of the facility or organization as it does for any other department of the provider.

(iii) The medical director of the facility or organization seeking provider-based status maintains a day-to-day reporting relationship with the Chief Medical Officer or other similar official of the main provider, and is under the same type of supervision and accountability as any other director, medical or otherwise, of the main provider.

(iv) Medical staff committees or other professional committees at the main provider are responsible for medical activities in the facility or organization including quality assurance, utilization review, and the coordination and integration of services, to the extent practicable, between the facility or organization seeking provider-based status and the main provider.

(v) Medical records for patients treated in the facility or organization are integrated into a unified retrieval system (or cross reference) of the main provider.

(vi) Inpatient and outpatient services of the facility or organization and the main provider are integrated, and patients treated at the facility or organization who require further care have full access to all services of the main provider and are referred where appropriate to the corresponding inpatient or outpatient department or service of the main provider.

(5) *Financial integration.* The financial operations of the facility or organization are fully integrated within the financial system of the main provider, as evidenced by shared income and expenses between the main provider and the facility or organization. The costs of the facility or organization are reported in a cost center of the provider, and the financial status of the facility or organization is incorporated and readily identified in the main provider's trial balance.

(6) *Public awareness.* The facility or organization seeking status as a department of a provider is held out to the public and other payers as part of the main provider. When patients enter the provider-based facility or organization, they are aware that they are entering the main provider and are billed accordingly.

(7) *Location in immediate vicinity.* The facility or organization and the main provider are located on the same campus, except where the following requirements are met:

(i) The facility or organization demonstrates a high level of integration with the main provider by showing that it meets all of the other provider-based criteria, and demonstrates that it serves the same patient population as the main provider, either by submitting records such as common patient lists and/or demographic data showing that a high percentage of patients of both the main provider and the applicant entity come from the same geographic area, or by submitting data substantiating that the patients served by the entity also receive services from the main provider (for example, the patients of an RHC receive inpatient hospital services from the main provider).

(ii) A facility or organization is not considered to be in the "immediate vicinity" of the main provider if the facility or organization and the main provider are located in different States.

(e) *Provider-based status not applicable to joint ventures.* A facility or organization cannot be considered provider-based if the entity is owned by two or more providers engaged in a joint venture. For example, where a hospital has jointly purchased or jointly created free-standing facilities under joint venture arrangements, neither party to the joint venture arrangement can claim the free-standing facility as a provider-based entity.

(f) *Management contracts.* Facilities and organizations operated under management contracts are considered provider-based if all of the following criteria are met:

(1) The staff of the facility or organization are employed by the

provider or by another organization other than the management company.

(2) The administrative functions of the facility or organization are integrated with those of the main provider, as determined under criteria in paragraph (b)(3)(iii) of this section.

(3) The main provider has significant day-to-day control over the operations of the facility or organization as determined under criteria in paragraph (b)(3)(ii) of this section.

(4) The management contract is held by the main provider itself, not by a parent organization that has control over both the main provider and the facility or organization.

(g) *Obligations of hospital outpatient departments and hospital-based entities.* (1) Hospital outpatient departments located either on or off the main premises of the hospital must comply with the anti-dumping rules in §§ 489.20(l), (m), (q), and (r) and 489.24 of this chapter. If any individual comes to any hospital-based entity (including an RHC) located on the main hospital campus, and a request is made on the individual's behalf for examination or treatment of a medical condition, as described in § 489.24, the hospital must comply with the anti-dumping rules in § 489.24.

(2) Physician services furnished in hospital outpatient departments or hospital-based entities (other than RHCs) must be billed with the correct site-of-service indicator, so that applicable site-of-service reductions to physician and practitioner payment amounts can be applied.

(3) Hospital outpatient departments must comply with all the terms of the hospital's provider agreement.

(4) Physicians who work in hospital outpatient departments or hospital-based entities are obligated to comply with the non-discrimination provisions in § 489.10(b) of this chapter.

(5) Hospital outpatient departments (other than RHCs) must hold themselves out to other payers as outpatient departments of that hospital, and must treat all patients, for billing purposes, as hospital outpatients. The department must not treat some patients as hospital outpatients and others as physician office patients.

(6) In the case of a patient admitted to the hospital as an inpatient after receiving treatment in the hospital outpatient department or hospital-based entity, payments for services in the hospital outpatient department or hospital-based entity are subject to the payment window provisions applicable to PPS hospitals and to hospitals and units excluded from PPS set forth at

§ 412.2(c)(5) of this chapter and at § 413.40(c)(2), respectively.

(7) When a Medicare beneficiary is treated in a hospital outpatient department or hospital-based entity (other than an RHC), the hospital has a duty to notify the beneficiary, prior to the delivery of services, of the beneficiary's potential financial liability (that is, a coinsurance liability for an outpatient visit to the hospital as well as for the physician service).

(8) Hospital outpatient departments must meet applicable hospital health and safety rules for Medicare-participating hospitals in part 482 of this chapter.

(9) A facility or organization may not qualify for provider-based status if all services furnished at the facility are furnished under arrangement.

(h) *Inappropriate treatment of a facility or organization as provider-based.* If HCFA learns of a provider treating a facility or organization as provider-based without notifying HCFA to obtain a determination of provider-based status, HCFA reconsiders all payments to that provider for all cost reporting periods subject to re-opening in accordance with §§ 405.1885 and 405.1889 of this chapter. HCFA then investigates and determines whether the requirements in paragraph (d) of this section were met. If the facility or organization did not qualify for a provider-based determination, HCFA recovers the difference between the amount of payments that actually were made and the amount of payments that should have been made in the absence of a determination of provider-based status, except that recovery will not be made for any period prior to [insert the effective date of final rule] if during all of that period the management of the entity made a good faith effort to operate it as a provider-based facility or organization, as described in paragraph (i)(2) of this section.

(i) *Inappropriate billing.* (1) If HCFA determines that a provider has been inappropriately billing Medicare for services furnished in a physician office or other facility or organization as if they had been furnished in a hospital outpatient department or other department of a provider or in a provider-based entity, HCFA stops all payments to the provider for outpatient services until the provider can demonstrate which payments are proper. If overpayments have been made, HCFA recovers the difference between the amount of payments that actually were made and the amount of the payments that should have been made in the absence of the determination of provider-based status.

However, past payments attributable to treatment as a department of a provider or a provider-based entity for any period prior to [insert effective date of final rule] are not recovered if during all of that period the management of a facility or an organization made a good faith effort to operate it as a department of a provider or a provider-based entity, as described in paragraph (i)(2) of this section, prior to [insert effective date of final rule].

(2) HCFA determines that the management of a facility has made a good faith effort to operate it as a provider-based entity if—

(i) The requirements regarding licensure and public awareness in paragraphs (d)(1) and (d)(6) of this section are met;

(ii) All facility services were billed as if they had been furnished by a department of a provider or a provider-based entity of the main provider; and

(iii) All professional services of physicians and other practitioners were billed with the correct site-of-service indicator, as described in paragraph (g)(7) of this section.

(j) *Correction of errors.* HCFA may review a past determination of provider-based status if it believes that the determination may be inappropriate, based on the provisions of this section. If HCFA determines that a previous determination was in error, and the entity should not be considered provider-based, HCFA notifies the main provider. Treatment of the facility or organization as provider-based ceases with the first day of the next cost report period following notification of the redetermination.

#### Subpart F—Specific Categories of Costs

5. In § 413.118, the heading to paragraph (d) is republished, and a new paragraph (d)(5) is added to read as follows:

**§ 413.118 Payment for facility services related to covered ASC surgical procedures performed in hospitals on an outpatient basis.**

\* \* \* \* \*

(d) *Blended payment amount.* \* \* \*

(5) For portions of cost reporting periods beginning on or after October 1, 1997, for purposes of calculating the blended payment amount under paragraph (d)(4) of this section, the ASC payment amount is the sum of the standard overhead amounts reduced by deductibles and coinsurance as defined in section 1866(a)(2)(ii) of the Act.

\* \* \* \* \*

6. In § 413.122, the heading to paragraph (b) is republished, a new

paragraph (b)(5) is added, the heading to paragraph (c) is republished, and a new paragraph (c)(4) is added to read as follows:

**413.122 Payment for hospital outpatient radiology services and other diagnostic procedures.**

\* \* \* \* \*

(b) *Payment for hospital outpatient radiology services.* \* \* \*

(5) For hospital outpatient radiology services furnished on or after October 1, 1997, the blended payment amount is equal to the sum of—

(i) 42 percent of the hospital-specific amount; and

(ii) 58 percent of the fee schedule amount calculated as 62 percent of the sum of the fee schedule amounts payable for the same services when furnished by participating physicians in their offices in the same locality, less deductible and coinsurance as defined in section 1866(a)(2)(A)(ii) of the Act.

(c) *Payment for other diagnostic procedures.* \* \* \*

(4) For other diagnostic services furnished on or after October 1, 1997, the blended payment amount is equal to the sum of—

(i) 50 percent of the hospital-specific amount; and

(ii) 50 percent of the fee schedule amount calculated as 42 percent of the sum of the fee schedule amounts payable for the same services when furnished by participating physicians in their offices in the same locality, less deductible and coinsurance as defined in section 1866(a)(2)(A)(ii) of the Act.

7. In § 413.124, paragraph (a) is revised to read as follows:

**§ 413.124 Reduction to hospital outpatient operating costs.**

(a) Except for sole community hospitals, as defined in § 412.92 of this chapter, and critical access hospitals, the reasonable costs of outpatient hospital services (other than capital-related costs of such services) are reduced by 5.8 percent for services furnished during portions of cost reporting periods occurring on or after October 1, 1990 and before January 1, 2000.

\* \* \* \* \*

**Subpart G—Capital-Related Costs**

8. In § 413.130, the heading to paragraph (j) and the introductory text to paragraph (j)(1) are republished, and paragraph (j)(1)(ii) is revised to read as follows:

**§ 413.130 Introduction to capital-related costs.**

\* \* \* \* \*

(j) *Reduction to capital-related costs.*  
(1) Except for sole community hospitals and critical access hospitals, the amount of capital-related costs of all hospital outpatient services is reduced by—

\* \* \* \* \*

(ii) 10 percent for portions of cost reporting periods occurring on or after October 1, 1991 through December 31, 1999 and before January 1, 2000.

\* \* \* \* \*

F. A new part 419, consisting of §§ 419.1, 419.2, 419.20, 419.21, 419.22, 419.30, 419.31, 419.32, 419.40, 419.41, 419.42, 419.43, 419.44, 419.50, 419.51, and 419.60, is added to read as follows:

**PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES**

**Subpart A—General Provisions**

Sec.

419.1 Scope of part.

419.2 Basis of payment.

**Subpart B—Services Subject to and Excluded From the Hospital Outpatient Prospective Payment System**

419.20 Hospitals subject to the hospital outpatient prospective payment system.

419.21 Hospital outpatient services subject to the outpatient prospective payment system.

419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.

**Subpart C—Basic Methodology for Determining Prospective Payment Rates for Hospital Outpatient Services**

419.30 Base expenditure target for calendar year 1999.

419.31 Ambulatory Payment Classification (APC) system and payment weights.

419.32 Calculation of prospective payment rates for hospital outpatient services.

**Subpart D—Payments to Hospitals**

419.40 Payment concepts.

419.41 Calculation of national beneficiary copayment amounts and national Medicare program payment amounts.

419.42 Hospital election to reduce copayment.

419.43 Adjustments to national program payment and beneficiary copayment amounts.

419.44 Payment reductions for surgical procedures.

**Subpart E—Updates**

419.50 Revisions to groups, weights, and other adjustments.

419.51 Volume control measures for services furnished in CY 2000.

**Subpart F—Limitations on Review**

419.60 Limitations on administrative and judicial review.

**Authority:** Secs. 1102, 1833(t), and 1871 of the Social Security Act (42 U.S.C. 1302, 13951(t), and 1395(hh)).

**PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES**

**Subpart A—General Provisions**

**§ 419.1 Scope of part.**

(a) *Purpose.* This part implements section 1833(t) of the Act by establishing a prospective payment system for services furnished by hospital outpatient departments to Medicare beneficiaries who are registered on hospital records as outpatients, effective for services furnished on or after the implementation date.

(b) *Summary of content.* This subpart describes the basis of payment for outpatient hospital services under the prospective payment system. Subpart B sets forth the categories of hospitals and services that are subject to the outpatient hospital prospective payment system and those categories of hospitals and services that are excluded from the outpatient hospital prospective payment system. Subpart C sets forth requirements and the basic methodology by which prospective payment rates for hospital outpatient services are determined. Subpart D describes Medicare payment amounts, beneficiary copayment amounts, and methods of payment to hospitals under the hospital outpatient prospective payment system. Subpart E describes how the hospital outpatient prospective payment system may be revised to take into account changes in medical practice and technology, the addition or deletion of services, new cost data, and other relevant information and factors.

**§ 419.2 Basis of payment.**

(a) *Unit of payment.* Under the hospital outpatient prospective payment system, hospitals are paid a predetermined amount for designated services, which are identified by codes established under the Health Care Financing Administration Common Procedure Coding System (HCPCS), furnished to Medicare beneficiaries. The prospective payment rate for each service or procedure for which payment is allowed under the hospital outpatient prospective payment system is determined according to the methodology described in subpart C of this part. The manner in which the Medicare payment amount and the beneficiary copayment amount for each service or procedure are determined is described in subpart D of this part.

(b) *Costs included in determination of hospital outpatient department payment rates.* The prospective payment system establishes a national payment rate,

standardized for geographic wage differences, for operating and capital-related costs that are directly related and integral to performing a procedure or furnishing a service on an outpatient basis, including, but not limited to—

- (1) Use of an operating suite, procedure room, or treatment room;
- (2) Use of recovery room;
- (3) Use of an observation bed;
- (4) Anesthesia, drugs, biologicals, other pharmaceuticals, and blood; medical and surgical supplies and equipment; surgical dressings; splints, casts, and other devices used for reduction of fractures and dislocations;
- (5) Supplies and equipment for administering and monitoring anesthesia or sedation;
- (6) Intra-ocular lenses (IOLs);
- (7) Incidental services such as venipuncture;
- (8) Capital-related costs.

(c) *Costs excluded from determination of hospital outpatient prospective payment rates.* The following costs are excluded from the hospital outpatient prospective payment rates:

- (1) Medical education costs for approved nursing and allied health education programs.
- (2) Costs for services listed in § 419.22.

#### **Subpart B—Services Subject to and Excluded From the Hospital Outpatient Prospective Payment System**

##### **§ 419.20 Hospitals subject to the hospital outpatient prospective payment system.**

(a) *Applicability.* The hospital outpatient prospective payment system is applicable to any hospital participating in the Medicare program, except those specified in paragraph (b) of this section, for services furnished on or after the implementation date.

(b) *Hospitals excluded from the outpatient prospective payment system.* (1) Those services furnished by Maryland hospitals that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act are excluded from the hospital outpatient prospective payment system.

(2) Critical access hospitals (CAHs) are excluded from the hospital outpatient prospective payment system.

##### **§ 419.21 Hospital outpatient services subject to the outpatient prospective payment system.**

Beginning on the implementation date, except for services described in § 419.22, payment is made under the hospital outpatient prospective payment system for—

(a) Medicare Part B services furnished to hospital outpatients designated by

HCFA under this part that are not otherwise excluded under § 419.22;

(b) Services that are covered under Medicare Part B when furnished to hospital inpatients who are either not entitled to benefits under Part A or who have exhausted their Part A benefits, but are entitled to benefits under Part B of the program;

(c) Partial hospitalization services furnished by community mental health centers (CMHCs);

(d) The following medical and other health services furnished by a comprehensive outpatient rehabilitation facility (CORF) when they fall outside the definition of CORF services at section 1861(cc)(1) of the Act; or by a home health agency (HHA) to patients who are not under an HHA plan or treatment; or, by a hospice program furnishing services to patients outside the hospice benefit:

- (1) Antigenes.
- (2) Splints and casts.
- (3) Pneumococcal vaccine, influenza vaccine, hepatitis B vaccine.

##### **§ 419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.**

The following services are not paid for under the hospital outpatient prospective payment system:

- (a) Physician services.
- (b) Nurse practitioner services.
- (c) Physician assistant services.
- (d) Certified nurse-midwife services.
- (e) Services of qualified psychologists.
- (f) Services of an anesthetist as defined in § 410.69 of this chapter.
- (g) Clinical social worker services as defined in section 1861(hh)(2) of the Act.
- (h) Rehabilitation services described in section 1833(a)(8) of the Act.
- (i) Ambulance services.
- (j) Prosthetics and prosthetic supplies, prosthetic devices, prosthetic implants (except IOLs), and orthotic devices.
- (k) Durable medical equipment supplied by the hospital for the patient to take home.

(l) Clinical diagnostic laboratory services.

(m) Dialysis services furnished to ESRD patients.

(n) Services and procedures that are not safely furnished in an outpatient setting or that require inpatient care.

(o) Services specific to other sites such as nursing homes.

(p) Services furnished to persons who are inpatients of a SNF and furnished pursuant to the resident assessment or comprehensive care plan but that are covered under the SNF prospective payment system, furnished "under arrangement," and billable only by the SNF.

(q) Services that are not covered by Medicare by statute.

(r) Services that are not reasonable or necessary for the diagnosis or treatment of an illness or disease.

#### **Subpart C—Basic Methodology for Determining Prospective Payment Rates for Hospital Outpatient Services**

##### **§ 419.30 Base expenditure target for calendar year 1999.**

(a) HCFA estimates the aggregate amount that would be payable for hospital outpatient services in calendar year 1999 by summing—

(1) The total amounts that would be payable from the Trust Fund for covered hospital outpatient services without regard to the outpatient prospective payment system described in this part; and

(2) The total amounts of copayments estimated to be paid by beneficiaries, under the prospective payment system described in this part, to hospitals for covered hospital outpatient services.

(b) The aggregate amount under paragraph (a) of this section is determined as though the deductible required under section 1833(b) of the Act did not apply.

##### **§ 419.31 Ambulatory Payment Classification (APC) system and payment weights.**

(a) *APC groups.* (1) HCFA classifies hospital outpatient services and procedures that are comparable clinically and similar in terms of resource use into APC groups.

(2) The payment rate determined for an APC group in accordance with § 419.32 and the copayment amount and program payment amount determined for an APC group in accordance with subpart D of this part apply to every individual service or procedure within the APC group.

(b) *APC weighting factors.* (1) Using hospital claims data from calendar year 1996 and data from the most recent available hospital cost reports, HCFA determines the median costs for the services and procedures within each APC group.

(2) HCFA assigns to each APC group an appropriate weighting factor to reflect the relative median costs for the services within the APC group compared to the median costs for the services in all APC groups.

(c) *Standardizing amounts.* (1) HCFA determines the portion of costs determined in paragraph (b)(1) of this section that is labor-related. This is known as the "labor-related portion" of hospital outpatient costs.

(2) HCFA standardizes the median costs determined in paragraph (b)(1) of

this section by adjusting for variations in hospital labor costs across geographic areas.

**§ 419.32 Calculation of prospective payment rates for hospital outpatient services.**

(a) *Conversion factor for 1999.* HCFA calculates a conversion factor in such a manner as to ensure that payment for hospital outpatient services furnished in 1999 would have equalled the base expenditure target calculated in § 419.30, taking APC group weights and estimated service volume into account.

(b) *Conversion factor for calendar years 2000, 2001, and 2002.* (1) Subject to paragraph (c)(2) of this section, the conversion factor for each of the calendar years 2000, 2001, and 2002 is equal to the conversion factor calculated under paragraph (a) of this section for the previous year adjusted by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act for fiscal years 2000, 2001, and 2002, respectively, reduced by one percentage point.

(2) Beginning in calendar year 2000, HCFA may substitute for the hospital inpatient market basket percentage in paragraph (c)(1) of this section a market basket percentage increase that is determined and applied to hospital outpatient services in the same manner that the hospital inpatient market basket percentage increase is determined and applied to inpatient hospital services.

(c) *Payment rates.* The payment rate for services and procedures for which payment is made under the hospital outpatient prospective payment system is the product of the conversion factor calculated under paragraph (a) or paragraph (b) of this section and the relative weight determined under § 419.31(b).

**Subpart D—Payments to Hospitals**

**§ 419.40 Payment concepts.**

In addition to the payment rate described in § 419.32, for each APC group there is a predetermined beneficiary copayment amount as described in § 419.41(a). The Medicare payment for each APC is calculated by applying the program payment percentage as described in § 419.41(b).

(b) For purposes of this section—  
*Copayment percentage* is calculated as the difference between the program payment percentage and 100 percent. The copayment percentage in any year is thus defined for each APC group as the *greater* of the following: the ratio of the APC group unadjusted copayment amount to the annual APC group payment rate, or 20 percent.

*Program payment percentage* is calculated as the *lower* of the following: the ratio of the APC group payment rate minus the APC group unadjusted copayment amount, to the APC group payment rate, or 80 percent.

*Unadjusted copayment amount* is calculated as 20 percent of the wage-adjusted national median of charges for services within an APC group furnished during 1996, updated to 1999 using an actuarial projection of charge increases for hospital outpatient department services during the period 1996 to 1999.

**§ 419.41 Calculation of national beneficiary copayment amounts and national Medicare program payment amounts.**

(a) *Calculation of the national beneficiary copayment amount.* To calculate the unadjusted copayment amount for each APC group, HCFA—

(1) Standardizes 1996 hospital charges for the services within each APC group to offset variations in hospital labor costs across geographic areas;

(2) Identifies the median of the wage-neutralized 1996 charges for each APC group; and,

(3) Determines the value equal to 20 percent of the wage-neutralized 1996 median charge for each APC group and multiplies that value by an actuarial projection of increases in charges for hospital outpatient department services during the period 1996 to 1999. The result is the unadjusted beneficiary copayment amount for the APC group.

(b) *Calculation of the program payment amount for each APC group.* (1) HCFA calculates annually the program payment percentage for every APC group on the basis of each group's unadjusted copayment amount and its payment rate after the payment rate is adjusted in accordance with § 419.32.

(2) The Medicare program payment amounts are calculated annually by multiplying the updated APC group payment rates by the program payment percentage.

(c) To determine payment amounts due for a service paid for under the hospital outpatient prospective payment system, HCFA makes the following calculations:

(1) Makes the wage index adjustment and any other adjustments that are appropriate in accordance with § 419.43.

(2) Subtracts the amount of the applicable Part B deductible provided under § 410.160 of this chapter.

(3) Multiplies the remainder by the program payment percentage for the group to determine the program payment amount.

(4) Subtracts the program payment amount from the amount determined in

paragraph (c)(2) of this section to determine the copayment amount.

**§ 419.42 Hospital election to reduce copayment.**

(a) A hospital may elect to reduce copayments for any or all APC groups on a calendar year basis. A hospital may *not* elect to reduce copayment for some, but not all, services within the same group.

(b) A hospital must notify its fiscal intermediary of its election to reduce copayments no later than 90 days prior to the start of the calendar year.

(c) The hospital's election must be properly documented. It must specifically identify the APCs to which it applies and the copayment level (within the limits identified below) that the hospital has selected for each group.

(d) The election of reduced copayment must remain in effect unchanged during the year for which the election was made.

(e) The hospital may advertise and otherwise disseminate information concerning the reduced level(s) of copayment that it has elected.

(f) In electing reduced copayment, a hospital may elect a level that is less than that year's national copayment amount for the group, but not less than 20 percent of the APC payment rate as determined in § 419.32.

**§ 419.43 Adjustments to national program payment and beneficiary copayment amounts.**

(a) *General rule.* HCFA determines national prospective payment rates for hospital outpatient department services and determines a wage adjustment factor to adjust the portion of the APC payment and national beneficiary copayment amount attributable to labor-related costs for relative differences in labor and labor-related costs across geographic regions in a budget neutral manner.

(b) *Labor-related portion of payment and copayment rates for hospital outpatient services.* HCFA determines the portion of hospital outpatient costs attributable to labor and labor-related costs (known as the "labor-related portion" of hospital outpatient costs) in accordance with § 419.31(c)(1).

(c) *Wage index factor.* HCFA uses the hospital inpatient prospective payment system wage index established in accordance with section 1886(d)(3)(E) of the Act and part 412 of this chapter to make the adjustment referred to in paragraph (a) of this section.

(d) *Other adjustments.* Any other adjustments to payment amounts made by HCFA to ensure equitable payments are made in a budget neutral manner.

**§ 419.44 Payment reductions for surgical procedures.**

(a) *Multiple surgical procedures.* When more than one surgical procedure for which payment is made under the hospital outpatient prospective payment system is performed during a single surgical encounter, the Medicare program payment amount and the beneficiary copayment amount are based on—

- (1) The full amounts for the procedure with the highest APC payment rate; and
- (2) One half of the full program and beneficiary payment amounts for all other covered procedures.

(b) *Terminated procedures.* When a surgical procedure is terminated prior to completion due to extenuating circumstances or circumstances that threaten the well-being of the patient, the Medicare program payment amount and the beneficiary copayment amount are based on—

- (1) The full amounts if the procedure is discontinued after the induction of anesthesia or after the procedure is started; and
- (2) One-half of the full program and beneficiary payment amounts if the procedure is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed, but before anesthesia is induced.

**Subpart E—Updates**

**§ 419.50 Revisions to groups, weights, and other adjustments.**

(a) HCFA periodically reviews and updates groups, relative payment weights, and the wage and other adjustments to take into account changes in medical practice, changes in technology, the addition of new services, new cost data, and other relevant information and factors.

(1) *Changes in the APC system.* HCFA may make a change in the group composition of the APC system or recalibrate any APC weight, as needed, but not more frequently than once a year. HCFA makes these changes based on evidence that a reassignment would improve the consistency of the group(s) either clinically or with respect to resource consumption.

(2) *New services.* HCFA assigns a new service to the APC group that is most similar clinically and with respect to resource consumption.

(3) *Budget neutrality.* HCFA adjusts the conversion factor so that any adjustments determined under paragraphs (a)(1) through (a)(3) of this section do not increase or decrease the amount of expenditures that would have been made under this section if the adjustments had not been made.

(b) *Annual update to conversion factor.* HCFA updates the conversion factor annually as specified in § 419.32.

**§ 419.51 Volume control measures for services furnished in CY 2000.**

HCFA uses the target amount specified under section 1833(t)(3)(A) of the Act as an expenditure target for services furnished in CY 1999. HCFA updates the target amount to CY 2000 based on the adjustment to the conversion factor in § 419.32(b), estimated changes in the volume and intensity of hospital outpatient services, and estimated changes in beneficiary enrollment. HCFA compares the CY 2000 target to an estimate of CY 2000 actual payments to hospitals. If unnecessary volume increases cause payments to exceed the target, HCFA determines the percentage by which the target is exceeded, and adjusts the CY 2002 update to the conversion factor by the same percentage.

**Subpart F—Limitations on Review**

**§ 419.60 Limitations on administrative and judicial review.**

There can be no administrative or judicial review under sections 1869 and 1878 of the Act, or otherwise of—

- (a) The development of the APC system, including—
  - (1) Establishment of the groups and relative payment weights;
  - (2) Wage adjustment factors;
  - (3) Other adjustments; and
  - (4) Methods for controlling unnecessary increases in volume.
- (b) The calculation of base amounts described in section 1833(t)(3) of the Act;
- (c) Periodic adjustments described in section 1833(t)(6) of the Act; and
- (d) The establishment of a separate conversion factor for hospitals described in section 1886(d)(1)(B)(v) of the Act.

**PART 489—PROVIDER AGREEMENTS AND SUPPLIER APPROVAL**

G. Part 489 is amended as set forth below:

- 1. The authority citation to part 489 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

**Subpart B—Essentials of Provider Agreements**

2. In § 489.20, the introductory text to the section is republished; the introductory text to paragraph (d) is revised; paragraphs (d)(3), (d)(4), and (d)(5) are redesignated as paragraphs (d)(4), (d)(5), and (d)(6), respectively;

and a new paragraph (d)(3) is added to read as follows:

**§ 489.20 Basic commitments.**

The provider agrees to the following:

\* \* \* \* \*

(d) In the case of a hospital or a CAH that furnishes services to Medicare beneficiaries, either to furnish directly or to make arrangements (as defined in § 409.3 of this chapter) for all Medicare-covered services to inpatients and outpatients of a hospital or a CAH except the following:

\* \* \* \* \*

(3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.

\* \* \* \* \*

3. In § 489.24(b), the definition for “Comes to the emergency department” is revised to read as follows:

**§ 489.24 Special responsibilities of Medicare hospitals in emergency cases.**

\* \* \* \* \*

(b) \* \* \*

*Comes to the emergency department* means, with respect to an individual requesting examination or treatment, that the individual is on the hospital property. For purposes of this section, “property” means the entire main hospital campus, including the parking lot, sidewalk, and driveway, as well as any facility or organization that is located off the main hospital campus but has been determined under § 416.35 of this chapter to be a department of the hospital. Property also includes ambulances owned and operated by the hospital, even if the ambulance is not on hospital grounds. An individual in a nonhospital-owned ambulance on hospital property is considered to have come to the hospital’s emergency department. An individual in a nonhospital-owned ambulance off hospital property is not considered to have come to the hospital’s emergency department, even if a member of the ambulance staff contacts the hospital by telephone or telemetry communications and informs the hospital that they want to transport the individual to the hospital for examination and treatment. In such situations, the hospital may deny access if it is in “diversionary status,” that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the hospital’s instructions and transports the individual on to hospital property, the individual is considered to have come to the emergency department.

\* \* \* \* \*

**PART 498—APPEALS PROCEDURES FOR DETERMINATIONS THAT AFFECT PARTICIPATION IN THE MEDICARE PROGRAM AND FOR DETERMINATIONS THAT AFFECT THE PARTICIPATION OF ICFs/MR AND CERTAIN NFs IN THE MEDICAID PROGRAM**

H. Part 498 is amended as set forth below:

1. The authority citation for part 498 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)).

2. In § 498.2, the introductory text is republished, and the definition of "Provider" is revised to read as follows:

**§ 498.2 Definitions.**

**As used in this part —**

\* \* \* \* \*

*Provider* means a hospital, critical access hospital (CAH), skilled nursing facility (SNF), comprehensive outpatient rehabilitation facility (CORF), home health agency (HHA), or hospice, that has in effect an agreement to participate in Medicare, that has in effect an agreement to participate in Medicaid, or a clinic, rehabilitation agency, or public health agency that has a similar agreement but only to furnish outpatient physical therapy or outpatient speech pathology services, and *prospective provider* means any of the listed entities that seeks to participate in Medicare as a provider or to have any facility or organization determined to be a department of the provider or provider-based entity under § 412.65 of this chapter.

\* \* \* \* \*

3. In § 498.3, the introductory text to paragraph (b) is republished; paragraphs (b)(2) through (b)(14) are redesignated as paragraphs (b)(3) through (b)(15), respectively; and a new paragraph (b)(2) is added to read as follows:

**§ 498.3 Scope and applicability.**

\* \* \* \* \*

(b) *Initial determinations by HCFA.* HCFA makes initial determinations with respect to the following matters:

\* \* \* \* \*

(2) Whether a prospective department of a provider or provider-based entity qualifies as a department of a provider or provider-based entity under § 413.65 of this chapter.

\* \* \* \* \*

**PART 1003—CIVIL MONEY PENALTIES, ASSESSMENTS AND EXCLUSIONS**

I. Part 1003 is amended as set forth below:

1. The authority citation for part 1003 is revised to read as follows:

**Authority:** 42 U.S.C. 1302, 1320-7, 1320a-7a, 1320b-10, 1395u(j), 1395u(k), 1395cc(g), 1395dd(d)(1), 1395mm, 1395nn(g), 1395ss(d), 1396b(m), 11131(c) and 11137(b)(2).

2. Section 1003.100 is amended by revising paragraph (a) to read as follows:

**§ 1003.100 Basis and purpose.**

(a) *Basis.* This part implements sections 1102, 1128(c), 1128A, 1140, 1842(j), 1842(k), 1866(g), 1876(i)(6), 1877(g), 1882(d) and 1903(m)(5) of the Social Security Act, and sections 421(c) and 427(b)(2) of Pub. L. 99-660 (42 U.S.C. 1302, 1320a-7, 1320a-7a, 1320b-10, 1395u(j), 1395u(k), 1395cc(g), 1395mm(i)(6), 1395nn(g), 1395ss(d), 1396d(m)(5), 11131(c) and 11137(b)(2)).

\* \* \* \* \*

3. Section 1003.102 is amended by republishing the introductory text to paragraph (b), by reserving paragraphs (b)(11) through (b)(13), and by adding a new paragraph (b)(14) to read as follows:

**§ 1003.102 Basis for civil money penalties and assessments.**

\* \* \* \* \*

(b) The OIG may impose a penalty, and where authorized, an assessment against any person (including an insurance company in the case of paragraphs (b)(5) and (b)(6) of this section) whom it determines in accordance with this part—

\* \* \* \* \*

(11) [Reserved]  
(12) [Reserved]  
(13) [Reserved]

(14) Has knowingly and willfully presented, or caused to be presented, a bill or request for payment for an item or service furnished to a hospital patient for which payment may be made under the Medicare or another Federal health care program, if that bill or request is inconsistent with an arrangement under section 1866(a)(1)(H) of the Act, or violates the requirements for such an arrangement.

\* \* \* \* \*

4. Section 1003.103 is amended by revising paragraph (a) to read as follows:

**§ 1003.103 Amount of penalty.**

(a) Except as provided in paragraphs (b) through (f) of this section, the OIG may impose a penalty of not more than \$10,000 for each item or service that is subject to a determination under § 1003.102.

\* \* \* \* \*

5. Section 1003.105 is amended by revising paragraph (a)(1)(i) to read as follows:

**§ 1003.105 Exclusion from participation in Medicare and State health care programs.**

(a)(1) \* \* \*

(i) Any person who is subject to a penalty or assessment under § 1003.102(a), (b)(1) through (b)(4), or (b)(14).

\* \* \* \* \*

(Catalog of Federal Domestic Assistance 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 29, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

Dated: June 29, 1998.

**June G. Brown,**

*Inspector General, Department of Health and Human Services.*

Approved: August 15, 1998.

**Donna E. Shalala,**

*Secretary.*

**Note:** The following addenda will not appear in the Code of Federal Regulations.

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

APC <sup>1,2</sup>	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
020	Partial Hospitalization per diem .....	S	4.11	\$208.01	\$46.78	\$41.60
031	Dental procedures .....	S	1.34	\$67.90	\$13.58	\$13.58
061	Level I Chemotherapeutic agents .....	X	1.04	\$52.70	\$36.61	\$10.54
062	Level II Chemotherapeutic agents .....	X	1.69	\$85.63	\$36.61	\$17.13

<sup>1</sup>\*APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.

<sup>2</sup>+APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

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

APC <sup>1,2</sup>	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
063	Level III Chemotherapeutic agents .....	X	2.89	\$146.43	\$110.97	\$29.29
064	Level IV Chemotherapeutic agents .....	X	4.17	\$211.29	\$140.12	\$42.26
089	Neuropsychological Testing .....	X	2.54	\$128.70	\$37.29	\$25.74
090	Monitoring psychiatric drugs .....	X	0.85	\$43.07	\$12.43	\$8.61
091	Brief Individual Psychotherapy .....	S	1.09	\$55.23	\$14.01	\$11.05
092	Extended Individual Psychotherapy .....	S	1.57	\$79.55	\$21.92	\$15.91
093	Family Psychotherapy .....	S	1.54	\$78.03	\$20.11	\$15.61
094	Group Psychotherapy .....	S	1.24	\$62.83	\$20.11	\$12.57
121	Level I needle biopsy/aspiration .....	T	0.67	\$33.95	\$20.91	\$6.79
122	Level II needle biopsy/aspiration .....	T	4.87	\$246.76	\$115.03	\$49.35
131	Level I incision & drainage .....	T	1.94	\$98.30	\$36.61	\$19.66
132	Level II incision & drainage .....	T	6.04	\$306.04	\$134.13	\$61.21
137	Nail procedures .....	T	0.46	\$23.31	\$4.66	\$4.66
141	Level I Destruction of lesion .....	T	0.59	\$29.90	\$9.49	\$5.98
142	Level II Destruction of lesion .....	T	3.77	\$191.02	\$73.00	\$38.20
151	Level I debridement/destruction .....	T	1.74	\$88.16	\$35.71	\$17.63
152	Level II debridement/destruction .....	T	10.43	\$528.48	\$261.71	\$105.70
161	Level I excision/biopsy .....	T	3.50	\$177.34	\$75.48	\$35.47
162	Level II excision/biopsy .....	T	5.67	\$287.30	\$125.43	\$57.46
163	Level III excision/biopsy .....	T	10.69	\$541.66	\$264.65	\$108.33
181	Level I skin repair .....	T	2.19	\$110.97	\$43.84	\$22.19
182	Level II skin repair .....	T	4.00	\$202.68	\$84.98	\$40.54
183	Level III skin repair .....	T	11.17	\$565.98	\$286.46	\$113.20
184	Level IV skin repair .....	T	15.17	\$768.66	\$396.40	\$153.73
197	Incision/excision breast .....	T	12.13	\$614.62	\$310.75	\$122.92
198	Breast reconstruction/mastectomy .....	T	19.17	\$971.33	\$530.20	\$194.27
200	Arthrocentesis & Ligament/Tendon Injection .....	T	1.89	\$95.77	\$39.10	\$19.15
207	Closed treatment fracture finger/toe/trunk .....	T	1.70	\$86.14	\$31.64	\$17.23
209	Closed treatment fracture/dislocation/except finger/toe/trunk .....	T	1.94	\$98.30	\$37.29	\$19.66
210	Bone/joint manipulation under anesthesia .....	T	10.46	\$530.00	\$283.40	\$106.00
216	Open/percutaneous treatment fracture or dislocation .....	T	20.13	\$1,019.98	\$520.82	\$204.00
217	Arthroplasty .....	T	20.48	\$1,037.71	\$526.81	\$207.54
218	Arthroplasty with prosthesis .....	T	27.49	\$1,392.90	\$715.52	\$278.58
*226	Maxillofacial prostheses .....	T	1.59	\$80.56	\$21.92	\$16.11
231	Level I skull and facial bone procedures .....	T	12.02	\$609.05	\$299.90	\$121.81
232	Level II skull and facial bone procedures .....	T	23.93	\$1,212.52	\$639.35	\$242.50
251	Level I Musculoskeletal Procedures .....	T	14.26	\$722.55	\$366.12	\$144.51
252	Level II Musculoskeletal Procedures .....	T	19.39	\$982.48	\$509.18	\$196.50
253	Level III Musculoskeletal Procedures .....	T	26.33	\$1,334.13	\$699.24	\$266.83
254	Level IV Musculoskeletal Procedures .....	T	34.37	\$1,741.51	\$937.11	\$348.30
261	Level I Hand Musculoskeletal Procedures .....	T	10.54	\$534.06	\$261.48	\$106.81
262	Level II Hand Musculoskeletal Procedures .....	T	18.35	\$929.78	\$480.82	\$185.96
271	Level I Foot Musculoskeletal Procedures .....	T	14.41	\$730.15	\$368.38	\$146.03
272	Level II Foot Musculoskeletal Procedures .....	T	16.56	\$839.09	\$409.74	\$167.82
276	Bunion Procedures .....	T	19.19	\$972.35	\$500.14	\$194.47
280	Diagnostic Arthroscopy .....	T	22.20	\$1,124.86	\$581.72	\$224.97
281	Level I Surgical Arthroscopy .....	T	22.65	\$1,147.66	\$590.20	\$229.53
282	Level II Surgical Arthroscopy .....	T	23.94	\$1,213.03	\$614.04	\$242.61
286	Arthroscopically-Aided Procedures .....	T	26.76	\$1,355.91	\$802.41	\$271.18
311	Level I ENT Procedures .....	T	1.43	\$72.46	\$20.57	\$14.49
312	Level II ENT Procedures .....	T	7.26	\$367.86	\$178.31	\$73.57
313	Level III ENT Procedures .....	T	15.81	\$801.08	\$411.09	\$160.22
314	Level IV ENT Procedures .....	T	25.65	\$1,299.67	\$693.37	\$259.93
*317	Implantation of Cochlear Device .....	T	.....	.....	.....	.....
318	Nasal Cauterization/Packing .....	T	2.07	\$104.89	\$38.65	\$20.98
319	Tonsil/Adenoid Procedures .....	T	17.30	\$876.58	\$480.02	\$175.32
320	Thoracentesis/Lavage Procedures .....	T	3.17	\$160.62	\$79.33	\$32.12
331	Level I Endoscopy Upper Airway .....	T	0.69	\$34.96	\$14.01	\$6.99
332	Level II Endoscopy Upper Airway .....	T	9.74	\$493.52	\$244.98	\$98.70
333	Level III Endoscopy Upper Airway .....	T	17.24	\$873.54	\$464.20	\$174.71
336	Endoscopy Lower Airway .....	T	7.44	\$376.98	\$197.98	\$75.40
339	Injection of Sclerosing Solution .....	T	1.02	\$51.68	\$19.66	\$10.34
341	Level I Needle and Catheter Placement .....	T	0.13	\$6.59	\$2.94	\$1.32
342	Level II Needle and Catheter Placement .....	T	3.20	\$162.14	\$80.23	\$32.43
343	Level III Needle and Catheter Placement .....	T	9.52	\$482.37	\$224.87	\$96.47
346	Placement Transvenous Caths/Cutdown .....	T	4.83	\$244.73	\$120.23	\$48.95
347	Injection Procedures for Interventional Radiology .....	T	2.93	\$148.46	\$62.15	\$29.69
360	Removal/Revision, Pacemaker/Vascular Device .....	T	6.09	\$308.58	\$140.12	\$61.72
367	Vascular Ligation .....	T	17.59	\$891.28	\$449.06	\$178.26
368	Vascular Repair/Fistula Construction .....	T	22.83	\$1,156.78	\$648.85	\$231.36
369	Blood and Blood Product Exchange .....	T	4.33	\$219.40	\$97.18	\$43.88

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

APC <sup>1,2</sup>	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
396	Lymph Node Excisions .....	T	13.28	\$672.89	\$338.77	\$134.58
397	Thyroid/Lymphadenectomy Procedures .....	T	18.36	\$930.29	\$496.86	\$186.06
406	Esophageal Dilatation without Endoscopy .....	T	4.31	\$218.39	\$108.48	\$43.68
407	Esophagoscopy .....	T	7.06	\$357.73	\$189.84	\$71.55
417	Diagnostic Upper GI Endoscopy .....	T	6.44	\$326.31	\$181.70	\$65.26
418	Therapeutic Upper GI Endoscopy .....	T	7.59	\$384.58	\$214.25	\$76.92
419	Small Intestine Endoscopy .....	T	7.13	\$361.27	\$164.08	\$72.25
426	Diagnostic Lower GI Endoscopy .....	T	6.85	\$347.09	\$187.81	\$69.42
427	Therapeutic Lower GI Endoscopy .....	T	8.22	\$416.50	\$224.19	\$83.30
437	Therapeutic Anoscopy .....	T	2.91	\$147.45	\$76.61	\$29.49
446	Diagnostic Sigmoidoscopy .....	T	2.59	\$131.23	\$65.09	\$26.25
447	Therapeutic Proctosigmoidoscopy .....	T	6.87	\$348.10	\$184.76	\$69.62
448	Therapeutic Flexible Sigmoidoscopy .....	T	5.37	\$272.09	\$141.25	\$54.42
449	Complex GI Endoscopy .....	T	7.80	\$395.22	\$215.38	\$79.04
451	Level I Anal/Rectal Procedures .....	T	2.56	\$129.71	\$54.24	\$25.94
452	Level II Anal/Rectal Procedures .....	T	4.82	\$244.23	\$109.61	\$48.85
453	Level III Anal/Rectal Procedures .....	T	16.87	\$854.79	\$445.22	\$170.96
456	Endoscopic Retrograde Cholangio- Pancreatography (ERCP) .....	T	9.78	\$495.55	\$257.19	\$99.11
458	Percutaneous Biliary Endoscopic Proce- dures .....	T	7.23	\$366.34	\$181.59	\$73.27
459	Peritoneal and Abdominal Procedures .....	T	18.06	\$915.09	\$496.52	\$183.02
466	Hernia/Hydrocele Procedures .....	T	21.43	\$1,085.85	\$562.97	\$217.17
470	Tube Procedures .....	T	2.22	\$112.49	\$54.92	\$22.50
521	Level I Cystourethroscopy and other Geni- tourinary Procedures .....	T	5.06	\$256.39	\$112.10	\$51.28
522	Level II Cystourethroscopy and other Geni- tourinary Procedures .....	T	10.46	\$530.00	\$262.39	\$106.00
523	Level III Cystourethroscopy and other Geni- tourinary Procedures .....	T	16.87	\$854.79	\$447.03	\$170.96
524	Level IV Cystourethroscopy and other Geni- tourinary Procedures .....	T	28.89	\$1,463.84	\$833.38	\$292.77
527	Lithotripsy .....	T	51.56	\$2,612.52	\$1,372.95	\$522.50
529	Simple Urinary Studies and Procedures .....	T	2.50	\$126.67	\$63.05	\$25.33
530	Genitourinary Procedures .....	T	2.52	\$127.69	\$54.69	\$25.54
531	Level I Urethral Procedures .....	T	18.94	\$959.68	\$527.26	\$191.94
532	Level II Urethral Procedures .....	T	25.50	\$1,292.07	\$602.18	\$258.41
536	Circumcision .....	T	13.17	\$667.32	\$326.57	\$133.46
537	Penile Procedures .....	T	28.72	\$1,455.23	\$864.34	\$291.05
538	Insertion of Penile Prosthesis .....	T	45.59	\$2,310.02	\$1,540.64	\$462.00
546	Testes/Epididymis Procedures .....	T	17.14	\$868.47	\$453.81	\$173.69
547	Prostate Biopsy .....	T	4.39	\$222.44	\$125.20	\$44.49
550	Surgical Hysteroscopy .....	T	16.89	\$855.81	\$447.93	\$171.16
551	Level I Laparoscopy .....	T	24.78	\$1,255.59	\$711.67	\$251.12
552	Level II Laparoscopy .....	T	37.71	\$1,910.75	\$1,053.16	\$382.15
561	Level I Female Reproductive Procedures .....	T	1.52	\$77.02	\$24.63	\$15.40
562	Level II Female Reproductive Procedures .....	T	12.76	\$646.54	\$330.75	\$129.31
563	Level III Female Reproductive Procedures .....	T	16.90	\$856.31	\$464.88	\$171.26
567	D & C .....	T	13.61	\$689.61	\$364.09	\$137.92
568	Infertility Procedures .....	T	2.49	\$126.17	\$49.49	\$25.23
578	Pregnancy and Neonatal Care Procedures .....	T	1.26	\$63.84	\$33.90	\$12.77
580	Vaginal Delivery .....	T	4.59	\$232.57	\$146.34	\$46.51
586	Therapeutic Abortion .....	T	12.50	\$633.37	\$431.89	\$126.67
587	Spontaneous Abortion .....	T	13.25	\$671.37	\$347.02	\$134.27
600	Spinal Tap .....	T	2.63	\$133.26	\$61.47	\$26.65
601	Level I Nervous System Injections .....	T	3.11	\$157.58	\$74.13	\$31.52
602	Level II Nervous System Injections .....	T	3.33	\$168.73	\$87.69	\$33.75
616	Implantation of Neurostimulator Electrodes .....	T	14.43	\$731.16	\$366.57	\$146.23
617	Revision/Removal Neurological Device .....	T	11.56	\$585.74	\$287.59	\$117.15
618	Implantation of Neurological Device .....	T	25.56	\$1,295.11	\$780.49	\$259.02
631	Level I Nerve Procedures .....	T	12.98	\$657.69	\$333.80	\$131.54
632	Level II Nerve Procedures .....	T	18.13	\$918.64	\$461.04	\$183.73
648	Laser Retinal Procedures .....	T	3.94	\$199.64	\$95.15	\$39.93
649	Laser Eye Procedures except Retinal .....	T	4.44	\$224.97	\$111.64	\$44.99
651	Level I Anterior Segment Eye Procedures .....	T	7.24	\$366.85	\$174.70	\$73.37
652	Level II Anterior Segment Eye Procedures .....	T	16.48	\$835.03	\$433.69	\$167.01
667	Cataract Procedures .....	T	15.33	\$776.40	\$521.72	\$155.28
668	Cataract Procedures with IOL Insert .....	T	19.28	\$976.91	\$530.87	\$195.38
670	Corneal Transplant .....	T	29.23	\$1,481.07	\$847.50	\$296.21
676	Posterior Segment Eye Procedures .....	T	6.30	\$319.22	\$140.35	\$63.84
677	Strabismus/Muscle Procedures .....	T	16.26	\$823.89	\$436.63	\$164.78
681	Level I Eye Procedures .....	T	1.67	\$84.62	\$30.51	\$16.92
682	Level II Eye Procedures .....	T	3.54	\$179.37	\$81.36	\$35.87
683	Level III Eye Procedures .....	T	10.19	\$516.32	\$257.87	\$103.26
684	Level IV Eye Procedures .....	T	13.48	\$683.02	\$348.94	\$136.60

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

APC <sup>1,2</sup>	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
690	Vitrectomy .....	T	30.54	\$1,547.45	\$852.02	\$309.49
700	Plain Film .....	X	0.78	\$39.52	\$22.37	\$7.90
706	Miscellaneous Radiological Procedures .....	X	1.96	\$99.31	\$57.63	\$19.86
710	Computerized Axial Tomography .....	S	5.06	\$256.39	\$176.28	\$51.28
716	Fluoroscopy .....	X	1.59	\$80.56	\$47.91	\$16.11
720	Magnetic Resonance Angiography .....	S	6.34	\$321.24	\$206.11	\$64.25
726	Magnetic Resonance Imaging .....	S	7.96	\$403.33	\$258.09	\$80.67
728	Myelography .....	S	4.07	\$206.22	\$113.23	\$41.24
730	Arthrography .....	S	2.48	\$125.66	\$72.09	\$25.13
736	Digestive Radiology .....	S	1.85	\$93.74	\$54.24	\$18.75
737	Diagnostic Urography .....	S	2.81	\$142.38	\$86.56	\$28.48
738	Therapeutic Radiologic Procedures .....	S	4.48	\$227.00	\$133.23	\$45.40
739	Diagnostic Angiography and Venography .....	S	5.83	\$295.40	\$168.71	\$59.08
746	Mammography .....	S	0.69	\$34.96	\$19.44	\$6.99
747	Diagnostic Ultrasound Except Vascular .....	S	1.65	\$83.60	\$54.69	\$16.72
749	Guidance under Ultrasound .....	X	2.44	\$123.63	\$76.16	\$24.73
750	Therapeutic Radiation Treatment Planning .....	X	0.91	\$46.11	\$25.54	\$9.22
751	Level I Therapeutic Radiation Treatment Preparation .....	X	1.15	\$58.27	\$33.22	\$11.65
752	Level II Therapeutic Radiation Treatment Preparation .....	X	3.54	\$179.37	\$88.82	\$35.87
757	Radiation Therapy .....	S	2.30	\$116.54	\$52.43	\$23.31
758	Hyperthermic Therapies .....	S	3.41	\$172.78	\$76.84	\$34.56
759	Brachytherapy and Complex Radioelement Applications .....	S	7.98	\$404.34	\$160.01	\$80.87
760	PET Scans .....	S	17.26	\$874.55	\$419.46	\$174.91
*761	Standard Non-Imaging Nuclear Medicine .....	S	2.04	\$103.37	\$61.47	\$20.67
*762	Complex Non-Imaging Nuclear Medicine .....	S	1.78	\$90.19	\$51.53	\$18.04
771	Standard Planar Nuclear Medicine .....	S	3.78	\$191.53	\$116.84	\$38.31
772	Complex Planar Nuclear Medicine .....	S	4.22	\$213.83	\$127.92	\$42.77
781	Standard SPECT Nuclear Medicine .....	S	5.26	\$266.52	\$145.77	\$53.30
782	Complex SPECT Nuclear Medicine .....	S	9.28	\$470.21	\$275.04	\$94.04
*791	Standard Therapeutic Nuclear Medicine .....	S	15.83	\$802.10	\$562.06	\$160.42
*792	Complex Therapeutic Nuclear Medicine .....	S	4.80	\$243.21	\$144.19	\$48.64
861	Immunology Tests .....	X	0.13	\$6.59	\$3.62	\$1.32
881	Level I Pathology .....	X	0.20	\$10.13	\$6.78	\$2.03
882	Level II Pathology .....	X	0.39	\$19.76	\$11.75	\$3.95
883	Level III Pathology .....	X	0.65	\$32.94	\$20.34	\$6.59
900	Critical Care .....	V	7.44	\$376.98	\$144.87	\$75.40
901	Level I Immunization .....	X	0.07	\$3.55	\$2.49	\$0.71
*902	Level II Immunization .....	X	1.78	\$90.19	\$41.47	\$18.04
*903	Level III Immunization .....	X	1.16	\$58.78	\$25.65	\$11.76
906	Infusion Therapy except Chemotherapy .....	X	1.46	\$73.98	\$42.49	\$14.80
907	Intramuscular Injections .....	X	0.85	\$43.07	\$11.98	\$8.61
+91111	Low Level Clinic Visits .....	V	1.06	\$53.71	\$12.66	\$10.74
91118	Low Level Clinic Visits .....	V	0.83	\$42.06	\$9.27	\$8.41
91124	Low Level Clinic Visits .....	V	0.87	\$44.08	\$9.49	\$8.82
91131	Low Level Clinic Visits .....	V	0.81	\$41.04	\$9.04	\$8.21
91133	Low Level Clinic Visits .....	V	0.80	\$40.54	\$8.59	\$8.11
91136	Low Level Clinic Visits .....	V	0.85	\$43.07	\$8.61	\$8.61
91141	Low Level Clinic Visits .....	V	0.98	\$49.66	\$10.40	\$9.93
91153	Low Level Clinic Visits .....	V	0.91	\$46.11	\$9.27	\$9.22
91156	Low Level Clinic Visits .....	V	0.93	\$47.12	\$9.42	\$9.42
*91157	Low Level Clinic Visits .....	V	1.33	\$67.39	\$14.46	\$13.48
91163	Low Level Clinic Visits .....	V	0.98	\$49.66	\$10.17	\$9.93
*91168	Low Level Clinic Visits .....	V	0.98	\$49.66	\$10.62	\$9.93
*91172	Low Level Clinic Visits .....	V	1.06	\$53.71	\$14.24	\$10.74
*91178	Low Level Clinic Visits .....	V	1.52	\$77.02	\$21.58	\$15.40
91182	Low Level Clinic Visits .....	V	0.87	\$44.08	\$9.04	\$8.82
*91186	Low Level Clinic Visits .....	V	1.09	\$55.23	\$11.30	\$11.05
91188	Low Level Clinic Visits .....	V	0.72	\$36.48	\$8.14	\$7.30
+91191	Low Level Clinic Visits .....	V	1.09	\$55.23	\$14.01	\$11.05
91197	Low Level Clinic Visits .....	V	1.02	\$51.68	\$11.53	\$10.34
+91199	Low Level Clinic Visits .....	V	1.31	\$66.38	\$20.79	\$13.28
+91311	Mid Level Clinic Visits .....	V	1.06	\$53.71	\$12.66	\$10.74
91318	Mid Level Clinic Visits .....	V	0.98	\$49.66	\$9.93	\$9.93
91324	Mid Level Clinic Visits .....	V	0.98	\$49.66	\$9.93	\$9.93
91331	Mid Level Clinic Visits .....	V	0.94	\$47.63	\$9.53	\$9.53
91333	Mid Level Clinic Visits .....	V	0.93	\$47.12	\$9.42	\$9.42
91336	Mid Level Clinic Visits .....	V	1.00	\$50.67	\$10.13	\$10.13
91341	Mid Level Clinic Visits .....	V	1.00	\$50.67	\$10.13	\$10.13
91353	Mid Level Clinic Visits .....	V	1.04	\$52.70	\$10.54	\$10.54

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

APC <sup>1,2</sup>	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance	
91356	Mid Level Clinic Visits .....	Female genital system diseases .....	V	1.06	\$53.71	\$10.74	\$10.74
*91357	Mid Level Clinic Visits .....	Pregnancy and neonatal care .....	V	1.22	\$61.82	\$12.66	\$12.36
91363	Mid Level Clinic Visits .....	Nervous system diseases .....	V	1.04	\$52.70	\$10.54	\$10.54
*91368	Mid Level Clinic Visits .....	Eye diseases .....	V	0.87	\$44.08	\$8.82	\$8.82
*91372	Mid Level Clinic Visits .....	Trauma and poisoning .....	V	1.06	\$53.71	\$10.85	\$10.74
*91378	Mid Level Clinic Visits .....	Major signs, symptoms and findings .....	V	1.13	\$57.26	\$11.45	\$11.45
91382	Mid Level Clinic Visits .....	Endocrine, nutritional and metabolic diseases.	V	1.00	\$50.67	\$10.13	\$10.13
*91386	Mid Level Clinic Visits .....	Immunologic and hematologic diseases .....	V	1.04	\$52.70	\$10.54	\$10.54
91388	Mid Level Clinic Visits .....	Malignancy .....	V	0.83	\$42.06	\$8.41	\$8.41
+91391	Mid Level Clinic Visits .....	Psychiatric disorders .....	V	1.09	\$55.23	\$14.01	\$11.05
91397	Mid Level Clinic Visits .....	Infectious disease .....	V	1.06	\$53.71	\$10.74	\$10.74
+91399	Mid Level Clinic Visits .....	Unknown cause of mortality .....	V	1.31	\$66.38	\$20.79	\$13.28
+91511	High Level Clinic Visits .....	Well care and administrative .....	V	1.06	\$53.71	\$12.66	\$10.74
91518	High Level Clinic Visits .....	Skin and breast diseases .....	V	1.69	\$85.63	\$19.21	\$17.13
91524	High Level Clinic Visits .....	Musculoskeletal diseases .....	V	1.37	\$69.42	\$15.37	\$13.88
91531	High Level Clinic Visits .....	Ear, nose, mouth and throat diseases .....	V	1.31	\$66.38	\$14.92	\$13.28
91533	High Level Clinic Visits .....	Respiratory system diseases .....	V	1.33	\$67.39	\$13.79	\$13.48
91536	High Level Clinic Visits .....	Cardiovascular system diseases .....	V	1.43	\$72.46	\$15.37	\$14.49
91541	High Level Clinic Visits .....	Digestive system diseases .....	V	1.50	\$76.00	\$16.05	\$15.20
91553	High Level Clinic Visits .....	Kidney, urinary tract and male genital diseases.	V	1.30	\$65.87	\$14.01	\$13.17
91556	High Level Clinic Visits .....	Female genital system diseases .....	V	1.43	\$72.46	\$14.49	\$14.49
91557	High Level Clinic Visits .....	Pregnancy and neonatal care .....	V	1.81	\$91.71	\$22.15	\$18.34
91563	High Level Clinic Visits .....	Nervous system diseases .....	V	1.50	\$76.00	\$16.72	\$15.20
91568	High Level Clinic Visits .....	Eye diseases .....	V	1.31	\$66.38	\$13.79	\$13.28
91572	High Level Clinic Visits .....	Trauma and poisoning .....	V	1.69	\$85.63	\$22.15	\$17.13
91578	High Level Clinic Visits .....	Major signs, symptoms and findings .....	V	1.89	\$95.77	\$29.15	\$19.15
91582	High Level Clinic Visits .....	Endocrine, nutritional and metabolic diseases.	V	1.41	\$71.44	\$15.14	\$14.29
91586	High Level Clinic Visits .....	Immunologic and hematologic diseases .....	V	1.65	\$83.60	\$18.98	\$16.72
91588	High Level Clinic Visits .....	Malignancy .....	V	1.09	\$55.23	\$12.43	\$11.05
91591	High Level Clinic Visits .....	Psychiatric disorders .....	V	1.57	\$79.55	\$21.92	\$15.91
91597	High Level Clinic Visits .....	Infectious disease .....	V	1.76	\$89.18	\$19.66	\$17.84
+91599	High Level Clinic Visits .....	Unknown cause of mortality .....	V	1.31	\$66.38	\$20.79	\$13.28
919	Electroconvulsive Therapy .....	.....	S	3.17	\$160.62	\$80.00	\$32.12
920	Biofeedback and other Training .....	.....	S	1.17	\$59.28	\$29.61	\$11.86
*921	Diabetes Education .....	.....	S	.....	.....	.....	.....
926	Dialysis for other than ESRD patients .....	.....	S	4.28	\$216.87	\$69.83	\$43.37
928	Alimentary Tests .....	.....	X	3.11	\$157.58	\$83.85	\$31.52
930	Minor Eye Examinations .....	.....	X	1.02	\$51.68	\$22.83	\$10.34
931	Level I Eye Tests .....	.....	X	0.74	\$37.50	\$21.47	\$7.50
932	Level II Eye Tests .....	.....	X	2.52	\$127.69	\$65.09	\$25.54
936	Fitting of Vision Aids .....	.....	X	0.52	\$26.35	\$9.49	\$5.27
940	Otorhinolaryngologic Function Tests .....	.....	X	3.04	\$154.04	\$51.98	\$30.81
941	Level I Audiometry .....	.....	X	0.74	\$37.50	\$13.56	\$7.50
942	Level II Audiometry .....	.....	X	1.48	\$74.99	\$22.15	\$15.00
947	Resuscitation and Cardioversion .....	.....	S	4.07	\$206.22	\$109.61	\$41.24
948	Cardiac Rehabilitation .....	.....	X	0.81	\$41.04	\$16.95	\$8.21
949	Cardiovascular Stress Test .....	.....	X	1.46	\$73.98	\$62.83	\$14.80
950	Electrocardiogram (ECG) .....	.....	X	0.35	\$17.73	\$15.82	\$3.55
+95111	Low Level ER Visits .....	Well care and administrative .....	V	1.06	\$53.71	\$12.66	\$10.74
95118	Low Level ER Visits .....	Skin and breast diseases .....	V	1.17	\$59.28	\$19.21	\$11.86
95124	Low Level ER Visits .....	Musculoskeletal diseases .....	V	1.17	\$59.28	\$19.89	\$11.86
95131	Low Level ER Visits .....	Ear, nose, mouth and throat diseases .....	V	1.11	\$56.24	\$17.63	\$11.25
95133	Low Level ER Visits .....	Respiratory system diseases .....	V	1.15	\$58.27	\$18.31	\$11.65
95136	Low Level ER Visits .....	Cardiovascular system diseases .....	V	1.24	\$62.83	\$19.89	\$12.57
95141	Low Level ER Visits .....	Digestive system diseases .....	V	1.30	\$65.87	\$21.02	\$13.17
95153	Low Level ER Visits .....	Kidney, urinary tract and male genital diseases.	V	1.43	\$72.46	\$24.41	\$14.49
95156	Low Level ER Visits .....	Female genital system diseases .....	V	1.41	\$71.44	\$23.73	\$14.29
95157	Low Level ER Visits .....	Pregnancy and neonatal care .....	V	1.44	\$72.96	\$24.18	\$14.59
95163	Low Level ER Visits .....	Nervous system diseases .....	V	1.31	\$66.38	\$22.83	\$13.28
95168	Low Level ER Visits .....	Eye diseases .....	V	1.20	\$60.80	\$20.79	\$12.16
95172	Low Level ER Visits .....	Trauma and poisoning .....	V	1.28	\$64.86	\$22.15	\$12.97
95178	Low Level ER Visits .....	Major signs, symptoms and findings .....	V	2.02	\$102.35	\$37.97	\$20.47
95182	Low Level ER Visits .....	Endocrine, nutritional and metabolic diseases.	V	1.50	\$76.00	\$24.63	\$15.20
95186	Low Level ER Visits .....	Immunologic and hematologic diseases .....	V	1.43	\$72.46	\$25.76	\$14.49
95188	Low Level ER Visits .....	Malignancy .....	V	1.52	\$77.02	\$26.44	\$15.40
95191	Low Level ER Visits .....	Psychiatric Disorders .....	V	1.09	\$55.23	\$14.01	\$11.05
95197	Low Level ER Visits .....	Infectious disease .....	V	1.24	\$62.83	\$20.57	\$12.57
+95199	Low Level ER Visits .....	Unknown cause of mortality .....	V	1.31	\$66.38	\$20.79	\$13.28
+95311	Mid Level ER Visits .....	Well care and administrative .....	V	1.06	\$53.71	\$12.66	\$10.74
95318	Mid Level ER Visits .....	Skin and breast diseases .....	V	1.89	\$95.77	\$34.80	\$19.15

<sup>1</sup>\*APCs preceded by an asterisk have anomalous weights. Refer to the Preamble for discussion.

<sup>2</sup>+APCs preceded by a plus sign (+) indicate the median cost of all claims in combined levels of the MDC was calculated; one rate is paid for multiple levels.

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

APC <sup>1 2</sup>	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
95324	Mid Level ER Visits ..... Musculoskeletal diseases .....	V	1.78	\$90.19	\$32.32	\$18.04
95331	Mid Level ER Visits ..... Ear, nose, mouth and throat diseases .....	V	1.81	\$91.71	\$31.64	\$18.34
95333	Mid Level ER Visits ..... Respiratory system diseases .....	V	1.91	\$96.78	\$33.67	\$19.36
95336	Mid Level ER Visits ..... Cardiovascular system diseases .....	V	2.02	\$102.35	\$36.16	\$20.47
95341	Mid Level ER Visits ..... Digestive system diseases .....	V	2.02	\$102.35	\$36.61	\$20.47
95353	Mid Level ER Visits ..... Kidney, urinary tract and male genital diseases.	V	2.06	\$104.38	\$38.19	\$20.88
95356	Mid Level ER Visits ..... Female genital system diseases .....	V	2.04	\$103.37	\$36.61	\$20.67
95357	Mid Level ER Visits ..... Pregnancy and neonatal care .....	V	2.06	\$104.38	\$39.78	\$20.88
95363	Mid Level ER Visits ..... Nervous system diseases .....	V	2.00	\$101.34	\$37.29	\$20.27
95368	Mid Level ER Visits ..... Eye diseases .....	V	1.69	\$85.63	\$33.00	\$17.13
95372	Mid Level ER Visits ..... Trauma and poisoning .....	V	2.02	\$102.35	\$38.87	\$20.47
95378	Mid Level ER Visits ..... Major signs, symptoms and findings .....	V	3.07	\$155.56	\$58.76	\$31.11
95382	Mid Level ER Visits ..... Endocrine, nutritional and metabolic diseases.	V	2.30	\$116.54	\$43.62	\$23.31
95386	Mid Level ER Visits ..... Immunologic and hematologic diseases .....	V	2.39	\$121.10	\$47.01	\$24.22
95388	Mid Level ER Visits ..... Malignancy .....	V	2.15	\$108.94	\$41.13	\$21.79
95391	Mid Level ER Visits ..... Psychiatric Disorders .....	V	2.00	\$101.34	\$35.93	\$20.27
95397	Mid Level ER Visits ..... Infectious disease .....	V	1.98	\$100.33	\$36.61	\$20.07
+95399	Mid Level ER Visits ..... Unknown cause of mortality .....	V	1.31	\$66.38	\$20.79	\$13.28
+95511	High Level ER Visits ..... Well care and administrative .....	V	1.06	\$53.71	\$12.66	\$10.74
95518	High Level ER Visits ..... Skin and breast diseases .....	V	2.61	\$132.25	\$46.56	\$26.45
95524	High Level ER Visits ..... Musculoskeletal diseases .....	V	2.44	\$123.63	\$41.36	\$24.73
95531	High Level ER Visits ..... Ear, nose, mouth and throat diseases .....	V	2.56	\$129.71	\$44.07	\$25.94
95533	High Level ER Visits ..... Respiratory system diseases .....	V	3.19	\$161.64	\$54.69	\$32.33
95536	High Level ER Visits ..... Cardiovascular system diseases .....	V	3.17	\$160.62	\$54.69	\$32.12
95541	High Level ER Visits ..... Digestive system diseases .....	V	2.89	\$146.43	\$54.69	\$29.29
95553	High Level ER Visits ..... Kidney, urinary tract and male genital diseases.	V	2.89	\$146.43	\$54.69	\$29.29
95556	High Level ER Visits ..... Female genital system diseases .....	V	2.73	\$138.33	\$50.85	\$27.67
95557	High Level ER Visits ..... Pregnancy and neonatal care .....	V	2.93	\$148.46	\$54.92	\$29.69
95563	High Level ER Visits ..... Nervous system diseases .....	V	3.04	\$154.04	\$58.08	\$30.81
95568	High Level ER Visits ..... Eye diseases .....	V	2.31	\$117.05	\$40.00	\$23.41
95572	High Level ER Visits ..... Trauma and poisoning .....	V	2.74	\$138.83	\$50.17	\$27.77
95578	High Level ER Visits ..... Major signs, symptoms and findings .....	V	6.85	\$347.09	\$148.48	\$69.42
95582	High Level ER Visits ..... Endocrine, nutritional and metabolic diseases.	V	3.28	\$166.20	\$64.64	\$33.24
95586	High Level ER Visits ..... Immunologic and hematologic diseases .....	V	3.70	\$187.48	\$74.35	\$37.50
95588	High Level ER Visits ..... Malignancy .....	V	3.67	\$185.96	\$61.70	\$37.19
95591	High Level ER Visits ..... Psychiatric Disorders .....	V	3.48	\$176.33	\$62.38	\$35.27
95597	High Level ER Visits ..... Infectious disease .....	V	2.81	\$142.38	\$53.34	\$28.48
+95599	High Level ER Visits ..... Unknown cause of mortality .....	V	1.31	\$66.38	\$20.79	\$13.28
956	Continuous ECG and Blood Pressure Monitoring.	X	1.11	\$56.24	\$55.82	\$11.25
957	Echocardiography .....	S	2.83	\$143.39	\$117.07	\$28.68
958	Diagnostic Cardiac Catheterization .....	T	26.11	\$1,322.98	\$659.47	\$264.60
960	Cardiac Electrophysiologic Tests/Procedures.	S	4.24	\$214.84	\$144.41	\$42.97
966	Electronic Analysis of Pacemakers/other Devices.	X	0.39	\$19.76	\$12.43	\$3.95
967	Non-Invasive Vascular Studies .....	X	1.70	\$86.14	\$57.40	\$17.23
968	Vascular Ultrasound .....	X	2.37	\$120.09	\$79.55	\$24.02
969	Hyperbaric Oxygen .....	S	2.65	\$134.27	\$141.70	\$26.85
971	Level I Pulmonary Tests .....	X	0.78	\$39.52	\$21.47	\$7.90
972	Level II Pulmonary Tests .....	X	1.02	\$51.68	\$29.38	\$10.34
973	Level III Pulmonary Tests .....	S	1.89	\$95.77	\$55.82	\$19.15
976	Pulmonary Therapy .....	S	0.44	\$22.29	\$14.92	\$4.46
977	Allergy Tests .....	X	0.63	\$31.92	\$12.66	\$6.38
978	Allergy Injections .....	X	0.31	\$15.71	\$3.39	\$3.14
979	Extended EEG Studies and Sleep Studies .....	S	10.17	\$515.31	\$288.83	\$103.06
980	Electroencephalogram .....	S	2.15	\$108.94	\$57.86	\$21.79
*981	Level I Nerve and Muscle Tests .....	X	1.46	\$73.98	\$41.81	\$14.80
*982	Level II Nerve and Muscle Tests .....	X	1.39	\$70.43	\$38.87	\$14.09
987	Subcutaneous or Intramuscular Chemotherapy.	S	0.65	\$32.94	\$13.33	\$6.59
988	Chemotherapy except by Extended Infusion.	S	4.15	\$210.28	\$97.52	\$42.06
989	Chemotherapy by Extended Infusion .....	S	1.72	\$87.15	\$40.68	\$17.43
990	Photochemotherapy .....	S	0.43	\$21.79	\$8.14	\$4.36
997	Manipulation Therapy .....	S	0.69	\$34.96	\$7.23	\$6.99
999	Therapeutic Phlebotomy .....	X	0.43	\$21.79	\$10.85	\$4.36

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

CPT 1/ HCPCS 2	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 .....	.....	.....	.....	.....	.....
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, collarbone 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....					
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	1.94	\$102.84	\$36.61	\$20.57
10060	T	Drainage of skin abscess .....	131	1.94	\$102.84	\$36.61	\$20.57
10061	T	Drainage of skin abscess .....	131	1.94	\$102.84	\$36.61	\$20.57
10080	T	Drainage of pilonidal cyst .....	131	1.94	\$102.84	\$36.61	\$20.57
10081	T	Drainage of pilonidal cyst .....	131	1.94	\$102.84	\$36.61	\$20.57
10120	T	Remove foreign body .....	131	1.94	\$102.84	\$36.61	\$20.57
10121	T	Remove foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
10140	T	Drainage of hematoma/fluid .....	131	1.94	\$102.84	\$36.61	\$20.57
10160	T	Puncture drainage of lesion .....	131	1.94	\$102.84	\$36.61	\$20.57
10180	T	Complex drainage, wound .....	131	1.94	\$102.84	\$36.61	\$20.57
11000	T	Debride infected skin .....	151	1.74	\$92.07	\$35.71	\$18.41
11001	T	Debride infect skin add .....	151	1.74	\$92.07	\$35.71	\$18.41
11010	T	Debride skin, fx .....	163	10.69	\$565.14	\$264.65	\$113.03
11011	T	Debride skin/muscle, fx .....	163	10.69	\$565.14	\$264.65	\$113.03
11012	T	Debride skin/muscle/bone, fx .....	163	10.69	\$565.14	\$264.65	\$113.03
11040	T	Debride skin partial .....	151	1.74	\$92.07	\$35.71	\$18.41
11041	T	Debride skin full .....	151	1.74	\$92.07	\$35.71	\$18.41
11042	T	Debride skin/tissue .....	151	1.74	\$92.07	\$35.71	\$18.41
11043	T	Debride tissue/muscle .....	162	5.67	\$299.71	\$125.43	\$59.94
11044	T	Debride tissue/muscle/bone .....	162	5.67	\$299.71	\$125.43	\$59.94
11055	T	Trim skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11056	T	Trim 2 to 4 skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
11057	T	Trim over 4 skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
11100	T	Biopsy of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11101	T	Biopsy, each added lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11200	T	Removal of skin tags .....	151	1.74	\$92.07	\$35.71	\$18.41
11201	T	Removal of added skin tags .....	151	1.74	\$92.07	\$35.71	\$18.41
11300	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11301	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11302	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11303	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11305	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11306	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11307	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11308	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11310	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11311	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11312	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11313	T	Shave skin lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
11400	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11401	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11402	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11403	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
11404	T	Removal of skin lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
11406	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11420	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11421	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11422	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11423	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11424	T	Removal of skin lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
11426	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11440	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11441	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11442	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11443	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11444	T	Removal of skin lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
11446	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11450	T	Removal, sweat gland lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11451	T	Removal, sweat gland lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11462	T	Removal, sweat gland lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11463	T	Removal, sweat gland lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11470	T	Removal, sweat gland lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11471	T	Removal, sweat gland lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11600	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11601	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11602	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11603	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11604	T	Removal of skin lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
11606	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11620	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11621	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11622	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11623	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11624	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11626	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11640	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11641	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11642	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11643	T	Removal of skin lesion .....	161	3.50	\$185.12	\$75.48	\$37.02
11644	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11646	T	Removal of skin lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11719	T	Trim nail(s) .....	137	0.46	\$24.49	\$4.90	\$4.90
11720	T	Debride nail, 1-5 .....	137	0.46	\$24.49	\$4.90	\$4.90
11721	T	Debride nail, 6 or more .....	137	0.46	\$24.49	\$4.90	\$4.90
11730	T	Removal of nail plate .....	151	1.74	\$92.07	\$35.71	\$18.41
11731	T	Removal of second nail plate .....	151	1.74	\$92.07	\$35.71	\$18.41
11732	T	Remove additional nail plate .....	151	1.74	\$92.07	\$35.71	\$18.41
11740	T	Drain blood from under nail .....	137	0.46	\$24.49	\$4.90	\$4.90
11750	T	Removal of nail bed .....	161	3.50	\$185.12	\$75.48	\$37.02
11752	T	Remove nail bed/finger tip .....	163	10.69	\$565.14	\$264.65	\$113.03
11755	T	Biopsy, nail unit .....	137	0.46	\$24.49	\$4.90	\$4.90
11760	T	Reconstruction of nail bed .....	181	2.19	\$115.58	\$43.84	\$23.12
11762	T	Reconstruction of nail bed .....	181	2.19	\$115.58	\$43.84	\$23.12
11765	T	Excision of nail fold, toe .....	151	1.74	\$92.07	\$35.71	\$18.41
11770	T	Removal of pilonidal lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
11771	T	Removal of pilonidal lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11772	T	Removal of pilonidal lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
11900	T	Injection into skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
11901	T	Added skin lesions injection .....	151	1.74	\$92.07	\$35.71	\$18.41
11920	T	Correct skin color defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11921	T	Correct skin color defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11922	T	Correct skin color defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11950	T	Therapy for contour defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11951	T	Therapy for contour defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11952	T	Therapy for contour defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11954	T	Therapy for contour defects .....	181	2.19	\$115.58	\$43.84	\$23.12
11960	T	Insert tissue expander(s) .....	183	11.17	\$590.61	\$286.57	\$118.12
11970	T	Replace tissue expander .....	183	11.17	\$590.61	\$286.57	\$118.12
11971	T	Remove tissue expander(s) .....	163	10.69	\$565.14	\$264.65	\$113.03
11975	E	Insert contraceptive cap .....					
11976	T	Removal of contraceptive cap .....	131	1.94	\$102.84	\$36.61	\$20.57
11977	E	Removal/reinsert contra cap .....					
12001	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12002	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12004	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12005	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12006	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12007	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
12011	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12013	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12014	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12015	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12016	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12017	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12018	T	Repair superficial wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12020	T	Closure of split wound .....	181	2.19	\$115.58	\$43.84	\$23.12
12021	T	Closure of split wound .....	181	2.19	\$115.58	\$43.84	\$23.12
12031	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12032	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12034	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12035	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12036	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12037	T	Layer closure of wound(s) .....	183	11.17	\$590.61	\$286.57	\$118.12
12041	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12042	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12044	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12045	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12046	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12047	T	Layer closure of wound(s) .....	183	11.17	\$590.61	\$286.57	\$118.12
12051	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12052	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12053	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12054	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12055	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12056	T	Layer closure of wound(s) .....	181	2.19	\$115.58	\$43.84	\$23.12
12057	T	Layer closure of wound(s) .....	183	11.17	\$590.61	\$286.57	\$118.12
13100	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13101	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13120	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13121	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13131	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13132	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13150	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13151	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13152	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
13160	T	Late closure of wound .....	182	4.00	\$211.56	\$84.98	\$42.31
13300	T	Repair of wound or lesion .....	182	4.00	\$211.56	\$84.98	\$42.31
14000	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14001	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14020	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14021	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14040	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14041	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14060	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14061	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14300	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
14350	T	Skin tissue rearrangement .....	183	11.17	\$590.61	\$286.57	\$118.12
15000	T	Skin graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15050	T	Skin pinch graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15100	T	Skin split graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15101	T	Skin split graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15120	T	Skin split graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15121	T	Skin split graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15200	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15201	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15220	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15221	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15240	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15241	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15260	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15261	T	Skin full graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15350	T	Skin homograft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15400	T	Skin heterograft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15570	T	Form skin pedicle flap .....	183	11.17	\$590.61	\$286.57	\$118.12
15572	T	Form skin pedicle flap .....	183	11.17	\$590.61	\$286.57	\$118.12
15574	T	Form skin pedicle flap .....	183	11.17	\$590.61	\$286.57	\$118.12
15576	T	Form skin pedicle flap .....	183	11.17	\$590.61	\$286.57	\$118.12
15580	T	Attach skin pedicle graft .....	183	11.17	\$590.61	\$286.57	\$118.12
15600	T	Skin graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15610	T	Skin graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15620	T	Skin graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15625	T	Skin graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12
15630	T	Skin graft procedure .....	183	11.17	\$590.61	\$286.57	\$118.12

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
15650	T	Transfer skin pedicle flap .....	183	11.17	\$590.61	\$286.57	\$118.12
15732	T	Muscle-skin graft, head/neck .....	184	15.17	\$802.17	\$396.40	\$160.43
15734	T	Muscle-skin graft, trunk .....	184	15.17	\$802.17	\$396.40	\$160.43
15736	T	Muscle-skin graft, arm .....	184	15.17	\$802.17	\$396.40	\$160.43
15738	T	Muscle-skin graft, leg .....	184	15.17	\$802.17	\$396.40	\$160.43
15740	T	Island pedicle flap graft .....	184	15.17	\$802.17	\$396.40	\$160.43
15750	T	Neurovascular pedicle graft .....	184	15.17	\$802.17	\$396.40	\$160.43
15756	C	Free muscle flap, microvasc .....	.....	.....	.....	.....	.....
15757	C	Free skin flap, microvasc .....	.....	.....	.....	.....	.....
15758	C	Free fascial flap, microvasc .....	.....	.....	.....	.....	.....
15760	T	Composite skin graft .....	184	15.17	\$802.17	\$396.40	\$160.43
15770	T	Derma-fat-fascia graft .....	184	15.17	\$802.17	\$396.40	\$160.43
15775	T	Hair transplant punch grafts .....	183	11.17	\$590.61	\$286.57	\$118.12
15776	T	Hair transplant punch grafts .....	183	11.17	\$590.61	\$286.57	\$118.12
15780	T	Abrasion treatment of skin .....	163	10.69	\$565.14	\$264.65	\$113.03
15781	T	Abrasion treatment of skin .....	163	10.69	\$565.14	\$264.65	\$113.03
15782	T	Abrasion treatment of skin .....	163	10.69	\$565.14	\$264.65	\$113.03
15783	T	Abrasion treatment of skin .....	151	1.74	\$92.07	\$35.71	\$18.41
15786	T	Abrasion treatment of lesion .....	151	1.74	\$92.07	\$35.71	\$18.41
15787	T	Abrasion, added skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
15788	T	Chemical peel, face, epiderm .....	151	1.74	\$92.07	\$35.71	\$18.41
15789	T	Chemical peel, face, dermal .....	151	1.74	\$92.07	\$35.71	\$18.41
15792	T	Chemical peel, nonfacial .....	151	1.74	\$92.07	\$35.71	\$18.41
15793	T	Chemical peel, nonfacial .....	151	1.74	\$92.07	\$35.71	\$18.41
15810	T	Salabrasion .....	151	1.74	\$92.07	\$35.71	\$18.41
15811	T	Salabrasion .....	163	10.69	\$565.14	\$264.65	\$113.03
15819	T	Plastic surgery, neck .....	183	11.17	\$590.61	\$286.57	\$118.12
15820	T	Revision of lower eyelid .....	183	11.17	\$590.61	\$286.57	\$118.12
15821	T	Revision of lower eyelid .....	183	11.17	\$590.61	\$286.57	\$118.12
15822	T	Revision of upper eyelid .....	183	11.17	\$590.61	\$286.57	\$118.12
15823	T	Revision of upper eyelid .....	183	11.17	\$590.61	\$286.57	\$118.12
15824	T	Removal of forehead wrinkles .....	184	15.17	\$802.17	\$396.40	\$160.43
15825	T	Removal of neck wrinkles .....	183	11.17	\$590.61	\$286.57	\$118.12
15826	T	Removal of brow wrinkles .....	184	15.17	\$802.17	\$396.40	\$160.43
15828	T	Removal of face wrinkles .....	184	15.17	\$802.17	\$396.40	\$160.43
15829	T	Removal of skin wrinkles .....	183	11.17	\$590.61	\$286.57	\$118.12
15831	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15832	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15833	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15834	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15835	T	Excise excessive skin tissue .....	183	11.17	\$590.61	\$286.57	\$118.12
15836	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15837	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15838	T	Excise excessive skin tissue .....	163	10.69	\$565.14	\$264.65	\$113.03
15839	T	Excise excessive skin tissue .....	184	15.17	\$802.17	\$396.40	\$160.43
15840	T	Graft for face nerve palsy .....	184	15.17	\$802.17	\$396.40	\$160.43
15841	T	Graft for face nerve palsy .....	184	15.17	\$802.17	\$396.40	\$160.43
15842	T	Graft for face nerve palsy .....	184	15.17	\$802.17	\$396.40	\$160.43
15845	T	Skin and muscle repair, face .....	184	15.17	\$802.17	\$396.40	\$160.43
15850	T	Removal of sutures .....	151	1.74	\$92.07	\$35.71	\$18.41
15851	T	Removal of sutures .....	151	1.74	\$92.07	\$35.71	\$18.41
15852	T	Dressing change, not for burn .....	151	1.74	\$92.07	\$35.71	\$18.41
15860	N	Test for blood flow in graft .....	.....	.....	.....	.....	.....
15876	T	Suction assisted lipectomy .....	184	15.17	\$802.17	\$396.40	\$160.43
15877	T	Suction assisted lipectomy .....	184	15.17	\$802.17	\$396.40	\$160.43
15878	T	Suction assisted lipectomy .....	184	15.17	\$802.17	\$396.40	\$160.43
15879	T	Suction assisted lipectomy .....	184	15.17	\$802.17	\$396.40	\$160.43
15920	T	Removal of tail bone ulcer .....	163	10.69	\$565.14	\$264.65	\$113.03
15922	T	Removal of tail bone ulcer .....	184	15.17	\$802.17	\$396.40	\$160.43
15931	T	Remove sacrum pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
15933	T	Remove sacrum pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
15934	T	Remove sacrum pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15935	T	Remove sacrum pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15936	T	Remove sacrum pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15937	T	Remove sacrum pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15940	T	Removal of pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
15941	T	Removal of pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
15944	T	Removal of pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15945	T	Removal of pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15946	T	Removal of pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15950	T	Remove thigh pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
15951	T	Remove thigh pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
15952	T	Remove thigh pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15953	T	Remove thigh pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15956	T	Remove thigh pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
15958	T	Remove thigh pressure sore .....	184	15.17	\$802.17	\$396.40	\$160.43
15999	T	Removal of pressure sore .....	163	10.69	\$565.14	\$264.65	\$113.03
16000	T	Initial treatment of burn(s) .....	151	1.74	\$92.07	\$35.71	\$18.41
16010	T	Treatment of burn(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
16015	T	Treatment of burn(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
16020	T	Treatment of burn(s) .....	151	1.74	\$92.07	\$35.71	\$18.41
16025	T	Treatment of burn(s) .....	151	1.74	\$92.07	\$35.71	\$18.41
16030	T	Treatment of burn(s) .....	151	1.74	\$92.07	\$35.71	\$18.41
16035	T	Incision of burn scab .....	162	5.67	\$299.71	\$125.43	\$59.94
16040	T	Burn wound excision .....	162	5.67	\$299.71	\$125.43	\$59.94
16041	T	Burn wound excision .....	162	5.67	\$299.71	\$125.43	\$59.94
16042	T	Burn wound excision .....	162	5.67	\$299.71	\$125.43	\$59.94
17000	T	Destroy benign/premal lesion .....	141	0.59	\$31.34	\$9.49	\$6.27
17003	T	Destroy 2–14 lesions .....	141	0.59	\$31.34	\$9.49	\$6.27
17004	T	Destroy 15 & more lesions .....	142	3.78	\$199.81	\$73.00	\$39.96
17106	T	Destruction of skin lesions .....	141	0.59	\$31.34	\$9.49	\$6.27
17107	T	Destruction of skin lesions .....	142	3.78	\$199.81	\$73.00	\$39.96
17108	T	Destruction of skin lesions .....	142	3.78	\$199.81	\$73.00	\$39.96
17110	T	Destruct lesion, 1–14 .....	141	0.59	\$31.34	\$9.49	\$6.27
17111	T	Destruct lesion, 15 or more .....	142	3.78	\$199.81	\$73.00	\$39.96
17250	T	Chemical cautery, tissue .....	151	1.74	\$92.07	\$35.71	\$18.41
17260	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17261	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17262	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17263	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17264	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17266	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17270	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17271	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17272	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17273	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17274	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17276	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17280	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17281	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17282	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17283	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17284	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17286	T	Destruction of skin lesions .....	151	1.74	\$92.07	\$35.71	\$18.41
17304	T	Chemosurgery of skin lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
17305	T	2nd stage chemosurgery .....	162	5.67	\$299.71	\$125.43	\$59.94
17306	T	3rd stage chemosurgery .....	162	5.67	\$299.71	\$125.43	\$59.94
17307	T	Followup skin lesion therapy .....	162	5.67	\$299.71	\$125.43	\$59.94
17310	T	Extensive skin chemosurgery .....	162	5.67	\$299.71	\$125.43	\$59.94
17340	T	Cryotherapy of skin .....	151	1.74	\$92.07	\$35.71	\$18.41
17360	T	Skin peel therapy .....	151	1.74	\$92.07	\$35.71	\$18.41
17380	T	Hair removal by electrolysis .....	151	1.74	\$92.07	\$35.71	\$18.41
17999	T	Skin tissue procedure .....	121	0.67	\$35.26	\$21.02	\$7.05
19000	T	Drainage of breast lesion .....	121	0.67	\$35.26	\$21.02	\$7.05
19001	T	Drain added breast lesion .....	121	0.67	\$35.26	\$21.02	\$7.05
19020	T	Incision of breast lesion .....	132	6.04	\$319.30	\$134.24	\$63.86
19030	T	Injection for breast x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
19100	T	Biopsy of breast .....	122	4.87	\$257.60	\$115.03	\$51.52
19101	T	Biopsy of breast .....	197	12.13	\$641.54	\$310.75	\$128.31
19110	T	Nipple exploration .....	197	12.13	\$641.54	\$310.75	\$128.31
19112	T	Excise breast duct fistula .....	197	12.13	\$641.54	\$310.75	\$128.31
19120	T	Removal of breast lesion .....	197	12.13	\$641.54	\$310.75	\$128.31
19125	T	Excision, breast lesion .....	197	12.13	\$641.54	\$310.75	\$128.31
19126	T	Excision, add'l breast lesion .....	197	12.13	\$641.54	\$310.75	\$128.31
19140	T	Removal of breast tissue .....	197	12.13	\$641.54	\$310.75	\$128.31
19160	T	Removal of breast tissue .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19162	T	Remove breast tissue, nodes .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19180	T	Removal of breast .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19182	T	Removal of breast .....	198	19.17	\$1,013.73	\$530.20	\$202.75
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	12.13	\$641.54	\$310.75	\$128.31
19291	T	Place needle wire, breast .....	197	12.13	\$641.54	\$310.75	\$128.31
19316	T	Suspension of breast .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19318	T	Reduction of large breast .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19324	T	Enlarge breast .....	198	19.17	\$1,013.73	\$530.20	\$202.75

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
19325	T	Enlarge breast with implant .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19328	T	Removal of breast implant .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19330	T	Removal of implant material .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19340	T	Immediate breast prosthesis .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19342	T	Delayed breast prosthesis .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19350	T	Breast reconstruction .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19355	T	Correct inverted nipple(s) .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19357	T	Breast reconstruction .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19361	C	Breast reconstruction .....					
19364	C	Breast reconstruction .....					
19366	T	Breast reconstruction .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19367	C	Breast reconstruction .....					
19368	C	Breast reconstruction .....					
19369	C	Breast reconstruction .....					
19370	T	Surgery of breast capsule .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19371	T	Removal of breast capsule .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19380	T	Revise breast reconstruction .....	198	19.17	\$1,013.73	\$530.20	\$202.75
19396	T	Design custom breast implant .....	197	12.13	\$641.54	\$310.75	\$128.31
19499	T	Breast surgery procedure .....	197	12.13	\$641.54	\$310.75	\$128.31
20000	T	Incision of abscess .....	131	1.94	\$102.84	\$36.61	\$20.57
20005	T	Incision of deep abscess .....	251	14.26	\$754.18	\$366.12	\$150.84
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	5.67	\$299.71	\$125.43	\$59.94
20205	T	Deep muscle biopsy .....	162	5.67	\$299.71	\$125.43	\$59.94
20206	T	Needle biopsy, muscle .....	122	4.87	\$257.6	\$115.03	\$51.52
20220	T	Bone biopsy, trocar/needle .....	162	5.67	\$299.71	\$125.43	\$59.94
20225	T	Bone biopsy, trocar/needle .....	162	5.67	\$299.71	\$125.43	\$59.94
20240	T	Bone biopsy, excisional .....	163	10.69	\$565.14	\$264.65	\$113.03
20245	T	Bone biopsy, excisional .....	163	10.69	\$565.14	\$264.65	\$113.03
20250	T	Open bone biopsy .....	251	14.26	\$754.18	\$366.12	\$150.84
20251	T	Open bone biopsy .....	251	14.26	\$754.18	\$366.12	\$150.84
20500	T	Injection of sinus tract .....	181	2.19	\$115.58	\$43.84	\$23.12
20501	T	Inject sinus tract for x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
20520	T	Removal of foreign body .....	161	3.50	\$185.12	\$75.48	\$37.02
20525	T	Removal of foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
20550	T	Inj tendon/ligament/cyst .....	200	1.89	\$99.90	\$39.10	\$19.98
20600	T	Drain/inject joint/bursa .....	200	1.89	\$99.90	\$39.10	\$19.98
20605	T	Drain/inject joint/bursa .....	200	1.89	\$99.90	\$39.10	\$19.98
20610	T	Drain/inject joint/bursa .....	200	1.89	\$99.90	\$39.10	\$19.98
20615	T	Treatment of bone cyst .....	121	0.67	\$35.26	\$21.02	\$7.05
20650	T	Insert and remove bone pin .....	251	14.26	\$754.18	\$366.12	\$150.84
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	5.67	\$299.71	\$125.43	\$59.94
20680	T	Removal of support implant .....	163	10.69	\$565.14	\$264.65	\$113.03
20690	T	Apply bone fixation device .....	252	19.39	\$1,025.49	\$509.18	\$205.10
20692	T	Apply bone fixation device .....	252	19.39	\$1,025.49	\$509.18	\$205.10
20693	T	Adjust bone fixation device .....	251	14.26	\$754.18	\$366.12	\$150.84
20694	T	Remove bone fixation device .....	251	14.26	\$754.18	\$366.12	\$150.84
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	19.39	\$1,025.49	\$509.18	\$205.10
20902	T	Removal of bone for graft .....	252	19.39	\$1,025.49	\$509.18	\$205.10
20910	T	Remove cartilage for graft .....	183	11.17	\$590.61	\$286.57	\$118.12
20912	T	Remove cartilage for graft .....	183	11.17	\$590.61	\$286.57	\$118.12
20920	T	Removal of fascia for graft .....	183	11.17	\$590.61	\$286.57	\$118.12
20922	T	Removal of fascia for graft .....	183	11.17	\$590.61	\$286.57	\$118.12
20924	T	Removal of tendon for graft .....	252	19.39	\$1,025.49	\$509.18	\$205.10
20926	T	Removal of tissue for graft .....	183	11.17	\$590.61	\$286.57	\$118.12
20930	C	Spinal bone allograft .....					
20931	C	Spinal bone allograft .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
20936	C	Spinal bone autograft .....	.....	.....	.....	.....	.....
20937	C	Spinal bone autograft .....	.....	.....	.....	.....	.....
20938	C	Spinal bone autograft .....	.....	.....	.....	.....	.....
20950	T	Record fluid pressure,muscle .....	132	6.04	\$319.30	\$134.24	\$63.86
20955	C	Fibula bone graft, microvasc .....	.....	.....	.....	.....	.....
20956	C	Iliac bone graft, microvasc .....	.....	.....	.....	.....	.....
20957	C	Mt bone graft, microvasc .....	.....	.....	.....	.....	.....
20962	C	Other bone graft, microvasc .....	.....	.....	.....	.....	.....
20969	C	Bone/skin graft, microvasc .....	.....	.....	.....	.....	.....
20970	C	Bone/skin graft, iliac crest .....	.....	.....	.....	.....	.....
20972	C	Bone-skin graft, metatarsal .....	.....	.....	.....	.....	.....
20973	C	Bone-skin graft, great toe .....	.....	.....	.....	.....	.....
20974	A	Electrical bone stimulation .....	.....	.....	.....	.....	.....
20975	T	Electrical bone stimulation .....	251	14.26	\$754.18	\$366.12	\$150.84
20999	N	Musculoskeletal surgery .....	.....	.....	.....	.....	.....
21010	T	Incision of jaw joint .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21015	T	Resection of facial tumor .....	231	12.02	\$635.66	299.90	\$127.13
21025	T	Excision of bone, lower jaw .....	231	12.02	\$635.66	299.90	\$127.13
21026	T	Excision of facial bone(s) .....	231	12.02	\$635.66	299.90	\$127.13
21029	T	Contour of face bone lesion .....	231	12.02	\$635.66	299.90	\$127.13
21030	T	Removal of face bone lesion .....	231	12.02	\$635.66	299.90	\$127.13
21031	T	Remove exostosis, mandible .....	231	12.02	\$635.66	299.90	\$127.13
21032	T	Remove exostosis, maxilla .....	231	12.02	\$635.66	299.90	\$127.13
21034	T	Removal of face bone lesion .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21040	T	Removal of jaw bone lesion .....	231	12.02	\$635.66	299.90	\$127.13
21041	T	Removal of jaw bone lesion .....	231	12.02	\$635.66	299.90	\$127.13
21044	T	Removal of jaw bone lesion .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21045	C	Extensive jaw surgery .....	.....	.....	.....	.....	.....
21050	T	Removal of jaw joint .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21060	T	Remove jaw joint cartilage .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21070	T	Remove coronoid process .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21076	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21077	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21079	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21080	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21081	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21082	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21083	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21084	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21085	N	Prepare face/oral prosthesis .....	.....	.....	.....	.....	.....
21086	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21087	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21088	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21089	T	Prepare face/oral prosthesis .....	226	1.59	\$84.23	\$21.92	\$16.85
21100	T	Maxillofacial fixation .....	231	12.02	\$635.66	299.90	\$127.13
21110	T	Interdental fixation .....	231	12.02	\$635.66	299.90	\$127.13
21116	T	Injection, jaw joint x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
21120	T	Reconstruction of chin .....	231	12.02	\$635.66	299.90	\$127.13
21121	T	Reconstruction of chin .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21122	T	Reconstruction of chin .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21123	T	Reconstruction of chin .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21125	T	Augmentation lower jaw bone .....	231	12.02	\$635.66	299.90	\$127.13
21127	T	Augmentation lower jaw bone .....	232	23.93	\$1,265.45	\$639.35	\$253.09
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	23.93	\$1,265.45	\$639.35	\$253.09
21182	C	Reconstruct cranial bone .....	.....	.....	.....	.....	.....
21183	C	Reconstruct cranial bone .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....					
21206	T	Reconstruct upper jaw bone .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21208	T	Augmentation of facial bones .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21209	T	Reduction of facial bones .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21210	T	Face bone graft .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21215	T	Lower jaw bone graft .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21230	T	Rib cartilage graft .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21235	T	Ear cartilage graft .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21240	T	Reconstruction of jaw joint .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21242	T	Reconstruction of jaw joint .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21243	T	Reconstruction of jaw joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
21244	T	Reconstruction of lower jaw .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21245	T	Reconstruction of jaw .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21246	T	Reconstruction of jaw .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21247	C	Reconstruct lower jaw bone .....					
21248	T	Reconstruction of jaw .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21249	T	Reconstruction of jaw .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21255	C	Reconstruct lower jaw bone .....					
21256	C	Reconstruction of orbit .....					
21260	T	Revise eye sockets .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21261	C	Revise eye sockets .....					
21263	C	Revise eye sockets .....					
21267	T	Revise eye sockets .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21268	C	Revise eye sockets .....					
21270	T	Augmentation cheek bone .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21275	T	Revision orbitofacial bones .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21280	T	Revision of eyelid .....	231	12.02	\$635.66	\$299.90	\$127.13
21282	T	Revision of eyelid .....	231	12.02	\$635.66	\$299.90	\$127.13
21295	T	Revision of jaw muscle/bone .....	231	12.02	\$635.66	\$299.90	\$127.13
21296	T	Revision of jaw muscle/bone .....	231	12.02	\$635.66	\$299.90	\$127.13
21299	T	Cranio/maxillofacial surgery .....	231	12.02	\$635.66	\$299.90	\$127.13
21300	T	Treatment of skull fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21310	T	Treatment of nose fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21315	T	Treatment of nose fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21320	T	Treatment of nose fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21325	T	Repair of nose fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21330	T	Repair of nose fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21335	T	Repair of nose fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21336	T	Repair nasal septal fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
21337	T	Repair nasal septal fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21338	T	Repair nasoethmoid fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21339	T	Repair nasoethmoid fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21340	T	Repair of nose fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21343	T	Repair of sinus fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21344	C	Repair of sinus fracture .....					
21345	T	Repair of nose/jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
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	12.02	\$635.66	\$299.90	\$127.13
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	12.02	\$635.66	\$299.90	\$127.13
21401	T	Repair eye socket fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
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	23.93	\$1,265.45	\$639.35	\$253.09
21422	C	Repair mouth roof fracture .....					
21423	C	Repair mouth roof fracture .....					
21431	C	Treat craniofacial fracture .....					
21432	C	Repair craniofacial fracture .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
21433	C	Repair craniofacial fracture .....	.....	.....	.....	.....	.....
21435	C	Repair craniofacial fracture .....	.....	.....	.....	.....	.....
21436	C	Repair craniofacial fracture .....	.....	.....	.....	.....	.....
21440	T	Repair dental ridge fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21445	T	Repair dental ridge fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21450	T	Treat lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21451	T	Treat lower jaw fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21452	T	Treat lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21453	T	Treat lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21454	T	Treat lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21461	T	Repair lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21462	T	Repair lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21465	T	Repair lower jaw fracture .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21470	C	Repair lower jaw fracture .....	.....	.....	.....	.....	.....
21480	T	Reset dislocated jaw .....	231	12.02	\$635.66	\$299.90	\$127.13
21485	T	Reset dislocated jaw .....	231	12.02	\$635.66	\$299.90	\$127.13
21490	T	Repair dislocated jaw .....	232	23.93	\$1,265.45	\$639.35	\$253.09
21493	T	Treat hyoid bone fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21494	T	Repair hyoid bone fracture .....	231	12.02	\$635.66	\$299.90	\$127.13
21495	C	Repair hyoid bone fracture .....	.....	.....	.....	.....	.....
21497	T	Interdental wiring .....	231	12.02	\$635.66	\$299.90	\$127.13
21499	T	Head surgery procedure .....	231	12.02	\$635.66	\$299.90	\$127.13
21501	T	Drain neck/chest lesion .....	132	6.04	\$319.30	\$134.24	\$63.86
21502	T	Drain chest lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
21510	C	Drainage of bone lesion .....	.....	.....	.....	.....	.....
21550	T	Biopsy of neck/chest .....	161	3.50	\$185.12	\$75.48	\$37.02
21555	T	Remove lesion neck/chest .....	163	10.69	\$565.14	\$264.65	\$113.03
21556	T	Remove lesion neck/chest .....	163	10.69	\$565.14	\$264.65	\$113.03
21557	C	Remove tumor, neck or chest .....	.....	.....	.....	.....	.....
21600	T	Partial removal of rib .....	252	19.39	\$1,025.49	\$509.18	\$205.10
21610	T	Partial removal of rib .....	252	19.39	\$1,025.49	\$509.18	\$205.10
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	6.04	\$319.30	\$134.24	\$63.86
21705	C	Revision of neck muscle/rib .....	.....	.....	.....	.....	.....
21720	T	Revision of neck muscle .....	132	6.04	\$319.30	\$134.24	\$63.86
21725	T	Revision of neck muscle .....	132	6.04	\$319.30	\$134.24	\$63.86
21740	C	Reconstruction of sternum .....	.....	.....	.....	.....	.....
21750	C	Repair of sternum separation .....	.....	.....	.....	.....	.....
21800	T	Treatment of rib fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
21805	T	Treatment of rib fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
21810	C	Treatment of rib fracture(s) .....	.....	.....	.....	.....	.....
21820	T	Treat sternum fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
21825	C	Repair sternum fracture .....	.....	.....	.....	.....	.....
21899	T	Neck/chest surgery procedure .....	207	1.70	\$90.11	\$31.64	\$18.02
21920	T	Biopsy soft tissue of back .....	161	3.50	\$185.12	\$75.48	\$37.02
21925	T	Biopsy soft tissue of back .....	163	10.69	\$565.14	\$264.65	\$113.03
21930	T	Remove lesion, back or flank .....	163	10.69	\$565.14	\$264.65	\$113.03
21935	T	Remove tumor of back .....	163	10.69	\$565.14	\$264.65	\$113.03
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	\$90.11	\$31.64	\$18.02
22310	T	Treat spine fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
22315	T	Treat spine fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
22325	C	Repair of spine fracture .....	.....	.....	.....	.....	.....
22326	C	Repair neck spine fracture .....	.....	.....	.....	.....	.....
22327	C	Repair thorax spine fracture .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
22328	C	Repair each add spine fx .....					
22505	T	Manipulation of spine .....	210	10.46	\$553.39	\$283.4	\$110.68
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 fixation device .....					
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	\$90.11	\$31.64	\$18.02
22900	T	Remove abdominal wall lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
22999	T	Abdomen surgery procedure .....	163	10.69	\$565.14	\$264.65	\$113.03
23000	T	Removal of calcium deposits .....	162	5.67	\$299.71	\$125.43	\$59.94
23020	T	Release shoulder joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23030	T	Drain shoulder lesion .....	132	6.04	\$319.30	\$134.24	\$63.86
23031	T	Drain shoulder bursa .....	132	6.04	\$319.30	\$134.24	\$63.86
23035	C	Drain shoulderbone lesion .....					
23040	T	Exploratory shoulder surgery .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23044	T	Exploratory shoulder surgery .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23065	T	Biopsy shoulder tissues .....	161	3.50	\$185.12	\$75.48	\$37.02
23066	T	Biopsy shoulder tissues .....	163	10.69	\$565.14	\$264.65	\$113.03
23075	T	Removal of shoulder lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
23076	T	Removal of shoulder lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
23077	T	Remove tumor of shoulder .....	163	10.69	\$565.14	\$264.65	\$113.03
23100	T	Biopsy of shoulder joint .....	251	14.26	\$754.18	\$366.12	\$150.84
23101	T	Shoulder joint surgery .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23105	T	Remove shoulder joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23106	T	Incision of collarbone joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23107	T	Explore, treat shoulder joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23120	T	Partial removal, collarbone .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23125	C	Removal of collarbone .....					
23130	T	Partial removal, shoulderbone .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23140	T	Removal of bone lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
23145	T	Removal of bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23146	T	Removal of bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23150	T	Removal of humerus lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23155	T	Removal of humerus lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23156	T	Removal of humerus lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23170	T	Remove collarbone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23172	T	Remove shoulder blade lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23174	T	Remove humerus lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23180	T	Remove collarbone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23182	T	Remove shoulderblade lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23184	T	Remove humerus lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23190	T	Partial removal of scapula .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23195	C	Removal of head of humerus .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
23200	C	Removal of collarbone .....					
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	10.69	\$565.14	\$264.65	\$113.03
23331	T	Remove shoulder foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
23332	C	Remove shoulder foreign body .....					
23350	T	Injection for shoulder x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
23395	C	Muscle transfer, shoulder/arm .....					
23397	C	Muscle transfers .....					
23400	C	Fixation of shoulderblade .....					
23405	T	Incision of tendon & muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23406	T	Incise tendon(s) & muscle(s) .....	252	19.39	\$1,025.49	\$509.18	\$205.10
23410	T	Repair of tendon(s) .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23412	T	Repair of tendon(s) .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23415	T	Release of shoulder ligament .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23420	T	Repair of shoulder .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23430	T	Repair biceps tendon .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23440	C	Removal/transplant tendon .....					
23450	T	Repair shoulder capsule .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23455	T	Repair shoulder capsule .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23460	T	Repair shoulder capsule .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23462	T	Repair shoulder capsule .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23465	T	Repair shoulder capsule .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23466	T	Repair shoulder capsule .....	254	34.37	\$1,817.86	\$937.22	\$363.57
23470	C	Reconstruct shoulder joint .....					
23472	C	Reconstruct shoulder joint .....					
23480	T	Revision of collarbone .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23485	T	Revision of collarbone .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23490	T	Reinforce clavicle .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23491	T	Reinforce shoulderbones .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23500	T	Treat clavicle fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
23505	T	Treat clavicle fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
23515	T	Repair clavicle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23520	T	Treat clavicle dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
23525	T	Treat clavicle dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
23530	T	Repair clavicle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23532	T	Repair clavicle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23540	T	Treat clavicle dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
23545	T	Treat clavicle dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
23550	T	Repair clavicle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23552	T	Repair clavicle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23570	T	Treat shoulderblade fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
23575	T	Treat shoulderblade fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
23585	T	Repair scapula fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23600	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
23605	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
23615	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23616	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23620	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
23625	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
23630	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23650	T	Treat shoulder dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
23655	T	Treat shoulder dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
23660	T	Repair shoulder dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23665	T	Treat dislocation/fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
23670	T	Repair dislocation/fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23675	T	Treat dislocation/fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
23680	T	Repair dislocation/fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
23700	T	Fixation of shoulder .....	210	10.46	\$553.39	\$283.40	\$110.68
23800	T	Fusion of shoulder joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23802	T	Fusion of shoulder joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
23900	C	Amputation of arm & girdle .....					
23920	C	Amputation at shoulder joint .....					
23921	T	Amputation follow-up surgery .....	183	11.17	\$590.61	\$286.57	\$118.12
23929	T	Shoulder surgery procedure .....	207	1.70	\$90.11	\$31.64	\$18.02
23930	T	Drainage of arm lesion .....	132	6.04	\$319.30	\$134.24	\$63.86
23931	T	Drainage of arm bursa .....	132	6.04	\$319.30	\$134.24	\$63.86
23935	T	Drain arm/elbow bone lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
24000	T	Exploratory elbow surgery .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24006	T	Release elbow joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24065	T	Biopsy arm/elbow soft tissue .....	161	3.50	\$185.12	\$75.48	\$37.02
24066	T	Biopsy arm/elbow soft tissue .....	163	10.69	\$565.14	\$264.65	\$113.03
24075	T	Remove arm/elbow lesion .....	162	5.67	\$299.71	\$125.43	\$59.94

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
24076	T	Remove arm/elbow lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
24077	T	Remove tumor of arm/elbow .....	163	10.69	\$565.14	\$264.65	\$113.03
24100	T	Biopsy elbow joint lining .....	251	14.26	\$754.18	\$366.12	\$150.84
24101	T	Explore/treat elbow joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24102	T	Remove elbow joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24105	T	Removal of elbow bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
24110	T	Remove humerus lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
24115	T	Remove/graft bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24116	T	Remove/graft bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24120	T	Remove elbow lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
24125	T	Remove/graft bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24126	T	Remove/graft bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24130	T	Removal of head of radius .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24134	T	Removal of arm bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24136	T	Remove radius bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24138	T	Remove elbow bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24140	T	Partial removal of arm bone .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24145	T	Partial removal of radius .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24147	T	Partial removal of elbow .....	252	19.39	\$1,025.49	\$509.18	\$205.10
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	26.33	\$1,392.78	\$699.24	\$278.56
24160	T	Remove elbow joint implant .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24164	T	Remove radius head implant .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24200	T	Removal of arm foreign body .....	161	3.50	\$185.12	\$75.48	\$37.02
24201	T	Removal of arm foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
24220	T	Injection for elbow x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
24301	T	Muscle/tendon transfer .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24305	T	Arm tendon lengthening .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24310	T	Revision of arm tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
24320	T	Repair of arm tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24330	T	Revision of arm muscles .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24331	T	Revision of arm muscles .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24340	T	Repair of biceps tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24341	T	Repair tendon/muscle arm .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24342	T	Repair of ruptured tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24350	T	Repair of tennis elbow .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24351	T	Repair of tennis elbow .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24352	T	Repair of tennis elbow .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24354	T	Repair of tennis elbow .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24356	T	Revision of tennis elbow .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24360	T	Reconstruct elbow joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
24361	T	Reconstruct elbow joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
24362	T	Reconstruct elbow joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
24363	T	Replace elbow joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
24365	T	Reconstruct head of radius .....	217	20.48	\$1,083.27	\$526.81	\$216.65
24366	T	Reconstruct head of radius .....	218	27.50	\$1,454.49	\$715.52	\$290.90
24400	T	Revision of humerus .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24410	T	Revision of humerus .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24420	T	Revision of humerus .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24430	T	Repair of humerus .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24435	T	Repair humerus with graft .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24470	T	Revision of elbow joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24495	T	Decompression of forearm .....	252	19.39	\$1,025.49	\$509.18	\$205.10
24498	T	Reinforce humerus .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24500	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24505	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24515	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24516	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24530	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24535	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24538	T	Treat humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24545	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24546	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24560	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24565	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24566	T	Treat humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24575	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24576	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24577	T	Treat humerus fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24579	T	Repair humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24582	T	Treat humerus fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
24586	T	Repair elbow fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24587	T	Repair elbow fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24600	T	Treat elbow dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
24605	T	Treat elbow dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
24615	T	Repair elbow dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24620	T	Treat elbow fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24635	T	Repair elbow fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24640	T	Treat elbow dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
24650	T	Treat radius fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24655	T	Treat radius fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24665	T	Repair radius fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24666	T	Repair radius fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24670	T	Treatment of ulna fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24675	T	Treatment of ulna fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
24685	T	Repair ulna fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
24800	T	Fusion of elbow joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24802	T	Fusion/graft of elbow joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
24900	C	Amputation of upper arm .....					
24920	C	Amputation of upper arm .....					
24925	T	Amputation follow-up surgery .....	251	14.26	\$754.18	\$366.12	\$150.84
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	\$102.84	\$37.29	\$20.57
25000	T	Incision of tendon sheath .....	251	14.26	\$754.18	\$366.12	\$150.84
25020	T	Decompression of forearm .....	251	14.26	\$754.18	\$366.12	\$150.84
25023	T	Decompression of forearm .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25028	T	Drainage of forearm lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
25031	T	Drainage of forearm bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
25035	T	Treat forearm bone lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
25040	T	Explore/treat wrist joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25065	T	Biopsy forearm soft tissues .....	161	3.50	\$185.12	\$75.48	\$37.02
25066	T	Biopsy forearm soft tissues .....	163	10.69	\$565.14	\$264.65	\$113.03
25075	T	Removal of forearm lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
25076	T	Removal of forearm lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
25077	T	Remove tumor, forearm/wrist .....	163	10.69	\$565.14	\$264.65	\$113.03
25085	T	Incision of wrist capsule .....	251	14.26	\$754.18	\$366.12	\$150.84
25100	T	Biopsy of wrist joint .....	251	14.26	\$754.18	\$366.12	\$150.84
25101	T	Explore/treat wrist joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25105	T	Remove wrist joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25107	T	Remove wrist joint cartilage .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25110	T	Remove wrist tendon lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
25111	T	Remove wrist tendon lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
25112	T	Remove wrist tendon lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
25115	T	Remove wrist/forearm lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
25116	T	Remove wrist/forearm lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
25118	T	Excise wrist tendon sheath .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25119	T	Partial removal of ulna .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25120	T	Removal of forearm lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25125	T	Remove/graft forearm lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25126	T	Remove/graft forearm lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25130	T	Removal of wrist lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25135	T	Remove & graft wrist lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25136	T	Remove & graft wrist lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25145	T	Remove forearm bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25150	T	Partial removal of ulna .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25151	T	Partial removal of radius .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25170	C	Extensive forearm surgery .....					
25210	T	Removal of wrist bone .....	262	18.35	\$970.64	\$480.93	\$194.13
25215	T	Removal of wrist bones .....	262	18.35	\$970.64	\$480.93	\$194.13
25230	T	Partial removal of radius .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25240	T	Partial removal of ulna .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25246	T	Injection for wrist x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
25248	T	Remove forearm foreign body .....	251	14.26	\$754.18	\$366.12	\$150.84
25250	T	Removal of wrist prosthesis .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25251	T	Removal of wrist prosthesis .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25260	T	Repair forearm tendon/muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25263	T	Repair forearm tendon/muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25265	T	Repair forearm tendon/muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25270	T	Repair forearm tendon/muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25272	T	Repair forearm tendon/muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25274	T	Repair forearm tendon/muscle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25280	T	Revise wrist/forearm tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25290	T	Incise wrist/forearm tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
25295	T	Release wrist/forearm tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
25300	T	Fusion of tendons at wrist .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25301	T	Fusion of tendons at wrist .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25310	T	Transplant forearm tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25312	T	Transplant forearm tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25315	T	Revise palsy hand tendon(s) .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25316	T	Revise palsy hand tendon(s) .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25320	T	Repair/revise wrist joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25332	T	Revise wrist joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
25335	T	Realignment of hand .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25337	T	Reconstruct ulna/radioulnar .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25350	T	Revision of radius .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25355	T	Revision of radius .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25360	T	Revision of ulna .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25365	T	Revise radius & ulna .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25370	T	Revise radius or ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25375	T	Revise radius & ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
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	19.39	\$1,025.49	\$509.18	\$205.10
25405	C	Repair/graft radius or ulna .....					
25415	T	Repair radius & ulna .....	252	19.39	\$1,025.49	\$509.18	\$205.10
25420	C	Repair/graft radius & ulna .....					
25425	T	Repair/graft radius or ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25426	T	Repair/graft radius & ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25440	T	Repair/graft wrist bone .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25441	T	Reconstruct wrist joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
25442	T	Reconstruct wrist joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
25443	T	Reconstruct wrist joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
25444	T	Reconstruct wrist joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
25445	T	Reconstruct wrist joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
25446	T	Wrist replacement .....	218	27.50	\$1,454.49	\$715.52	\$290.90
25447	T	Repair wrist joint(s) .....	217	20.48	\$1,083.27	\$526.81	\$216.65
25449	T	Remove wrist joint implant .....	217	20.48	\$1,083.27	\$526.81	\$216.65
25450	T	Revision of wrist joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25455	T	Revision of wrist joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25490	T	Reinforce radius .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25491	T	Reinforce ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25492	T	Reinforce radius and ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25500	T	Treat fracture of radius .....	209	1.94	\$102.84	\$37.29	\$20.57
25505	T	Treat fracture of radius .....	209	1.94	\$102.84	\$37.29	\$20.57
25515	T	Repair fracture of radius .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25520	T	Repair fracture of radius .....	209	1.94	\$102.84	\$37.29	\$20.57
25525	T	Repair fracture of radius .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25526	T	Repair fracture of radius .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25530	T	Treat fracture of ulna .....	209	1.94	\$102.84	\$37.29	\$20.57
25535	T	Treat fracture of ulna .....	209	1.94	\$102.84	\$37.29	\$20.57
25545	T	Repair fracture of ulna .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25560	T	Treat fracture radius & ulna .....	209	1.94	\$102.84	\$37.29	\$20.57
25565	T	Treat fracture radius & ulna .....	209	1.94	\$102.84	\$37.29	\$20.57
25574	T	Treat fracture radius & ulna .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25575	T	Repair fracture radius/ulna .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25600	T	Treat fracture radius/ulna .....	209	1.94	\$102.84	\$37.29	\$20.57
25605	T	Treat fracture radius/ulna .....	209	1.94	\$102.84	\$37.29	\$20.57
25611	T	Repair fracture radius/ulna .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25620	T	Repair fracture radius/ulna .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25622	T	Treat wrist bone fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
25624	T	Treat wrist bone fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
25628	T	Repair wrist bone fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25630	T	Treat wrist bone fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
25635	T	Treat wrist bone fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
25645	T	Repair wrist bone fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25650	T	Repair wrist bone fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
25660	T	Treat wrist dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
25670	T	Repair wrist dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25675	T	Treat wrist dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
25676	T	Repair wrist dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25680	T	Treat wrist fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
25685	T	Repair wrist fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25690	T	Treat wrist dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
25695	T	Repair wrist dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
25800	T	Fusion of wrist joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25805	T	Fusion/graft of wrist joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
25810	T	Fusion/graft of wrist joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25820	T	Fusion of hand bones .....	261	10.54	\$557.31	\$261.48	\$111.46
25825	T	Fusion hand bones with graft .....	262	18.35	\$970.64	\$480.93	\$194.13
25830	T	Fusion radioulnar jnt/ulna .....	253	26.33	\$1,392.78	\$699.24	\$278.56
25900	C	Amputation of forearm .....					
25905	C	Amputation of forearm .....					
25907	T	Amputation follow-up surgery .....	251	14.26	\$754.18	\$366.12	\$150.84
25909	C	Amputation follow-up surgery .....					
25915	C	Amputation of forearm .....					
25920	C	Amputate hand at wrist .....					
25922	T	Amputate hand at wrist .....	251	14.26	\$754.18	\$366.12	\$150.84
25924	C	Amputation follow-up surgery .....					
25927	C	Amputation of hand .....					
25929	T	Amputation follow-up surgery .....	183	11.17	\$590.61	\$286.57	\$118.12
25931	C	Amputation follow-up surgery .....					
25999	T	Forearm or wrist surgery .....	209	1.94	\$102.84	\$37.29	\$20.57
26010	T	Drainage of finger abscess .....	131	1.94	\$102.84	\$36.61	\$20.57
26011	T	Drainage of finger abscess .....	131	1.94	\$102.84	\$36.61	\$20.57
26020	T	Drain hand tendon sheath .....	261	10.54	\$557.31	\$261.48	\$111.46
26025	T	Drainage of palm bursa .....	261	10.54	\$557.31	\$261.48	\$111.46
26030	T	Drainage of palm bursa(s) .....	261	10.54	\$557.31	\$261.48	\$111.46
26034	T	Treat hand bone lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
26035	T	Decompress fingers/hand .....	261	10.54	\$557.31	\$261.48	\$111.46
26037	T	Decompress fingers/hand .....	261	10.54	\$557.31	\$261.48	\$111.46
26040	T	Release palm contracture .....	262	18.35	\$970.64	\$480.93	\$194.13
26045	T	Release palm contracture .....	262	18.35	\$970.64	\$480.93	\$194.13
26055	T	Incise finger tendon sheath .....	261	10.54	\$557.31	\$261.48	\$111.46
26060	T	Incision of finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26070	T	Explore/treat hand joint .....	261	10.54	\$557.31	\$261.48	\$111.46
26075	T	Explore/treat finger joint .....	261	10.54	\$557.31	\$261.48	\$111.46
26080	T	Explore/treat finger joint .....	261	10.54	\$557.31	\$261.48	\$111.46
26100	T	Biopsy hand joint lining .....	261	10.54	\$557.31	\$261.48	\$111.46
26105	T	Biopsy finger joint lining .....	261	10.54	\$557.31	\$261.48	\$111.46
26110	T	Biopsy finger joint lining .....	261	10.54	\$557.31	\$261.48	\$111.46
26115	T	Removal of hand lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
26116	T	Removal of hand lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
26117	T	Remove tumor, hand/finger .....	163	10.69	\$565.14	\$264.65	\$113.03
26121	T	Release palm contracture .....	262	18.35	\$970.64	\$480.93	\$194.13
26123	T	Release palm contracture .....	262	18.35	\$970.64	\$480.93	\$194.13
26125	T	Release palm contracture .....	262	18.35	\$970.64	\$480.93	\$194.13
26130	T	Remove wrist joint lining .....	261	10.54	\$557.31	\$261.48	\$111.46
26135	T	Revise finger joint, each .....	262	18.35	\$970.64	\$480.93	\$194.13
26140	T	Revise finger joint, each .....	261	10.54	\$557.31	\$261.48	\$111.46
26145	T	Tendon excision, palm/finger .....	261	10.54	\$557.31	\$261.48	\$111.46
26160	T	Remove tendon sheath lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
26170	T	Removal of palm tendon, each .....	261	10.54	\$557.31	\$261.48	\$111.46
26180	T	Removal of finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26185	T	Remove finger bone .....	261	10.54	\$557.31	\$261.48	\$111.46
26200	T	Remove hand bone lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
26205	T	Remove/graft bone lesion .....	262	18.35	\$970.64	\$480.93	\$194.13
26210	T	Removal of finger lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
26215	T	Remove/graft finger lesion .....	261	10.54	\$557.31	\$261.48	\$111.46
26230	T	Partial removal of hand bone .....	261	10.54	\$557.31	\$261.48	\$111.46
26235	T	Partial removal, finger bone .....	261	10.54	\$557.31	\$261.48	\$111.46
26236	T	Partial removal, finger bone .....	261	10.54	\$557.31	\$261.48	\$111.46
26250	T	Extensive hand surgery .....	261	10.54	\$557.31	\$261.48	\$111.46
26255	T	Extensive hand surgery .....	262	18.35	\$970.64	\$480.93	\$194.13
26260	T	Extensive finger surgery .....	261	10.54	\$557.31	\$261.48	\$111.46
26261	T	Extensive finger surgery .....	261	10.54	\$557.31	\$261.48	\$111.46
26262	T	Partial removal of finger .....	261	10.54	\$557.31	\$261.48	\$111.46
26320	T	Removal of implant from hand .....	163	10.69	\$565.14	\$264.65	\$113.03
26350	T	Repair finger/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26352	T	Repair/graft hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26356	T	Repair finger/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26357	T	Repair finger/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26358	T	Repair/graft hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26370	T	Repair finger/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26372	T	Repair/graft hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26373	T	Repair finger/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26390	T	Revise hand/finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26392	T	Repair/graft hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26410	T	Repair hand tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26412	T	Repair/graft hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26415	T	Excision, hand/finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26416	T	Graft hand or finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
26418	T	Repair finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26420	T	Repair/graft finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26426	T	Repair finger/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26428	T	Repair/graft finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26432	T	Repair finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26433	T	Repair finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26434	T	Repair/graft finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26437	T	Realignment of tendons .....	261	10.54	\$557.31	\$261.48	\$111.46
26440	T	Release palm/finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26442	T	Release palm & finger tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26445	T	Release hand/finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26449	T	Release forearm/hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26450	T	Incision of palm tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26455	T	Incision of finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26460	T	Incise hand/finger tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26471	T	Fusion of finger tendons .....	261	10.54	\$557.31	\$261.48	\$111.46
26474	T	Fusion of finger tendons .....	261	10.54	\$557.31	\$261.48	\$111.46
26476	T	Tendon lengthening .....	261	10.54	\$557.31	\$261.48	\$111.46
26477	T	Tendon shortening .....	261	10.54	\$557.31	\$261.48	\$111.46
26478	T	Lengthening of hand tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26479	T	Shortening of hand tendon .....	261	10.54	\$557.31	\$261.48	\$111.46
26480	T	Transplant hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26483	T	Transplant/graft hand tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26485	T	Transplant palm tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26489	T	Transplant/graft palm tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26490	T	Revise thumb tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26492	T	Tendon transfer with graft .....	262	18.35	\$970.64	\$480.93	\$194.13
26494	T	Hand tendon/muscle transfer .....	262	18.35	\$970.64	\$480.93	\$194.13
26496	T	Revise thumb tendon .....	262	18.35	\$970.64	\$480.93	\$194.13
26497	T	Finger tendon transfer .....	262	18.35	\$970.64	\$480.93	\$194.13
26498	T	Finger tendon transfer .....	262	18.35	\$970.64	\$480.93	\$194.13
26499	T	Revision of finger .....	262	18.35	\$970.64	\$480.93	\$194.13
26500	T	Hand tendon reconstruction .....	261	10.54	\$557.31	\$261.48	\$111.46
26502	T	Hand tendon reconstruction .....	262	18.35	\$970.64	\$480.93	\$194.13
26504	T	Hand tendon reconstruction .....	262	18.35	\$970.64	\$480.93	\$194.13
26508	T	Release thumb contracture .....	261	10.54	\$557.31	\$261.48	\$111.46
26510	T	Thumb tendon transfer .....	262	18.35	\$970.64	\$480.93	\$194.13
26516	T	Fusion of knuckle joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26517	T	Fusion of knuckle joints .....	262	18.35	\$970.64	\$480.93	\$194.13
26518	T	Fusion of knuckle joints .....	262	18.35	\$970.64	\$480.93	\$194.13
26520	T	Release knuckle contracture .....	261	10.54	\$557.31	\$261.48	\$111.46
26525	T	Release finger contracture .....	261	10.54	\$557.31	\$261.48	\$111.46
26530	T	Revise knuckle joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
26531	T	Revise knuckle with implant .....	218	27.50	\$1,454.49	\$715.52	\$290.90
26535	T	Revise finger joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
26536	T	Revise/implant finger joint .....	218	27.50	\$1,454.49	\$715.52	\$290.90
26540	T	Repair hand joint .....	261	10.54	\$557.31	\$261.48	\$111.46
26541	T	Repair hand joint with graft .....	262	18.35	\$970.64	\$480.93	\$194.13
26542	T	Repair hand joint with graft .....	261	10.54	\$557.31	\$261.48	\$111.46
26545	T	Reconstruct finger joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26546	T	Repair non-union hand .....	262	18.35	\$970.64	\$480.93	\$194.13
26548	T	Reconstruct finger joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26550	T	Construct thumb replacement .....	262	18.35	\$970.64	\$480.93	\$194.13
26551	C	Great toe-hand transfer .....	.....	.....	.....	.....	.....
26553	C	Single toe-hand transfer .....	.....	.....	.....	.....	.....
26554	C	Double toe-hand transfer .....	.....	.....	.....	.....	.....
26555	T	Positional change of finger .....	262	18.35	\$970.64	\$480.93	\$194.13
26556	C	Toe joint transfer .....	.....	.....	.....	.....	.....
26560	T	Repair of web finger .....	261	10.54	\$557.31	\$261.48	\$111.46
26561	T	Repair of web finger .....	262	18.35	\$970.64	\$480.93	\$194.13
26562	T	Repair of web finger .....	262	18.35	\$970.64	\$480.93	\$194.13
26565	T	Correct metacarpal flaw .....	262	18.35	\$970.64	\$480.93	\$194.13
26567	T	Correct finger deformity .....	262	18.35	\$970.64	\$480.93	\$194.13
26568	T	Lengthen metacarpal/finger .....	262	18.35	\$970.64	\$480.93	\$194.13
26580	T	Repair hand deformity .....	262	18.35	\$970.64	\$480.93	\$194.13
26585	T	Repair finger deformity .....	262	18.35	\$970.64	\$480.93	\$194.13
26587	T	Reconstruct extra finger .....	261	10.54	\$557.31	\$261.48	\$111.46
26590	T	Repair finger deformity .....	262	18.35	\$970.64	\$480.93	\$194.13
26591	T	Repair muscles of hand .....	262	18.35	\$970.64	\$480.93	\$194.13
26593	T	Release muscles of hand .....	261	10.54	\$557.31	\$261.48	\$111.46
26596	T	Excision constricting tissue .....	262	18.35	\$970.64	\$480.93	\$194.13
26597	T	Release of scar contracture .....	262	18.35	\$970.64	\$480.93	\$194.13
26600	T	Treat metacarpal fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
26605	T	Treat metacarpal fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
26607	T	Treat metacarpal fracture .....	209	1.94	\$102.84	\$37.29	\$20.57

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
26608	T	Treat metacarpal fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26615	T	Repair metacarpal fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26641	T	Treat thumb dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
26645	T	Treat thumb fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
26650	T	Repair thumb fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26665	T	Repair thumb fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26670	T	Treat hand dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
26675	T	Treat hand dislocation .....	210	10.46	\$553.39	\$283.4	\$110.68
26676	T	Pin hand dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26685	T	Repair hand dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26686	T	Repair hand dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26700	T	Treat knuckle dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
26705	T	Treat knuckle dislocation .....	210	10.46	\$553.39	\$283.4	\$110.68
26706	T	Pin knuckle dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
26715	T	Repair knuckle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26720	T	Treat finger fracture, each .....	207	1.70	\$90.11	\$31.64	\$18.02
26725	T	Treat finger fracture, each .....	207	1.70	\$90.11	\$31.64	\$18.02
26727	T	Treat finger fracture, each .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26735	T	Repair finger fracture, each .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26740	T	Treat finger fracture, each .....	207	1.70	\$90.11	\$31.64	\$18.02
26742	T	Treat finger fracture, each .....	209	1.94	\$102.84	\$37.29	\$20.57
26746	T	Repair finger fracture, each .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26750	T	Treat finger fracture, each .....	207	1.70	\$90.11	\$31.64	\$18.02
26755	T	Treat finger fracture, each .....	207	1.70	\$90.11	\$31.64	\$18.02
26756	T	Pin finger fracture, each .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26765	T	Repair finger fracture, each .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26770	T	Treat finger dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
26775	T	Treat finger dislocation .....	210	10.46	\$553.39	\$283.4	\$110.68
26776	T	Pin finger dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26785	T	Repair finger dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
26820	T	Thumb fusion with graft .....	262	18.35	\$970.64	\$480.93	\$194.13
26841	T	Fusion of thumb .....	262	18.35	\$970.64	\$480.93	\$194.13
26842	T	Thumb fusion with graft .....	262	18.35	\$970.64	\$480.93	\$194.13
26843	T	Fusion of hand joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26844	T	Fusion/graft of hand joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26850	T	Fusion of knuckle .....	262	18.35	\$970.64	\$480.93	\$194.13
26852	T	Fusion of knuckle with graft .....	262	18.35	\$970.64	\$480.93	\$194.13
26860	T	Fusion of finger joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26861	T	Fusion of finger joint, added .....	262	18.35	\$970.64	\$480.93	\$194.13
26862	T	Fusion/graft of finger joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26863	T	Fuse/graft added joint .....	262	18.35	\$970.64	\$480.93	\$194.13
26910	T	Amputate metacarpal bone .....	262	18.35	\$970.64	\$480.93	\$194.13
26951	T	Amputation of finger/thumb .....	261	10.54	\$557.31	\$261.48	\$111.46
26952	T	Amputation of finger/thumb .....	261	10.54	\$557.31	\$261.48	\$111.46
26989	T	Hand/finger surgery .....	207	1.70	\$90.11	\$31.64	\$18.02
26990	T	Drainage of pelvis lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
26991	T	Drainage of pelvis bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
26992	C	Drainage of bone lesion .....	.....	.....	.....	.....	.....
27000	T	Incision of hip tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
27001	T	Incision of hip tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27003	T	Incision of hip tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
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	26.33	\$1,392.78	\$699.24	\$278.56
27035	C	Denervation of hip joint .....	.....	.....	.....	.....	.....
27036	C	Excision of hip joint/muscle .....	.....	.....	.....	.....	.....
27040	T	Biopsy of soft tissues .....	162	5.67	\$299.71	\$125.43	\$59.94
27041	T	Biopsy of soft tissues .....	163	10.69	\$565.14	\$264.65	\$113.03
27047	T	Remove hip/pelvis lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
27048	T	Remove hip/pelvis lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
27049	T	Remove tumor, hip/pelvis .....	163	10.69	\$565.14	\$264.65	\$113.03
27050	T	Biopsy of sacroiliac joint .....	251	14.26	\$754.18	\$366.12	\$150.84
27052	T	Biopsy of hip joint .....	251	14.26	\$754.18	\$366.12	\$150.84
27054	C	Removal of hip joint lining .....	.....	.....	.....	.....	.....
27060	T	Removal of ischial bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
27062	T	Remove femur lesion/bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
27065	T	Removal of hip bone lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
27066	T	Removal of hip bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27067	T	Remove/graft hip bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27070	C	Partial removal of hip bone .....	.....	.....	.....	.....	.....
27071	C	Partial removal of hip bone .....	.....	.....	.....	.....	.....
27075	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27076	C	Extensive hip surgery .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27077	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27078	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27079	C	Extensive hip surgery .....	.....	.....	.....	.....	.....
27080	T	Removal of tail bone .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27086	T	Remove hip foreign body .....	251	14.26	\$754.18	\$366.12	\$150.84
27087	T	Remove hip foreign body .....	251	14.26	\$754.18	\$366.12	\$150.84
27090	C	Removal of hip prosthesis .....	.....	.....	.....	.....	.....
27091	C	Removal of hip prosthesis .....	.....	.....	.....	.....	.....
27093	T	Injection for hip x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
27095	T	Injection for hip x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
27097	T	Revision of hip tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27098	T	Transfer tendon to pelvis .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27100	T	Transfer of abdominal muscle .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27105	T	Transfer of spinal muscle .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27110	T	Transfer of iliopsoas muscle .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27111	T	Transfer of iliopsoas muscle .....	253	26.33	\$1,392.78	\$699.24	\$278.56
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	\$102.84	\$37.29	\$20.57
27194	T	Treat pelvic ring fracture .....	210	10.46	\$553.39	\$283.4	\$110.68
27200	T	Treat tail bone fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
27202	T	Repair tail bone fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
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	\$102.84	\$37.29	\$20.57
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	\$102.84	\$37.29	\$20.57
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	\$102.84	\$37.29	\$20.57
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	\$102.84	\$37.29	\$20.57
27248	C	Repair of thigh fracture .....	.....	.....	.....	.....	.....
27250	T	Treat hip dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27252	T	Treat hip dislocation .....	210	10.46	\$553.39	\$283.4	\$110.68
27253	C	Repair of hip dislocation .....	.....	.....	.....	.....	.....
27254	C	Repair of hip dislocation .....	.....	.....	.....	.....	.....
27256	T	Treatment of hip dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27257	T	Treatment of hip dislocation .....	210	10.46	\$553.39	\$283.4	\$110.68
27258	C	Repair of hip dislocation .....	.....	.....	.....	.....	.....
27259	C	Repair of hip dislocation .....	.....	.....	.....	.....	.....
27265	T	Treatment of hip dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27266	T	Treatment of hip dislocation .....	217	20.48	\$1,083.27	\$526.81	\$216.65
27275	T	Manipulation of hip joint .....	210	10.46	\$553.39	\$283.4	\$110.68

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	\$90.11	\$31.64	\$18.02
27301	T	Drain thigh/knee lesion .....	132	6.04	\$319.3	\$134.24	\$63.86
27303	C	Drainage of bone lesion .....					
27305	T	Incise thigh tendon & fascia .....	251	14.26	\$754.18	\$366.12	\$150.84
27306	T	Incision of thigh tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
27307	T	Incision of thigh tendons .....	251	14.26	\$754.18	\$366.12	\$150.84
27310	T	Exploration of knee joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27315	T	Partial removal, thigh nerve .....	631	12.98	\$686.6	\$333.8	\$137.32
27320	T	Partial removal, thigh nerve .....	631	12.98	\$686.6	\$333.8	\$137.32
27323	T	Biopsy thigh soft tissues .....	162	5.67	\$299.71	\$125.43	\$59.94
27324	T	Biopsy thigh soft tissues .....	163	10.69	\$565.14	\$264.65	\$113.03
27327	T	Removal of thigh lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
27328	T	Removal of thigh lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
27329	T	Remove tumor, thigh/knee .....	163	10.69	\$565.14	\$264.65	\$113.03
27330	T	Biopsy knee joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27331	T	Explore/treat knee joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27332	T	Removal of knee cartilage .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27333	T	Removal of knee cartilage .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27334	T	Remove knee joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27335	T	Remove knee joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27340	T	Removal of kneecap bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
27345	T	Removal of knee cyst .....	251	14.26	\$754.18	\$366.12	\$150.84
27350	T	Removal of kneecap .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27355	T	Remove femur lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27356	T	Remove femur lesion/graft .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27357	T	Remove femur lesion/graft .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27358	T	Remove femur lesion/fixation .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27360	T	Partial removal leg bone(s) .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27365	C	Extensive leg surgery .....					
27370	T	Injection for knee x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
27372	T	Removal of foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
27380	T	Repair of kneecap tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
27381	T	Repair/graft kneecap tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
27385	T	Repair of thigh muscle .....	251	14.26	\$754.18	\$366.12	\$150.84
27386	T	Repair/graft of thigh muscle .....	251	14.26	\$754.18	\$366.12	\$150.84
27390	T	Incision of thigh tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
27391	T	Incision of thigh tendons .....	251	14.26	\$754.18	\$366.12	\$150.84
27392	T	Incision of thigh tendons .....	251	14.26	\$754.18	\$366.12	\$150.84
27393	T	Lengthening of thigh tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27394	T	Lengthening of thigh tendons .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27395	T	Lengthening of thigh tendons .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27396	T	Transplant of thigh tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27397	T	Transplants of thigh tendons .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27400	T	Revise thigh muscles/tendons .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27403	T	Repair of knee cartilage .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27405	T	Repair of knee ligament .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27407	T	Repair of knee ligament .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27409	T	Repair of knee ligaments .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27418	T	Repair degenerated kneecap .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27420	T	Revision of unstable kneecap .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27422	T	Revision of unstable kneecap .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27424	T	Revision/removal of kneecap .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27425	T	Lateral retinacular release .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27427	T	Reconstruction, knee .....	254	34.37	\$1,817.86	\$937.22	\$363.57
27428	T	Reconstruction, knee .....	254	34.37	\$1,817.86	\$937.22	\$363.57
27429	T	Reconstruction, knee .....	254	34.37	\$1,817.86	\$937.22	\$363.57
27430	T	Revision of thigh muscles .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27435	T	Incision of knee joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27437	T	Revise kneecap .....	217	20.48	\$1,083.27	\$526.81	\$216.65
27438	T	Revise kneecap with implant .....	218	27.50	\$1,454.49	\$715.52	\$290.90
27440	T	Revision of knee joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
27441	T	Revision of knee joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
27442	T	Revision of knee joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
27443	T	Revision of knee joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	14.26	\$754.18	\$366.12	\$150.84
27497	T	Decompression of thigh/knee .....	251	14.26	\$754.18	\$366.12	\$150.84
27498	T	Decompression of thigh/knee .....	251	14.26	\$754.18	\$366.12	\$150.84
27499	T	Decompression of thigh/knee .....	251	14.26	\$754.18	\$366.12	\$150.84
27500	T	Treatment of thigh fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27501	T	Treatment of thigh fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27502	T	Treatment of thigh fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27503	T	Treatment of thigh fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27506	C	Repair of thigh fracture .....					
27507	C	Treatment of thigh fracture .....					
27508	T	Treatment of thigh fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27509	T	Treatment of thigh fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27510	T	Treatment of thigh fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
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	\$102.84	\$37.29	\$20.57
27517	T	Repair of thigh growth plate .....	209	1.94	\$102.84	\$37.29	\$20.57
27519	C	Repair of thigh growth plate .....					
27520	T	Treat kneecap fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27524	C	Repair of kneecap fracture .....					
27530	T	Treatment of knee fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27532	T	Treatment of knee fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27535	C	Treatment of knee fracture .....					
27536	C	Repair of knee fracture .....					
27538	T	Treat knee fracture(s) .....	209	1.94	\$102.84	\$37.29	\$20.57
27540	C	Repair of knee fracture .....					
27550	T	Treat knee dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27552	T	Treat knee dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
27556	T	Repair of knee dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27557	C	Repair of knee dislocation .....					
27558	C	Repair of knee dislocation .....					
27560	T	Treat kneecap dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27562	T	Treat kneecap dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
27566	T	Repair kneecap dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27570	T	Fixation of knee joint .....	210	10.46	\$553.39	\$283.40	\$110.68
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	14.26	\$754.18	\$366.12	\$150.84
27596	C	Amputation follow-up surgery .....					
27598	C	Amputate lower leg at knee .....					
27599	T	Leg surgery procedure .....	209	1.94	\$102.84	\$37.29	\$20.57
27600	T	Decompression of lower leg .....	251	14.26	\$754.18	\$366.12	\$150.84
27601	T	Decompression of lower leg .....	251	14.26	\$754.18	\$366.12	\$150.84
27602	T	Decompression of lower leg .....	251	14.26	\$754.18	\$366.12	\$150.84
27603	T	Drain lower leg lesion .....	132	6.04	\$319.3	\$134.24	\$63.86
27604	T	Drain lower leg bursa .....	251	14.26	\$754.18	\$366.12	\$150.84
27605	T	Incision of achilles tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
27606	T	Incision of achilles tendon .....	251	14.26	\$754.18	\$366.12	\$150.84
27607	T	Treat lower leg bone lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
27610	T	Explore/treat ankle joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27612	T	Exploration of ankle joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27613	T	Biopsy lower leg soft tissue .....	161	3.50	\$185.12	\$75.48	\$37.02
27614	T	Biopsy lower leg soft tissue .....	163	10.69	\$565.14	\$264.65	\$113.03
27615	T	Remove tumor, lower leg .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27618	T	Remove lower leg lesion .....	163	10.69	\$565.14	\$264.65	\$113.03
27619	T	Remove lower leg lesion .....	163	10.69	\$565.14	\$264.65	\$113.03

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27620	T	Explore, treat ankle joint .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27625	T	Remove ankle joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27626	T	Remove ankle joint lining .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27630	T	Removal of tendon lesion .....	251	14.26	\$754.18	\$366.12	\$150.84
27635	T	Remove lower leg bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27637	T	Remove/graft leg bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27638	T	Remove/graft leg bone lesion .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27640	T	Partial removal of tibia .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27641	T	Partial removal of fibula .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27645	C	Extensive lower leg surgery .....	.....	.....	.....	.....	.....
27646	C	Extensive lower leg surgery .....	.....	.....	.....	.....	.....
27647	T	Extensive ankle/heel surgery .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27648	T	Injection for ankle x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
27650	T	Repair achilles tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27652	T	Repair/graft achilles tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27654	T	Repair of achilles tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27656	T	Repair leg fascia defect .....	251	14.26	\$754.18	\$366.12	\$150.84
27658	T	Repair of leg tendon, each .....	251	14.26	\$754.18	\$366.12	\$150.84
27659	T	Repair of leg tendon, each .....	251	14.26	\$754.18	\$366.12	\$150.84
27664	T	Repair of leg tendon, each .....	251	14.26	\$754.18	\$366.12	\$150.84
27665	T	Repair of leg tendon, each .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27675	T	Repair lower leg tendons .....	251	14.26	\$754.18	\$366.12	\$150.84
27676	T	Repair lower leg tendons .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27680	T	Release of lower leg tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27681	T	Release of lower leg tendons .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27685	T	Revision of lower leg tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27686	T	Revise lower leg tendons .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27687	T	Revision of calf tendon .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27690	T	Revise lower leg tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27691	T	Revise lower leg tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27692	T	Revise additional leg tendon .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27695	T	Repair of ankle ligament .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27696	T	Repair of ankle ligaments .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27698	T	Repair of ankle ligament .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27700	T	Revision of ankle joint .....	217	20.48	\$1,083.27	\$526.81	\$216.65
27702	C	Reconstruct ankle joint .....	.....	.....	.....	.....	.....
27703	C	Reconstruction, ankle joint .....	.....	.....	.....	.....	.....
27704	T	Removal of ankle implant .....	251	14.26	\$754.18	\$366.12	\$150.84
27705	T	Incision of tibia .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27707	T	Incision of fibula .....	251	14.26	\$754.18	\$366.12	\$150.84
27709	T	Incision of tibia & fibula .....	252	19.39	\$1,025.49	\$509.18	\$205.10
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	19.39	\$1,025.49	\$509.18	\$205.10
27732	T	Repair of fibula epiphysis .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27734	T	Repair lower leg epiphyses .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27740	T	Repair of leg epiphyses .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27742	T	Repair of leg epiphyses .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27745	T	Reinforce tibia .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27750	T	Treatment of tibia fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27752	T	Treatment of tibia fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27756	T	Repair of tibia fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27758	T	Repair of tibia fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27759	T	Repair of tibia fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27760	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27762	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27766	T	Repair of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27780	T	Treatment of fibula fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27781	T	Treatment of fibula fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27784	T	Repair of fibula fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27786	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27788	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27792	T	Repair of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27808	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27810	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27814	T	Repair of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27816	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27818	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27822	T	Repair of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27823	T	Repair of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27824	T	Treat lower leg fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27825	T	Treat lower leg fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
27826	T	Treat lower leg fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27827	T	Treat lower leg fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27828	T	Treat lower leg fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27829	T	Treat lower leg joint .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27830	T	Treat lower leg dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27831	T	Treat lower leg dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
27832	T	Repair lower leg dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27840	T	Treat ankle dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
27842	T	Treat ankle dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
27846	T	Repair ankle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27848	T	Repair ankle dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
27860	T	Fixation of ankle joint .....	210	10.46	\$553.39	\$283.40	\$110.68
27870	T	Fusion of ankle joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
27871	T	Fusion of tibiofibular joint .....	253	26.33	\$1,392.78	\$699.24	\$278.56
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	14.26	\$754.18	\$366.12	\$150.84
27886	C	Amputation follow-up surgery .....					
27888	C	Amputation of foot at ankle .....					
27889	T	Amputation of foot at ankle .....	252	19.39	\$1,025.49	\$509.18	\$205.10
27892	T	Decompression of leg .....	251	14.26	\$754.18	\$366.12	\$150.84
27893	T	Decompression of leg .....	251	14.26	\$754.18	\$366.12	\$150.84
27894	T	Decompression of leg .....	251	14.26	\$754.18	\$366.12	\$150.84
27899	T	Leg/ankle surgery procedure .....	209	1.94	\$102.84	\$37.29	\$20.57
28001	T	Drainage of bursa of foot .....	132	6.04	\$319.3	\$134.24	\$63.86
28002	T	Treatment of foot infection .....	251	14.26	\$754.18	\$366.12	\$150.84
28003	T	Treatment of foot infection .....	251	14.26	\$754.18	\$366.12	\$150.84
28005	T	Treat foot bone lesion .....	271	14.41	\$762.01	\$368.38	\$152.40
28008	T	Incision of foot fascia .....	271	14.41	\$762.01	\$368.38	\$152.40
28010	T	Incision of toe tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28011	T	Incision of toe tendons .....	271	14.41	\$762.01	\$368.38	\$152.40
28020	T	Exploration of a foot joint .....	271	14.41	\$762.01	\$368.38	\$152.40
28022	T	Exploration of a foot joint .....	271	14.41	\$762.01	\$368.38	\$152.40
28024	T	Exploration of a toe joint .....	271	14.41	\$762.01	\$368.38	\$152.40
28030	T	Removal of foot nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
28035	T	Decompression of tibia nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
28043	T	Excision of foot lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
28045	T	Excision of foot lesion .....	271	14.41	\$762.01	\$368.38	\$152.40
28046	T	Resection of tumor, foot .....	271	14.41	\$762.01	\$368.38	\$152.40
28050	T	Biopsy of foot joint lining .....	271	14.41	\$762.01	\$368.38	\$152.40
28052	T	Biopsy of foot joint lining .....	271	14.41	\$762.01	\$368.38	\$152.40
28054	T	Biopsy of toe joint lining .....	271	14.41	\$762.01	\$368.38	\$152.40
28060	T	Partial removal foot fascia .....	272	16.56	\$875.63	\$409.74	\$175.13
28062	T	Removal of foot fascia .....	272	16.56	\$875.63	\$409.74	\$175.13
28070	T	Removal of foot joint lining .....	272	16.56	\$875.63	\$409.74	\$175.13
28072	T	Removal of foot joint lining .....	272	16.56	\$875.63	\$409.74	\$175.13
28080	T	Removal of foot lesion .....	271	14.41	\$762.01	\$368.38	\$152.40
28086	T	Excise foot tendon sheath .....	271	14.41	\$762.01	\$368.38	\$152.40
28088	T	Excise foot tendon sheath .....	271	14.41	\$762.01	\$368.38	\$152.40
28090	T	Removal of foot lesion .....	271	14.41	\$762.01	\$368.38	\$152.40
28092	T	Removal of toe lesions .....	271	14.41	\$762.01	\$368.38	\$152.40
28100	T	Removal of ankle/heel lesion .....	271	14.41	\$762.01	\$368.38	\$152.40
28102	T	Remove/graft foot lesion .....	272	16.56	\$875.63	\$409.74	\$175.13
28103	T	Remove/graft foot lesion .....	272	16.56	\$875.63	\$409.74	\$175.13
28104	T	Removal of foot lesion .....	271	14.41	\$762.01	\$368.38	\$152.40
28106	T	Remove/graft foot lesion .....	272	16.56	\$875.63	\$409.74	\$175.13
28107	T	Remove/graft foot lesion .....	272	16.56	\$875.63	\$409.74	\$175.13
28108	T	Removal of toe lesions .....	271	14.41	\$762.01	\$368.38	\$152.40
28110	T	Part removal of metatarsal .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28111	T	Part removal of metatarsal .....	271	14.41	\$762.01	\$368.38	\$152.40
28112	T	Part removal of metatarsal .....	271	14.41	\$762.01	\$368.38	\$152.40
28113	T	Part removal of metatarsal .....	271	14.41	\$762.01	\$368.38	\$152.40
28114	T	Removal of metatarsal heads .....	271	14.41	\$762.01	\$368.38	\$152.40
28116	T	Revision of foot .....	271	14.41	\$762.01	\$368.38	\$152.40
28118	T	Removal of heel bone .....	271	14.41	\$762.01	\$368.38	\$152.40
28119	T	Removal of heel spur .....	271	14.41	\$762.01	\$368.38	\$152.40
28120	T	Part removal of ankle/heel .....	271	14.41	\$762.01	\$368.38	\$152.40
28122	T	Partial removal of foot bone .....	271	14.41	\$762.01	\$368.38	\$152.40
28124	T	Partial removal of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28126	T	Partial removal of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28130	T	Removal of ankle bone .....	271	14.41	\$762.01	\$368.38	\$152.40
28140	T	Removal of metatarsal .....	271	14.41	\$762.01	\$368.38	\$152.40

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
28150	T	Removal of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28153	T	Partial removal of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28160	T	Partial removal of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28171	T	Extensive foot surgery .....	271	14.41	\$762.01	\$368.38	\$152.40
28173	T	Extensive foot surgery .....	271	14.41	\$762.01	\$368.38	\$152.40
28175	T	Extensive foot surgery .....	271	14.41	\$762.01	\$368.38	\$152.40
28190	T	Removal of foot foreign body .....	161	3.50	\$185.12	\$75.48	\$37.02
28192	T	Removal of foot foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
28193	T	Removal of foot foreign body .....	163	10.69	\$565.14	\$264.65	\$113.03
28200	T	Repair of foot tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28202	T	Repair/graft of foot tendon .....	272	16.56	\$875.63	\$409.74	\$175.13
28208	T	Repair of foot tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28210	T	Repair/graft of foot tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28220	T	Release of foot tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28222	T	Release of foot tendons .....	271	14.41	\$762.01	\$368.38	\$152.40
28225	T	Release of foot tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28226	T	Release of foot tendons .....	271	14.41	\$762.01	\$368.38	\$152.40
28230	T	Incision of foot tendon(s) .....	271	14.41	\$762.01	\$368.38	\$152.40
28232	T	Incision of toe tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28234	T	Incision of foot tendon .....	271	14.41	\$762.01	\$368.38	\$152.40
28238	T	Revision of foot tendon .....	272	16.56	\$875.63	\$409.74	\$175.13
28240	T	Release of big toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28250	T	Revision of foot fascia .....	272	16.56	\$875.63	\$409.74	\$175.13
28260	T	Release of midfoot joint .....	272	16.56	\$875.63	\$409.74	\$175.13
28261	T	Revision of foot tendon .....	272	16.56	\$875.63	\$409.74	\$175.13
28262	T	Revision of foot and ankle .....	272	16.56	\$875.63	\$409.74	\$175.13
28264	T	Release of midfoot joint .....	272	16.56	\$875.63	\$409.74	\$175.13
28270	T	Release of foot contracture .....	271	14.41	\$762.01	\$368.38	\$152.40
28272	T	Release of toe joint, each .....	271	14.41	\$762.01	\$368.38	\$152.40
28280	T	Fusion of toes .....	271	14.41	\$762.01	\$368.38	\$152.40
28285	T	Repair of hammertoe .....	271	14.41	\$762.01	\$368.38	\$152.40
28286	T	Repair of hammertoe .....	271	14.41	\$762.01	\$368.38	\$152.40
28288	T	Partial removal of foot bone .....	272	16.56	\$875.63	\$409.74	\$175.13
28290	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28292	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28293	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28294	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28296	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28297	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28298	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28299	T	Correction of bunion .....	276	19.19	\$1,014.71	\$500.14	\$202.94
28300	T	Incision of heel bone .....	272	16.56	\$875.63	\$409.74	\$175.13
28302	T	Incision of ankle bone .....	272	16.56	\$875.63	\$409.74	\$175.13
28304	T	Incision of midfoot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28305	T	Incise/graft midfoot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28306	T	Incision of metatarsal .....	272	16.56	\$875.63	\$409.74	\$175.13
28307	T	Incision of metatarsal .....	272	16.56	\$875.63	\$409.74	\$175.13
28308	T	Incision of metatarsal .....	272	16.56	\$875.63	\$409.74	\$175.13
28309	T	Incision of metatarsals .....	272	16.56	\$875.63	\$409.74	\$175.13
28310	T	Revision of big toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28312	T	Revision of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28313	T	Repair deformity of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28315	T	Removal of sesamoid bone .....	271	14.41	\$762.01	\$368.38	\$152.40
28320	T	Repair of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28322	T	Repair of metatarsals .....	272	16.56	\$875.63	\$409.74	\$175.13
28340	T	Resect enlarged toe tissue .....	271	14.41	\$762.01	\$368.38	\$152.40
28341	T	Resect enlarged toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28344	T	Repair extra toe(s) .....	272	16.56	\$875.63	\$409.74	\$175.13
28345	T	Repair webbed toe(s) .....	272	16.56	\$875.63	\$409.74	\$175.13
28360	T	Reconstruct cleft foot .....	272	16.56	\$875.63	\$409.74	\$175.13
28400	T	Treatment of heel fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
28405	T	Treatment of heel fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
28406	T	Treatment of heel fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28415	T	Repair of heel fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28420	T	Repair/graft heel fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28430	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
28435	T	Treatment of ankle fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
28436	T	Treatment of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28445	T	Repair of ankle fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28450	T	Treat midfoot fracture, each .....	209	1.94	\$102.84	\$37.29	\$20.57
28455	T	Treat midfoot fracture, each .....	209	1.94	\$102.84	\$37.29	\$20.57
28456	T	Repair midfoot fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28465	T	Repair midfoot fracture, each .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28470	T	Treat metatarsal fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
28475	T	Treat metatarsal fracture .....	209	1.94	\$102.84	\$37.29	\$20.57

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
28476	T	Repair metatarsal fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28485	T	Repair metatarsal fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28490	T	Treat big toe fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
28495	T	Treat big toe fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
28496	T	Repair big toe fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28505	T	Repair big toe fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28510	T	Treatment of toe fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
28515	T	Treatment of toe fracture .....	207	1.70	\$90.11	\$31.64	\$18.02
28525	T	Repair of toe fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28530	T	Treat sesamoid bone fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
28531	T	Treat sesamoid bone fracture .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28540	T	Treat foot dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
28545	T	Treat foot dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
28546	T	Treat foot dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28555	T	Repair foot dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28570	T	Treat foot dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
28575	T	Treat foot dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
28576	T	Treat foot dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28585	T	Repair foot dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28600	T	Treat foot dislocation .....	209	1.94	\$102.84	\$37.29	\$20.57
28605	T	Treat foot dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
28606	T	Treat foot dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28615	T	Repair foot dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28630	T	Treat toe dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
28635	T	Treat toe dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
28636	T	Treat toe dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28645	T	Repair toe dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28660	T	Treat toe dislocation .....	207	1.70	\$90.11	\$31.64	\$18.02
28665	T	Treat toe dislocation .....	210	10.46	\$553.39	\$283.40	\$110.68
28666	T	Treat toe dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28675	T	Repair of toe dislocation .....	216	20.13	\$1,064.67	\$520.93	\$212.93
28705	T	Fusion of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28715	T	Fusion of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28725	T	Fusion of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28730	T	Fusion of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28735	T	Fusion of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28737	T	Revision of foot bones .....	271	14.41	\$762.01	\$368.38	\$152.40
28740	T	Fusion of foot bones .....	272	16.56	\$875.63	\$409.74	\$175.13
28750	T	Fusion of big toe joint .....	271	14.41	\$762.01	\$368.38	\$152.40
28755	T	Fusion of big toe joint .....	271	14.41	\$762.01	\$368.38	\$152.40
28760	T	Fusion of big toe joint .....	272	16.56	\$875.63	\$409.74	\$175.13
28800	C	Amputation of midfoot .....	.....	.....	.....	.....	.....
28805	C	Amputation thru metatarsal .....	.....	.....	.....	.....	.....
28810	T	Amputation toe & metatarsal .....	271	14.41	\$762.01	\$368.38	\$152.40
28820	T	Amputation of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28825	T	Partial amputation of toe .....	271	14.41	\$762.01	\$368.38	\$152.40
28899	T	Foot/toes surgery procedure .....	207	1.70	\$90.11	\$31.64	\$18.02
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	22.20	\$1,174.36	\$581.72	\$234.87
29804	T	Jaw arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29815	T	Shoulder arthroscopy .....	280	22.20	\$1,174.36	\$581.72	\$234.87
29819	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29820	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29821	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29822	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29823	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29825	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29826	T	Shoulder arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29830	T	Elbow arthroscopy .....	280	22.20	\$1,174.36	\$581.72	\$234.87
29834	T	Elbow arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29835	T	Elbow arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29836	T	Elbow arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29837	T	Elbow arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29838	T	Elbow arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29840	T	Wrist arthroscopy .....	280	22.20	\$1,174.36	\$581.72	\$234.87
29843	T	Wrist arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29844	T	Wrist arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29845	T	Wrist arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29846	T	Wrist arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29847	T	Wrist arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29848	T	Wrist arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29850	T	Knee arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29851	T	Knee arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29855	T	Tibial arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29856	T	Tibial arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29860	T	Hip arthroscopy, dx .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29861	T	Hip arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29862	T	Hip arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29863	T	Hip arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29870	T	Knee arthroscopy, diagnostic .....	280	22.20	\$1,174.36	\$581.72	\$234.87
29871	T	Knee arthroscopy/drainage .....	282	23.94	\$1,266.43	\$614.04	\$253.29
29874	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29875	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29876	T	Knee arthroscopy/surgery .....	282	23.94	\$1,266.43	\$614.04	\$253.29
29877	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29879	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29880	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29881	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29882	T	Knee arthroscopy/surgery .....	282	23.94	\$1,266.43	\$614.04	\$253.29
29883	T	Knee arthroscopy/surgery .....	282	23.94	\$1,266.43	\$614.04	\$253.29
29884	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29885	T	Knee arthroscopy/surgery .....	282	23.94	\$1,266.43	\$614.04	\$253.29
29886	T	Knee arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29887	T	Knee arthroscopy/surgery .....	282	23.94	\$1,266.43	\$614.04	\$253.29
29888	T	Knee arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29889	T	Knee arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29891	T	Ankle arthroscopy/surgery .....	282	23.94	\$1,266.43	\$614.04	\$253.29

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
29892	T	Ankle arthroscopy/surgery .....	286	26.76	\$1,415.31	\$802.53	\$283.06
29893	T	Scope, plantar fasciotomy .....	271	14.41	\$762.01	\$368.38	\$152.40
29894	T	Ankle arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29895	T	Ankle arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29897	T	Ankle arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29898	T	Ankle arthroscopy/surgery .....	281	22.65	\$1,197.87	\$590.31	\$239.57
29909	T	Arthroscopy of joint .....	280	22.20	\$1,174.36	\$581.72	\$234.87
30000	T	Drainage of nose lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
30020	T	Drainage of nose lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
30100	T	Intranasal biopsy .....	311	1.43	\$75.42	\$20.57	\$15.08
30110	T	Removal of nose polyp(s) .....	311	1.43	\$75.42	\$20.57	\$15.08
30115	T	Removal of nose polyp(s) .....	313	15.81	\$836.45	\$411.09	\$167.29
30117	T	Removal of intranasal lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
30118	T	Removal of intranasal lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
30120	T	Revision of nose .....	313	15.81	\$836.45	\$411.09	\$167.29
30124	T	Removal of nose lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
30125	T	Removal of nose lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
30130	T	Removal of turbinate bones .....	313	15.81	\$836.45	\$411.09	\$167.29
30140	T	Removal of turbinate bones .....	313	15.81	\$836.45	\$411.09	\$167.29
30150	T	Partial removal of nose .....	313	15.81	\$836.45	\$411.09	\$167.29
30160	T	Removal of nose .....	313	15.81	\$836.45	\$411.09	\$167.29
30200	T	Injection treatment of nose .....	347	2.93	\$154.75	\$62.15	\$30.95
30210	T	Nasal sinus therapy .....	311	1.43	\$75.42	\$20.57	\$15.08
30220	T	Insert nasal septal button .....	311	1.43	\$75.42	\$20.57	\$15.08
30300	T	Remove nasal foreign body .....	311	1.43	\$75.42	\$20.57	\$15.08
30310	T	Remove nasal foreign body .....	313	15.81	\$836.45	\$411.09	\$167.29
30320	T	Remove nasal foreign body .....	313	15.81	\$836.45	\$411.09	\$167.29
30400	T	Reconstruction of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30410	T	Reconstruction of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30420	T	Reconstruction of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30430	T	Revision of nose .....	313	15.81	\$836.45	\$411.09	\$167.29
30435	T	Revision of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30450	T	Revision of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30460	T	Revision of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30462	T	Revision of nose .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30520	T	Repair of nasal septum .....	313	15.81	\$836.45	\$411.09	\$167.29
30540	T	Repair nasal defect .....	313	15.81	\$836.45	\$411.09	\$167.29
30545	T	Repair nasal defect .....	314	25.65	\$1,356.54	\$693.37	\$271.31
30560	T	Release of nasal adhesions .....	311	1.43	\$75.42	\$20.57	\$15.08
30580	T	Repair upper jaw fistula .....	313	15.81	\$836.45	\$411.09	\$167.29
30600	T	Repair mouth/nose fistula .....	313	15.81	\$836.45	\$411.09	\$167.29
30620	T	Intranasal reconstruction .....	313	15.81	\$836.45	\$411.09	\$167.29
30630	T	Repair nasal septum defect .....	313	15.81	\$836.45	\$411.09	\$167.29
30801	T	Cauterization inner nose .....	312	7.26	\$383.95	\$178.31	\$76.79
30802	T	Cauterization inner nose .....	312	7.26	\$383.95	\$178.31	\$76.79
30901	T	Control of nosebleed .....	318	2.07	\$109.70	\$38.65	\$21.94
30903	T	Control of nosebleed .....	318	2.07	109.70	\$38.65	\$21.94
30905	T	Control of nosebleed .....	318	2.07	\$109.70	\$38.65	\$21.94
30906	T	Repeat control of nosebleed .....	318	2.07	\$109.70	\$38.65	\$21.94
30915	T	Ligation nasal sinus artery .....	367	17.59	\$930.48	\$449.06	\$186.10
30920	T	Ligation upper jaw artery .....	367	17.59	\$930.48	\$449.06	\$186.10
30930	T	Therapy fracture of nose .....	312	7.26	\$383.95	\$178.31	\$76.79
30999	T	Nasal surgery procedure .....	318	2.07	\$109.70	\$38.65	\$21.94
31000	T	Irrigation maxillary sinus .....	311	1.43	\$75.42	\$20.57	\$15.08
31002	T	Irrigation sphenoid sinus .....	311	1.43	\$75.42	\$20.57	\$15.08
31020	T	Exploration maxillary sinus .....	313	15.81	\$836.45	\$411.09	\$167.29
31030	T	Exploration maxillary sinus .....	313	15.81	\$836.45	\$411.09	\$167.29
31032	T	Explore sinus, remove polyps .....	313	15.81	\$836.45	\$411.09	\$167.29
31040	T	Exploration behind upper jaw .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31050	T	Exploration sphenoid sinus .....	313	15.81	\$836.45	\$411.09	\$167.29
31051	T	Sphenoid sinus surgery .....	313	15.81	\$836.45	\$411.09	\$167.29
31070	T	Exploration of frontal sinus .....	313	15.81	\$836.45	\$411.09	\$167.29
31075	T	Exploration of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31080	T	Removal of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31081	T	Removal of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31084	T	Removal of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31085	T	Removal of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31086	T	Removal of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31087	T	Removal of frontal sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31090	T	Exploration of sinuses .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31200	T	Removal of ethmoid sinus .....	313	15.81	\$836.45	\$411.09	\$167.29
31201	T	Removal of ethmoid sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31205	T	Removal of ethmoid sinus .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31225	C	Removal of upper jaw .....	.....	.....	.....	.....	.....
31230	C	Removal of upper jaw .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
31231	T	Nasal endoscopy, dx .....	331	0.69	\$36.24	\$14.01	\$7.25
31233	T	Nasal/sinus endoscopy, dx .....	332	9.74	\$515.19	\$244.98	\$103.04
31235	T	Nasal/sinus endoscopy, dx .....	332	9.74	\$515.19	\$244.98	\$103.04
31237	T	Nasal/sinus endoscopy, surg .....	332	9.74	\$515.19	\$244.98	\$103.04
31238	T	Nasal/sinus endoscopy, surg .....	332	9.74	\$515.19	\$244.98	\$103.04
31239	T	Nasal/sinus endoscopy, surg .....	333	17.24	\$911.87	\$464.20	\$182.37
31240	T	Nasal/sinus endoscopy, surg .....	332	9.74	\$515.19	\$244.98	\$103.04
31254	T	Revision of ethmoid sinus .....	333	17.24	\$911.87	\$464.20	\$182.37
31255	T	Removal of ethmoid sinus .....	333	17.24	\$911.87	\$464.20	\$182.37
31256	T	Exploration maxillary sinus .....	333	17.24	\$911.87	\$464.20	\$182.37
31267	T	Endoscopy, maxillary sinus .....	333	17.24	\$911.87	\$464.20	\$182.37
31276	T	Sinus surgical endoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31287	T	Nasal/sinus endoscopy, surg .....	333	17.24	\$911.87	\$464.20	\$182.37
31288	T	Nasal/sinus endoscopy, surg .....	333	17.24	\$911.87	\$464.20	\$182.37
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	0.69	\$36.24	\$14.01	\$7.25
31300	T	Removal of larynx lesion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31320	T	Diagnostic incision larynx .....	313	15.81	\$836.45	\$411.09	\$167.29
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	25.65	\$1,356.54	\$693.37	\$271.31
31420	T	Removal of epiglottis .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31500	S	Insert emergency airway .....	947	4.07	\$215.48	\$109.61	\$43.10
31502	T	Change of windpipe airway .....	470	2.22	\$117.53	\$54.92	\$23.51
31505	T	Diagnostic laryngoscopy .....	331	0.69	\$36.24	\$14.01	\$7.25
31510	T	Laryngoscopy with biopsy .....	332	9.74	\$515.19	\$244.98	\$103.04
31511	T	Remove foreign body, larynx .....	332	9.74	\$515.19	\$244.98	\$103.04
31512	T	Removal of larynx lesion .....	332	9.74	\$515.19	\$244.98	\$103.04
31513	T	Injection into vocal cord .....	332	9.74	\$515.19	\$244.98	\$103.04
31515	T	Laryngoscopy for aspiration .....	332	9.74	\$515.19	\$244.98	\$103.04
31520	T	Diagnostic laryngoscopy .....	332	9.74	\$515.19	\$244.98	\$103.04
31525	T	Diagnostic laryngoscopy .....	332	9.74	\$515.19	\$244.98	\$103.04
31526	T	Diagnostic laryngoscopy .....	332	9.74	\$515.19	\$244.98	\$103.04
31527	T	Laryngoscopy for treatment .....	333	17.24	\$911.87	\$464.20	\$182.37
31528	T	Laryngoscopy and dilatation .....	332	9.74	\$515.19	\$244.98	\$103.04
31529	T	Laryngoscopy and dilatation .....	332	9.74	\$515.19	\$244.98	\$103.04
31530	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31531	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31535	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31536	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31540	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31541	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31560	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31561	T	Operative laryngoscopy .....	333	17.24	\$911.87	\$464.20	\$182.37
31570	T	Laryngoscopy with injection .....	333	17.24	\$911.87	\$464.20	\$182.37
31571	T	Laryngoscopy with injection .....	333	17.24	\$911.87	\$464.20	\$182.37
31575	T	Diagnostic laryngoscopy .....	331	0.69	\$36.24	\$14.01	\$7.25
31576	T	Laryngoscopy with biopsy .....	332	9.74	\$515.19	\$244.98	\$103.04
31577	T	Remove foreign body, larynx .....	332	9.74	\$515.19	\$244.98	\$103.04
31578	T	Removal of larynx lesion .....	332	9.74	\$515.19	\$244.98	\$103.04
31579	T	Diagnostic laryngoscopy .....	331	0.69	\$36.24	\$14.01	\$7.25
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	\$90.11	\$31.64	\$18.02
31586	T	Repair of larynx fracture .....	209	1.94	\$102.84	\$37.29	\$20.57
31587	C	Revision of larynx .....	.....	.....	.....	.....	.....
31588	T	Revision of larynx .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31590	T	Reinnervate larynx .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31595	T	Larynx nerve surgery .....	313	15.81	\$836.45	\$411.09	\$167.29
31599	T	Larynx surgery procedure .....	207	1.70	\$90.11	\$31.64	\$18.02
31600	C	Incision of windpipe .....	.....	.....	.....	.....	.....
31601	C	Incision of windpipe .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
31603	T	Incision of windpipe .....	311	1.43	\$75.42	\$20.57	\$15.08
31605	T	Incision of windpipe .....	311	1.43	\$75.42	\$20.57	\$15.08
31610	C	Incision of windpipe .....					
31611	T	Surgery/speech prosthesis .....	313	15.81	\$836.45	\$411.09	\$167.29
31612	T	Puncture/clear windpipe .....	312	7.26	\$383.95	\$178.31	\$76.79
31613	T	Repair windpipe opening .....	313	15.81	\$836.45	\$411.09	\$167.29
31614	T	Repair windpipe opening .....	313	15.81	\$836.45	\$411.09	\$167.29
31615	T	Visualization of windpipe .....	336	7.44	\$393.74	\$197.98	\$78.75
31622	T	Diagnostic bronchoscopy .....	336	7.44	\$393.74	\$197.98	\$78.75
31625	T	Bronchoscopy with biopsy .....	336	7.44	\$393.74	\$197.98	\$78.75
31628	T	Bronchoscopy with biopsy .....	336	7.44	\$393.74	\$197.98	\$78.75
31629	T	Bronchoscopy with biopsy .....	336	7.44	\$393.74	\$197.98	\$78.75
31630	T	Bronchoscopy with repair .....	336	7.44	\$393.74	\$197.98	\$78.75
31631	T	Bronchoscopy with dilation .....	336	7.44	\$393.74	\$197.98	\$78.75
31635	T	Remove foreign body, airway .....	336	7.44	\$393.74	\$197.98	\$78.75
31640	T	Bronchoscopy & remove lesion .....	336	7.44	\$393.74	\$197.98	\$78.75
31641	T	Bronchoscopy, treat blockage .....	336	7.44	\$393.74	\$197.98	\$78.75
31645	T	Bronchoscopy, clear airways .....	336	7.44	\$393.74	\$197.98	\$78.75
31646	T	Bronchoscopy, re-clear airways .....	336	7.44	\$393.74	\$197.98	\$78.75
31656	T	Bronchoscopy, inject for xray .....	336	7.44	\$393.74	\$197.98	\$78.75
31700	T	Insertion of airway catheter .....	332	9.74	\$515.19	\$244.98	\$103.04
31708	T	Instill airway contrast dye .....	347	2.93	\$154.75	\$62.15	\$30.95
31710	T	Insertion of airway catheter .....	347	2.93	\$154.75	\$62.15	\$30.95
31715	T	Injection for bronchus x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
31717	T	Bronchial brush biopsy .....	332	9.74	\$515.19	\$244.98	\$103.04
31720	T	Clearance of airways .....	332	9.74	\$515.19	\$244.98	\$103.04
31725	C	Clearance of airways .....					
31730	T	Intro windpipe wire/tube .....	332	9.74	\$515.19	\$244.98	\$103.04
31750	T	Repair of windpipe .....	314	25.65	\$1,356.54	\$693.37	\$271.31
31755	T	Repair of windpipe .....	314	25.65	\$1,356.54	\$693.37	\$271.31
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	15.81	\$836.45	\$411.09	\$167.29
31825	T	Repair of windpipe defect .....	313	15.81	\$836.45	\$411.09	\$167.29
31830	T	Revise windpipe scar .....	313	15.81	\$836.45	\$411.09	\$167.29
31899	T	Airways surgical procedure .....	336	7.44	\$393.74	\$197.98	\$78.75
32000	T	Drainage of chest .....	320	3.17	\$167.49	\$79.33	\$33.50
32002	T	Treatment of collapsed lung .....	320	3.17	\$167.49	\$79.33	\$33.50
32005	C	Treat lung lining chemically .....					
32020	T	Insertion of chest tube .....	320	3.17	\$167.49	\$79.33	\$33.50
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	4.87	\$257.60	\$115.03	\$51.52
32402	C	Open biopsy chest lining .....					
32405	T	Biopsy, lung or mediastinum .....	122	4.87	\$257.60	\$115.03	\$51.52
32420	T	Puncture/clear lung .....	320	3.17	\$167.49	\$79.33	\$33.50
32440	C	Removal of lung .....					
32442	C	Sleeve pneumonectomy .....					
32445	C	Removal of lung .....					
32480	C	Partial removal of lung .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	3.17	\$167.49	\$79.33	\$33.50
32999	T	Chest surgery procedure .....	320	3.17	\$167.49	\$79.33	\$33.50
33010	T	Drainage of heart sac .....	320	3.17	\$167.49	\$79.33	\$33.50
33011	T	Repeat drainage of heart sac .....	320	3.17	\$167.49	\$79.33	\$33.50
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 .....					
33220	C	Repair pacemaker electrode .....					
33222	T	Pacemaker AICD pocket .....	360	6.09	\$322.24	\$140.12	\$64.45
33223	T	Pacemaker AICD pocket .....	360	6.09	\$322.24	\$140.12	\$64.45
33233	C	Removal of pacemaker system .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Atrial septectomy/septostomy .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	3.17	\$167.49	\$79.33	\$33.50
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
35184	C	Repair blood vessel lesion .....					
35188	T	Repair blood vessel lesion .....	368	22.83	\$1,207.67	\$648.85	\$241.53
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	22.83	\$1,207.67	\$648.85	\$241.53
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 .....					
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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Artery 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	22.83	\$1,207.67	\$648.85	\$241.53
35876	T	Removal of clot in graft .....	368	22.83	\$1,207.67	\$648.85	\$241.53
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	2.93	\$154.75	\$62.15	\$30.95
36010	T	Place catheter in vein .....	342	3.20	\$169.45	\$80.23	\$33.89
36011	T	Place catheter in vein .....	342	3.20	\$169.45	\$80.23	\$33.89
36012	T	Place catheter in vein .....	342	3.20	\$169.45	\$80.23	\$33.89
36013	T	Place catheter in artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36014	T	Place catheter in artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36015	T	Place catheter in artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36100	T	Establish access to artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36120	T	Establish access to artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36140	T	Establish access to artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36145	N	Artery to vein shunt .....	.....	.....	.....	.....	.....
36160	T	Establish access to aorta .....	342	3.20	\$169.45	\$80.23	\$33.89
36200	T	Place catheter in aorta .....	342	3.20	\$169.45	\$80.23	\$33.89

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
36215	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36216	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36217	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36218	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36245	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36246	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36247	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36248	T	Place catheter in artery .....	343	9.52	\$503.44	\$224.87	\$100.69
36260	T	Insertion of infusion pump .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36261	T	Revision of infusion pump .....	360	6.09	\$322.24	\$140.12	\$64.45
36262	T	Removal of infusion pump .....	360	6.09	\$322.24	\$140.12	\$64.45
36299	T	Vessel injection procedure .....	360	6.09	\$322.24	\$140.12	\$64.45
36400	N	Drawing blood .....					
36405	N	Drawing blood .....					
36406	N	Drawing blood .....					
36410	T	Drawing blood .....	341	0.13	\$6.86	\$2.94	\$1.37
36415	E	Drawing blood .....					
36420	T	Establish access to vein .....	341	0.13	\$6.86	\$2.94	\$1.37
36425	T	Establish access to vein .....	341	0.13	\$6.86	\$2.94	\$1.37
36430	T	Blood transfusion service .....	369	4.33	\$229.19	\$97.18	\$45.84
36440	T	Blood transfusion service .....	369	4.33	\$229.19	\$97.18	\$45.84
36450	T	Exchange transfusion service .....	369	4.33	\$229.19	\$97.18	\$45.84
36455	T	Exchange transfusion service .....	369	4.33	\$229.19	\$97.18	\$45.84
36460	T	Transfusion service, fetal .....	369	4.33	\$229.19	\$97.18	\$45.84
36468	T	Injection(s); spider veins .....	339	1.02	\$53.87	\$19.66	\$10.77
36469	T	Injection(s); spider veins .....	339	1.02	\$53.87	\$19.66	\$10.77
36470	T	Injection therapy of vein .....	339	1.02	\$53.87	\$19.66	\$10.77
36471	T	Injection therapy of veins .....	339	1.02	\$53.87	\$19.66	\$10.77
36481	T	Insertion of catheter, vein .....	343	9.52	\$503.44	\$224.87	\$100.69
36488	S	Insertion of catheter, vein .....	346	4.83	\$255.64	\$120.23	\$51.13
36489	S	Insertion of catheter, vein .....	346	4.83	\$255.64	\$120.23	\$51.13
36490	S	Insertion of catheter, vein .....	346	4.83	\$255.64	\$120.23	\$51.13
36491	S	Insertion of catheter, vein .....	346	4.83	\$255.64	\$120.23	\$51.13
36493	S	Repositioning of cvc .....	346	4.83	\$255.64	\$120.23	\$51.13
36500	T	Insertion of catheter, vein .....	342	3.20	\$169.45	\$80.23	\$33.89
36510	C	Insertion of catheter, vein .....					
36520	T	Plasma and/or cell exchange .....	369	4.33	\$229.19	\$97.18	\$45.84
36522	T	Photopheresis .....	369	4.33	\$229.19	\$97.18	\$45.84
36530	T	Insertion of infusion pump .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36531	T	Revision of infusion pump .....	360	6.09	\$322.24	\$140.12	\$64.45
36532	T	Removal of infusion pump .....	360	6.09	\$322.24	\$140.12	\$64.45
36533	T	Insertion of access port .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36534	T	Revision of access port .....	360	6.09	\$322.24	\$140.12	\$64.45
36535	T	Removal of access port .....	360	6.09	\$322.24	\$140.12	\$64.45
36600	N	Withdrawal of arterial blood .....					
36620	T	Insertion catheter, artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36625	T	Insertion catheter, artery .....	342	3.20	\$169.45	\$80.23	\$33.89
36640	S	Insertion catheter, artery .....	346	4.83	\$255.64	\$120.23	\$51.13
36660	C	Insertion catheter, artery .....					
36680	X	Insert needle, bone cavity .....	906	1.46	\$77.38	\$42.49	\$15.48
36800	T	Insertion of cannula .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36810	T	Insertion of cannula .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36815	T	Insertion of cannula .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36821	T	Artery-vein fusion .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36822	C	Insertion of cannula(s) .....					
36825	T	Artery-vein graft .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36830	T	Artery-vein graft .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36832	T	Revise artery-vein fistula .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36834	C	Repair A-V aneurysm .....					
36835	T	Artery to vein shunt .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36860	T	Cannula declotting .....	368	22.83	\$1,207.67	\$648.85	\$241.53
36861	T	Cannula declotting .....	368	22.83	\$1,207.67	\$648.85	\$241.53
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 .....					
37203	T	Transcatheter retrieval .....	360	6.09	\$322.24	\$140.12	\$64.45
37204	C	Transcatheter occlusion .....					
37205	C	Transcatheter stent .....					
37206	C	Transcatheter stent .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
37207	C	Transcatheter stent .....					
37208	C	Transcatheter stent .....					
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	22.83	\$1,207.67	\$648.85	\$241.53
37609	T	Temporal artery procedure .....	162	5.67	\$299.71	\$125.43	\$59.94
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	17.59	\$930.48	\$449.06	\$186.10
37620	C	Revision of major vein .....					
37650	T	Revision of major vein .....	367	17.59	\$930.48	\$449.06	\$186.10
37660	C	Revision of major vein .....					
37700	T	Revise leg vein .....	367	17.59	\$930.48	\$449.06	\$186.10
37720	T	Removal of leg vein .....	367	17.59	\$930.48	\$449.06	\$186.10
37730	T	Removal of leg veins .....	367	17.59	\$930.48	\$449.06	\$186.10
37735	T	Removal of leg veins/lesion .....	367	17.59	\$930.48	\$449.06	\$186.10
37760	T	Revision of leg veins .....	367	17.59	\$930.48	\$449.06	\$186.10
37780	T	Revision of leg vein .....	367	17.59	\$930.48	\$449.06	\$186.10
37785	T	Revise secondary varicosity .....	367	17.59	\$930.48	\$449.06	\$186.10
37788	C	Revascularization, penis .....					
37790	T	Penile venous occlusion .....	537	28.72	\$1,519.13	\$864.45	\$303.83
37799	T	Vascular surgery procedure .....	162	5.67	\$299.71	\$125.43	\$59.94
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	2.93	\$154.75	\$62.15	\$30.95
38230	T	Bone marrow collection .....	369	4.33	\$229.19	\$97.18	\$45.84
38231	T	Stem cell collection .....	369	4.33	\$229.19	\$97.18	\$45.84
38240	C	Bone marrow/stem transplant .....					
38241	C	Bone marrow/stem transplant .....					
38300	T	Drainage lymph node lesion .....	132	6.04	\$319.3	\$134.24	\$63.86
38305	T	Drainage lymph node lesion .....	132	6.04	\$319.3	\$134.24	\$63.86
38308	T	Incision of lymph channels .....	396	13.28	\$702.27	\$338.77	\$140.45
38380	C	Thoracic duct procedure .....					
38381	C	Thoracic duct procedure .....					
38382	C	Thoracic duct procedure .....					
38500	T	Biopsy/removal, lymph node(s) .....	396	13.28	\$702.27	\$338.77	\$140.45
38505	T	Needle biopsy, lymph node(s) .....	122	4.87	\$257.6	\$115.03	\$51.52
38510	T	Biopsy/removal, lymph node(s) .....	396	13.28	\$702.27	\$338.77	\$140.45
38520	T	Biopsy/removal, lymph node(s) .....	396	13.28	\$702.27	\$338.77	\$140.45
38525	T	Biopsy/removal, lymph node(s) .....	396	13.28	\$702.27	\$338.77	\$140.45
38530	T	Biopsy/removal, lymph node(s) .....	396	13.28	\$702.27	\$338.77	\$140.45
38542	T	Explore deep node(s), neck .....	397	18.37	\$971.62	\$496.97	\$194.32
38550	T	Removal neck/armpit lesion .....	396	13.28	\$702.27	\$338.77	\$140.45
38555	T	Removal neck/armpit lesion .....	397	18.37	\$971.62	\$496.97	\$194.32
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	18.37	\$971.62	\$496.97	\$194.32
38745	T	Remove armpits lymph nodes .....	397	18.37	\$971.62	\$496.97	\$194.32
38746	C	Remove thoracic lymph nodes .....					
38747	C	Remove abdominal lymph nodes .....					
38760	T	Remove groin lymph nodes .....	397	18.37	\$971.62	\$496.97	\$194.32
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	2.93	\$154.75	\$62.15	\$30.95
38794	T	Access thoracic lymph duct .....	342	3.20	\$169.45	\$80.23	\$33.89
38999	T	Blood/lymph system procedure .....	132	6.04	\$319.30	\$134.24	\$63.86
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	1.43	\$75.42	\$20.57	\$15.08
40500	T	Partial excision of lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40510	T	Partial excision of lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40520	T	Partial excision of lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40525	T	Reconstruct lip with flap .....	313	15.81	\$836.45	\$411.09	\$167.29
40527	T	Reconstruct lip with flap .....	313	15.81	\$836.45	\$411.09	\$167.29
40530	T	Partial removal of lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40650	T	Repair lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40652	T	Repair lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40654	T	Repair lip .....	313	15.81	\$836.45	\$411.09	\$167.29
40700	T	Repair cleft lip/nasal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40701	T	Repair cleft lip/nasal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40702	T	Repair cleft lip/nasal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40720	T	Repair cleft lip/nasal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40761	T	Repair cleft lip/nasal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40799	T	Lip surgery procedure .....	311	1.43	\$75.42	\$20.57	\$15.08
40800	T	Drainage of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
40801	T	Drainage of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
40804	T	Removal foreign body, mouth .....	311	1.43	\$75.42	\$20.57	\$15.08
40805	T	Removal foreign body, mouth .....	311	1.43	\$75.42	\$20.57	\$15.08
40806	T	Incision of lip fold .....	311	1.43	\$75.42	\$20.57	\$15.08
40808	T	Biopsy of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
40810	T	Excision of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
40812	T	Excise/repair mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
40814	T	Excise/repair mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
40816	T	Excision of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
40818	T	Excise oral mucosa for graft .....	313	15.81	\$836.45	\$411.09	\$167.29
40819	T	Excise lip or cheek fold .....	313	15.81	\$836.45	\$411.09	\$167.29
40820	T	Treatment of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
40830	T	Repair mouth laceration .....	312	7.26	\$383.95	\$178.31	\$76.79
40831	T	Repair mouth laceration .....	312	7.26	\$383.95	\$178.31	\$76.79
40840	T	Reconstruction of mouth .....	313	15.81	\$836.45	\$411.09	\$167.29
40842	T	Reconstruction of mouth .....	313	15.81	\$836.45	\$411.09	\$167.29
40843	T	Reconstruction of mouth .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40844	T	Reconstruction of mouth .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40845	T	Reconstruction of mouth .....	314	25.65	\$1,356.54	\$693.37	\$271.31
40899	T	Mouth surgery procedure .....	311	1.43	\$75.42	\$20.57	\$15.08
41000	T	Drainage of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41005	T	Drainage of mouth lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41006	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41007	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41008	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41009	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41010	T	Incision of tongue fold .....	313	15.81	\$836.45	\$411.09	\$167.29
41015	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41016	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41017	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41018	T	Drainage of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41100	T	Biopsy of tongue .....	311	1.43	\$75.42	\$20.57	\$15.08
41105	T	Biopsy of tongue .....	311	1.43	\$75.42	\$20.57	\$15.08
41108	T	Biopsy of floor of mouth .....	311	1.43	\$75.42	\$20.57	\$15.08
41110	T	Excision of tongue lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41112	T	Excision of tongue lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41113	T	Excision of tongue lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41114	T	Excision of tongue lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41115	T	Excision of tongue fold .....	311	1.43	\$75.42	\$20.57	\$15.08
41116	T	Excision of mouth lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41120	T	Partial removal of tongue .....	313	15.81	\$836.45	\$411.09	\$167.29
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 .....					
41250	T	Repair tongue laceration .....	312	7.26	\$383.95	\$178.31	\$76.79

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
41251	T	Repair tongue laceration .....	312	7.26	\$383.95	\$178.31	\$76.79
41252	T	Repair tongue laceration .....	312	7.26	\$383.95	\$178.31	\$76.79
41500	T	Fixation of tongue .....	312	7.26	\$383.95	\$178.31	\$76.79
41510	T	Tongue to lip surgery .....	312	7.26	\$383.95	\$178.31	\$76.79
41520	T	Reconstruction, tongue fold .....	313	15.81	\$836.45	\$411.09	\$167.29
41599	T	Tongue and mouth surgery .....	311	1.43	\$75.42	\$20.57	\$15.08
41800	T	Drainage of gum lesion .....	312	7.26	\$383.95	\$178.31	\$76.79
41805	T	Removal foreign body, gum .....	311	1.43	\$75.42	\$20.57	\$15.08
41806	T	Removal foreign body, jawbone .....	311	1.43	\$75.42	\$20.57	\$15.08
41820	T	Excision, gum, each quadrant .....	311	1.43	\$75.42	\$20.57	\$15.08
41821	T	Excision of gum flap .....	311	1.43	\$75.42	\$20.57	\$15.08
41822	T	Excision of gum lesion .....	231	12.02	\$635.66	\$299.9	\$127.13
41823	T	Excision of gum lesion .....	231	12.02	\$635.66	\$299.9	\$127.13
41825	T	Excision of gum lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41826	T	Excision of gum lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41827	T	Excision of gum lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
41828	T	Excision of gum lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41830	T	Removal of gum tissue .....	311	1.43	\$75.42	\$20.57	\$15.08
41850	T	Treatment of gum lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
41870	T	Gum graft .....	311	1.43	\$75.42	\$20.57	\$15.08
41872	T	Repair gum .....	311	1.43	\$75.42	\$20.57	\$15.08
41874	T	Repair tooth socket .....	311	1.43	\$75.42	\$20.57	\$15.08
41899	T	Dental surgery procedure .....	311	1.43	\$75.42	\$20.57	\$15.08
42000	T	Drainage mouth roof lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
42100	T	Biopsy roof of mouth .....	311	1.43	\$75.42	\$20.57	\$15.08
42104	T	Excision lesion, mouth roof .....	311	1.43	\$75.42	\$20.57	\$15.08
42106	T	Excision lesion, mouth roof .....	311	1.43	\$75.42	\$20.57	\$15.08
42107	T	Excision lesion, mouth roof .....	313	15.81	\$836.45	\$411.09	\$167.29
42120	T	Remove palate/lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
42140	T	Excision of uvula .....	311	1.43	\$75.42	\$20.57	\$15.08
42145	C	Repair, palate,pharynx/uvula .....					
42160	T	Treatment mouth roof lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
42180	T	Repair palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42182	T	Repair palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42200	T	Reconstruct cleft palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42205	T	Reconstruct cleft palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42210	T	Reconstruct cleft palate .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42215	T	Reconstruct cleft palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42220	T	Reconstruct cleft palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42225	T	Reconstruct cleft palate .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42226	T	Lengthening of palate .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42227	T	Lengthening of palate .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42235	T	Repair palate .....	313	15.81	\$836.45	\$411.09	\$167.29
42260	T	Repair nose to lip fistula .....	313	15.81	\$836.45	\$411.09	\$167.29
42280	T	Preparation, palate mold .....	311	1.43	\$75.42	\$20.57	\$15.08
42281	T	Insertion, palate prosthesis .....	311	1.43	\$75.42	\$20.57	\$15.08
42299	T	Palate/uvula surgery .....	311	1.43	\$75.42	\$20.57	\$15.08
42300	T	Drainage of salivary gland .....	312	7.26	\$383.95	\$178.31	\$76.79
42305	T	Drainage of salivary gland .....	312	7.26	\$383.95	\$178.31	\$76.79
42310	T	Drainage of salivary gland .....	312	7.26	\$383.95	\$178.31	\$76.79
42320	T	Drainage of salivary gland .....	312	7.26	\$383.95	\$178.31	\$76.79
42325	T	Create salivary cyst drain .....	313	15.81	\$836.45	\$411.09	\$167.29
42326	T	Create salivary cyst drain .....	313	15.81	\$836.45	\$411.09	\$167.29
42330	T	Removal of salivary stone .....	311	1.43	\$75.42	\$20.57	\$15.08
42335	T	Removal of salivary stone .....	311	1.43	\$75.42	\$20.57	\$15.08
42340	T	Removal of salivary stone .....	313	15.81	\$836.45	\$411.09	\$167.29
42400	T	Biopsy of salivary gland .....	122	4.87	\$257.6	\$115.03	\$51.52
42405	T	Biopsy of salivary gland .....	312	7.26	\$383.95	\$178.31	\$76.79
42408	T	Excision of salivary cyst .....	313	15.81	\$836.45	\$411.09	\$167.29
42409	T	Drainage of salivary cyst .....	313	15.81	\$836.45	\$411.09	\$167.29
42410	T	Excise parotid gland/lesion .....	313	15.81	\$836.45	\$411.09	\$167.29
42415	T	Excise parotid gland/lesion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42420	T	Excise parotid gland/lesion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42425	T	Excise parotid gland/lesion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42426	C	Excise parotid gland/lesion .....					
42440	T	Excision submaxillary gland .....	313	15.81	\$836.45	\$411.09	\$167.29
42450	T	Excision sublingual gland .....	313	15.81	\$836.45	\$411.09	\$167.29
42500	T	Repair salivary duct .....	313	15.81	\$836.45	\$411.09	\$167.29
42505	T	Repair salivary duct .....	313	15.81	\$836.45	\$411.09	\$167.29
42507	T	Parotid duct diversion .....	313	15.81	\$836.45	\$411.09	\$167.29
42508	T	Parotid duct diversion .....	313	15.81	\$836.45	\$411.09	\$167.29
42509	T	Parotid duct diversion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42510	T	Parotid duct diversion .....	313	15.81	\$836.45	\$411.09	\$167.29
42550	T	Injection for salivary x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
42600	T	Closure of salivary fistula .....	313	15.81	\$836.45	\$411.09	\$167.29

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
42650	T	Dilation of salivary duct .....	311	1.43	\$75.42	\$20.57	\$15.08
42660	T	Dilation of salivary duct .....	311	1.43	\$75.42	\$20.57	\$15.08
42665	T	Ligation of salivary duct .....	311	1.43	\$75.42	\$20.57	\$15.08
42699	T	Salivary surgery procedure .....	311	1.43	\$75.42	\$20.57	\$15.08
42700	T	Drainage of tonsil abscess .....	312	7.26	\$383.95	\$178.31	\$76.79
42720	T	Drainage of throat abscess .....	312	7.26	\$383.95	\$178.31	\$76.79
42725	T	Drainage of throat abscess .....	313	15.81	\$836.45	\$411.09	\$167.29
42800	T	Biopsy of throat .....	312	7.26	\$383.95	\$178.31	\$76.79
42802	T	Biopsy of throat .....	312	7.26	\$383.95	\$178.31	\$76.79
42804	T	Biopsy of upper nose/throat .....	312	7.26	\$383.95	\$178.31	\$76.79
42806	T	Biopsy of upper nose/throat .....	312	7.26	\$383.95	\$178.31	\$76.79
42808	T	Excise pharynx lesion .....	312	7.26	\$383.95	\$178.31	\$76.79
42809	T	Remove pharynx foreign body .....	151	1.74	\$92.07	\$35.71	\$18.41
42810	T	Excision of neck cyst .....	313	15.81	\$836.45	\$411.09	\$167.29
42815	T	Excision of neck cyst .....	313	15.81	\$836.45	\$411.09	\$167.29
42820	T	Remove tonsils and adenoids .....	319	17.30	\$914.81	\$480.02	\$182.96
42821	T	Remove tonsils and adenoids .....	319	17.30	\$914.81	\$480.02	\$182.96
42825	T	Removal of tonsils .....	319	17.30	\$914.81	\$480.02	\$182.96
42826	T	Removal of tonsils .....	319	17.30	\$914.81	\$480.02	\$182.96
42830	T	Removal of adenoids .....	319	17.30	\$914.81	\$480.02	\$182.96
42831	T	Removal of adenoids .....	319	17.30	\$914.81	\$480.02	\$182.96
42835	T	Removal of adenoids .....	319	17.30	\$914.81	\$480.02	\$182.96
42836	T	Removal of adenoids .....	319	17.30	\$914.81	\$480.02	\$182.96
42842	T	Extensive surgery of throat .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42844	T	Extensive surgery of throat .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42845	C	Extensive surgery of throat .....					
42860	T	Excision of tonsil tags .....	319	17.30	\$914.81	\$480.02	\$182.96
42870	T	Excision of lingual tonsil .....	319	17.30	\$914.81	\$480.02	\$182.96
42890	T	Partial removal of pharynx .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42892	T	Revision of pharyngeal walls .....	314	25.65	\$1,356.54	\$693.37	\$271.31
42894	C	Revision of pharyngeal walls .....					
42900	T	Repair throat wound .....	313	15.81	\$836.45	\$411.09	\$167.29
42950	T	Reconstruction of throat .....	313	15.81	\$836.45	\$411.09	\$167.29
42953	C	Repair throat, esophagus .....					
42955	T	Surgical opening of throat .....	313	15.81	\$836.45	\$411.09	\$167.29
42960	T	Control throat bleeding .....	318	2.07	\$109.7	\$38.65	\$21.94
42961	C	Control throat bleeding .....					
42962	T	Control throat bleeding .....	313	15.81	\$836.45	\$411.09	\$167.29
42970	T	Control nose/throat bleeding .....	318	2.07	\$109.7	\$38.65	\$21.94
42971	C	Control nose/throat bleeding .....					
42972	T	Control nose/throat bleeding .....	313	15.81	\$836.45	\$411.09	\$167.29
42999	T	Throat surgery procedure .....	318	2.07	\$109.7	\$38.65	\$21.94
43020	T	Incision of esophagus .....	313	15.81	\$836.45	\$411.09	\$167.29
43030	T	Throat muscle surgery .....	313	15.81	\$836.45	\$411.09	\$167.29
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	6.44	\$340.85	\$181.70	\$68.17
43202	T	Esophagus endoscopy, biopsy .....	417	6.44	\$340.85	\$181.70	\$68.17
43204	T	Esophagus endoscopy & inject .....	407	7.06	\$373.17	\$189.84	\$74.63
43205	T	Esophagus endoscopy/ligation .....	407	7.06	\$373.17	\$189.84	\$74.63
43215	T	Esophagus endoscopy .....	407	7.06	\$373.17	\$189.84	\$74.63
43216	T	Esophagus endoscopy/lesion .....	407	7.06	\$373.17	\$189.84	\$74.63
43217	T	Esophagus endoscopy .....	407	7.06	\$373.17	\$189.84	\$74.63
43219	T	Esophagus endoscopy .....	449	7.80	\$412.35	\$215.38	\$82.47
43220	T	Esophagus endoscopy,dilation .....	407	7.06	\$373.17	\$189.84	\$74.63
43226	T	Esophagus endoscopy,dilation .....	407	7.06	\$373.17	\$189.84	\$74.63
43227	T	Esophagus endoscopy, repair .....	407	7.06	\$373.17	\$189.84	\$74.63
43228	T	Esophagus endoscopy,ablation .....	449	7.80	\$412.35	\$215.38	\$82.47
43234	T	Upper GI endoscopy, exam .....	417	6.44	\$340.85	\$181.70	\$68.17
43235	T	Upper gi endoscopy,diagnosis .....	417	6.44	\$340.85	\$181.70	\$68.17
43239	T	Upper GI endoscopy, biopsy .....	417	6.44	\$340.85	\$181.70	\$68.17

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
43241	T	Upper GI endoscopy with tube .....	418	7.59	\$401.58	\$214.25	\$80.32
43243	T	Upper GI endoscopy & inject. ....	418	7.59	\$401.58	\$214.25	\$80.32
43244	T	Upper GI endoscopy/ligation .....	418	7.59	\$401.58	\$214.25	\$80.32
43245	T	Operative upper GI endoscopy .....	418	7.59	\$401.58	\$214.25	\$80.32
43246	T	Place gastrostomy tube .....	418	7.59	\$401.58	\$214.25	\$80.32
43247	T	Operative upper GI endoscopy .....	418	7.59	\$401.58	\$214.25	\$80.32
43248	T	Upper GI endoscopy/guidewire .....	418	7.59	\$401.58	\$214.25	\$80.32
43249	T	Esophagus endoscopy,dilation .....	418	7.59	\$401.58	\$214.25	\$80.32
43250	T	Upper GI endoscopy/tumor .....	418	7.59	\$401.58	\$214.25	\$80.32
43251	T	Operative upper GI endoscopy .....	418	7.59	\$401.58	\$214.25	\$80.32
43255	T	Operative upper GI endoscopy .....	418	7.59	\$401.58	\$214.25	\$80.32
43258	T	Operative upper GI endoscopy .....	449	7.80	\$412.35	\$215.38	\$82.47
43259	T	Endoscopic ultrasound exam .....	449	7.80	\$412.35	\$215.38	\$82.47
43260	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43261	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43262	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43263	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43264	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43265	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43267	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43268	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43269	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43271	T	Endoscopy,bile duct/pancreas .....	456	9.78	\$517.15	\$257.19	\$103.43
43272	T	Endoscopy,bile duct/pancreas .....	449	7.80	\$412.35	\$215.38	\$82.47
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	4.31	\$228.21	\$108.48	\$45.64
43453	T	Dilate esophagus .....	406	4.31	\$228.21	\$108.48	\$45.64
43456	T	Dilate esophagus .....	406	4.31	\$228.21	\$108.48	\$45.64
43458	T	Dilation of esophagus .....	406	4.31	\$228.21	\$108.48	\$45.64
43460	C	Pressure treatment esophagus .....					
43496	C	Free jejunum flap, microvasc .....					
43499	T	Esophagus surgery procedure .....	406	4.31	\$228.21	\$108.48	\$45.64
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	6.44	\$340.85	\$181.70	\$68.17
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
43641	C	Vagotomy & pylorus repair .....					
43750	T	Place gastrostomy tube .....	418	7.59	\$401.58	\$214.25	\$80.32
43760	T	Change gastrostomy tube .....	470	2.22	\$117.53	\$54.92	\$23.51
43761	T	Reposition gastrostomy tube .....	470	2.22	\$117.53	\$54.92	\$23.51
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	4.00	\$211.56	\$84.98	\$42.31
43880	C	Repair stomach-bowel fistula .....					
43999	T	Stomach surgery procedure .....	470	2.22	\$117.53	\$54.92	\$23.51
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	6.44	\$340.85	\$181.70	\$68.17
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	T	Ileostomy/jejunostomy .....					
44312	C	Revision of ileostomy .....	183	11.17	\$590.61	\$286.57	\$118.12
44314	C	Revision of ileostomy .....					
44316	C	Devise bowel pouch .....					
44320	C	Colostomy .....					
44322	C	Colostomy with biopsies .....					
44340	T	Revision of colostomy .....	183	11.17	\$590.61	\$286.57	\$118.12
44345	C	Revision of colostomy .....					
44346	C	Revision of colostomy .....					
44360	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44361	T	Small bowel endoscopy, biopsy .....	419	7.13	\$377.09	\$164.08	\$75.42
44363	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44364	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44365	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44366	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44369	T	Small bowel endoscopy .....	449	7.80	\$412.35	\$215.38	\$82.47
44372	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44373	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44376	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44377	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
44378	T	Small bowel endoscopy .....	419	7.13	\$377.09	\$164.08	\$75.42
44380	T	Small bowel endoscopy .....	426	6.85	\$362.40	\$187.81	\$72.48
44382	T	Small bowel endoscopy .....	426	6.85	\$362.40	\$187.81	\$72.48
44385	T	Endoscopy of bowel pouch .....	426	6.85	\$362.40	\$187.81	\$72.48
44386	T	Endoscopy, bowel pouch, biopsy .....	426	6.85	\$362.40	\$187.81	\$72.48
44388	T	Colon endoscopy .....	426	6.85	\$362.40	\$187.81	\$72.48
44389	T	Colonoscopy with biopsy .....	426	6.85	\$362.40	\$187.81	\$72.48
44390	T	Colonoscopy for foreign body .....	427	8.22	\$434.88	\$224.19	\$86.98
44391	T	Colonoscopy for bleeding .....	427	8.22	\$434.88	\$224.19	\$86.98
44392	T	Colonoscopy & polypectomy .....	427	8.22	\$434.88	\$224.19	\$86.98
44393	T	Colonoscopy, lesion removal .....	449	7.80	\$412.35	\$215.38	\$82.47
44394	T	Colonoscopy w/snare .....	427	8.22	\$434.88	\$224.19	\$86.98
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	7.13	\$377.09	\$164.08	\$75.42
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 .....					
44960	C	Appendectomy .....					
45000	T	Drainage of pelvic abscess .....	452	4.83	\$255.64	\$109.61	\$51.13
45005	T	Drainage of rectal abscess .....	452	4.83	\$255.64	\$109.61	\$51.13
45020	T	Drainage of rectal abscess .....	452	4.83	\$255.64	\$109.61	\$51.13
45100	T	Biopsy of rectum .....	452	4.83	\$255.64	\$109.61	\$51.13
45108	T	Removal of anorectal lesion .....	453	16.87	\$892.28	\$445.22	\$178.46
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	16.87	\$892.28	\$445.22	\$178.46
45160	T	Excision of rectal lesion .....	453	16.87	\$892.28	\$445.22	\$178.46
45170	T	Excision of rectal lesion .....	453	16.87	\$892.28	\$445.22	\$178.46
45190	T	Destruction, rectal tumor .....	453	16.87	\$892.28	\$445.22	\$178.46
45300	T	Proctosigmoidoscopy .....	446	2.59	\$137.12	\$65.09	\$27.42
45303	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45305	T	Proctosigmoidoscopy; biopsy .....	446	2.59	\$137.12	\$65.09	\$27.42
45307	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45308	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45309	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45315	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45317	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45320	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45321	T	Proctosigmoidoscopy .....	447	6.87	\$363.38	\$184.87	\$72.68
45330	T	Sigmoidoscopy, diagnostic .....	446	2.59	\$137.12	\$65.09	\$27.42
45331	T	Sigmoidoscopy and biopsy .....	446	2.59	\$137.12	\$65.09	\$27.42
45332	T	Sigmoidoscopy .....	448	5.37	\$284.04	\$141.25	\$56.81
45333	T	Sigmoidoscopy & polypectomy .....	448	5.37	\$284.04	\$141.25	\$56.81
45334	T	Sigmoidoscopy for bleeding .....	448	5.37	\$284.04	\$141.25	\$56.81
45337	T	Sigmoidoscopy, decompression .....	448	5.37	\$284.04	\$141.25	\$56.81
45338	T	Sigmoidoscopy .....	448	5.37	\$284.04	\$141.25	\$56.81

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
45339	T	Sigmoidoscopy .....	449	7.80	\$412.35	\$215.38	\$82.47
45355	T	Surgical colonoscopy .....	427	8.22	\$434.88	\$224.19	\$86.98
45378	T	Diagnostic colonoscopy .....	426	6.85	\$362.40	\$187.81	\$72.48
45379	T	Colonoscopy .....	427	8.22	\$434.88	\$224.19	\$86.98
45380	T	Colonoscopy and biopsy .....	426	6.85	\$362.40	\$187.81	\$72.48
45382	T	Colonoscopy, control bleeding .....	427	8.22	\$434.88	\$224.19	\$86.98
45383	T	Colonoscopy, lesion removal .....	449	7.80	\$412.35	\$215.38	\$82.47
45384	T	Colonoscopy .....	427	8.22	\$434.88	\$224.19	\$86.98
45385	T	Colonoscopy, lesion removal .....	427	8.22	\$434.88	\$224.19	\$86.98
45500	T	Repair of rectum .....	453	16.87	\$892.28	\$445.22	\$178.46
45505	T	Repair of rectum .....	453	16.87	\$892.28	\$445.22	\$178.46
45520	T	Treatment of rectal prolapse .....	339	1.02	\$53.87	\$19.66	\$10.77
45540	C	Correct rectal prolapse .....					
45541	C	Correct rectal prolapse .....					
45550	C	Repair rectum; remove sigmoid .....					
45560	T	Repair of rectocele .....	453	16.87	\$892.28	\$445.22	\$178.46
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	4.83	\$255.64	\$109.61	\$51.13
45905	T	Dilation of anal sphincter .....	452	4.83	\$255.64	\$109.61	\$51.13
45910	T	Dilation of rectal narrowing .....	452	4.83	\$255.64	\$109.61	\$51.13
45915	T	Remove rectal obstruction .....	452	4.83	\$255.64	\$109.61	\$51.13
45999	T	Rectum surgery procedure .....	452	4.83	\$255.64	\$109.61	\$51.13
46030	T	Removal of rectal marker .....	452	4.83	\$255.64	\$109.61	\$51.13
46040	T	Incision of rectal abscess .....	452	4.83	\$255.64	\$109.61	\$51.13
46045	T	Incision of rectal abscess .....	453	16.87	\$892.28	\$445.22	\$178.46
46050	T	Incision of anal abscess .....	452	4.83	\$255.64	\$109.61	\$51.13
46060	T	Incision of rectal abscess .....	453	16.87	\$892.28	\$445.22	\$178.46
46070	T	Incision of anal septum .....	451	2.56	\$135.16	\$54.24	\$27.03
46080	T	Incision of anal sphincter .....	452	4.83	\$255.64	\$109.61	\$51.13
46083	T	Incise external hemorrhoid .....	451	2.56	\$135.16	\$54.24	\$27.03
46200	T	Removal of anal fissure .....	453	16.87	\$892.28	\$445.22	\$178.46
46210	T	Removal of anal crypt .....	452	4.83	\$255.64	\$109.61	\$51.13
46211	T	Removal of anal crypts .....	453	16.87	\$892.28	\$445.22	\$178.46
46220	T	Removal of anal tab .....	451	2.56	\$135.16	\$54.24	\$27.03
46221	T	Ligation of hemorrhoid(s) .....	451	2.56	\$135.16	\$54.24	\$27.03
46230	T	Removal of anal tabs .....	451	2.56	\$135.16	\$54.24	\$27.03
46250	T	Hemorrhoidectomy .....	453	16.87	\$892.28	\$445.22	\$178.46
46255	T	Hemorrhoidectomy .....	453	16.87	\$892.28	\$445.22	\$178.46
46257	T	Remove hemorrhoids & fissure .....	453	16.87	\$892.28	\$445.22	\$178.46
46258	T	Remove hemorrhoids & fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46260	T	Hemorrhoidectomy .....	453	16.87	\$892.28	\$445.22	\$178.46
46261	T	Remove hemorrhoids & fissure .....	453	16.87	\$892.28	\$445.22	\$178.46
46262	T	Remove hemorrhoids & fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46270	T	Removal of anal fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46275	T	Removal of anal fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46280	T	Removal of anal fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46285	T	Removal of anal fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46288	T	Repair anal fistula .....	453	16.87	\$892.28	\$445.22	\$178.46
46320	T	Removal of hemorrhoid clot .....	451	2.56	\$135.16	\$54.24	\$27.03
46500	T	Injection into hemorrhoids .....	451	2.56	\$135.16	\$54.24	\$27.03
46600	N	Diagnostic anoscopy .....					
46604	N	Anoscopy and dilation .....					
46606	T	Anoscopy and biopsy .....	436	1.43	\$75.42	\$24.86	\$15.08
46608	T	Anoscopy; remove foreign body .....	437	2.91	\$153.77	\$76.61	\$30.75
46610	T	Anoscopy; remove lesion .....	437	2.91	\$153.77	\$76.61	\$30.75
46611	T	Anoscopy .....	437	2.91	\$153.77	\$76.61	\$30.75
46612	T	Anoscopy; remove lesions .....	437	2.91	\$153.77	\$76.61	\$30.75
46614	T	Anoscopy; control bleeding .....	437	2.91	\$153.77	\$76.61	\$30.75
46615	T	Anoscopy .....	437	2.91	\$153.77	\$76.61	\$30.75
46700	T	Repair of anal stricture .....	453	16.87	\$892.28	\$445.22	\$178.46
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
46750	T	Repair of anal sphincter .....	453	16.87	\$892.28	\$445.22	\$178.46
46751	C	Repair of anal sphincter .....					
46753	T	Reconstruction of anus .....	453	16.87	\$892.28	\$445.22	\$178.46
46754	T	Removal of suture from anus .....	452	4.83	\$255.64	\$109.61	\$51.13
46760	T	Repair of anal sphincter .....	453	16.87	\$892.28	\$445.22	\$178.46
46761	T	Repair of anal sphincter .....	453	16.87	\$892.28	\$445.22	\$178.46
46762	T	Implant artificial sphincter .....	453	16.87	\$892.28	\$445.22	\$178.46
46900	T	Destruction, anal lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
46910	T	Destruction, anal lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
46916	T	Cryosurgery, anal lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
46917	T	Laser surgery, anal lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
46922	T	Excision of anal lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
46924	T	Destruction, anal lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
46934	T	Destruction of hemorrhoids .....	451	2.56	\$135.16	\$54.24	\$27.03
46935	T	Destruction of hemorrhoids .....	451	2.56	\$135.16	\$54.24	\$27.03
46936	T	Destruction of hemorrhoids .....	451	2.56	\$135.16	\$54.24	\$27.03
46937	T	Cryotherapy of rectal lesion .....	453	16.87	\$892.28	\$445.22	\$178.46
46938	T	Cryotherapy of rectal lesion .....	453	16.87	\$892.28	\$445.22	\$178.46
46940	T	Treatment of anal fissure .....	451	2.56	\$135.16	\$54.24	\$27.03
46942	T	Treatment of anal fissure .....	451	2.56	\$135.16	\$54.24	\$27.03
46945	T	Ligation of hemorrhoids .....	451	2.56	\$135.16	\$54.24	\$27.03
46946	T	Ligation of hemorrhoids .....	451	2.56	\$135.16	\$54.24	\$27.03
46999	T	Anus surgery procedure .....	452	4.83	\$255.64	\$109.61	\$51.13
47000	T	Needle biopsy of liver .....	122	4.87	\$257.60	\$115.03	\$51.52
47001	C	Needle biopsy, liver .....					
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	4.87	\$257.60	\$115.03	\$51.52
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	2.93	\$154.75	\$62.15	\$30.95
47505	T	Injection for liver x-rays .....	347	2.93	\$154.75	\$62.15	\$30.95
47510	T	Insert catheter, bile duct .....	458	7.24	\$382.97	\$181.70	\$76.59
47511	T	Insert bile duct drain .....	458	7.24	\$382.97	\$181.70	\$76.59
47525	T	Change bile duct catheter .....	470	2.22	\$117.53	\$54.92	\$23.51
47530	T	Revise, reinsert bile tube .....	470	2.22	\$117.53	\$54.92	\$23.51
47550	C	Bile duct endoscopy .....					
47552	T	Biliary endoscopy, thru skin .....	458	7.24	\$382.97	\$181.70	\$76.59
47553	T	Biliary endoscopy, thru skin .....	458	7.24	\$382.97	\$181.70	\$76.59
47554	T	Biliary endoscopy, thru skin .....	458	7.24	\$382.97	\$181.70	\$76.59
47555	T	Biliary endoscopy, thru skin .....	458	7.24	\$382.97	\$181.70	\$76.59
47556	T	Biliary endoscopy, thru skin .....	458	7.24	\$382.97	\$181.70	\$76.59
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	7.24	\$382.97	\$181.70	\$76.59
47700	C	Exploration of bile ducts .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	2.22	\$117.53	\$54.92	\$23.51
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	4.87	\$257.60	\$115.03	\$51.52
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, intraoperative .....					
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	4.87	\$257.60	\$115.03	\$51.52
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	3.17	\$167.49	\$79.33	\$33.50
49081	T	Removal of abdominal fluid .....	320	3.17	\$167.49	\$79.33	\$33.50
49085	T	Remove abdomen foreign body .....	459	18.06	\$954.97	\$496.52	\$190.99
49180	T	Biopsy, abdominal mass .....	122	4.87	\$257.60	\$115.03	\$51.52
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	18.06	\$954.97	\$496.52	\$190.99
49255	C	Removal of omentum .....					
49400	T	Air injection into abdomen .....	347	2.93	\$154.75	\$62.15	\$30.95
49420	T	Insert abdominal drain .....	459	18.06	\$954.97	\$496.52	\$190.99
49421	T	Insert abdominal drain .....	459	18.06	\$954.97	\$496.52	\$190.99
49422	T	Remove perm cannula/catheter .....	470	2.22	\$117.53	\$54.92	\$23.51
49423	T	Exchange drainage cath .....	459	18.06	\$954.97	\$496.52	\$190.99
49424	T	Assess cyst, contrast inj .....	347	2.93	\$154.75	\$62.15	\$30.95
49425	C	Insert abdomen-venous drain .....					
49426	T	Revise abdomen-venous shunt .....	459	18.06	\$954.97	\$496.52	\$190.99
49427	T	Injection, abdominal shunt .....	347	2.93	\$154.75	\$62.15	\$30.95
49428	C	Ligation of shunt .....					
49429	T	Removal of shunt .....	470	2.22	\$117.53	\$54.92	\$23.51
49495	T	Repair inguinal hernia, init .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49496	T	Repair inguinal hernia, init .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49500	T	Repair inguinal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
49501	T	Repair inguinal hernia, init .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49505	T	Repair inguinal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49507	T	Repair, inguinal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49520	T	Rerepair inguinal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49521	T	Repair inguinal hernia, rec .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49525	T	Repair inguinal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49540	T	Repair lumbar hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49550	T	Repair femoral hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49553	T	Repair femoral hernia, init .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49555	T	Repair femoral hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49557	T	Repair femoral hernia, recur .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49560	T	Repair abdominal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49561	T	Repair incisional hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49565	T	Rerepair abdominal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49566	T	Repair incisional hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49568	T	Hernia repair w/mesh .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49570	T	Repair epigastric hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49572	T	Repair, epigastric hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49580	T	Repair umbilical hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49582	T	Repair umbilical hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49585	T	Repair umbilical hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49587	T	Repair umbilical hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49590	T	Repair abdominal hernia .....	466	21.43	\$1,133.23	\$562.97	\$226.65
49600	T	Repair umbilical lesion .....	466	21.43	\$1,133.23	\$562.97	\$226.65
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	2.22	\$117.53	\$54.92	\$23.51
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	4.87	\$257.60	\$115.03	\$51.52
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	4.87	\$257.60	\$115.03	\$51.52
50392	T	Insert kidney drain .....	347	2.93	\$154.75	\$62.15	\$30.95
50393	T	Insert ureteral tube .....	347	2.93	\$154.75	\$62.15	\$30.95
50394	T	Injection for kidney x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
50395	T	Create passage to kidney .....	347	2.93	\$154.75	\$62.15	\$30.95
50396	T	Measure kidney pressure .....	529	2.50	\$132.23	\$63.05	\$26.45
50398	T	Change kidney tube .....	521	5.06	\$267.39	\$112.10	\$53.48
50400	C	Revision of kidney/ureter .....					
50405	C	Revision of kidney/ureter .....					
50500	C	Repair of kidney wound .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	10.46	\$553.39	\$262.39	\$110.68
50553	T	Kidney endoscopy .....	522	10.46	\$553.39	\$262.39	\$110.68
50555	T	Kidney endoscopy & biopsy .....	522	10.46	\$553.39	\$262.39	\$110.68
50557	T	Kidney endoscopy & treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
50559	T	Renal endoscopy; radiotracer .....	522	10.46	\$553.39	\$262.39	\$110.68
50561	T	Kidney endoscopy & treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
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	51.56	\$2,726.80	\$1,372.95	\$545.36
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	2.93	\$154.75	\$62.15	\$30.95
50686	T	Measure ureter pressure .....	529	2.50	\$132.23	\$63.05	\$26.45
50688	T	Change of ureter tube .....	470	2.22	\$117.53	\$54.92	\$23.51
50690	T	Injection for ureter x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
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	16.87	\$892.28	\$447.03	\$178.46
50953	T	Endoscopy of ureter .....	523	16.87	\$892.28	\$447.03	\$178.46
50955	T	Ureter endoscopy & biopsy .....	523	16.87	\$892.28	\$447.03	\$178.46
50957	T	Ureter endoscopy & treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
50959	T	Ureter endoscopy & tracer .....	523	16.87	\$892.28	\$447.03	\$178.46
50961	T	Ureter endoscopy & treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
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	2.52	\$133.21	\$54.69	\$26.64
51005	T	Drainage of bladder .....	530	2.52	\$133.21	\$54.69	\$26.64
51010	T	Drainage of bladder .....	530	2.52	\$133.21	\$54.69	\$26.64
51020	T	Incise & treat bladder .....	523	16.87	\$892.28	\$447.03	\$178.46
51030	T	Incise & treat bladder .....	523	16.87	\$892.28	\$447.03	\$178.46
51040	T	Incise & drain bladder .....	523	16.87	\$892.28	\$447.03	\$178.46
51045	T	Incise bladder, drain ureter .....	523	16.87	\$892.28	\$447.03	\$178.46

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
51050	T	Removal of bladder stone .....	523	16.87	\$892.28	\$447.03	\$178.46
51060	C	Removal of ureter stone .....					
51065	T	Removal of ureter stone .....	523	16.87	\$892.28	\$447.03	\$178.46
51080	T	Drainage of bladder abscess .....	132	6.04	\$319.30	\$134.24	\$63.86
51500	T	Removal of bladder cyst .....	466	21.43	\$1,133.23	\$562.97	\$226.65
51520	T	Removal of bladder lesion .....	523	16.87	\$892.28	\$447.03	\$178.46
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	2.93	\$154.75	\$62.15	\$30.95
51605	T	Preparation for bladder xray .....	347	2.93	\$154.75	\$62.15	\$30.95
51610	T	Injection for bladder x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
51700	T	Irrigation of bladder .....	530	2.52	\$133.21	\$54.69	\$26.64
51705	T	Change of bladder tube .....	470	2.22	\$117.53	\$54.92	\$23.51
51710	T	Change of bladder tube .....	470	2.22	\$117.53	\$54.92	\$23.51
51715	T	Endoscopic injection/implant .....	531	18.94	\$1,001.98	\$527.26	\$200.40
51720	T	Treatment of bladder lesion .....	530	2.52	\$133.21	\$54.69	\$26.64
51725	T	Simple cystometrogram .....	529	2.50	\$132.23	\$63.05	\$26.45
51726	T	Complex cystometrogram .....	529	2.50	\$132.23	\$63.05	\$26.45
51736	T	Urine flow measurement .....	529	2.50	\$132.23	\$63.05	\$26.45
51741	T	Electro-uroflowmetry, first .....	529	2.50	\$132.23	\$63.05	\$26.45
51772	T	Urethra pressure profile .....	529	2.50	\$132.23	\$63.05	\$26.45
51784	T	Anal/urinary muscle study .....	529	2.50	\$132.23	\$63.05	\$26.45
51785	T	Anal/urinary muscle study .....	529	2.50	\$132.23	\$63.05	\$26.45
51792	T	Urinary reflex study .....	529	2.50	\$132.23	\$63.05	\$26.45
51795	T	Urine voiding pressure study .....	529	2.50	\$132.23	\$63.05	\$26.45
51797	T	Intraabdominal pressure test .....	529	2.50	\$132.23	\$63.05	\$26.45
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	16.87	\$892.28	\$447.03	\$178.46
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	5.06	\$267.39	\$112.10	\$53.48
52005	T	Cystoscopy & ureter catheter .....	522	10.46	\$553.39	\$262.39	\$110.68
52007	T	Cystoscopy and biopsy .....	522	10.46	\$553.39	\$262.39	\$110.68
52010	T	Cystoscopy & duct catheter .....	522	10.46	\$553.39	\$262.39	\$110.68
52204	T	Cystoscopy .....	522	10.46	\$553.39	\$262.39	\$110.68
52214	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52224	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52234	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52235	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52240	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52250	T	Cystoscopy & radiotracer .....	523	16.87	\$892.28	\$447.03	\$178.46
52260	T	Cystoscopy & treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52265	T	Cystoscopy & treatment .....	521	5.06	\$267.39	\$112.10	\$53.48
52270	T	Cystoscopy & revise urethra .....	522	10.46	\$553.39	\$262.39	\$110.68
52275	T	Cystoscopy & revise urethra .....	522	10.46	\$553.39	\$262.39	\$110.68
52276	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52277	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52281	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52282	T	Cystoscopy, implant stent .....	523	16.87	\$892.28	\$447.03	\$178.46
52283	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52285	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52290	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52300	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
52301	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52305	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52310	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52315	T	Cystoscopy and treatment .....	522	10.46	\$553.39	\$262.39	\$110.68
52317	T	Remove bladder stone .....	523	16.87	\$892.28	\$447.03	\$178.46
52318	T	Remove bladder stone .....	523	16.87	\$892.28	\$447.03	\$178.46
52320	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52325	T	Cystoscopy, stone removal .....	523	16.87	\$892.28	\$447.03	\$178.46
52327	T	Cystoscopy, inject material .....	522	10.46	\$553.39	\$262.39	\$110.68
52330	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52332	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52334	T	Create passage to kidney .....	523	16.87	\$892.28	\$447.03	\$178.46
52335	T	Endoscopy of urinary tract .....	523	16.87	\$892.28	\$447.03	\$178.46
52336	T	Cystoscopy, stone removal .....	523	16.87	\$892.28	\$447.03	\$178.46
52337	T	Cystoscopy, stone removal .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52338	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52339	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52340	T	Cystoscopy and treatment .....	523	16.87	\$892.28	\$447.03	\$178.46
52450	T	Incision of prostate .....	523	16.87	\$892.28	\$447.03	\$178.46
52500	T	Revision of bladder neck .....	523	16.87	\$892.28	\$447.03	\$178.46
52510	T	Dilation prostatic urethra .....	522	10.46	\$553.39	\$262.39	\$110.68
52601	T	Prostatectomy (TURP) .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52606	T	Control postop bleeding .....	523	16.87	\$892.28	\$447.03	\$178.46
52612	T	Prostatectomy, first stage .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52614	T	Prostatectomy, second stage .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52620	T	Remove residual prostate .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52630	T	Remove prostate regrowth .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52640	T	Relieve bladder contracture .....	523	16.87	\$892.28	\$447.03	\$178.46
52647	T	Laser surgery of prostate .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52648	T	Laser surgery of prostate .....	524	28.89	\$1,527.95	\$833.49	\$305.59
52700	T	Drainage of prostate abscess .....	523	16.87	\$892.28	\$447.03	\$178.46
53000	T	Incision of urethra .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53010	T	Incision of urethra .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53020	T	Incision of urethra .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53025	T	Incision of urethra .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53040	T	Drainage of urethra abscess .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53060	T	Drainage of urethra abscess .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53080	T	Drainage of urinary leakage .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53085	C	Drainage of urinary leakage .....	.....	.....	.....	.....	.....
53200	T	Biopsy of urethra .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53210	T	Removal of urethra .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53215	T	Removal of urethra .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53220	T	Treatment of urethra lesion .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53230	T	Removal of urethra lesion .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53235	T	Removal of urethra lesion .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53240	T	Surgery for urethra pouch .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53250	T	Removal of urethra gland .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53260	T	Treatment of urethra lesion .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53265	T	Treatment of urethra lesion .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53270	T	Removal of urethra gland .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53275	T	Repair of urethra defect .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53400	T	Revise urethra, 1st stage .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53405	T	Revise urethra, 2nd stage .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53410	T	Reconstruction of urethra .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53415	C	Reconstruction of urethra .....	.....	.....	.....	.....	.....
53420	T	Reconstruct urethra, stage 1 .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53425	T	Reconstruct urethra, stage 2 .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53430	T	Reconstruction of urethra .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53440	T	Correct bladder function .....	538	45.59	\$2,411.41	\$1,540.64	\$482.28
53442	T	Remove perineal prosthesis .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53443	C	Reconstruction of urethra .....	.....	.....	.....	.....	.....
53445	T	Correct urine flow control .....	538	45.59	\$2,411.41	\$1,540.64	\$482.28
53447	T	Remove artificial sphincter .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53449	T	Correct artificial sphincter .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53450	T	Revision of urethra .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53460	T	Revision of urethra .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53502	T	Repair of urethra injury .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53505	T	Repair of urethra injury .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53510	T	Repair of urethra injury .....	531	18.94	\$1,001.98	\$527.26	\$200.40
53515	T	Repair of urethra injury .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53520	T	Repair of urethra defect .....	532	25.50	\$1,348.71	\$602.29	\$269.74
53600	T	Dilate urethra stricture .....	530	2.52	\$133.21	\$54.69	\$26.64
53601	T	Dilate urethra stricture .....	530	2.52	\$133.21	\$54.69	\$26.64
53605	T	Dilate urethra stricture .....	522	10.46	\$553.39	\$262.39	\$110.68
53620	T	Dilate urethra stricture .....	530	2.52	\$133.21	\$54.69	\$26.64

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
53621	T	Dilate urethra stricture .....	530	2.52	\$133.21	\$54.69	\$26.64
53660	T	Dilation of urethra .....	530	2.52	\$133.21	\$54.69	\$26.64
53661	T	Dilation of urethra .....	530	2.52	\$133.21	\$54.69	\$26.64
53665	T	Dilation of urethra .....	531	18.94	\$1,001.98	\$527.26	\$200.4
53670	N	Insert urinary catheter .....	.....	.....	.....	.....	.....
53675	T	Insert urinary catheter .....	530	2.52	\$133.21	\$54.69	\$26.64
53850	T	Prostatic microwave thermotx .....	524	28.89	\$1,527.95	\$833.49	\$305.59
53852	T	Prostatic rf thermotx .....	524	28.89	\$1,527.95	\$833.49	\$305.59
53899	T	Urology surgery procedure .....	530	2.52	\$133.21	\$54.69	\$26.64
54000	T	Slitting of prepuce .....	531	18.94	\$1,001.98	\$527.26	\$200.4
54001	T	Slitting of prepuce .....	531	18.94	\$1,001.98	\$527.26	\$200.4
54015	T	Drain penis lesion .....	132	6.04	\$319.3	\$134.24	\$63.86
54050	T	Destruction, penis lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
54055	T	Destruction, penis lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
54056	T	Cryosurgery, penis lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
54057	T	Laser surg, penis lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
54060	T	Excision of penis lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
54065	T	Destruction, penis lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
54100	T	Biopsy of penis .....	162	5.67	\$299.71	\$125.43	\$59.94
54105	T	Biopsy of penis .....	162	5.67	\$299.71	\$125.43	\$59.94
54110	T	Treatment of penis lesion .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54111	T	Treat penis lesion, graft .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54112	T	Treat penis lesion, graft .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54115	T	Treatment of penis lesion .....	132	6.04	\$319.3	\$134.24	\$63.86
54120	T	Partial removal of penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54125	C	Removal of penis .....	.....	.....	.....	.....	.....
54130	C	Remove penis & nodes .....	.....	.....	.....	.....	.....
54135	C	Remove penis & nodes .....	.....	.....	.....	.....	.....
54150	T	Circumcision .....	536	13.17	\$696.39	\$326.57	\$139.28
54152	T	Circumcision .....	536	13.17	\$696.39	\$326.57	\$139.28
54160	T	Circumcision .....	536	13.17	\$696.39	\$326.57	\$139.28
54161	T	Circumcision .....	536	13.17	\$696.39	\$326.57	\$139.28
54200	T	Treatment of penis lesion .....	530	2.52	\$133.21	\$54.69	\$26.64
54205	T	Treatment of penis lesion .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54220	T	Treatment of penis lesion .....	530	2.52	\$133.21	\$54.69	\$26.64
54230	T	Prepare penis study .....	347	2.93	\$154.75	\$62.15	\$30.95
54231	T	Dynamic cavernosometry .....	530	2.52	\$133.21	\$54.69	\$26.64
54235	T	Penile injection .....	530	2.52	\$133.21	\$54.69	\$26.64
54240	T	Penis study .....	529	2.50	\$132.23	\$63.05	\$26.45
54250	T	Penis study .....	529	2.50	\$132.23	\$63.05	\$26.45
54300	T	Revision of penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54304	T	Revision of penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54308	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54312	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54316	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54318	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54322	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54324	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54326	T	Reconstruction of urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54328	T	Revise penis, urethra .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54332	C	Revise penis, urethra .....	.....	.....	.....	.....	.....
54336	C	Revise penis, urethra .....	.....	.....	.....	.....	.....
54340	T	Secondary urethral surgery .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54344	T	Secondary urethral surgery .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54348	T	Secondary urethral surgery .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54352	T	Reconstruct urethra, penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54360	T	Penis plastic surgery .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54380	T	Repair penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54385	T	Repair penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54390	C	Repair penis and bladder .....	.....	.....	.....	.....	.....
54400	T	Insert semi-rigid prosthesis .....	538	45.59	\$2,411.41	\$1,540.64	\$482.28
54401	T	Insert self-contd prosthesis .....	538	45.59	\$2,411.41	\$1,540.64	\$482.28
54402	T	Remove penis prosthesis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54405	T	Insert multi-comp prosthesis .....	538	45.59	\$2,411.41	\$1,540.64	\$482.28
54407	T	Remove multi-comp prosthesis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54409	T	Revise penis prosthesis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54420	T	Revision of penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54430	C	Revision of penis .....	.....	.....	.....	.....	.....
54435	T	Revision of penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54440	T	Repair of penis .....	537	28.72	\$1,519.13	\$864.45	\$303.83
54450	T	Preputial stretching .....	530	2.52	\$133.21	\$54.69	\$26.64
54500	T	Biopsy of testis .....	122	4.87	\$257.6	\$115.03	\$51.52
54505	T	Biopsy of testis .....	546	17.15	\$906.97	\$453.81	\$181.39
54510	T	Removal of testis lesion .....	546	17.15	\$906.97	\$453.81	\$181.39
54520	T	Removal of testis .....	546	17.15	\$906.97	\$453.81	\$181.39

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
54530	T	Removal of testis .....	546	17.15	\$906.97	\$453.81	\$181.39
54535	C	Extensive testis surgery .....					
54550	T	Exploration for testis .....	546	17.15	\$906.97	\$453.81	\$181.39
54560	C	Exploration for testis .....					
54600	T	Reduce testis torsion .....	546	17.15	\$906.97	\$453.81	\$181.39
54620	T	Suspension of testis .....	546	17.15	\$906.97	\$453.81	\$181.39
54640	T	Suspension of testis .....	546	17.15	\$906.97	\$453.81	\$181.39
54650	C	Orchiopexy (Fowler-Stephens) .....					
54660	T	Revision of testis .....	546	17.15	\$906.97	\$453.81	\$181.39
54670	T	Repair testis injury .....	546	17.15	\$906.97	\$453.81	\$181.39
54680	T	Relocation of testis(es) .....	546	17.15	\$906.97	\$453.81	\$181.39
54700	T	Drainage of scrotum .....	546	17.15	\$906.97	\$453.81	\$181.39
54800	T	Biopsy of epididymis .....	122	4.87	\$257.6	\$115.03	\$51.52
54820	T	Exploration of epididymis .....	546	17.15	\$906.97	\$453.81	\$181.39
54830	T	Remove epididymis lesion .....	546	17.15	\$906.97	\$453.81	\$181.39
54840	T	Remove epididymis lesion .....	546	17.15	\$906.97	\$453.81	\$181.39
54860	T	Removal of epididymis .....	546	17.15	\$906.97	\$453.81	\$181.39
54861	T	Removal of epididymis .....	546	17.15	\$906.97	\$453.81	\$181.39
54900	T	Fusion of spermatic ducts .....	546	17.15	\$906.97	\$453.81	\$181.39
54901	T	Fusion of spermatic ducts .....	546	17.15	\$906.97	\$453.81	\$181.39
55000	T	Drainage of hydrocele .....	121	0.67	\$35.26	\$21.02	\$7.05
55040	T	Removal of hydrocele .....	466	21.43	\$1,133.23	\$562.97	\$226.65
55041	T	Removal of hydroceles .....	466	21.43	\$1,133.23	\$562.97	\$226.65
55060	T	Repair of hydrocele .....	546	17.15	\$906.97	\$453.81	\$181.39
55100	T	Drainage of scrotum abscess .....	132	6.04	\$319.3	\$134.24	\$63.86
55110	T	Explore scrotum .....	546	17.15	\$906.97	\$453.81	\$181.39
55120	T	Removal of scrotum lesion .....	546	17.15	\$906.97	\$453.81	\$181.39
55150	T	Removal of scrotum .....	546	17.15	\$906.97	\$453.81	\$181.39
55175	T	Revision of scrotum .....	546	17.15	\$906.97	\$453.81	\$181.39
55180	T	Revision of scrotum .....	546	17.15	\$906.97	\$453.81	\$181.39
55200	T	Incision of sperm duct .....	546	17.15	\$906.97	\$453.81	\$181.39
55250	T	Removal of sperm duct(s) .....	546	17.15	\$906.97	\$453.81	\$181.39
55300	T	Preparation, sperm duct x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
55400	T	Repair of sperm duct .....	546	17.15	\$906.97	\$453.81	\$181.39
55450	T	Ligation of sperm duct .....	546	17.15	\$906.97	\$453.81	\$181.39
55500	T	Removal of hydrocele .....	546	17.15	\$906.97	\$453.81	\$181.39
55520	T	Removal of sperm cord lesion .....	546	17.15	\$906.97	\$453.81	\$181.39
55530	T	Revise spermatic cord veins .....	546	17.15	\$906.97	\$453.81	\$181.39
55535	T	Revise spermatic cord veins .....	546	17.15	\$906.97	\$453.81	\$181.39
55540	T	Revise hernia & sperm veins .....	546	17.15	\$906.97	\$453.81	\$181.39
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	17.15	\$906.97	\$453.81	\$181.39
55700	T	Biopsy of prostate .....	547	4.39	\$232.13	\$125.2	\$46.43
55705	T	Biopsy of prostate .....	547	4.39	\$232.13	\$125.2	\$46.43
55720	T	Drainage of prostate abscess .....	523	16.87	\$892.28	\$447.03	\$178.46
55725	T	Drainage of prostate abscess .....	523	16.87	\$892.28	\$447.03	\$178.46
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	16.87	\$892.28	\$447.03	\$178.46
55860	C	Surgical exposure, prostate .....					
55862	C	Extensive prostate surgery .....					
55865	C	Extensive prostate surgery .....					
55870	T	Electroejaculation .....	568	2.50	\$132.23	\$49.49	\$26.45
55899	T	Genital surgery procedure .....	530	2.52	\$133.21	\$54.69	\$26.64
55970	E	Sex transformation, M to F .....					
55980	E	Sex transformation, F to M .....					
56300	T	Laparoscopy; diagnostic .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56301	T	Laparoscopy; tubal cautery .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56302	T	Laparoscopy; tubal block .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56303	T	Laparoscopy; excise lesions .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56304	T	Laparoscopy; lysis .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56305	T	Laparoscopy; biopsy .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56306	T	Laparoscopy; aspiration .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56307	T	Laparoscopy; remove adnexa .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56308	C	Laparoscopy; hysterectomy .....					
56309	T	Laparoscopy; remove myoma .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
56310	C	Laparoscopic enterolysis .....					
56311	T	Laparoscopic lymph node biop .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56312	T	Laparoscopic lymphadenectomy .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56313	T	Laparoscopic lymphadenectomy .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56314	C	Lapar; drain lymphocele .....					
56315	C	Laparoscopic appendectomy .....					
56316	T	Laparoscopic hernia repair .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56317	T	Laparoscopic hernia repair .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56318	T	Laparoscopic orchiectomy .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56320	T	Laparoscopy, spermatic veins .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
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	37.72	\$1,995.15	\$1,053.16	\$399.03
56344	T	Laparoscopic fimbrioplasty .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56345	C	Laparoscopic splenectomy .....					
56346	T	Laparoscopic gastrostomy .....	551	24.78	\$1,310.51	\$711.67	\$262.1
56347	C	Laparoscopic jejunostomy .....					
56348	C	Laparo; resect intestine .....					
56349	C	Laparoscopy; fundoplasty .....					
56350	T	Hysteroscopy; diagnostic .....	562	12.76	\$674.84	\$330.86	\$134.97
56351	T	Hysteroscopy; biopsy .....	550	16.89	\$893.26	\$447.93	\$178.65
56352	T	Hysteroscopy; lysis .....	550	16.89	\$893.26	\$447.93	\$178.65
56353	T	Hysteroscopy; resect septum .....	550	16.89	\$893.26	\$447.93	\$178.65
56354	T	Hysteroscopy; remove myoma .....	550	16.89	\$893.26	\$447.93	\$178.65
56355	T	Hysteroscopy; remove impact .....	550	16.89	\$893.26	\$447.93	\$178.65
56356	T	Hysteroscopy; ablation .....	550	16.89	\$893.26	\$447.93	\$178.65
56362	T	Laparoscopy w/cholangio .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56363	T	Laparoscopy w/biopsy .....	552	37.72	\$1,995.15	\$1,053.16	\$399.03
56399	T	Laparoscopy procedure .....	562	12.76	\$674.84	\$330.86	\$134.97
56405	T	I & D of vulva/perineum .....	561	1.52	\$80.32	\$24.63	\$16.06
56420	T	Drainage of gland abscess .....	561	1.52	\$80.32	\$24.63	\$16.06
56440	T	Surgery for vulva lesion .....	562	12.76	\$674.84	\$330.86	\$134.97
56441	T	Lysis of labial lesion(s) .....	561	1.52	\$80.32	\$24.63	\$16.06
56501	T	Destruction, vulva lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
56515	T	Destruction, vulva lesion(s) .....	152	10.43	\$551.43	\$261.71	\$110.29
56605	T	Biopsy of vulva/perineum .....	161	3.50	\$385.12	\$75.48	\$37.02
56606	T	Biopsy of vulva/perineum .....	161	3.50	\$185.12	\$75.48	\$37.02
56620	T	Partial removal of vulva .....	563	16.91	\$894.24	\$464.88	\$178.85
56625	T	Complete removal of vulva .....	563	16.91	\$894.24	\$464.88	\$178.85
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	12.76	\$674.84	\$330.86	\$134.97
56720	T	Incision of hymen .....	562	12.76	\$674.84	\$330.86	\$134.97
56740	T	Remove vagina gland lesion .....	562	12.76	\$674.84	\$330.86	\$134.97
56800	T	Repair of vagina .....	562	12.76	\$674.84	\$330.86	\$134.97
56805	C	Repair clitoris .....					
56810	T	Repair of perineum .....	562	12.76	\$674.84	\$330.86	\$134.97
57000	T	Exploration of vagina .....	562	12.76	\$674.84	\$330.86	\$134.97
57010	T	Drainage of pelvic abscess .....	562	12.76	\$674.84	\$330.86	\$134.97
57020	T	Drainage of pelvic fluid .....	562	12.76	\$674.84	\$330.86	\$134.97
57061	T	Destruction vagina lesion(s) .....	561	1.52	\$80.32	\$24.63	\$16.06
57065	T	Destruction vagina lesion(s) .....	562	12.76	\$674.84	\$330.86	\$134.97
57100	T	Biopsy of vagina .....	561	1.52	\$80.32	\$24.63	\$16.06
57105	T	Biopsy of vagina .....	562	12.76	\$674.84	\$330.86	\$134.97
57108	C	Partial removal of vagina .....					
57110	C	Removal of vagina .....					
57120	C	Closure of vagina .....					
57130	T	Remove vagina lesion .....	562	12.76	\$674.84	\$330.86	\$134.97
57135	T	Remove vagina lesion .....	562	12.76	\$674.84	\$330.86	\$134.97
57150	T	Treat vagina infection .....	561	1.52	\$80.32	\$24.63	\$16.06
57160	T	Insertion of pessary/device .....	561	1.52	\$80.32	\$24.63	\$16.06
57170	T	Fitting of diaphragm/cap .....	561	1.52	\$80.32	\$24.63	\$16.06
57180	T	Treat vaginal bleeding .....	561	1.52	\$80.32	\$24.63	\$16.06
57200	T	Repair of vagina .....	562	12.76	\$674.84	\$330.86	\$134.97
57210	T	Repair vagina/perineum .....	562	12.76	\$674.84	\$330.86	\$134.97
57220	T	Revision of urethra .....	563	16.91	\$894.24	\$464.88	\$178.85

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
57230	T	Repair of urethral lesion .....	562	12.76	\$674.84	\$330.86	\$134.97
57240	T	Repair bladder & vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57250	T	Repair rectum & vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57260	T	Repair of vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57265	T	Extensive repair of vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57268	T	Repair of bowel bulge .....	563	16.91	\$894.24	\$464.88	\$178.85
57270	C	Repair of bowel pouch .....					
57280	C	Suspension of vagina .....					
57282	C	Repair of vaginal prolapse .....					
57284	T	Repair paravaginal defect .....	563	16.91	\$894.24	\$464.88	\$178.85
57288	T	Repair bladder defect .....	563	16.91	\$894.24	\$464.88	\$178.85
57289	T	Repair bladder & vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57291	T	Construction of vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57292	C	Construct vagina with graft .....					
57300	T	Repair rectum-vagina fistula .....	563	16.91	\$894.24	\$464.88	\$178.85
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	12.76	\$674.84	\$330.86	\$134.97
57410	T	Pelvic examination .....	562	12.76	\$674.84	\$330.86	\$134.97
57415	T	Removal vaginal foreign body .....	562	12.76	\$674.84	\$330.86	\$134.97
57452	T	Examination of vagina .....	561	1.52	\$80.32	\$24.63	\$16.06
57454	T	Vagina examination & biopsy .....	561	1.52	\$80.32	\$24.63	\$16.06
57460	T	Cervix excision .....	562	12.76	\$674.84	\$330.86	\$134.97
57500	T	Biopsy of cervix .....	561	1.52	\$80.32	\$24.63	\$16.06
57505	T	Endocervical curettage .....	561	1.52	\$80.32	\$24.63	\$16.06
57510	T	Cauterization of cervix .....	561	1.52	\$80.32	\$24.63	\$16.06
57511	T	Cryocautery of cervix .....	561	1.52	\$80.32	\$24.63	\$16.06
57513	T	Laser surgery of cervix .....	561	1.52	\$80.32	\$24.63	\$16.06
57520	T	Conization of cervix .....	563	16.91	\$894.24	\$464.88	\$178.85
57522	T	Conization of cervix .....	563	16.91	\$894.24	\$464.88	\$178.85
57530	T	Removal of cervix .....	563	16.91	\$894.24	\$464.88	\$178.85
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	16.91	\$894.24	\$464.88	\$178.85
57555	T	Remove cervix, repair vagina .....	563	16.91	\$894.24	\$464.88	\$178.85
57556	T	Remove cervix, repair bowel .....	563	16.91	\$894.24	\$464.88	\$178.85
57700	T	Revision of cervix .....	562	12.76	\$674.84	\$330.86	\$134.97
57720	T	Revision of cervix .....	562	12.76	\$674.84	\$330.86	\$134.97
57800	T	Dilation of cervical canal .....	561	1.52	\$80.32	\$24.63	\$16.06
57820	T	D&C of residual cervix .....	567	13.61	\$719.9	\$364.09	\$143.98
58100	T	Biopsy of uterus lining .....	561	1.52	\$80.32	\$24.63	\$16.06
58120	T	Dilation and curettage (D&C) .....	567	13.61	\$719.9	\$364.09	\$143.98
58140	C	Removal of uterus lesion .....					
58145	T	Removal of uterus lesion .....	563	16.91	\$894.24	\$464.88	\$178.85
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 .....					
58301	T	Remove intrauterine device .....	561	1.52	\$80.32	\$24.63	\$16.06
58321	T	Artificial insemination .....	568	2.50	\$132.23	\$49.49	\$26.45
58322	T	Artificial insemination .....	568	2.50	\$132.23	\$49.49	\$26.45
58323	T	Sperm washing .....	568	2.50	\$132.23	\$49.49	\$26.45
58340	T	Catheter for hystero-graphy .....	347	2.93	\$154.75	\$62.15	\$30.95
58345	T	Reopen fallopian tube .....	562	12.76	\$674.84	\$330.86	\$134.97
58350	T	Reopen fallopian tube .....	562	12.76	\$674.84	\$330.86	\$134.97
58400	C	Suspension of uterus .....					
58410	C	Suspension of uterus .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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) .....					
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	16.91	\$894.24	\$464.88	\$178.85
58805	C	Drainage of ovarian cyst(s) .....					
58820	T	Open drain ovary abscess .....	563	16.91	\$894.24	\$464.88	\$178.85
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	12.76	\$674.84	\$330.86	\$134.97
58974	T	Transfer of embryo .....	568	2.50	\$132.23	\$49.49	\$26.45
58976	T	Transfer of embryo .....	568	2.50	\$132.23	\$49.49	\$26.45
58999	T	Genital surgery procedure .....	161	3.50	\$185.12	\$75.48	\$37.02
59000	T	Amniocentesis .....	578	1.26	\$66.60	\$33.90	\$13.32
59012	T	Fetal cord puncture, prenatal .....	578	1.26	\$66.60	\$33.90	\$13.32
59015	T	Chorion biopsy .....	578	1.26	\$66.60	\$33.90	\$13.32
59020	T	Fetal contract stress test .....	578	1.26	\$66.60	\$33.90	\$13.32
59025	T	Fetal non-stress test .....	578	1.26	\$66.60	\$33.90	\$13.32
59030	T	Fetal scalp blood sample .....	578	1.26	\$66.60	\$33.90	\$13.32
59050	T	Fetal monitor w/report .....	578	1.26	\$66.60	\$33.90	\$13.32
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	13.61	\$719.90	\$364.09	\$143.98
59200	T	Insert cervical dilator .....	561	1.52	\$80.32	\$24.63	\$16.06
59300	T	Episiotomy or vaginal repair .....	562	12.76	\$674.84	\$330.86	\$134.97
59320	T	Revision of cervix .....	562	12.76	\$674.84	\$330.86	\$134.97
59325	C	Revision of cervix .....					
59350	C	Repair of uterus .....					
59400	E	Obstetrical care .....					
59409	T	Obstetrical care .....	580	4.59	\$242.90	\$146.45	\$48.58
59410	E	Obstetrical care .....					
59412	T	Antepartum manipulation .....	580	4.59	\$242.90	\$146.45	\$48.58
59414	T	Deliver placenta .....	580	4.59	\$242.90	\$146.45	\$48.58
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 .....					
59525	C	Remove uterus after cesarean .....					
59610	E	Vbac delivery .....					
59612	T	Vbac delivery only .....	580	4.59	\$242.90	\$146.45	\$48.58
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	13.26	\$701.29	\$347.14	\$140.26
59820	T	Care of miscarriage .....	587	13.26	\$701.29	\$347.14	\$140.26

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
59821	T	Treatment of miscarriage .....	587	13.26	\$701.29	\$347.14	\$140.26
59830	C	Treat uterus infection .....					
59840	T	Abortion .....	586	12.50	\$661.13	\$431.89	\$132.23
59841	T	Abortion .....	586	12.50	\$661.13	\$431.89	\$132.23
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	13.26	\$701.29	\$347.14	\$140.26
59871	T	Remove cerclage suture .....	562	12.76	\$674.84	\$330.86	\$134.97
59899	T	Maternity care procedure .....	578	1.26	\$66.60	\$33.90	\$13.32
60000	T	Drain thyroid/tongue cyst .....	312	7.26	\$383.95	\$178.31	\$76.79
60001	T	Aspirate/inject thyroid cyst .....	121	0.67	\$35.26	\$21.02	\$7.05
60100	T	Biopsy of thyroid .....	122	4.87	\$257.60	\$115.03	\$51.52
60200	T	Remove thyroid lesion .....	397	18.37	\$971.62	\$496.97	\$194.32
60210	T	Partial excision thyroid .....	397	18.37	\$971.62	\$496.97	\$194.32
60212	C	Partial thyroid excision .....					
60220	T	Partial removal of thyroid .....	397	18.37	\$971.62	\$496.97	\$194.32
60225	T	Partial removal of thyroid .....	397	18.37	\$971.62	\$496.97	\$194.32
60240	T	Removal of thyroid .....	397	18.37	\$971.62	\$496.97	\$194.32
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	18.37	\$971.62	\$496.97	\$194.32
60281	T	Remove thyroid duct lesion .....	397	18.37	\$971.62	\$496.97	\$194.32
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	0.67	\$35.26	\$21.02	\$7.05
61000	T	Remove cranial cavity fluid .....	602	3.33	\$176.30	\$87.69	\$35.26
61001	T	Remove cranial cavity fluid .....	602	3.33	\$176.30	\$87.69	\$35.26
61020	T	Remove brain cavity fluid .....	602	3.33	\$176.30	\$87.69	\$35.26
61026	T	Injection into brain canal .....	602	3.33	\$176.30	\$87.69	\$35.26
61050	T	Remove brain canal fluid .....	602	3.33	\$176.30	\$87.69	\$35.26
61055	T	Injection into brain canal .....	602	3.33	\$176.30	\$87.69	\$35.26
61070	T	Brain canal shunt procedure .....	602	3.33	\$176.30	\$87.69	\$35.26
61105	C	Drill skull for examination .....					
61106	C	Drill skull for exam/surgery .....					
61107	C	Drill skull for implantation .....					
61108	C	Drill skull for drainage .....					
61120	C	Pierce skull for examination .....					
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	25.56	\$1,351.64	\$780.60	\$270.33
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 and 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	Transmastoid 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....					
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	12.98	\$686.60	\$333.80	\$137.32
61791	C	Treat trigeminal tract .....					
61793	S	Focus radiation beam .....	757	2.20	\$116.55	\$52.43	\$23.31
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	25.56	\$1,351.64	\$780.60	\$270.33
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 and 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	3.33	\$176.30	\$87.69	\$35.26
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	3.33	\$176.30	\$87.69	\$35.26
62230	T	Replace/revise brain shunt .....	617	11.56	\$611.18	\$287.70	\$122.24
62256	C	Remove brain cavity shunt .....					
62258	C	Replace brain cavity shunt .....					
62268	T	Drain spinal cord cyst .....	602	3.33	\$176.30	\$87.69	\$35.26
62269	T	Needle biopsy spinal cord .....	122	4.87	\$257.60	\$115.03	\$51.52
62270	T	Spinal fluid tap, diagnostic .....	600	2.63	\$139.08	\$61.47	\$27.82
62272	T	Drain spinal fluid .....	600	2.63	\$139.08	\$61.47	\$27.82
62273	T	Treat lumbar spine lesion .....	602	3.33	\$176.30	\$87.69	\$35.26
62274	T	Inject spinal anesthetic .....	602	3.33	\$176.30	\$87.69	\$35.26
62275	T	Inject spinal anesthetic .....	602	3.33	\$176.30	\$87.69	\$35.26

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
62276	T	Inject spinal anesthetic .....	602	3.33	\$176.30	\$87.69	\$35.26
62277	T	Inject spinal anesthetic .....	602	3.33	176.30	\$87.69	\$35.26
62278	T	Inject spinal anesthetic .....	602	3.33	\$176.30	\$87.69	\$35.26
62279	T	Inject spinal anesthetic .....	602	3.33	\$176.30	\$87.69	\$35.26
62280	T	Treat spinal cord lesion .....	602	3.33	\$176.30	\$87.69	\$35.26
62281	T	Treat spinal cord lesion .....	602	3.33	\$176.30	\$87.69	\$35.26
62282	T	Treat spinal canal lesion .....	602	3.33	\$176.30	\$87.69	\$35.26
62284	T	Injection for myelogram .....	347	2.93	\$154.75	\$62.15	\$30.95
62287	T	Percutaneous discectomy .....	631	12.98	\$686.60	\$333.80	\$137.32
62288	T	Injection into spinal canal .....	602	3.33	\$176.30	\$87.69	\$35.26
62289	T	Injection into spinal canal .....	602	3.33	\$176.30	\$87.69	\$35.26
62290	T	Inject for spine disk x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
62291	T	Inject for spine disk x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
62292	T	Injection into disk lesion .....	602	3.33	\$176.30	\$87.69	\$35.26
62294	T	Injection into spinal artery .....	602	3.33	\$176.30	\$87.69	\$35.26
62298	T	Injection into spinal canal .....	602	3.33	\$176.30	\$87.69	\$35.26
62350	T	Implant spinal catheter .....	617	11.56	\$611.18	\$287.70	\$122.24
62351	C	Implant spinal catheter .....					
62355	T	Remove spinal canal catheter .....	617	11.56	\$611.18	\$287.70	\$122.24
62360	T	Insert spine infusion device .....	618	25.56	\$1,351.64	\$780.60	\$270.33
62361	T	Implant spine infusion pump .....	618	25.56	\$1,351.64	\$780.60	\$270.33
62362	T	Implant spine infusion pump .....	618	25.56	\$1,351.64	\$780.60	\$270.33
62365	T	Remove spine infusion device .....	617	11.56	\$611.18	\$287.70	\$122.24
62367	X	Analyze spine infusion pump .....	966	0.39	\$20.57	\$12.43	\$4.11
62368	X	Analyze spine infusion pump .....	966	0.39	\$20.57	\$12.43	\$4.11
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	Added spinal disk surgery .....					
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	Removal of spinal lamina .....					
63055	C	Decompress spinal cord .....					
63056	C	Decompress spinal cord .....					
63057	C	Decompress spinal cord .....					
63064	C	Decompress spinal cord .....					
63066	C	Decompress spinal cord .....					
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	Removal of vertebral body .....					
63085	C	Removal of vertebral body .....					
63086	C	Removal of vertebral body .....					
63087	C	Removal of vertebral body .....					
63088	C	Removal of vertebral body .....					
63090	C	Removal of vertebral body .....					
63091	C	Removal of vertebral body .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Removal of vertebral body .....					
63600	T	Remove spinal cord lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
63610	T	Stimulation of spinal cord .....	631	12.98	\$686.60	\$333.80	\$137.32
63615	T	Remove lesion of spinal cord .....	631	12.98	\$686.60	\$333.80	\$137.32
63650	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
63655	C	Implant neuroelectrodes .....					
63660	T	Revise/remove neuroelectrode .....	617	11.56	\$611.18	\$287.70	\$122.24
63685	T	Implant neuroreceiver .....	618	25.56	\$1,351.64	\$780.60	\$270.33
63688	T	Revise/remove neuroreceiver .....	617	11.56	\$611.18	\$287.70	\$122.24
63690	X	Analysis of neuroreceiver .....	966	0.39	\$20.57	\$12.43	\$4.11
63691	X	Analysis of neuroreceiver .....	966	0.39	\$20.57	\$12.43	\$4.11
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	11.56	\$611.18	\$287.70	\$122.24
63746	T	Removal of spinal shunt .....	617	11.56	\$611.18	\$287.70	\$122.24
64400	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64402	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64405	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64408	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64410	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64412	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64413	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64415	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64417	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64418	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64420	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64421	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64425	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64430	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64435	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64440	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64441	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64442	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64443	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64445	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64450	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64505	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64508	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
64510	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64520	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64530	T	Injection for nerve block .....	601	3.11	\$164.55	\$74.13	\$32.91
64550	A	Apply neurostimulator .....					
64553	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64555	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64560	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64565	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64573	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64575	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64577	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64580	T	Implant neuroelectrodes .....	616	14.43	\$762.99	\$366.57	\$152.60
64585	T	Revise/remove neuroelectrode .....	617	11.56	\$611.18	\$287.70	\$122.24
64590	T	Implant neuroreceiver .....	618	25.56	\$1,351.64	\$780.60	\$270.33
64595	T	Revise/remove neuroreceiver .....	617	11.56	\$611.18	\$287.70	\$122.24
64600	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64605	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64610	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64612	T	Destroy nerve, face muscle .....	601	3.11	\$164.55	\$74.13	\$32.91
64613	T	Destroy nerve, spine muscle .....	601	3.11	\$164.55	\$74.13	\$32.91
64620	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64622	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64623	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64630	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64640	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64680	T	Injection treatment of nerve .....	601	3.11	\$164.55	\$74.13	\$32.91
64702	T	Revise finger/toe nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64704	T	Revise hand/foot nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64708	T	Revise arm/leg nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64712	T	Revision of sciatic nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64713	T	Revision of arm nerve(s) .....	631	12.98	\$686.60	\$333.80	\$137.32
64714	T	Revise low back nerve(s) .....	631	12.98	\$686.60	\$333.80	\$137.32
64716	T	Revision of cranial nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64718	T	Revise ulnar nerve at elbow .....	631	12.98	\$686.60	\$333.80	\$137.32
64719	T	Revise ulnar nerve at wrist .....	631	12.98	\$686.60	\$333.80	\$137.32
64721	T	Carpal tunnel surgery .....	631	12.98	\$686.60	\$333.80	\$137.32
64722	T	Relieve pressure on nerve(s) .....	631	12.98	\$686.60	\$333.80	\$137.32
64726	T	Release foot/toe nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64727	T	Internal nerve revision .....	631	12.98	\$686.60	\$333.80	\$137.32
64732	T	Incision of brow nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64734	T	Incision of cheek nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64736	T	Incision of chin nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64738	T	Incision of jaw nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64740	T	Incision of tongue nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64742	T	Incision of facial nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64744	T	Incise nerve, back of head .....	631	12.98	\$686.60	\$333.80	\$137.32
64746	T	Incise diaphragm nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
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	12.98	\$686.60	\$333.80	\$137.32
64763	C	Incise hip/thigh nerve .....					
64766	C	Incise hip/thigh nerve .....					
64771	T	Sever cranial nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64772	T	Incision of spinal nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64774	T	Remove skin nerve lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
64776	T	Remove digit nerve lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
64778	T	Added digit nerve surgery .....	631	12.98	\$686.60	\$333.80	\$137.32
64782	T	Remove limb nerve lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
64783	T	Added limb nerve surgery .....	631	12.98	\$686.60	\$333.80	\$137.32
64784	T	Remove nerve lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
64786	T	Remove sciatic nerve lesion .....	632	18.13	\$958.88	\$461.04	\$191.78
64787	T	Implant nerve end .....	631	12.98	\$686.60	\$333.80	\$137.32
64788	T	Remove skin nerve lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
64790	T	Removal of nerve lesion .....	631	12.98	\$686.60	\$333.80	\$137.32
64792	T	Removal of nerve lesion .....	632	18.13	\$958.88	\$461.04	\$191.78
64795	T	Biopsy of nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
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 .....					
64830	T	Microrepair of nerve .....	631	12.98	\$686.60	\$333.80	\$137.32
64831	T	Repair of digit nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64832	T	Repair additional nerve .....	632	18.13	\$958.88	\$461.04	\$191.78

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
64834	T	Repair of hand or foot nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64835	T	Repair of hand or foot nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64836	T	Repair of hand or foot nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64837	T	Repair additional nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64840	T	Repair of leg nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64856	T	Repair/transpose nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64857	T	Repair arm/leg nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64858	T	Repair sciatic nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64859	T	Additional nerve surgery .....	632	18.13	\$958.88	\$461.04	\$191.78
64861	T	Repair of arm nerves .....	632	18.13	\$958.88	\$461.04	\$191.78
64862	T	Repair of low back nerves .....	632	18.13	\$958.88	\$461.04	\$191.78
64864	T	Repair of facial nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64865	T	Repair of facial nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64866	C	Fusion of facial/other nerve .....					
64868	C	Fusion of facial/other nerve .....					
64870	T	Fusion of facial/other nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64872	T	Subsequent repair of nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64874	T	Repair & revise nerve .....	632	18.13	\$958.88	\$461.04	\$191.78
64876	T	Repair nerve; shorten bone .....	632	18.13	\$958.88	\$461.04	\$191.78
64885	T	Nerve graft, head or neck .....	632	18.13	\$958.88	\$461.04	\$191.78
64886	T	Nerve graft, head or neck .....	632	18.13	\$958.88	\$461.04	\$191.78
64890	T	Nerve graft, hand or foot .....	632	18.13	\$958.88	\$461.04	\$191.78
64891	T	Nerve graft, hand or foot .....	632	18.13	\$958.88	\$461.04	\$191.78
64892	T	Nerve graft, arm or leg .....	632	18.13	\$958.88	\$461.04	\$191.78
64893	T	Nerve graft, arm or leg .....	632	18.13	\$958.88	\$461.04	\$191.78
64895	T	Nerve graft, hand or foot .....	632	18.13	\$958.88	\$461.04	\$191.78
64896	T	Nerve graft, hand or foot .....	632	18.13	\$958.88	\$461.04	\$191.78
64897	T	Nerve graft, arm or leg .....	632	18.13	\$958.88	\$461.04	\$191.78
64898	T	Nerve graft, arm or leg .....	632	18.13	\$958.88	\$461.04	\$191.78
64901	T	Additional nerve graft .....	632	18.13	\$958.88	\$461.04	\$191.78
64902	T	Additional nerve graft .....	632	18.13	\$958.88	\$461.04	\$191.78
64905	T	Nerve pedicle transfer .....	632	18.13	\$958.88	\$461.04	\$191.78
64907	T	Nerve pedicle transfer .....	632	18.13	\$958.88	\$461.04	\$191.78
64999	T	Nervous system surgery .....	601	3.11	\$164.55	\$74.13	\$32.91
65091	T	Revise eye .....	684	13.48	\$713.04	\$348.94	\$142.61
65093	T	Revise eye with implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65101	T	Removal of eye .....	684	13.48	\$713.04	\$348.94	\$142.61
65103	T	Remove eye/insert implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65105	T	Remove eye/attach implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65110	C	Removal of eye .....					
65112	C	Remove eye, revise socket .....					
65114	C	Remove eye, revise socket .....					
65125	T	Revise ocular implant .....	681	1.67	\$88.15	\$30.51	\$17.63
65130	T	Insert ocular implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65135	T	Insert ocular implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65140	T	Attach ocular implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65150	T	Revise ocular implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65155	T	Reinsert ocular implant .....	684	13.48	\$713.04	\$348.94	\$142.61
65175	T	Removal of ocular implant .....	683	10.19	\$538.7	\$257.87	\$107.74
65205	T	Remove foreign body from eye .....	681	1.67	\$88.15	\$30.51	\$17.63
65210	T	Remove foreign body from eye .....	681	1.67	\$88.15	\$30.51	\$17.63
65220	T	Remove foreign body from eye .....	681	1.67	\$88.15	\$30.51	\$17.63
65222	T	Remove foreign body from eye .....	681	1.67	\$88.15	\$30.51	\$17.63
65235	T	Remove foreign body from eye .....	652	16.48	\$871.71	\$433.69	\$174.34
65260	T	Remove foreign body from eye .....	676	6.30	\$333.01	\$140.35	\$66.60
65265	T	Remove foreign body from eye .....	676	6.30	\$333.01	\$140.35	\$66.60
65270	T	Repair of eye wound .....	183	11.17	\$590.61	\$286.57	\$118.12
65272	T	Repair of eye wound .....	651	7.24	\$382.97	\$174.70	\$76.59
65273	C	Repair of eye wound .....					
65275	T	Repair of eye wound .....	651	7.24	\$382.97	\$174.70	\$76.59
65280	T	Repair of eye wound .....	652	16.48	\$871.71	\$433.69	\$174.34
65285	T	Repair of eye wound .....	652	16.48	\$871.71	\$433.69	\$174.34
65286	T	Repair of eye wound .....	651	7.24	\$382.97	\$174.70	\$76.59
65290	T	Repair of eye socket wound .....	677	16.26	\$859.96	\$436.63	\$171.99
65400	T	Removal of eye lesion .....	652	16.48	\$871.71	\$433.69	\$174.34
65410	T	Biopsy of cornea .....	683	10.19	\$538.70	\$257.87	\$107.74
65420	T	Removal of eye lesion .....	651	7.24	\$382.97	\$174.70	\$76.59
65426	T	Removal of eye lesion .....	652	16.48	\$871.71	\$433.69	\$174.34
65430	T	Corneal smear .....	681	1.67	\$88.15	\$30.51	\$17.63
65435	T	Curette/treat cornea .....	681	1.67	\$88.15	\$30.51	\$17.63
65436	T	Curette/treat cornea .....	651	7.24	\$382.97	\$174.70	\$76.59
65450	T	Treatment of corneal lesion .....	651	7.24	\$382.97	\$174.70	\$76.59
65600	T	Revision of cornea .....	681	1.67	\$88.15	\$30.51	\$17.63
65710	T	Corneal transplant .....	670	29.24	\$1,546.56	\$847.50	\$309.31
65730	T	Corneal transplant .....	670	29.24	\$1,546.56	\$847.50	\$309.31

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
65750	T	Corneal transplant .....	670	29.24	\$1,546.56	\$847.50	\$309.31
65755	T	Corneal transplant .....	670	29.24	\$1,546.56	\$847.50	\$309.31
65760	E	Revision of cornea .....					
65765	E	Revision of cornea .....					
65767	E	Corneal tissue transplant .....					
65770	T	Revise cornea with implant .....	652	16.48	\$871.71	\$433.69	\$174.34
65771	E	Radial keratotomy .....					
65772	T	Correction of astigmatism .....	651	7.24	\$382.97	\$174.70	\$76.59
65775	T	Correction of astigmatism .....	652	16.48	\$871.71	\$433.69	\$174.34
65800	T	Drainage of eye .....	683	10.19	\$538.70	\$257.87	\$107.74
65805	T	Drainage of eye .....	683	10.19	\$538.70	\$257.87	\$107.74
65810	T	Drainage of eye .....	651	7.24	\$382.97	\$174.70	\$76.59
65815	T	Drainage of eye .....	651	7.24	\$382.97	\$174.70	\$76.59
65820	T	Relieve inner eye pressure .....	651	7.24	\$382.97	\$174.70	\$76.59
65850	T	Incision of eye .....	652	16.48	\$871.71	\$433.69	\$174.34
65855	T	Laser surgery of eye .....	649	4.44	\$235.07	\$111.64	\$47.01
65860	T	Incise inner eye adhesions .....	649	4.44	\$235.07	\$111.64	\$47.01
65865	T	Incise inner eye adhesions .....	652	16.48	\$871.71	\$433.69	\$174.34
65870	T	Incise inner eye adhesions .....	652	16.48	\$871.71	\$433.69	\$174.34
65875	T	Incise inner eye adhesions .....	652	16.48	\$871.71	\$433.69	\$174.34
65880	T	Incise inner eye adhesions .....	652	16.48	\$871.71	\$433.69	\$174.34
65900	T	Remove eye lesion .....	652	16.48	\$871.71	\$433.69	\$174.34
65920	T	Remove implant from eye .....	652	16.48	\$871.71	\$433.69	\$174.34
65930	T	Remove blood clot from eye .....	652	16.48	\$871.71	\$433.69	\$174.34
66020	T	Injection treatment of eye .....	683	10.19	\$538.70	\$257.87	\$107.74
66030	T	Injection treatment of eye .....	683	10.19	\$538.70	\$257.87	\$107.74
66130	T	Remove eye lesion .....	651	7.24	\$382.97	\$174.70	\$76.59
66150	T	Glaucoma surgery .....	652	16.48	\$871.71	\$433.69	\$174.34
66155	T	Glaucoma surgery .....	652	16.48	\$871.71	\$433.69	\$174.34
66160	T	Glaucoma surgery .....	652	16.48	\$871.71	\$433.69	\$174.34
66165	T	Glaucoma surgery .....	652	16.48	\$871.71	\$433.69	\$174.34
66170	T	Glaucoma surgery .....	652	16.48	\$871.71	\$433.69	\$174.34
66172	T	Incision of eye .....	652	16.48	\$871.71	\$433.69	\$174.34
66180	T	Implant eye shunt .....	652	16.48	\$871.71	\$433.69	\$174.34
66185	T	Revise eye shunt .....	652	16.48	\$871.71	\$433.69	\$174.34
66220	T	Repair eye lesion .....	676	6.30	\$333.01	\$140.35	\$66.60
66225	T	Repair/graft eye lesion .....	652	16.48	\$871.71	\$433.69	\$174.34
66250	T	Follow-up surgery of eye .....	652	16.48	\$871.71	\$433.69	\$174.34
66500	T	Incision of iris .....	651	7.24	\$382.97	\$174.70	\$76.59
66505	T	Incision of iris .....	651	7.24	\$382.97	\$174.70	\$76.59
66600	T	Remove iris and lesion .....	651	7.24	\$382.97	\$174.70	\$76.59
66605	T	Removal of iris .....	652	16.48	\$871.71	\$433.69	\$174.34
66625	T	Removal of iris .....	651	7.24	\$382.97	\$174.70	\$76.59
66630	T	Removal of iris .....	651	7.24	\$382.97	\$174.70	\$76.59
66635	T	Removal of iris .....	652	16.48	\$871.71	\$433.69	\$174.34
66680	T	Repair iris & ciliary body .....	652	16.48	\$871.71	\$433.69	\$174.34
66682	T	Repair iris and ciliary body .....	652	16.48	\$871.71	\$433.69	\$174.34
66700	T	Destruction, ciliary body .....	651	7.24	\$382.97	\$174.70	\$76.59
66710	T	Destruction, ciliary body .....	651	7.24	\$382.97	\$174.70	\$76.59
66720	T	Destruction, ciliary body .....	651	7.24	\$382.97	\$174.70	\$76.59
66740	T	Destruction, ciliary body .....	652	16.48	\$871.71	\$433.69	\$174.34
66761	T	Revision of iris .....	649	4.44	\$235.07	\$111.64	\$47.01
66762	T	Revision of iris .....	649	4.44	\$235.07	\$111.64	\$47.01
66770	T	Removal of inner eye lesion .....	649	4.44	\$235.07	\$111.64	\$47.01
66820	T	Incision, secondary cataract .....	651	7.24	\$382.97	\$174.70	\$76.59
66821	T	After cataract laser surgery .....	649	4.44	\$235.07	\$111.64	\$47.01
66825	T	Reposition intraocular lens .....	651	7.24	\$382.97	\$174.70	\$76.59
66830	T	Removal of lens lesion .....	652	16.48	\$871.71	\$433.69	\$174.34
66840	T	Removal of lens material .....	667	19.28	\$1,019.61	\$521.83	\$203.92
66850	T	Removal of lens material .....	667	19.28	\$1,019.61	\$521.83	\$203.92
66852	T	Removal of lens material .....	667	19.28	\$1,019.61	\$521.83	\$203.92
66920	T	Extraction of lens .....	667	19.28	\$1,019.61	\$521.83	\$203.92
66930	T	Extraction of lens .....	667	19.28	\$1,019.61	\$521.83	\$203.92
66940	T	Extraction of lens .....	667	19.28	\$1,019.61	\$521.83	\$203.92
66983	T	Remove cataract, insert lens .....	668	19.28	\$1,019.61	\$530.87	\$203.92
66984	T	Remove cataract, insert lens .....	668	19.28	\$1,019.61	\$530.87	\$203.92
66985	T	Insert lens prosthesis .....	668	19.28	\$1,019.61	\$530.87	\$203.92
66986	T	Exchange lens prosthesis .....	668	19.28	\$1,019.61	\$530.87	\$203.92
66999	T	Eye surgery procedure .....	649	4.44	\$235.07	\$111.64	\$47.01
67005	T	Partial removal of eye fluid .....	676	6.30	\$333.01	\$140.35	\$66.60
67010	T	Partial removal of eye fluid .....	676	6.30	\$333.01	\$140.35	\$66.60
67015	T	Release of eye fluid .....	676	6.30	\$333.01	\$140.35	\$66.60
67025	T	Replace eye fluid .....	683	10.19	\$538.70	\$257.87	\$107.74
67027	T	Implant eye drug system .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67028	T	Injection eye drug .....	682	3.54	\$187.08	\$81.36	\$37.42

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
67030	T	Incise inner eye strands .....	676	6.30	\$333.01	\$140.35	\$66.60
67031	T	Laser surgery, eye strands .....	649	4.44	\$235.07	\$111.64	\$47.01
67036	T	Removal of inner eye fluid .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67038	T	Strip retinal membrane .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67039	T	Laser treatment of retina .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67040	T	Laser treatment of retina .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67101	T	Repair, detached retina .....	676	6.30	\$333.01	\$140.35	\$66.60
67105	T	Repair, detached retina .....	648	3.94	\$208.62	\$95.15	\$41.72
67107	T	Repair detached retina .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67108	T	Repair detached retina .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67110	T	Repair detached retina .....	676	6.30	\$333.01	\$140.35	\$66.60
67112	T	Re-repair detached retina .....	690	30.54	\$1,615.12	\$852.02	\$323.02
67115	T	Release, encircling material .....	676	6.30	\$333.01	\$140.35	\$66.60
67120	T	Remove eye implant material .....	676	6.30	\$333.01	\$140.35	\$66.60
67121	T	Remove eye implant material .....	676	6.30	\$333.01	\$140.35	\$66.60
67141	T	Treatment of retina .....	676	6.30	\$333.01	\$140.35	\$66.60
67145	T	Treatment of retina .....	648	3.94	\$208.62	\$95.15	\$41.72
67208	T	Treatment of retinal lesion .....	676	6.30	\$333.01	\$140.35	\$66.60
67210	T	Treatment of retinal lesion .....	648	3.94	\$208.62	\$95.15	\$41.72
67218	T	Treatment of retinal lesion .....	676	6.30	\$333.01	\$140.35	\$66.60
67227	T	Treatment of retinal lesion .....	676	6.30	\$333.01	\$140.35	\$66.60
67228	T	Treatment of retinal lesion .....	648	3.94	\$208.62	\$95.15	\$41.72
67250	T	Reinforce eye wall .....	684	13.48	\$713.04	\$348.94	\$142.61
67255	T	Reinforce/graft eye wall .....	684	13.48	\$713.04	\$348.94	\$142.61
67299	T	Eye surgery procedure .....	649	4.44	\$235.07	\$111.64	\$47.01
67311	T	Revise eye muscle .....	677	16.26	\$859.96	\$436.63	\$171.99
67312	T	Revise two eye muscles .....	677	16.26	\$859.96	\$436.63	\$171.99
67314	T	Revise eye muscle .....	677	16.26	\$859.96	\$436.63	\$171.99
67316	T	Revise two eye muscles .....	677	16.26	\$859.96	\$436.63	\$171.99
67318	T	Revise eye muscle(s) .....	677	16.26	\$859.96	\$436.63	\$171.99
67320	T	Revise eye muscle(s) .....	677	16.26	\$859.96	\$436.63	\$171.99
67331	T	Eye surgery follow-up .....	677	16.26	\$859.96	\$436.63	\$171.99
67332	T	Rerevise eye muscles .....	677	16.26	\$859.96	\$436.63	\$171.99
67334	T	Revise eye muscle w/suture .....	677	16.26	\$859.96	\$436.63	\$171.99
67335	T	Eye suture during surgery .....	677	16.26	\$859.96	\$436.63	\$171.99
67340	T	Revise eye muscle .....	677	16.26	\$859.96	\$436.63	\$171.99
67343	T	Release eye tissue .....	677	16.26	\$859.96	\$436.63	\$171.99
67345	T	Destroy nerve of eye muscle .....	681	1.67	\$88.15	\$30.51	\$17.63
67350	T	Biopsy eye muscle .....	162	5.67	\$299.71	\$125.43	\$59.94
67399	T	Eye muscle surgery procedure .....	162	5.67	\$299.71	\$125.43	\$59.94
67400	T	Explore/biopsy eye socket .....	684	13.48	\$713.04	\$348.94	\$142.61
67405	T	Explore/drain eye socket .....	684	13.48	\$713.04	\$348.94	\$142.61
67412	T	Explore/treat eye socket .....	684	13.48	\$713.04	\$348.94	\$142.61
67413	T	Explore/treat eye socket .....	684	13.48	\$713.04	\$348.94	\$142.61
67414	C	Explore/decompress eye socke .....	.....	.....	.....	.....	.....
67415	T	Aspiration orbital contents .....	122	\$4.87	\$257.60	\$115.03	\$51.52
67420	T	Explore/treat eye socket .....	232	23.93	\$1,265.45	\$639.35	\$253.09
67430	T	Explore/treat eye socket .....	232	23.93	\$1,265.45	\$639.35	\$253.09
67440	T	Explore/drain eye socket .....	232	23.93	\$1,265.45	\$639.35	\$253.09
67445	C	Explore/decompress eye socke .....	.....	.....	.....	.....	.....
67450	T	Explore/biopsy eye socket .....	232	23.93	\$1,265.45	\$639.35	\$253.09
67500	T	Inject/treat eye socket .....	681	1.67	\$88.15	\$30.51	\$17.63
67505	T	Inject/treat eye socket .....	681	1.67	\$88.15	\$30.51	\$17.63
67515	T	Inject/treat eye socket .....	681	1.67	\$88.15	\$30.51	\$17.63
67550	T	Insert eye socket implant .....	684	13.48	\$713.04	\$348.94	\$142.61
67560	T	Revise eye socket implant .....	684	13.48	\$713.04	\$348.94	\$142.61
67570	C	Decompress optic nerve .....	.....	.....	.....	.....	.....
67599	T	Orbit surgery procedure .....	681	1.67	\$88.15	\$30.51	\$17.63
67700	T	Drainage of eyelid abscess .....	682	3.54	\$187.08	\$81.36	\$37.42
67710	T	Incision of eyelid .....	682	3.54	\$187.08	\$81.36	\$37.42
67715	T	Incision of eyelid fold .....	683	10.19	\$538.76	\$257.87	\$107.74
67800	T	Remove eyelid lesion .....	682	3.54	\$187.08	\$81.36	\$37.42
67801	T	Remove eyelid lesions .....	682	3.54	\$187.08	\$81.36	\$37.42
67805	T	Remove eyelid lesions .....	682	3.54	\$187.08	\$81.36	\$37.42
67808	T	Remove eyelid lesion(s) .....	684	13.48	\$713.04	\$348.94	\$142.61
67810	T	Biopsy of eyelid .....	682	3.54	\$187.08	\$81.36	\$37.42
67820	T	Revise eyelashes .....	682	3.54	\$187.08	\$81.36	\$37.42
67825	T	Revise eyelashes .....	682	3.54	\$187.08	\$81.36	\$37.42
67830	T	Revise eyelashes .....	683	10.19	\$538.7	\$257.87	\$107.74
67835	T	Revise eyelashes .....	684	13.48	\$713.04	\$348.94	\$142.61
67840	T	Remove eyelid lesion .....	682	3.54	\$187.08	\$81.36	\$37.42
67850	T	Treat eyelid lesion .....	682	3.54	\$187.08	\$81.36	\$37.42
67875	T	Closure of eyelid by suture .....	682	3.54	\$187.08	\$81.36	\$37.42
67880	T	Revision of eyelid .....	683	10.19	\$538.70	\$257.87	\$107.74
67882	T	Revision of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
67900	T	Repair brow defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67901	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67902	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67903	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67904	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67906	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67908	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67909	T	Revise eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67911	T	Revise eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67914	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67915	T	Repair eyelid defect .....	682	3.54	\$187.08	\$81.36	\$37.42
67916	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67917	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67921	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67922	T	Repair eyelid defect .....	682	3.54	\$187.08	\$81.36	\$37.42
67923	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67924	T	Repair eyelid defect .....	684	13.48	\$713.04	\$348.94	\$142.61
67930	T	Repair eyelid wound .....	682	3.54	\$187.08	\$81.36	\$37.42
67935	T	Repair eyelid wound .....	683	10.19	\$538.70	\$257.87	\$107.74
67938	T	Remove eyelid foreign body .....	682	3.54	\$187.08	\$81.36	\$37.42
67950	T	Revision of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67961	T	Revision of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67966	T	Revision of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67971	T	Reconstruction of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67973	T	Reconstruction of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67974	T	Reconstruction of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67975	T	Reconstruction of eyelid .....	684	13.48	\$713.04	\$348.94	\$142.61
67999	T	Revision of eyelid .....	682	3.54	\$187.08	\$81.36	\$37.42
68020	T	Incise/drain eyelid lining .....	682	3.54	\$187.08	\$81.36	\$37.42
68040	T	Treatment of eyelid lesions .....	682	3.54	\$187.08	\$81.36	\$37.42
68100	T	Biopsy of eyelid lining .....	162	5.67	\$299.71	\$125.43	\$59.94
68110	T	Remove eyelid lining lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
68115	T	Remove eyelid lining lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
68130	T	Remove eyelid lining lesion .....	652	16.48	\$871.71	\$433.69	\$174.34
68135	T	Remove eyelid lining lesion .....	162	5.67	\$299.71	\$125.43	\$59.94
68200	T	Treat eyelid by injection .....	681	1.67	\$88.15	\$30.51	\$17.63
68320	T	Revise/graft eyelid lining .....	684	13.48	\$713.04	\$348.94	\$142.61
68325	T	Revise/graft eyelid lining .....	684	13.48	\$713.04	\$348.94	\$142.61
68326	T	Revise/graft eyelid lining .....	684	13.48	\$713.04	\$348.94	\$142.61
68328	T	Revise/graft eyelid lining .....	684	13.48	\$713.04	\$348.94	\$142.61
68330	T	Revise eyelid lining .....	652	16.48	\$871.71	\$433.69	\$174.34
68335	T	Revise/graft eyelid lining .....	684	13.48	\$713.04	\$348.94	\$142.61
68340	T	Separate eyelid adhesions .....	684	13.48	\$713.04	\$348.94	\$142.61
68360	T	Revise eyelid lining .....	652	16.48	\$871.71	\$433.69	\$174.34
68362	T	Revise eyelid lining .....	652	16.48	\$871.71	\$433.69	\$174.34
68399	T	Eyelid lining surgery .....	162	5.67	\$299.71	\$125.43	\$59.94
68400	T	Incise/drain tear gland .....	682	3.54	\$187.08	\$81.36	\$37.42
68420	T	Incise/drain tear sac .....	682	3.54	\$187.08	\$81.36	\$37.42
68440	T	Incise tear duct opening .....	682	3.54	\$187.08	\$81.36	\$37.42
68500	T	Removal of tear gland .....	684	13.48	\$713.04	\$348.94	\$142.61
68505	T	Partial removal tear gland .....	684	13.48	\$713.04	\$348.94	\$142.61
68510	T	Biopsy of tear gland .....	683	10.19	\$538.70	\$257.87	\$107.74
68520	T	Removal of tear sac .....	684	13.48	\$713.04	\$348.94	\$142.61
68525	T	Biopsy of tear sac .....	683	10.19	\$538.70	\$257.87	\$107.74
68530	T	Clearance of tear duct .....	682	3.54	\$187.08	\$81.36	\$37.42
68540	T	Remove tear gland lesion .....	684	13.48	\$713.04	\$348.94	\$142.61
68550	T	Remove tear gland lesion .....	684	13.48	\$713.04	\$348.94	\$142.61
68700	T	Repair tear ducts .....	684	13.48	\$713.04	\$348.94	\$142.61
68705	T	Revise tear duct opening .....	682	3.54	\$187.08	\$81.36	\$37.42
68720	T	Create tear sac drain .....	684	13.48	\$713.04	\$348.94	\$142.61
68745	T	Create tear duct drain .....	684	13.48	\$713.04	\$348.94	\$142.61
68750	T	Create tear duct drain .....	684	13.48	\$713.04	\$348.94	\$142.61
68760	T	Close tear duct opening .....	682	3.54	\$187.08	\$81.36	\$37.42
68761	T	Close tear duct opening .....	681	1.67	\$88.15	\$30.51	\$17.63
68770	T	Close tear system fistula .....	684	13.48	\$713.04	\$348.94	\$142.61
68801	T	Dilate tear duct opening .....	682	3.54	\$187.08	\$81.36	\$37.42
68810	T	Probe nasolacrimal duct .....	683	10.19	\$538.70	\$257.87	\$107.74
68811	T	Probe nasolacrimal duct .....	684	13.48	\$713.04	\$348.94	\$142.61
68815	T	Probe nasolacrimal duct .....	684	13.48	\$713.04	\$348.94	\$142.61
68840	T	Explore/irrigate tear ducts .....	682	3.54	\$187.08	\$81.36	\$37.42
68850	T	Injection for tear sac x-ray .....	347	2.93	\$154.75	\$62.15	\$30.95
68899	T	Tear duct system surgery .....	681	1.67	\$88.15	\$30.51	\$17.63
69000	T	Drain external ear lesion .....	131	1.94	\$102.84	\$36.61	\$20.57
69005	T	Drain external ear lesion .....	131	1.94	\$102.84	\$36.61	\$20.57
69020	T	Drain outer ear canal lesion .....	131	1.94	\$102.84	\$36.61	\$20.57

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
69090	E	Pierce earlobes .....					
69100	T	Biopsy of external ear .....	161	3.50	\$185.12	\$75.48	\$37.02
69105	T	Biopsy of external ear canal .....	161	3.50	\$185.12	\$75.48	\$37.02
69110	T	Partial removal external ear .....	163	10.69	\$565.14	\$264.65	\$113.03
69120	T	Removal of external ear .....	313	15.81	\$836.45	\$411.09	\$167.29
69140	T	Remove ear canal lesion(s) .....	313	15.81	\$836.45	\$411.09	\$167.29
69145	T	Remove ear canal lesion(s) .....	163	10.69	\$565.14	\$264.65	\$113.03
69150	T	Extensive ear canal surgery .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69155	C	Extensive ear/neck surgery .....					
69200	T	Clear outer ear canal .....	311	1.43	\$75.42	\$20.57	\$15.08
69205	T	Clear outer ear canal .....	163	10.69	\$565.14	\$264.65	\$113.03
69210	T	Remove impacted ear wax .....	311	1.43	\$75.42	\$20.57	\$15.08
69220	T	Clean out mastoid cavity .....	151	1.74	\$92.07	\$35.71	\$18.41
69222	T	Clean out mastoid cavity .....	311	1.43	\$75.42	\$20.57	\$15.08
69300	T	Revise external ear .....	313	15.81	\$836.45	\$411.09	\$167.29
69310	T	Rebuild outer ear canal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69320	T	Rebuild outer ear canal .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69399	T	Outer ear surgery procedure .....	311	1.43	\$75.42	\$20.57	\$15.08
69400	T	Inflate middle ear canal .....	311	1.43	\$75.42	\$20.57	\$15.08
69401	N	Inflate middle ear canal .....					
69405	T	Catheterize middle ear canal .....	311	1.43	\$75.42	\$20.57	\$15.08
69410	T	Inset middle ear baffle .....	311	1.43	\$75.42	\$20.57	\$15.08
69420	T	Incision of eardrum .....	311	1.43	\$75.42	\$20.57	\$15.08
69421	T	Incision of eardrum .....	312	7.26	\$383.95	\$178.31	\$76.79
69424	T	Remove ventilating tube .....	311	1.43	\$75.42	\$20.57	\$15.08
69433	T	Create eardrum opening .....	312	7.26	\$383.95	\$178.31	\$76.79
69436	T	Create eardrum opening .....	312	7.26	\$383.95	\$178.31	\$76.79
69440	T	Exploration of middle ear .....	313	15.81	\$836.45	\$411.09	\$167.29
69450	T	Eardrum revision .....	313	15.81	\$836.45	\$411.09	\$167.29
69501	T	Mastoidectomy .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69502	T	Mastoidectomy .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69505	T	Remove mastoid structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69511	T	Extensive mastoid surgery .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69530	T	Extensive mastoid surgery .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69535	C	Remove part of temporal bone .....					
69540	T	Remove ear lesion .....	311	1.43	\$75.42	\$20.57	\$15.08
69550	T	Remove ear lesion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69552	T	Remove ear lesion .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69554	C	Remove ear lesion .....					
69601	T	Mastoid surgery revision .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69602	T	Mastoid surgery revision .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69603	T	Mastoid surgery revision .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69604	T	Mastoid surgery revision .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69605	T	Mastoid surgery revision .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69610	T	Repair of eardrum .....	311	1.43	\$75.42	\$20.57	\$15.08
69620	T	Repair of eardrum .....	313	15.81	\$836.45	\$411.09	\$167.29
69631	T	Repair eardrum structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69632	T	Rebuild eardrum structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69633	T	Rebuild eardrum structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69635	T	Repair eardrum structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69636	T	Rebuild eardrum structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69637	T	Rebuild eardrum structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69641	T	Revise middle ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69642	T	Revise middle ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69643	T	Revise middle ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69644	T	Revise middle ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69645	T	Revise middle ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69646	T	Revise middle ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69650	T	Release middle ear bone .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69660	T	Revise middle ear bone .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69661	T	Revise middle ear bone .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69662	T	Revise middle ear bone .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69666	T	Repair middle ear structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69667	T	Repair middle ear structures .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69670	T	Remove mastoid air cells .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69676	T	Remove middle ear nerve .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69700	T	Close mastoid fistula .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69710	E	Implant/replace hearing aid .....					
69711	T	Remove/repair hearing aid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69720	T	Release facial nerve .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69725	T	Release facial nerve .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69740	T	Repair facial nerve .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69745	T	Repair facial nerve .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69799	T	Middle ear surgery procedure .....	311	1.43	\$75.42	\$20.57	\$15.08
69801	T	Incise inner ear .....	314	25.65	\$1,356.54	\$693.37	\$271.31

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
69802	T	Incise inner ear .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69805	T	Explore inner ear .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69806	T	Explore inner ear .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69820	T	Establish inner ear window .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69840	T	Revise inner ear window .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69905	T	Remove inner ear .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69910	T	Remove inner ear & mastoid .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69915	T	Incise inner ear nerve .....	314	25.65	\$1,356.54	\$693.37	\$271.31
69930	T	Implant cochlear device .....	317	.....	.....	.....	.....
69949	T	Inner ear surgery procedure .....	314	25.65	\$1,356.54	\$693.37	\$271.31
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	4.07	\$215.48	\$113.23	\$43.10
70015	S	Contrast x-ray of brain .....	728	4.07	\$215.48	\$113.23	\$43.10
70030	X	X-ray eye for foreign body .....	700	0.78	\$41.14	\$22.37	\$8.23
70100	X	X-ray exam of jaw .....	700	0.78	\$41.14	\$22.37	\$8.23
70110	X	X-ray exam of jaw .....	700	0.78	\$41.14	\$22.37	\$8.23
70120	X	X-ray exam of mastoids .....	700	0.78	\$41.14	\$22.37	\$8.23
70130	X	X-ray exam of mastoids .....	700	0.78	\$41.14	\$22.37	\$8.23
70134	X	X-ray exam of middle ear .....	700	0.78	\$41.14	\$22.37	\$8.23
70140	X	X-ray exam of facial bones .....	700	0.78	\$41.14	\$22.37	\$8.23
70150	X	X-ray exam of facial bones .....	700	0.78	\$41.14	\$22.37	\$8.23
70160	X	X-ray exam of nasal bones .....	700	0.78	\$41.14	\$22.37	\$8.23
70170	X	X-ray exam of tear duct .....	706	1.96	\$103.82	\$57.63	\$20.76
70190	X	X-ray exam of eye sockets .....	700	0.78	\$41.14	\$22.37	\$8.23
70200	X	X-ray exam of eye sockets .....	700	0.78	\$41.14	\$22.37	\$8.23
70210	X	X-ray exam of sinuses .....	700	0.78	\$41.14	\$22.37	\$8.23
70220	X	X-ray exam of sinuses .....	700	0.78	\$41.14	\$22.37	\$8.23
70240	X	X-ray exam pituitary saddle .....	700	0.78	\$41.14	\$22.37	\$8.23
70250	X	X-ray exam of skull .....	700	0.78	\$41.14	\$22.37	\$8.23
70260	X	X-ray exam of skull .....	700	0.78	\$41.14	\$22.37	\$8.23
70300	X	X-ray exam of teeth .....	700	0.78	\$41.14	\$22.37	\$8.23
70310	X	X-ray exam of teeth .....	700	0.78	\$41.14	\$22.37	\$8.23
70320	X	Full mouth x-ray of teeth .....	700	0.78	\$41.14	\$22.37	\$8.23
70328	X	X-ray exam of jaw joint .....	700	0.78	\$41.14	\$22.37	\$8.23
70330	X	X-ray exam of jaw joints .....	700	0.78	\$41.14	\$22.37	\$8.23
70332	S	X-ray exam of jaw joint .....	730	2.48	\$131.25	\$72.09	\$26.25
70336	S	Magnetic image jaw joint .....	726	7.96	\$421.16	\$258.09	\$84.23
70350	X	X-ray head for orthodontia .....	700	0.78	\$41.14	\$22.37	\$8.23
70355	X	Panoramic x-ray of jaws .....	700	0.78	\$41.14	\$22.37	\$8.23
70360	X	X-ray exam of neck .....	700	0.78	\$41.14	\$22.37	\$8.23
70370	X	Throat x-ray & fluoroscopy .....	716	1.59	\$84.23	\$47.91	\$16.85
70371	X	Speech evaluation, complex .....	716	1.59	\$84.23	\$47.91	\$16.85
70373	X	Contrast x-ray of larynx .....	706	1.96	\$103.82	\$57.63	\$20.76
70380	X	X-ray exam of salivary gland .....	700	0.78	\$41.14	\$22.37	\$8.23
70390	X	X-ray exam of salivary duct .....	706	1.96	\$103.82	\$57.63	\$20.76
70450	S	CAT scan of head or brain .....	710	5.06	\$267.39	\$176.28	\$53.48
70460	S	Contrast CAT scan of head .....	710	5.06	\$267.39	\$176.28	\$53.48
70470	S	Contrast CAT scans of head .....	710	5.06	\$267.39	\$176.28	\$53.48
70480	S	CAT scan of skull .....	710	5.06	\$267.39	\$176.28	\$53.48
70481	S	Contrast CAT scan of skull .....	710	5.06	\$267.39	\$176.28	\$53.48
70482	S	Contrast CAT scans of skull .....	710	5.06	\$267.39	\$176.28	\$53.48
70486	S	CAT scan of face, jaw .....	710	5.06	\$267.39	\$176.28	\$53.48
70487	S	Contrast CAT scan, face/jaw .....	710	5.06	\$267.39	\$176.28	\$53.48
70488	S	Contrast CAT scans face/jaw .....	710	5.06	\$267.39	\$176.28	\$53.48
70490	S	CAT scan of neck tissue .....	710	5.06	\$267.39	\$176.28	\$53.48
70491	S	Contrast CAT of neck tissue .....	710	5.06	\$267.39	\$176.28	\$53.48
70492	S	Contrast CAT of neck tissue .....	710	5.06	\$267.39	\$176.28	\$53.48
70540	S	Magnetic image, face, neck .....	726	7.96	\$421.16	\$258.09	\$84.23
70541	S	Magnetic image, head (MRA) .....	720	6.35	\$335.95	\$206.11	\$67.19
70551	S	Magnetic image, brain (MRI) .....	726	7.96	\$421.16	\$258.09	\$84.23
70552	S	Magnetic image, brain (MRI) .....	726	7.96	\$421.16	\$258.09	\$84.23
70553	S	Magnetic image, brain .....	726	7.96	\$421.16	\$258.09	\$84.23
71010	X	Chest x-ray .....	700	0.78	\$41.14	\$22.37	\$8.23
71015	X	X-ray exam of chest .....	700	0.78	\$41.14	\$22.37	\$8.23
71020	X	Chest x-ray .....	700	0.78	\$41.14	\$22.37	\$8.23
71021	X	Chest x-ray .....	700	0.78	\$41.14	\$22.37	\$8.23
71022	X	Chest x-ray .....	700	0.78	\$41.14	\$22.37	\$8.23
71023	X	Chest x-ray and fluoroscopy .....	716	1.59	\$84.23	\$47.91	\$16.85
71030	X	Chest x-ray .....	700	0.78	\$41.14	\$22.37	\$8.23
71034	X	Chest x-ray & fluoroscopy .....	716	1.59	\$84.23	\$47.91	\$16.85
71035	X	Chest x-ray .....	700	0.78	\$41.14	\$22.37	\$8.23

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
71036	X	X-ray guidance for biopsy .....	716	1.59	\$84.23	\$47.91	\$16.85
71038	X	X-ray guidance for biopsy .....	716	1.59	\$84.23	\$47.91	\$16.85
71040	X	Contrast x-ray of bronchi .....	706	1.96	\$103.82	\$57.63	\$20.76
71060	X	Contrast x-ray of bronchi .....	706	1.96	\$103.82	\$57.63	\$20.76
71090	X	X-ray & pacemaker insertion .....	716	1.59	\$84.23	\$47.91	\$16.85
71100	X	X-ray exam of ribs .....	700	0.78	\$41.14	\$22.37	\$8.23
71101	X	X-ray exam of ribs, chest .....	700	0.78	\$41.14	\$22.37	\$8.23
71110	X	X-ray exam of ribs .....	700	0.78	\$41.14	\$22.37	\$8.23
71111	X	X-ray exam of ribs, chest .....	700	0.78	\$41.14	\$22.37	\$8.23
71120	X	X-ray exam of breastbone .....	700	0.78	\$41.14	\$22.37	\$8.23
71130	X	X-ray exam of breastbone .....	700	0.78	\$41.14	\$22.37	\$8.23
71250	S	Cat scan of chest .....	710	5.06	\$267.39	\$176.28	\$53.48
71260	S	Contrast CAT scan of chest .....	710	5.06	\$267.39	\$176.28	\$53.48
71270	S	Contrast CAT scans of chest .....	710	5.06	\$267.39	\$176.28	\$53.48
71550	S	Magnetic image, chest .....	726	7.96	\$421.16	\$258.09	\$84.23
71555	E	Magnetic imaging/chest (MRA) .....					
72010	X	X-ray exam of spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72020	X	X-ray exam of spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72040	X	X-ray exam of neck spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72050	X	X-ray exam of neck spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72052	X	X-ray exam of neck spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72069	X	X-ray exam of trunk spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72070	X	X-ray exam of thorax spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72072	X	X-ray exam of thoracic spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72074	X	X-ray exam of thoracic spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72080	X	X-ray exam of trunk spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72090	X	X-ray exam of trunk spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72100	X	X-ray exam of lower spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72110	X	X-ray exam of lower spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72114	X	X-ray exam of lower spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72120	X	X-ray exam of lower spine .....	700	0.78	\$41.14	\$22.37	\$8.23
72125	S	CAT scan of neck spine .....	710	5.06	\$267.39	\$176.28	\$53.48
72126	S	Contrast CAT scan of neck .....	710	5.06	\$267.39	\$176.28	\$53.48
72127	S	Contrast CAT scans of neck .....	710	5.06	\$267.39	\$176.28	\$53.48
72128	S	CAT scan of thorax spine .....	710	5.06	\$267.39	\$176.28	\$53.48
72129	S	Contrast CAT scan of thorax .....	710	5.06	\$267.39	\$176.28	\$53.48
72130	S	Contrast CAT scans of thorax .....	710	5.06	\$267.39	\$176.28	\$53.48
72131	S	CAT scan of lower spine .....	710	5.06	\$267.39	\$176.28	\$53.48
72132	S	Contrast CAT of lower spine .....	710	5.06	\$267.39	\$176.28	\$53.48
72133	S	Contrast CAT scans, low spine .....	710	5.06	\$267.39	\$176.28	\$53.48
72141	S	Magnetic image, neck spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72142	S	Magnetic image, neck spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72146	S	Magnetic image, chest spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72147	S	Magnetic image, chest spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72148	S	Magnetic image, lumbar spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72149	S	Magnetic image, lumbar spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72156	S	Magnetic image, neck spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72157	S	Magnetic image, chest spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72158	S	Magnetic image, lumbar spine .....	726	7.96	\$421.16	\$258.09	\$84.23
72159	E	Magnetic imaging/spine (MRA) .....					
72170	X	X-ray exam of pelvis .....	700	0.78	\$41.14	\$22.37	\$8.23
72190	X	X-ray exam of pelvis .....	700	0.78	\$41.14	\$22.37	\$8.23
72192	S	CAT scan of pelvis .....	710	5.06	\$267.39	\$176.28	\$53.48
72193	S	Contrast CAT scan of pelvis .....	710	5.06	\$267.39	\$176.28	\$53.48
72194	S	Contrast CAT scans of pelvis .....	710	5.06	\$267.39	\$176.28	\$53.48
72196	S	Magnetic image, pelvis .....	726	7.96	\$421.16	\$258.09	\$84.23
72198	E	Magnetic imaging/pelvis(MRA) .....					
72200	X	X-ray exam sacroiliac joints .....	700	0.78	\$41.14	\$22.37	\$8.23
72202	X	X-ray exam sacroiliac joints .....	700	0.78	\$41.14	\$22.37	\$8.23
72220	X	X-ray exam of tailbone .....	700	0.78	\$41.14	\$22.37	\$8.23
72240	S	Contrast x-ray of neck spine .....	728	4.07	\$215.48	\$113.23	\$43.10
72255	S	Contrast x-ray thorax spine .....	728	4.07	\$215.48	\$113.23	\$43.10
72265	S	Contrast x-ray lower spine .....	728	4.07	\$215.48	\$113.23	\$43.10
72270	S	Contrast x-ray of spine .....	728	4.07	\$215.48	\$113.23	\$43.10
72285	S	X-ray of neck spine disk .....	728	4.07	\$215.48	\$113.23	\$43.10
72295	S	X-ray of lower spine disk .....	728	4.07	\$215.48	\$113.23	\$43.10
73000	X	X-ray exam of collarbone .....	700	0.78	\$41.14	\$22.37	\$8.23
73010	X	X-ray exam of shoulderblade .....	700	0.78	\$41.14	\$22.37	\$8.23
73020	X	X-ray exam of shoulder .....	700	0.78	\$41.14	\$22.37	\$8.23
73030	X	X-ray exam of shoulder .....	700	0.78	\$41.14	\$22.37	\$8.23
73040	S	Contrast x-ray of shoulder .....	730	2.48	\$131.25	\$72.09	\$26.25
73050	X	X-ray exam of shoulders .....	700	0.78	\$41.14	\$22.37	\$8.23
73060	X	X-ray exam of humerus .....	700	0.78	\$41.14	\$22.37	\$8.23
73070	X	X-ray exam of elbow .....	700	0.78	\$41.14	\$22.37	\$8.23
73080	X	X-ray exam of elbow .....	700	0.78	\$41.14	\$22.37	\$8.23

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
73085	S	Contrast x-ray of elbow .....	730	2.48	\$131.25	\$72.09	\$26.25
73090	X	X-ray exam of forearm .....	700	0.78	\$41.14	\$22.37	\$8.23
73092	X	X-ray exam of arm, infant .....	700	0.78	\$41.14	\$22.37	\$8.23
73100	X	X-ray exam of wrist .....	700	0.78	\$41.14	\$22.37	\$8.23
73110	X	X-ray exam of wrist .....	700	0.78	\$41.14	\$22.37	\$8.23
73115	S	Contrast x-ray of wrist .....	730	2.48	\$131.25	\$72.09	\$26.25
73120	X	X-ray exam of hand .....	700	0.78	\$41.14	\$22.37	\$8.23
73130	X	X-ray exam of hand .....	700	0.78	\$41.14	\$22.37	\$8.23
73140	X	X-ray exam of finger(s) .....	700	0.78	\$41.14	\$22.37	\$8.23
73200	S	CAT scan of arm .....	710	5.06	\$267.39	\$176.28	\$53.48
73201	S	Contrast CAT scan of arm .....	710	5.06	\$267.39	\$176.28	\$53.48
73202	S	Contrast CAT scans of arm .....	710	5.06	\$267.39	\$176.28	\$53.48
73220	S	Magnetic image, arm, hand .....	726	7.96	\$421.16	\$258.09	\$84.23
73221	S	Magnetic image, joint of arm .....	726	7.96	\$421.16	\$258.09	\$84.23
73225	E	Magnetic imaging/upper (MRA) .....					
73500	X	X-ray exam of hip .....	700	0.78	\$41.14	\$22.37	\$8.23
73510	X	X-ray exam of hip .....	700	0.78	\$41.14	\$22.37	\$8.23
73520	X	X-ray exam of hips .....	700	0.78	\$41.14	\$22.37	\$8.23
73525	S	Contrast x-ray of hip .....	730	2.48	\$131.25	\$72.09	\$26.25
73530	X	X-ray exam of hip .....	700	0.78	\$41.14	\$22.37	\$8.23
73540	X	X-ray exam of pelvis & hips .....	700	0.78	\$41.14	\$22.37	\$8.23
73550	X	X-ray exam of thigh .....	700	0.78	\$41.14	\$22.37	\$8.23
73560	X	X-ray exam of knee .....	700	0.78	\$41.14	\$22.37	\$8.23
73562	X	X-ray exam of knee .....	700	0.78	\$41.14	\$22.37	\$8.23
73564	X	X-ray exam of knee .....	700	0.78	\$41.14	\$22.37	\$8.23
73565	X	X-ray exam of knee .....	700	0.78	\$41.14	\$22.37	\$8.23
73580	S	Contrast x-ray of knee joint .....	730	2.48	\$131.25	\$72.09	\$26.25
73590	X	X-ray exam of lower leg .....	700	0.78	\$41.14	\$22.37	\$8.23
73592	X	X-ray exam of leg, infant .....	700	0.78	\$41.14	\$22.37	\$8.23
73600	X	X-ray exam of ankle .....	700	0.78	\$41.14	\$22.37	\$8.23
73610	X	X-ray exam of ankle .....	700	0.78	\$41.14	\$22.37	\$8.23
73615	S	Contrast x-ray of ankle .....	730	2.48	\$131.25	\$72.09	\$26.25
73620	X	X-ray exam of foot .....	700	0.78	\$41.14	\$22.37	\$8.23
73630	X	X-ray exam of foot .....	700	0.78	\$41.14	\$22.37	\$8.23
73650	X	X-ray exam of heel .....	700	0.78	\$41.14	\$22.37	\$8.23
73660	X	X-ray exam of toe(s) .....	700	0.78	\$41.14	\$22.37	\$8.23
73700	S	CAT scan of leg .....	710	5.06	\$267.39	\$176.28	\$53.48
73701	S	Contrast CAT scan of leg .....	710	5.06	\$267.39	\$176.28	\$53.48
73702	S	Contrast CAT scans of leg .....	710	5.06	\$267.39	\$176.28	\$53.48
73720	S	Magnetic image, leg, foot .....	726	7.96	\$421.16	\$258.09	\$84.23
73721	S	Magnetic image, joint of leg .....	726	7.96	\$421.16	\$258.09	\$84.23
73725	E	Magnetic imaging/lower (MRA) .....					
74000	X	X-ray exam of abdomen .....	700	0.78	\$41.14	\$22.37	\$8.23
74010	X	X-ray exam of abdomen .....	700	0.78	\$41.14	\$22.37	\$8.23
74020	X	X-ray exam of abdomen .....	700	0.78	\$41.14	\$22.37	\$8.23
74022	X	X-ray exam series, abdomen .....	700	0.78	\$41.14	\$22.37	\$8.23
74150	S	CAT scan of abdomen .....	710	5.06	\$267.39	\$176.28	\$53.48
74160	S	Contrast CAT scan of abdomen .....	710	5.06	\$267.39	\$176.28	\$53.48
74170	S	Contrast CAT scans, abdomen .....	710	5.06	\$267.39	\$176.28	\$53.48
74181	S	Magnetic image,abdomen (MRI) .....	726	7.96	\$421.16	\$258.09	\$84.23
74185	E	Magnetic image/abdomen (MRA) .....					
74190	X	X-ray exam of peritoneum .....	706	1.96	\$103.82	\$57.63	\$20.76
74210	S	Contrast xray exam of throat .....	736	1.85	\$97.95	\$54.24	\$19.59
74220	S	Contrast xray exam,esophagus .....	736	1.85	\$97.95	\$54.24	\$19.59
74230	S	Cinema xray throat/esophagus .....	736	1.85	\$97.95	\$54.24	\$19.59
74235	S	Remove esophagus obstruction .....	738	4.48	\$237.03	\$133.34	\$47.41
74240	S	X-ray exam upper GI tract .....	736	1.85	\$97.95	\$54.24	\$19.59
74241	S	X-ray exam upper GI tract .....	736	1.85	\$97.95	\$54.24	\$19.59
74245	S	X-ray exam upper GI tract .....	736	1.85	\$97.95	\$54.24	\$19.59
74246	S	Contrast xray upper GI tract .....	736	1.85	\$97.95	\$54.24	\$19.59
74247	S	Contrast xray upper GI tract .....	736	1.85	\$97.95	\$54.24	\$19.59
74249	S	Contrast xray upper GI tract .....	736	1.85	\$97.95	\$54.24	\$19.59
74250	S	X-ray exam of small bowel .....	736	1.85	\$97.95	\$54.24	\$19.59
74251	S	X-ray exam of small bowel .....	736	1.85	\$97.95	\$54.24	\$19.59
74260	S	X-ray exam of small bowel .....	736	1.85	\$97.95	\$54.24	\$19.59
74270	S	Contrast x-ray exam of colon .....	736	1.85	\$97.95	\$54.24	\$19.59
74280	S	Contrast x-ray exam of colon .....	736	1.85	\$97.95	\$54.24	\$19.59
74283	S	Contrast x-ray exam of colon .....	736	1.85	\$97.95	\$54.24	\$19.59
74290	S	Contrast x-ray, gallbladder .....	736	1.85	\$97.95	\$54.24	\$19.59
74291	S	Contrast x-rays, gallbladder .....	736	1.85	\$97.95	\$54.24	\$19.59
74300	C	X-ray bile ducts, pancreas .....					
74301	C	Additional x-rays at surgery .....					
74305	X	X-ray bile ducts, pancreas .....	706	1.96	\$103.82	\$57.63	\$20.76
74320	X	Contrast x-ray of bile ducts .....	706	1.96	\$103.82	\$57.63	\$20.76
74327	S	X-ray for bile stone removal .....	738	4.48	\$237.03	\$133.34	\$47.41

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
74328	X	Xray for bile duct endoscopy .....	706	1.96	\$103.82	\$57.63	\$20.76
74329	X	X-ray for pancreas endoscopy .....	706	1.96	\$103.82	\$57.63	\$20.76
74330	X	Xray,bile/pancreas endoscopy .....	706	1.96	\$103.82	\$57.63	\$20.76
74340	X	X-ray guide for GI tube .....	716	1.59	\$84.23	\$47.91	\$16.85
74350	X	X-ray guide, stomach tube .....	706	1.96	\$103.82	\$57.63	\$20.76
74355	X	X-ray guide, intestinal tube .....	706	1.96	\$103.82	\$57.63	\$20.76
74360	S	X-ray guide, GI dilation .....	738	4.48	\$237.03	\$133.34	\$47.41
74363	S	X-ray, bile duct dilation .....	738	4.48	\$237.03	\$133.34	\$47.41
74400	S	Contrast x-ray urinary tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74405	S	Contrast x-ray urinary tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74410	S	Contrast x-ray urinary tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74415	S	Contrast x-ray urinary tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74420	S	Contrast x-ray urinary tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74425	S	Contrast x-ray urinary tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74430	S	Contrast x-ray of bladder .....	737	2.81	\$148.88	\$86.56	\$29.78
74440	S	Xray exam male genital tract .....	737	2.81	\$148.88	\$86.56	\$29.78
74445	S	X-ray exam of penis .....	737	2.81	\$148.88	\$86.56	\$29.78
74450	S	X-ray exam urethra/bladder .....	737	2.81	\$148.88	\$86.56	\$29.78
74455	S	X-ray exam urethra/bladder .....	737	2.81	\$148.88	\$86.56	\$29.78
74470	X	X-ray exam of kidney lesion .....	706	1.96	\$103.82	\$57.63	\$20.76
74475	S	Xray control catheter insert .....	738	4.48	\$237.03	\$133.34	\$47.41
74480	S	Xray control catheter insert .....	738	4.48	\$237.03	\$133.34	\$47.41
74485	S	X-ray guide, GU dilation .....	738	4.48	\$237.03	\$133.34	\$47.41
74710	X	X-ray measurement of pelvis .....	700	0.78	\$41.14	\$22.37	\$8.23
74740	X	X-ray female genital tract .....	706	1.96	\$103.82	\$57.63	\$20.76
74742	X	X-ray fallopian tube .....	706	1.96	\$103.82	\$57.63	\$20.76
74775	S	X-ray exam of perineum .....	737	2.81	\$148.88	\$86.56	\$29.78
75552	S	Magnetic image, myocardium .....	726	7.96	\$421.16	\$258.09	\$84.23
75553	S	Magnetic image, myocardium .....	726	7.96	\$421.16	\$258.09	\$84.23
75554	S	Cardiac MRI/function .....	726	7.96	\$421.16	\$258.09	\$84.23
75555	S	Cardiac MRI/limited study .....	726	7.96	\$421.16	\$258.09	\$84.23
75556	E	Cardiac MRI/flow mapping .....	739	5.83	\$308.53	\$168.82	\$61.71
75600	S	Contrast x-ray exam of aorta .....	739	5.83	\$308.53	\$168.82	\$61.71
75605	S	Contrast x-ray exam of aorta .....	739	5.83	\$308.53	\$168.82	\$61.71
75625	S	Contrast x-ray exam of aorta .....	739	5.83	\$308.53	\$168.82	\$61.71
75630	S	X-ray aorta, leg arteries .....	739	5.83	\$308.53	\$168.82	\$61.71
75650	S	Artery x-rays, head & neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75658	S	X-ray exam of arm arteries .....	739	5.83	\$308.53	\$168.82	\$61.71
75660	S	Artery x-rays, head & neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75662	S	Artery x-rays, head & neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75665	S	Artery x-rays, head & neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75671	S	Artery x-rays, head & neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75676	S	Artery x-rays, neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75680	S	Artery x-rays, neck .....	739	5.83	\$308.53	\$168.82	\$61.71
75685	S	Artery x-rays, spine .....	739	5.83	\$308.53	\$168.82	\$61.71
75705	S	Artery x-rays, spine .....	739	5.83	\$308.53	\$168.82	\$61.71
75710	S	Artery x-rays, arm/leg .....	739	5.83	\$308.53	\$168.82	\$61.71
75716	S	Artery x-rays, arms/legs .....	739	5.83	\$308.53	\$168.82	\$61.71
75722	S	Artery x-rays, kidney .....	739	5.83	\$308.53	\$168.82	\$61.71
75724	S	Artery x-rays, kidneys .....	739	5.83	\$308.53	\$168.82	\$61.71
75726	S	Artery x-rays, abdomen .....	739	5.83	\$308.53	\$168.82	\$61.71
75731	S	Artery x-rays, adrenal gland .....	739	5.83	\$308.53	\$168.82	\$61.71
75733	S	Artery x-rays,adrenal glands .....	739	5.83	\$308.53	\$168.82	\$61.71
75736	S	Artery x-rays, pelvis .....	739	5.83	\$308.53	\$168.82	\$61.71
75741	S	Artery x-rays, lung .....	739	5.83	\$308.53	\$168.82	\$61.71
75743	S	Artery x-rays, lungs .....	739	5.83	\$308.53	\$168.82	\$61.71
75746	S	Artery x-rays, lung .....	739	5.83	\$308.53	\$168.82	\$61.71
75756	S	Artery x-rays, chest .....	739	5.83	\$308.53	\$168.82	\$61.71
75774	S	Artery x-ray, each vessel .....	739	5.83	\$308.53	\$168.82	\$61.71
75790	S	Visualize A-V shunt .....	739	5.83	\$308.53	\$168.82	\$61.71
75801	X	Lymph vessel x-ray, arm/leg .....	706	1.96	\$103.82	\$57.63	\$20.76
75803	X	Lymph vessel x-ray,arms/legs .....	706	1.96	\$103.82	\$57.63	\$20.76
75805	X	Lymph vessel x-ray, trunk .....	706	1.96	\$103.82	\$57.63	\$20.76
75807	X	Lymph vessel x-ray, trunk .....	706	1.96	\$103.82	\$57.63	\$20.76
75809	X	Nonvascular shunt, x-ray .....	706	1.96	\$103.82	\$57.63	\$20.76
75810	S	Vein x-ray, spleen/liver .....	739	5.83	\$308.53	\$168.82	\$61.71
75820	S	Vein x-ray, arm/leg .....	739	5.83	\$308.53	\$168.82	\$61.71
75822	S	Vein x-ray, arms/legs .....	739	5.83	\$308.53	\$168.82	\$61.71
75825	S	Vein x-ray, trunk .....	739	5.83	\$308.53	\$168.82	\$61.71
75827	S	Vein x-ray, chest .....	739	5.83	\$308.53	\$168.82	\$61.71
75831	S	Vein x-ray, kidney .....	739	5.83	\$308.53	\$168.82	\$61.71
75833	S	Vein x-ray, kidneys .....	739	5.83	\$308.53	\$168.82	\$61.71
75840	S	Vein x-ray, adrenal gland .....	739	5.83	\$308.53	\$168.82	\$61.71
75842	S	Vein x-ray, adrenal glands .....	739	5.83	\$308.53	\$168.82	\$61.71
75860	S	Vein x-ray, neck .....	739	5.83	\$308.53	\$168.82	\$61.71

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
75870	S	Vein x-ray, skull .....	739	5.83	\$308.53	\$168.82	\$61.71
75872	S	Vein x-ray, skull .....	739	5.83	\$308.53	\$168.82	\$61.71
75880	S	Vein x-ray, eye socket .....	739	5.83	\$308.53	\$168.82	\$61.71
75885	S	Vein x-ray, liver .....	739	5.83	\$308.53	\$168.82	\$61.71
75887	S	Vein x-ray, liver .....	739	5.83	\$308.53	\$168.82	\$61.71
75889	S	Vein x-ray, liver .....	739	5.83	\$308.53	\$168.82	\$61.71
75891	S	Vein x-ray, liver .....	739	5.83	\$308.53	\$168.82	\$61.71
75893	N	Venous sampling by catheter .....					
75894	C	Xrays, transcatheter therapy .....					
75896	C	Xrays, transcatheter therapy .....					
75898	X	Follow-up angiogram .....	706	1.96	\$103.82	\$57.63	\$20.76
75900	C	Arterial catheter exchange .....					
75940	C	X-ray placement, vein filter .....					
75945	C	Intravascular us .....					
75946	C	Intravascular us .....					
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	4.48	\$237.03	\$133.34	\$47.41
75982	S	Contrast xray exam bile duct .....	738	4.48	\$237.03	\$133.34	\$47.41
75984	S	Xray control catheter change .....	738	4.48	\$237.03	\$133.34	\$47.41
75989	X	Abscess drainage under x-ray .....	716	1.59	\$84.23	\$47.91	\$16.85
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	1.59	\$84.23	\$47.91	\$16.85
76001	X	Fluoroscope exam, extensive .....	716	1.59	\$84.23	\$47.91	\$16.85
76003	X	Needle localization by x-ray .....	716	1.59	\$84.23	\$47.91	\$16.85
76010	X	X-ray, nose to rectum .....	700	0.78	\$41.14	\$22.37	\$8.23
76020	X	X-rays for bone age .....	700	0.78	\$41.14	\$22.37	\$8.23
76040	X	X-rays, bone evaluation .....	700	0.78	\$41.14	\$22.37	\$8.23
76061	X	X-rays, bone survey .....	700	0.78	\$41.14	\$22.37	\$8.23
76062	X	X-rays, bone survey .....	700	0.78	\$41.14	\$22.37	\$8.23
76065	X	X-rays, bone evaluation .....	700	0.78	\$41.14	\$22.37	\$8.23
76066	X	Joint(s) survey, single film .....	700	0.78	\$41.14	\$22.37	\$8.23
76070	E	CT scan, bone density study .....					
76075	X	Dual energy x-ray study .....	706	1.96	\$103.82	\$57.63	\$20.76
76076	X	Dual energy x-ray study .....	700	0.78	\$41.14	\$22.37	\$8.23
76078	X	Photodensitometry .....	700	0.78	\$41.14	\$22.37	\$8.23
76080	X	X-ray exam of fistula .....	706	1.96	\$103.82	\$57.63	\$20.76
76086	X	X-ray of mammary duct .....	706	1.96	\$103.82	\$57.63	\$20.76
76088	X	X-ray of mammary ducts .....	706	1.96	\$103.82	\$57.63	\$20.76
76090	S	Mammogram, one breast .....	746	0.69	\$36.24	\$19.44	\$7.25
76091	S	Mammogram, both breasts .....	746	0.69	\$36.24	\$19.44	\$7.25
76092	A	Mammogram, screening .....					
76093	S	Magnetic image, breast .....	726	7.96	\$421.16	\$258.09	\$84.23
76094	S	Magnetic image, both breasts .....	726	7.96	\$421.16	\$258.09	\$84.23
76095	X	Stereotactic breast biopsy .....	706	1.96	\$103.82	\$57.63	\$20.76
76096	X	X-ray of needle wire, breast .....	706	1.96	\$103.82	\$57.63	\$20.76
76098	X	X-ray exam, breast specimen .....	700	0.78	\$41.14	\$22.37	\$8.23
76100	X	X-ray exam of body section .....	700	0.78	\$41.14	\$22.37	\$8.23
76101	X	Complex body section x-ray .....	706	1.96	\$103.82	\$57.63	\$20.76
76102	X	Complex body section x-rays .....	706	1.96	\$103.82	\$57.63	\$20.76
76120	X	Cinematic x-rays .....	700	0.78	\$41.14	\$22.37	\$8.23
76125	X	Cinematic x-rays .....	700	0.78	\$41.14	\$22.37	\$8.23
76140	E	X-ray consultation .....					
76150	X	X-ray exam, dry process .....	700	0.78	\$41.14	\$22.37	\$8.23
76350	N	Special x-ray contrast study .....					
76355	S	CAT scan for localization .....	710	5.06	\$267.39	\$176.28	\$53.48
76360	S	CAT scan for needle biopsy .....	710	5.06	\$267.39	\$176.28	\$53.48
76365	S	CAT scan for cyst aspiration .....	710	5.06	\$267.39	\$176.28	\$53.48
76370	S	CAT scan for therapy guide .....	710	5.06	\$267.39	\$176.28	\$53.48
76375	S	3d/holograph reconstr add-on .....	710	5.06	\$267.39	\$176.28	\$53.48
76380	S	CAT scan follow-up study .....	710	5.06	\$267.39	\$176.28	\$53.48
76390	S	Mr spectroscopy .....	726	7.96	\$421.16	\$258.09	\$84.23
76400	S	Magnetic image, bone marrow .....	726	7.96	\$421.16	\$258.09	\$84.23
76499	X	Radiographic procedure .....	700	0.78	\$41.14	\$22.37	\$8.23
76506	S	Echo exam of head .....	747	1.65	\$87.17	\$54.69	\$17.43

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
76511	S	Echo exam of eye .....	747	1.65	\$87.17	\$54.69	\$17.43
76512	S	Echo exam of eye .....	747	1.65	\$87.17	\$54.69	\$17.43
76513	S	Echo exam of eye, water bath .....	747	1.65	\$87.17	\$54.69	\$17.43
76516	S	Echo exam of eye .....	747	1.65	\$87.17	\$54.69	\$17.43
76519	S	Echo exam of eye .....	747	1.65	\$87.17	\$54.69	\$17.43
76529	S	Echo exam of eye .....	747	1.65	\$87.17	\$54.69	\$17.43
76536	S	Echo exam of head and neck .....	747	1.65	\$87.17	\$54.69	\$17.43
76604	S	Echo exam of chest .....	747	1.65	\$87.17	\$54.69	\$17.43
76645	S	Echo exam of breast .....	747	1.65	\$87.17	\$54.69	\$17.43
76700	S	Echo exam of abdomen .....	747	1.65	\$87.17	\$54.69	\$17.43
76705	S	Echo exam of abdomen .....	747	1.65	\$87.17	\$54.69	\$17.43
76770	S	Echo exam abdomen back wall .....	747	1.65	\$87.17	\$54.69	\$17.43
76775	S	Echo exam abdomen back wall .....	747	1.65	\$87.17	\$54.69	\$17.43
76778	S	Echo exam kidney transplant .....	747	1.65	\$87.17	\$54.69	\$17.43
76800	S	Echo exam spinal canal .....	747	1.65	\$87.17	\$54.69	\$17.43
76805	S	Echo exam of pregnant uterus .....	747	1.65	\$87.17	\$54.69	\$17.43
76810	S	Echo exam of pregnant uterus .....	747	1.65	\$87.17	\$54.69	\$17.43
76815	S	Echo exam of pregnant uterus .....	747	1.65	\$87.17	\$54.69	\$17.43
76816	S	Echo exam followup or repeat .....	747	1.65	\$87.17	\$54.69	\$17.43
76818	S	Fetal biophysical profile .....	747	1.65	\$87.17	\$54.69	\$17.43
76825	X	Echo exam of fetal heart .....	957	2.83	\$149.86	\$117.07	\$29.97
76826	X	Echo exam of fetal heart .....	957	2.83	\$149.86	\$117.07	\$29.97
76827	X	Echo exam of fetal heart .....	957	2.83	\$149.86	\$117.07	\$29.97
76828	X	Echo exam of fetal heart .....	957	2.83	\$149.86	\$117.07	\$29.97
76830	S	Echo exam, transvaginal .....	747	1.65	\$87.17	\$54.69	\$17.43
76831	S	Echo exam, uterus .....	747	1.65	\$87.17	\$54.69	\$17.43
76856	S	Echo exam of pelvis .....	747	1.65	\$87.17	\$54.69	\$17.43
76857	S	Echo exam of pelvis .....	747	1.65	\$87.17	\$54.69	\$17.43
76870	S	Echo exam of scrotum .....	747	1.65	\$87.17	\$54.69	\$17.43
76872	S	Echo exam, transrectal .....	747	1.65	\$87.17	\$54.69	\$17.43
76880	S	Echo exam of extremity .....	747	1.65	\$87.17	\$54.69	\$17.43
76885	S	Echo exam, infant hips .....	747	1.65	\$87.17	\$54.69	\$17.43
76886	S	Echo exam, infant hips .....	747	1.65	\$87.17	\$54.69	\$17.43
76930	X	Echo guide for heart sac tap .....	749	2.46	\$130.27	\$76.16	\$26.05
76932	X	Echo guide for heart biopsy .....	749	2.46	\$130.27	\$76.16	\$26.05
76934	X	Echo guide for chest tap .....	749	2.46	\$130.27	\$76.16	\$26.05
76936	X	Echo guide for artery repair .....	749	2.46	\$130.27	\$76.16	\$26.05
76938	X	Echo exam for drainage .....	749	2.46	\$130.27	\$76.16	\$26.05
76941	X	Echo guide for transfusion .....	749	2.46	\$130.27	\$76.16	\$26.05
76942	X	Echo guide for biopsy .....	749	2.46	\$130.27	\$76.16	\$26.05
76945	X	Echo guide, villus sampling .....	749	2.46	\$130.27	\$76.16	\$26.05
76946	X	Echo guide for amniocentesis .....	749	2.46	\$130.27	\$76.16	\$26.05
76948	X	Echo guide, ova aspiration .....	749	2.46	\$130.27	\$76.16	\$26.05
76950	X	Echo guidance radiotherapy .....	749	2.46	\$130.27	\$76.16	\$26.05
76960	X	Echo guidance radiotherapy .....	749	2.46	\$130.27	\$76.16	\$26.05
76965	X	Echo guidance radiotherapy .....	749	2.46	\$130.27	\$76.16	\$26.05
76970	S	Ultrasound exam follow-up .....	747	1.65	\$87.17	\$54.69	\$17.43
76975	S	GI endoscopic ultrasound .....	747	1.65	\$87.17	\$54.69	\$17.43
76986	S	Echo exam at surgery .....	747	1.65	\$87.17	\$54.69	\$17.43
76999	S	Echo examination procedure .....	747	1.65	\$87.17	\$54.69	\$17.43
77261	X	Radiation therapy planning .....	750	0.93	\$48.97	\$25.54	\$9.79
77262	X	Radiation therapy planning .....	750	0.93	\$48.97	\$25.54	\$9.79
77263	X	Radiation therapy planning .....	750	0.93	\$48.97	\$25.54	\$9.79
77280	X	Set radiation therapy field .....	752	3.56	\$188.05	\$88.82	\$37.61
77285	X	Set radiation therapy field .....	752	3.56	\$188.05	\$88.82	\$37.61
77290	X	Set radiation therapy field .....	752	3.56	\$188.05	\$88.82	\$37.61
77295	X	Set radiation therapy field .....	752	3.56	\$188.05	\$88.82	\$37.61
77299	X	Radiation therapy planning .....	751	1.07	\$56.81	\$33.22	\$11.36
77300	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77305	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77310	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77315	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77321	X	Radiation therapy port plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77326	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77327	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77328	X	Radiation therapy dose plan .....	751	1.07	\$56.81	\$33.22	\$11.36
77331	X	Special radiation dosimetry .....	751	1.07	\$56.81	\$33.22	\$11.36
77332	X	Radiation treatment aid(s) .....	751	1.07	\$56.81	\$33.22	\$11.36
77333	X	Radiation treatment aid(s) .....	751	1.07	\$56.81	\$33.22	\$11.36
77334	X	Radiation treatment aid(s) .....	751	1.07	\$56.81	\$33.22	\$11.36
77336	X	Radiation physics consu .....	750	0.93	\$48.97	\$25.54	\$9.79
77370	X	Radiation physics consult .....	750	0.93	\$48.97	\$25.54	\$9.79
77399	X	External radiation dosimetry .....	750	0.93	\$48.97	\$25.54	\$9.79
77401	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77402	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
77403	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77404	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77406	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77407	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77408	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77409	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77411	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77412	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77413	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77414	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77416	S	Radiation treatment delivery .....	757	2.20	\$116.55	\$52.43	\$23.31
77417	X	Radiology port film(s) .....	700	0.78	\$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	0.93	\$48.97	\$25.54	\$9.79
77432	X	Stereotactic radiation trmt .....	750	0.93	\$48.97	\$25.54	\$9.79
77470	S	Special radiation treatment .....	757	2.20	\$116.55	\$52.43	\$23.31
77499	N	Radiation therapy management .....					
77600	S	Hyperthermia treatment .....	758	3.41	\$180.22	\$76.84	\$36.04
77605	S	Hyperthermia treatment .....	758	3.41	\$180.22	\$76.84	\$36.04
77610	S	Hyperthermia treatment .....	758	3.41	\$180.22	\$76.84	\$36.04
77615	S	Hyperthermia treatment .....	758	3.41	\$180.22	\$76.84	\$36.04
77620	S	Hyperthermia treatment .....	758	3.41	\$180.22	\$76.84	\$36.04
77750	S	Infuse radioactive materials .....	759	8.09	\$428.02	\$160.01	\$85.60
77761	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77762	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77763	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77776	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77777	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77778	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77781	S	High intensity brachytherapy .....	759	8.09	\$428.02	\$160.01	\$85.60
77782	S	High intensity brachytherapy .....	759	8.09	\$428.02	\$160.01	\$85.60
77783	S	High intensity brachytherapy .....	759	8.09	\$428.02	\$160.01	\$85.60
77784	S	High intensity brachytherapy .....	759	8.09	\$428.02	\$160.01	\$85.60
77789	S	Radioelement application .....	759	8.09	\$428.02	\$160.01	\$85.60
77790	N	Radioelement handling .....					
77799	S	Radium/radioisotope therapy .....	759	8.09	\$428.02	\$160.01	\$85.60
78000	S	Thyroid, single uptake .....	761	2.06	\$108.72	\$61.47	\$21.74
78001	S	Thyroid, multiple uptakes .....	762	1.80	\$95.01	\$51.53	\$19.00
78003	S	Thyroid suppress/stimul .....	762	1.80	\$95.01	\$51.53	\$19.00
78006	S	Thyroid, imaging with uptake .....	771	3.81	\$201.77	\$116.84	\$40.35
78007	S	Thyroid, image, mult uptakes .....	772	4.28	\$226.25	\$127.92	\$45.25
78010	S	Thyroid imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78011	S	Thyroid imaging with flow .....	771	3.81	\$201.77	\$116.84	\$40.35
78015	S	Thyroid met imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78016	S	Thyroid met imaging/studies .....	772	4.28	\$226.25	\$127.92	\$45.25
78017	S	Thyroid met imaging, mult .....	772	4.28	\$226.25	\$127.92	\$45.25
78018	S	Thyroid, met imaging, body .....	772	4.28	\$226.25	\$127.92	\$45.25
78070	S	Parathyroid nuclear imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78075	S	Adrenal nuclear imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78099	S	Endocrine nuclear procedure .....	761	2.06	\$108.72	\$61.47	\$21.74
78102	S	Bone marrow imaging, ltd .....	771	3.81	\$201.77	\$116.84	\$40.35
78103	S	Bone marrow imaging, mult .....	771	3.81	\$201.77	\$116.84	\$40.35
78104	S	Bone marrow imaging, body .....	771	3.81	\$201.77	\$116.84	\$40.35
78110	S	Plasma volume, single .....	761	2.06	\$108.72	\$61.47	\$21.74
78111	S	Plasma volume, multiple .....	761	2.06	\$108.72	\$61.47	\$21.74
78120	S	Red cell mass, single .....	761	2.06	\$108.72	\$61.47	\$21.74
78121	S	Red cell mass, multiple .....	762	1.80	\$95.01	\$51.53	\$19.00
78122	S	Blood volume .....	762	1.80	\$95.01	\$51.53	\$19.00
78130	S	Red cell survival study .....	762	1.80	\$95.01	\$51.53	\$19.00
78135	S	Red cell survival kinetics .....	762	1.80	\$95.01	\$51.53	\$19.00
78140	S	Red cell sequestration .....	762	1.80	\$95.01	\$51.53	\$19.00
78160	S	Plasma iron turnover .....	762	1.80	\$95.01	\$51.53	\$19.00
78162	S	Iron absorption exam .....	762	1.80	\$95.01	\$51.53	\$19.00
78170	S	Red cell iron utilization .....	762	1.80	\$95.01	\$51.53	\$19.00
78172	S	Total body iron estimation .....	762	1.80	\$95.01	\$51.53	\$19.00
78185	S	Spleen imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78190	S	Platelet survival, kinetics .....	762	1.80	\$95.01	\$51.53	\$19.00
78191	S	Platelet survival .....	762	1.80	\$95.01	\$51.53	\$19.00
78195	S	Lymph system imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78199	S	Blood/lymph nuclear exam .....	761	2.06	\$108.72	\$61.47	\$21.74
78201	S	Liver imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78202	S	Liver imaging with flow .....	771	3.81	\$201.77	\$116.84	\$40.35

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
78205	S	Liver imaging (3D) .....	781	5.37	\$284.04	\$145.77	\$56.81
78215	S	Liver and spleen imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78216	S	Liver & spleen image, flow .....	771	3.81	\$201.77	\$116.84	\$40.35
78220	S	Liver function study .....	772	4.28	\$226.25	\$127.92	\$45.25
78223	S	Hepatobiliary imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78230	S	Salivary gland imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78231	S	Serial salivary imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78232	S	Salivary gland function exam .....	772	4.28	\$226.25	\$127.92	\$45.25
78258	S	Esophageal motility study .....	772	4.28	\$226.25	\$127.92	\$45.25
78261	S	Gastric mucosa imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78262	S	Gastroesophageal reflux exam .....	772	4.28	\$226.25	\$127.92	\$45.25
78264	S	Gastric emptying study .....	772	4.28	\$226.25	\$127.92	\$45.25
78270	S	Vit B-12 absorption exam .....	761	2.06	\$108.72	\$61.47	\$21.74
78271	S	Vit B-12 absorp exam, IF .....	761	2.06	\$108.72	\$61.47	\$21.74
78272	S	Vit B-12 absorp, combined .....	761	2.06	\$108.72	\$61.47	\$21.74
78278	S	Acute GI blood loss imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78282	S	GI protein loss exam .....	761	2.06	\$108.72	\$61.47	\$21.74
78290	S	Meckel's divert exam .....	771	3.81	\$201.77	\$116.84	\$40.35
78291	S	Leveen/shunt patency exam .....	772	4.28	\$226.25	\$127.92	\$45.25
78299	S	GI nuclear procedure .....	761	2.06	\$108.72	\$61.47	\$21.74
78300	S	Bone imaging, limited area .....	771	3.81	\$201.77	\$116.84	\$40.35
78305	S	Bone imaging, multiple areas .....	771	3.81	\$201.77	\$116.84	\$40.35
78306	S	Bone imaging, whole body .....	771	3.81	\$201.77	\$116.84	\$40.35
78315	S	Bone imaging, 3 phase .....	772	4.28	\$226.25	\$127.92	\$45.25
78320	S	Bone imaging (3D) .....	781	5.37	\$284.04	\$145.77	\$56.81
78350	X	Bone mineral, single photon .....	700	0.78	\$41.14	\$22.37	\$8.23
78351	E	Bone mineral, dual photon .....	700	0.78	\$41.14	\$22.37	\$8.23
78399	S	Musculoskeletal nuclear exam .....	771	3.81	\$201.77	\$116.84	\$40.35
78414	S	Non-imaging heart function .....	762	1.80	\$95.01	\$51.53	\$19.00
78428	S	Cardiac shunt imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78445	S	Vascular flow imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78455	S	Venous thrombosis study .....	762	1.80	\$95.01	\$51.53	\$19.00
78457	S	Venous thrombosis imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78458	S	Ven thrombosis images, bilat .....	771	3.81	\$201.77	\$116.84	\$40.35
78459	S	Heart muscle imaging (PET) .....	760	17.91	\$947.13	\$419.46	\$189.43
78460	S	Heart muscle blood single .....	771	3.81	\$201.77	\$116.84	\$40.35
78461	S	Heart muscle blood multiple .....	772	4.28	\$226.25	\$127.92	\$45.25
78464	S	Heart image (3D) single .....	781	5.37	\$284.04	\$145.77	\$56.81
78465	S	Heart image (3D) multiple .....	782	9.50	\$502.46	\$275.04	\$100.49
78466	S	Heart infarct image .....	771	3.81	\$201.77	\$116.84	\$40.35
78468	S	Heart infarct image, EF .....	772	4.28	\$226.25	\$127.92	\$45.25
78469	S	Heart infarct image (3D) .....	781	5.37	\$284.04	\$145.77	\$56.81
78472	S	Gated heart, resting .....	772	4.28	\$226.25	\$127.92	\$45.25
78473	S	Gated heart, multiple .....	772	4.28	\$226.25	\$127.92	\$45.25
78478	S	Heart wall motion (add-on) .....	771	3.81	\$201.77	\$116.84	\$40.35
78480	S	Heart function, (add-on) .....	771	3.81	\$201.77	\$116.84	\$40.35
78481	S	Heart first pass single .....	771	3.81	\$201.77	\$116.84	\$40.35
78483	S	Heart first pass multiple .....	772	4.28	\$226.25	\$127.92	\$45.25
78491	E	Heart image (pet) single .....	771	3.81	\$201.77	\$116.84	\$40.35
78492	E	Heart image (pet) multiple .....	771	3.81	\$201.77	\$116.84	\$40.35
78499	S	Cardiovascular nuclear exam .....	762	1.80	\$95.01	\$51.53	\$19.00
78580	S	Lung perfusion imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78584	S	Lung V/Q image single breath .....	772	4.28	\$226.25	\$127.92	\$45.25
78585	S	Lung V/Q imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78586	S	Aerosol lung image, single .....	771	3.81	\$201.77	\$116.84	\$40.35
78587	S	Aerosol lung image, multiple .....	771	3.81	\$201.77	\$116.84	\$40.35
78591	S	Vent image, 1 breath, 1 proj .....	771	3.81	\$201.77	\$116.84	\$40.35
78593	S	Vent image, 1 proj, gas .....	771	3.81	\$201.77	\$116.84	\$40.35
78594	S	Vent image, mult proj, gas .....	772	4.28	\$226.25	\$127.92	\$45.25
78596	S	Lung differential function .....	772	4.28	\$226.25	\$127.92	\$45.25
78599	S	Respiratory nuclear exam .....	771	3.81	\$201.77	\$116.84	\$40.35
78600	S	Brain imaging, ltd static .....	771	3.81	\$201.77	\$116.84	\$40.35
78601	S	Brain ltd imaging & flow .....	771	3.81	\$201.77	\$116.84	\$40.35
78605	S	Brain imaging, complete .....	771	3.81	\$201.77	\$116.84	\$40.35
78606	S	Brain imaging comp & flow .....	772	4.28	\$226.25	\$127.92	\$45.25
78607	S	Brain imaging (3D) .....	781	5.37	\$284.04	\$145.77	\$56.81
78608	S	Brain imaging (PET) .....	760	17.91	\$947.13	\$419.46	\$189.43
78609	S	Brain imaging (PET) .....	760	17.91	\$947.13	\$419.46	\$189.43
78610	S	Brain flow imaging only .....	771	3.81	\$201.77	\$116.84	\$40.35
78615	S	Cerebral blood flow imaging .....	772	4.28	\$226.25	\$127.92	\$45.25
78630	S	Cerebrospinal fluid scan .....	772	4.28	\$226.25	\$127.92	\$45.25
78635	S	CSF ventriculography .....	772	4.28	\$226.25	\$127.92	\$45.25
78645	S	CSF shunt evaluation .....	772	4.28	\$226.25	\$127.92	\$45.25
78647	S	Cerebrospinal fluid scan .....	781	5.37	\$284.04	\$145.77	\$56.81
78650	S	CSF leakage imaging .....	772	4.28	\$226.25	\$127.92	\$45.25

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
78660	S	Nuclear exam of tear flow .....	771	3.81	\$201.77	\$116.84	\$40.35
78699	S	Nervous system nuclear exam .....	771	3.81	\$201.77	\$116.84	\$40.35
78700	S	Kidney imaging, static .....	771	3.81	\$201.77	\$116.84	\$40.35
78701	S	Kidney imaging with flow .....	771	3.81	\$201.77	\$116.84	\$40.35
78704	S	Imaging renogram .....	771	3.81	\$201.77	\$116.84	\$40.35
78707	S	Kidney flow & function image .....	771	3.81	\$201.77	\$116.84	\$40.35
78708	S	Kidney flow & function image .....	772	4.28	\$226.25	\$127.92	\$45.25
78709	S	Kidney flow & function image .....	772	4.28	\$226.25	\$127.92	\$45.25
78710	S	Kidney imaging (3D) .....	781	5.37	\$284.04	\$145.77	\$56.81
78715	S	Renal vascular flow exam .....	771	3.81	\$201.77	\$116.84	\$40.35
78725	S	Kidney function study .....	761	2.06	\$108.72	\$61.47	\$21.74
78730	S	Urinary bladder retention .....	771	3.81	\$201.77	\$116.84	\$40.35
78740	S	Ureteral reflux study .....	772	4.28	\$226.25	\$127.92	\$45.25
78760	S	Testicular imaging .....	771	3.81	\$201.77	\$116.84	\$40.35
78761	S	Testicular imaging & flow .....	771	3.81	\$201.77	\$116.84	\$40.35
78799	S	Genitourinary nuclear exam .....	771	3.81	\$201.77	\$116.84	\$40.35
78800	S	Tumor imaging, limited area .....	772	4.28	\$226.25	\$127.92	\$45.25
78801	S	Tumor imaging, mult areas .....	772	4.28	\$226.25	\$127.92	\$45.25
78802	S	Tumor imaging, whole body .....	772	4.28	\$226.25	\$127.92	\$45.25
78803	S	Tumor imaging (3D) .....	782	9.50	\$502.46	\$275.04	\$100.49
78805	S	Abscess imaging, ltd area .....	772	4.28	\$226.25	\$127.92	\$45.25
78806	S	Abscess imaging, whole body .....	772	4.28	\$226.25	\$127.92	\$45.25
78807	S	Nuclear localization/abscess .....	782	9.50	\$502.46	\$275.04	\$100.49
78810	S	Tumor imaging (PET) .....	760	17.91	\$947.13	\$419.46	\$189.43
78890	N	Nuclear medicine data proc .....					
78891	N	Nuclear med data proc .....					
78990	E	Provide diag radionuclide(s) .....					
78999	S	Nuclear diagnostic exam .....	761	2.06	\$108.72	\$61.47	\$21.74
79000	S	Initial hyperthyroid therapy .....	792	4.80	\$253.68	\$144.19	\$50.74
79001	S	Repeat hyperthyroid therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
79020	S	Thyroid ablation .....	792	4.80	\$253.68	\$144.19	\$50.74
79030	S	Thyroid ablation, carcinoma .....	792	4.80	\$253.68	\$144.19	\$50.74
79035	S	Thyroid metastatic therapy .....	792	4.80	\$253.68	\$144.19	\$50.74
79100	S	Hematopoietic nuclear therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
79200	S	Intracavitary nuc treatment .....	792	4.80	\$253.68	\$144.19	\$50.74
79300	S	Interstitial nuclear therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
79400	S	Nonhemato nuclear therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
79420	S	Intravascular nuc therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
79440	S	Nuclear joint therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
79900	N	Provide ther radiopharm(s) .....					
79999	S	Nuclear medicine therapy .....	791	16.26	\$859.96	\$562.06	\$171.99
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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 stim 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	\$20.57	\$11.75	\$4.11
80502	X	Lab pathology consultation .....	882	0.39	\$20.57	\$11.75	\$4.11
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	Acetylcholinester- ase 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 .....					
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	Test for amino acids .....					
82130	A	Amino acids analysis .....					
82131	A	Amino acids .....					
82135	A	Assay, aminolevulinic acid .....					
82140	A	Assay of ammonia .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
82143	A	Amniotic fluid scan .....	.....	.....	.....	.....	.....
82145	A	Assay of amphetamines .....	.....	.....	.....	.....	.....
82150	A	Assay of amylase .....	.....	.....	.....	.....	.....
82154	A	Androstenediol 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, cholyglycine .....	.....	.....	.....	.....	.....
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	Chromatography, quantitative .....	.....	.....	.....	.....	.....
82495	A	Assay chromium .....	.....	.....	.....	.....	.....
82507	A	Assay citrate .....	.....	.....	.....	.....	.....
82520	A	Assay for cocaine .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Desoxycorticoster one .....	.....	.....	.....	.....	.....
82634	A	Deoxycortisol .....	.....	.....	.....	.....	.....
82638	A	Assay dibucaine number .....	.....	.....	.....	.....	.....
82646	A	Assay of dihydrocodeinone .....	.....	.....	.....	.....	.....
82649	A	Assay of dihydromorphin one .....	.....	.....	.....	.....	.....
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	Etiocolanalone .....	.....	.....	.....	.....	.....
82705	A	Fats/lipids, feces, qualitative .....	.....	.....	.....	.....	.....
82710	A	Fats/lipids, feces, quantitative .....	.....	.....	.....	.....	.....
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/O2 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 .....	.....	.....	.....	.....	.....
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) .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
83008	A	Assay guanosine .....	.....	.....	.....	.....	.....
83010	A	Quant assay haptoglobin .....	.....	.....	.....	.....	.....
83012	A	Assay haptoglobins .....	.....	.....	.....	.....	.....
83015	A	Heavy metal screen .....	.....	.....	.....	.....	.....
83018	A	Quantitative screen, metals .....	.....	.....	.....	.....	.....
83019	A	Breath isotope test .....	.....	.....	.....	.....	.....
83020	A	Assay hemoglobin .....	.....	.....	.....	.....	.....
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	Qualit 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
83887	A	Assay nicotine .....	.....	.....	.....	.....	.....
83890	A	Molecular diagnostics .....	.....	.....	.....	.....	.....
83892	A	Molecular diagnostics .....	.....	.....	.....	.....	.....
83894	A	Molecular diagnostics .....	.....	.....	.....	.....	.....
83896	A	Molecular diagnostics .....	.....	.....	.....	.....	.....
83898	A	Molecular diagnostics .....	.....	.....	.....	.....	.....
83902	A	Molecular diagnostics .....	.....	.....	.....	.....	.....
83912	A	Genetic examination .....	.....	.....	.....	.....	.....
83915	A	Assay nucleotidase .....	.....	.....	.....	.....	.....
83916	A	Oligoclonal bands .....	.....	.....	.....	.....	.....
83918	A	Assay organic acids .....	.....	.....	.....	.....	.....
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 phenacyclidine .....	.....	.....	.....	.....	.....
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	Prostate specific antigen .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
85029	A	Automated hemogram .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
85048	A	White blood cell (WBC) count .....					
85060	X	Blood smear interpretation .....	882	0.39	\$20.57	\$11.75	\$4.11
85095	T	Bone marrow aspiration .....	121	0.67	\$35.26	\$21.02	\$7.05
85097	X	Bone marrow interpretation .....	882	0.39	\$20.57	\$11.75	\$4.11
85102	T	Bone marrow biopsy .....	121	0.67	\$35.26	\$21.02	\$7.05
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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	\$20.57	\$11.75	\$4.11
86078	X	Physician blood bank service .....	882	0.39	\$20.57	\$11.75	\$4.11
86079	X	Physician blood bank service .....	882	0.39	\$20.57	\$11.75	\$4.11
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 .....					
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	\$6.86	\$3.62	\$1.37
86490	X	Coccidioidomycosis skin test .....	861	0.13	\$6.86	\$3.62	\$1.37
86510	X	Histoplasmosis skin test .....	861	0.13	\$6.86	\$3.62	\$1.37
86580	X	TB intradermal test .....	861	0.13	\$6.86	\$3.62	\$1.37

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
86585	X	TB tine test .....	861	0.13	\$6.86	\$3.62	\$1.37
86586	X	Skin test, unlisted .....	861	0.13	\$6.86	\$3.62	\$1.37
86588	A	Streptococcus, 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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Leukocyte 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Cryptosporidium 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	\$20.57	\$11.75	\$4.11
88106	X	Cytopathology, fluids .....	882	0.39	\$20.57	\$11.75	\$4.11
88107	X	Cytopathology, fluids .....	882	0.39	\$20.57	\$11.75	\$4.11
88108	X	Cytopath, concentrate tech .....	882	0.39	\$20.57	\$11.75	\$4.11
88125	X	Forensic cytopathology .....	881	0.20	\$10.77	\$6.78	\$2.15
88130	A	Sex chromatin identification .....					
88140	A	Sex chromatin identification .....					
88141	N	Cytopath cerv/vag interpret .....					
88142	A	Cytopath cerv/vag thin layer .....					
88150	A	Cytopath cerv/vag .....					
88152	A	Cytopath cerv/vag auto .....					
88155	A	Cytopath cerv/vag index .....					
88156	A	Cytopath cerv/vag tbs .....					
88158	A	Cytopath cerv/vag tbs auto .....					
88160	X	Cytopath smear, other source .....	882	0.39	\$20.57	\$11.75	\$4.11
88161	X	Cytopath smear, other source .....	882	0.39	\$20.57	\$11.75	\$4.11
88162	X	Cytopath smear, other source .....	882	0.39	\$20.57	\$11.75	\$4.11
88170	T	Fine needle aspiration .....	121	0.67	\$35.26	\$21.02	\$7.05
88171	T	Fine needle aspiration .....	121	0.67	\$35.26	\$21.02	\$7.05
88172	X	Evaluation of smear .....	882	0.39	\$20.57	\$11.75	\$4.11
88173	X	Interpretation of smear .....	882	0.39	\$20.57	\$11.75	\$4.11
88180	X	Cell marker study .....	882	0.39	\$20.57	\$11.75	\$4.11
88182	X	Cell marker study .....	882	0.39	\$20.57	\$11.75	\$4.11
88199	X	Cytopathology procedure .....	881	0.20	\$10.77	\$6.78	\$2.15
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, other .....					
88245	A	Chromosome analysis .....					
88248	A	Chromosome analysis .....					
88250	A	Chromosome analysis .....					
88260	A	Chromosome analysis: 5 cells .....					
88261	A	Chromosome analysis: 5 cells .....					
88262	A	Chromosome count:15-20 cells .....					
88263	A	Chromosome analysis:45 cells .....					
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	0.20	\$10.77	\$6.78	\$2.15
88302	X	Tissue exam by pathologist .....	882	0.39	\$20.57	\$11.75	\$4.11
88304	X	Tissue exam by pathologist .....	882	0.39	\$20.57	\$11.75	\$4.11
88305	X	Tissue exam by pathologist .....	882	0.39	\$20.57	\$11.75	\$4.11
88307	X	Tissue exam by pathologist .....	883	0.65	\$34.28	\$20.34	\$6.86
88309	X	Tissue exam by pathologist .....	883	0.65	\$34.28	\$20.34	\$6.86
88311	X	Decalcify tissue .....	881	0.20	\$10.77	\$6.78	\$2.15
88312	X	Special stains .....	882	0.39	\$20.57	\$11.75	\$4.11
88313	X	Special stains .....	881	0.20	\$10.77	\$6.78	\$2.15
88314	X	Histochemical stain .....	882	0.39	\$20.57	\$11.75	\$4.11
88318	X	Chemical histochemistry .....	882	0.39	\$20.57	\$11.75	\$4.11
88319	X	Enzyme histochemistry .....	882	0.39	\$20.57	\$11.75	\$4.11
88321	X	Microslide consultation .....	882	0.39	\$20.57	\$11.75	\$4.11
88323	X	Microslide consultation .....	882	0.39	\$20.57	\$11.75	\$4.11
88325	X	Comprehensive review of data .....	882	0.39	\$20.57	\$11.75	\$4.11
88329	X	Pathology consult in surgery .....	882	0.39	\$20.57	\$11.75	\$4.11
88331	X	Pathology consult in surgery .....	882	0.39	\$20.57	\$11.75	\$4.11

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
88332	X	Pathology consult in surgery .....	882	0.39	\$20.57	\$11.75	\$4.11
88342	X	Immunocytochemistry .....	882	0.39	\$20.57	\$11.75	\$4.11
88346	X	Immunofluorescent study .....	882	0.39	\$20.57	\$11.75	\$4.11
88347	X	Immunofluorescent study .....	882	0.39	\$20.57	\$11.75	\$4.11
88348	X	Electron microscopy .....	883	0.65	\$34.28	\$20.34	\$6.86
88349	X	Scanning electron microscopy .....	883	0.65	\$34.28	\$20.34	\$6.86
88355	X	Analysis, skeletal muscle .....	883	0.65	\$34.28	\$20.34	\$6.86
88356	X	Analysis, nerve .....	883	0.65	\$34.28	\$20.34	\$6.86
88358	X	Analysis, tumor .....	883	0.65	\$34.28	\$20.34	\$6.86
88362	X	Nerve teasing preparations .....	883	0.65	\$34.28	\$20.34	\$6.86
88365	X	Tissue hybridization .....	883	0.65	\$34.28	\$20.34	\$6.86
88371	A	Protein, western blot tissue .....					
88372	A	Protein analysis w/probe .....					
88399	X	Surgical pathology procedure .....	881	0.20	\$10.77	\$6.78	\$2.15
89050	A	Body fluid cell count .....					
89051	A	Body fluid cell count .....					
89060	A	Exam, synovial fluid crystals .....					
89100	X	Sample intestinal contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89105	X	Sample intestinal contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89125	A	Specimen fat stain .....					
89130	X	Sample stomach contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89132	X	Sample stomach contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89135	X	Sample stomach contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89136	X	Sample stomach contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89140	X	Sample stomach contents .....	928	3.11	\$164.55	\$83.85	\$32.91
89141	X	Sample stomach contents .....	928	3.11	\$164.55	\$83.85	\$32.91
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	0.20	\$10.77	\$6.78	\$2.15
89355	A	Exam feces for starch .....					
89360	X	Collect sweat for test .....	881	0.20	\$10.77	\$6.78	\$2.15
89365	A	Water load test .....					
89399	X	Pathology lab procedure .....	881	0.20	\$10.77	\$6.78	\$2.15
90700	X	DTaP immunization .....	901	0.07	\$3.92	\$2.49	0.78
90701	X	DTP immunization .....	901	0.07	\$3.92	\$2.49	0.78
90702	X	DT immunization .....	901	0.07	\$3.92	\$2.49	0.78
90703	X	Tetanus immunization .....	901	0.07	\$3.92	\$2.49	0.78
90704	X	Mumps immunization .....	901	0.07	\$3.92	\$2.49	0.78
90705	X	Measles immunization .....	901	0.07	\$3.92	\$2.49	0.78
90706	X	Rubella immunization .....	901	0.07	\$3.92	\$2.49	0.78
90707	X	MMR virus immunization .....	902	1.78	\$94.03	\$41.58	\$18.81
90708	X	Measles-rubella immunization .....	901	0.07	\$3.92	\$2.49	0.78
90709	X	Rubella & mumps immunization .....	901	0.07	\$3.92	\$2.49	0.78
90710	X	Combined vaccine .....	901	0.07	\$3.92	\$2.49	0.78
90711	X	Combined vaccine .....	901	0.07	\$3.92	\$2.49	0.78
90712	X	Oral poliovirus immunization .....	902	1.78	\$94.03	\$41.58	\$18.81
90713	X	Poliomyelitis immunization .....	902	1.78	\$94.03	\$41.58	\$18.81
90714	X	Typhoid immunization .....	901	0.07	\$3.92	\$2.49	0.78
90716	X	Chicken pox vaccine .....	902	1.78	\$94.03	\$41.58	\$18.81
90717	X	Yellow fever immunization .....	902	1.78	\$94.03	\$41.58	\$18.81
90718	X	Td immunization .....	901	0.07	\$3.92	\$2.49	0.78
90719	X	Diphtheria immunization .....	901	0.07	\$3.92	\$2.49	0.78
90720	X	DTP/HIB vaccine .....	902	1.78	\$94.03	\$41.58	\$18.81
90721	X	Dtap/hib vaccine .....	903	1.17	\$61.71	\$25.76	\$12.34
90724	X	Influenza immunization .....	901	0.07	\$3.92	\$2.49	0.78
90725	X	Cholera immunization .....	901	0.07	\$3.92	\$2.49	0.78
90726	X	Rabies immunization .....	903	1.17	\$61.71	\$25.76	\$12.34

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
90727	X	Plague immunization .....	903	1.17	\$61.71	\$25.76	\$12.34
90728	X	BCG immunization .....	903	1.17	\$61.71	\$25.76	\$12.34
90730	X	Hepatitis A vaccine .....	901	0.07	\$3.92	\$2.49	0.78
90732	X	Pneumococcal immunization .....	901	0.07	\$3.92	\$2.49	0.78
90733	X	Meningococcal immunization .....	902	1.78	\$94.03	\$41.58	\$18.81
90735	X	Encephalitis virus vaccine .....	903	1.17	\$61.71	\$25.76	\$12.34
90737	X	Influenza B immunization .....	902	1.78	\$94.03	\$41.58	\$18.81
90741	X	Passive immunization, ISG .....	902	1.78	\$94.03	\$41.58	\$18.81
90742	X	Special passive immunization .....	903	1.17	\$61.71	\$25.76	\$12.34
90744	X	Hepatitis B vaccine, under 11 .....	902	1.78	\$94.03	\$41.58	\$18.81
90745	X	Hepatitis B vaccine, 11-19 .....	902	1.78	\$94.03	\$41.58	\$18.81
90746	X	Hepatitis B vaccine, over 20 .....	902	1.78	\$94.03	\$41.58	\$18.81
90747	X	Hepatitis B vaccine, ill pat .....	902	1.78	\$94.03	\$41.58	\$18.81
90748	X	Hepatitis b/hib vaccine .....	901	0.07	\$3.92	\$2.49	0.78
90749	X	Immunization procedure .....	901	0.07	\$3.92	\$2.49	0.78
90780	X	IV infusion therapy, 1 hour .....	906	1.46	\$77.38	\$42.49	\$15.48
90781	X	IV infusion, additional hour .....	906	1.46	\$77.38	\$42.49	\$15.48
90782	X	Injection (SC)/(IM) .....	907	0.85	\$45.05	\$11.98	\$9.01
90783	X	Injection (IA) .....	907	0.85	\$45.05	\$11.98	\$9.01
90784	X	Injection (IV) .....	907	0.85	\$45.05	\$11.98	\$9.01
90788	X	Injection of antibiotic .....	907	0.85	\$45.05	\$11.98	\$9.01
90799	X	Therapeutic/diag injection .....	907	0.85	\$45.05	\$11.98	\$9.01
90801	S	Psy dx interview .....	092	1.57	\$83.25	\$21.92	\$16.65
90802	S	Intac psy dx interview .....	092	1.57	\$83.25	\$21.92	\$16.65
90804	S	Psytx, office (20-30) .....	091	1.19	\$62.69	\$15.37	\$12.54
90805	S	Psytx, office (20-30) w/e&m .....	091	1.19	\$62.69	\$15.37	\$12.54
90806	S	Psytx, office (45-50) .....	092	1.57	\$83.25	\$21.92	\$16.65
90807	S	Psytx, office (45-50) w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90808	S	Psytx, office (75-80) .....	092	1.57	\$83.25	\$21.92	\$16.65
90809	S	Psytx, office (75-80) w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90810	S	Intac psytx, office (20-30) .....	091	1.19	\$62.69	\$15.37	\$12.54
90811	S	Intac psytx, off 20-30 w/e&m .....	091	1.19	\$62.69	\$15.37	\$12.54
90812	S	Intac psytx, office (45-50) .....	092	1.57	\$83.25	\$21.92	\$16.65
90813	S	Intac psytx, off 45-50 w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90814	S	Intac psytx, office (75-80) .....	092	1.57	\$83.25	\$21.92	\$16.65
90815	S	Intac psytx, off 75-80 w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90816	S	Psytx, hosp (20-30) .....	091	1.19	\$62.69	\$15.37	\$12.54
90817	S	Psytx, hosp (20-30) w/e&m .....	091	1.19	\$62.69	\$15.37	\$12.54
90818	S	Psytx, hosp (45-50) .....	092	1.57	\$83.25	\$21.92	\$16.65
90819	S	Psytx, hosp (45-50) w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90821	S	Psytx, hosp (75-80) .....	092	1.57	\$83.25	\$21.92	\$16.65
90822	S	Psytx, hosp (75-80) w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90823	S	Intac psytx, hosp (20-30) .....	091	1.19	\$62.69	\$15.37	\$12.54
90824	S	Intac psytx, hsp 20-30 w/e&m .....	091	1.19	\$62.69	\$15.37	\$12.54
90826	S	Intac psytx, hosp (45-50) .....	092	1.57	\$83.25	\$21.92	\$16.65
90827	S	Intac psytx, hsp 45-50 w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90828	S	Intac psytx, hosp (75-80) .....	092	1.57	\$83.25	\$21.92	\$16.65
90829	S	Intac psytx, hsp 75-80 w/e&m .....	092	1.57	\$83.25	\$21.92	\$16.65
90845	S	Psychoanalysis .....	092	1.57	\$83.25	\$21.92	\$16.65
90846	S	Family psytx w/o patient .....	093	1.54	\$81.29	\$20.11	\$16.26
90847	S	Family psytx w/patient .....	093	1.54	\$81.29	\$20.11	\$16.26
90849	S	Multiple family group psytx .....	094	1.24	\$65.62	\$20.11	\$13.12
90853	S	Group psychotherapy .....	094	1.24	\$65.62	\$20.11	\$13.12
90857	S	Intac group psytx .....	094	1.24	\$65.62	\$20.11	\$13.12
90862	X	Medication management .....	090	0.85	\$45.05	\$12.43	\$9.01
90865	S	Narcosynthesis .....	092	1.57	\$83.25	\$21.92	\$16.65
90870	S	Electroconvulsive therapy .....	919	3.17	\$167.49	\$80.00	\$33.50
90871	S	Electroconvulsive therapy .....	919	3.17	\$167.49	\$80.00	\$33.50
90875	E	Psychophysiological therapy .....					
90876	E	Psychophysiological therapy .....					
90880	S	Hypnotherapy .....	092	1.57	\$83.25	\$21.92	\$16.65
90882	E	Environmental manipulation .....					
90885	N	Psy evaluation of records .....					
90887	N	Consultation with family .....					
90889	N	Preparation of report .....					
90899	S	Psychiatric service/therapy .....	091	1.19	\$62.69	\$15.37	\$12.54
90901	S	Biofeedback, any method .....	920	1.17	\$61.71	\$29.61	\$12.34
90911	S	Biofeedback peri/uro/rectal .....	920	1.17	\$61.71	\$29.61	\$12.34
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	Esrtd related services, day .....					
90924	A	Esrtd related services, day .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
90925	A	Esrd related services, day .....					
90935	S	Hemodialysis, one evaluation .....	926	4.28	\$226.25	\$69.83	\$45.25
90937	S	Hemodialysis, repeated eval .....	926	4.28	\$226.25	\$69.83	\$45.25
90945	S	Dialysis, one evaluation .....	926	4.28	\$226.25	\$69.83	\$45.25
90947	S	Dialysis, repeated eval .....	926	4.28	\$226.25	\$69.83	\$45.25
90989	E	Dialysis training/complete .....					
90993	N	Dialysis training/incomplete .....					
90997	S	Hemoperfusion .....	926	4.28	\$226.25	\$69.83	\$45.25
90999	S	Dialysis procedure .....	926	4.28	\$226.25	\$69.83	\$45.25
91000	X	Esophageal intubation .....	928	3.11	\$164.55	\$83.85	\$32.91
91010	X	Esophagus motility study .....	928	3.11	\$164.55	\$83.85	\$32.91
91011	X	Esophagus motility study .....	928	3.11	\$164.55	\$83.85	\$32.91
91012	X	Esophagus motility study .....	928	3.11	\$164.55	\$83.85	\$32.91
91020	X	Gastric motility .....	928	3.11	\$164.55	\$83.85	\$32.91
91030	X	Acid perfusion of esophagus .....	928	3.11	\$164.55	\$83.85	\$32.91
91032	X	Esophagus, acid reflux test .....	928	3.11	\$164.55	\$83.85	\$32.91
91033	X	Prolonged acid reflux test .....	928	3.11	\$164.55	\$83.85	\$32.91
91052	X	Gastric analysis test .....	928	3.11	\$164.55	\$83.85	\$32.91
91055	X	Gastric intubation for smear .....	928	3.11	\$164.55	\$83.85	\$32.91
91060	X	Gastric saline load test .....	928	3.11	\$164.55	\$83.85	\$32.91
91065	X	Breath hydrogen test .....	928	3.11	\$164.55	\$83.85	\$32.91
91100	X	Pass intestine bleeding tube .....	928	3.11	\$164.55	\$83.85	\$32.91
91105	X	Gastric intubation treatment .....	928	3.11	\$164.55	\$83.85	\$32.91
91122	N	Anal pressure record .....					
91299	X	Gastroenterology procedure .....	928	3.11	\$164.55	\$83.85	\$32.91
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	T	New eye exam & treatment .....	676	6.30	\$333.01	\$140.35	\$66.6
92019	T	Eye exam & treatment .....	676	6.30	\$333.01	\$140.35	\$66.6
92020	N	Special eye evaluation .....					
92060	X	Special eye evaluation .....	930	1.02	\$53.87	\$22.83	\$10.77
92065	X	Orthoptic/pleoptic training .....	930	1.02	\$53.87	\$22.83	\$10.77
92070	N	Fitting of contact lens .....					
92081	X	Visual field examination(s) .....	930	1.02	\$53.87	\$22.83	\$10.77
92082	X	Visual field examination(s) .....	930	1.02	\$53.87	\$22.83	\$10.77
92083	X	Visual field examination(s) .....	930	1.02	\$53.87	\$22.83	\$10.77
92100	N	Serial tonometry exam(s) .....					
92120	X	Tonography & eye evaluation .....	931	0.74	\$39.18	\$21.47	\$7.84
92130	X	Water provocation tonography .....	931	0.74	\$39.18	\$21.47	\$7.84
92140	X	Glaucoma provocative tests .....	930	1.02	\$53.87	\$22.83	\$10.77
92225	N	Special eye exam, initial .....					
92226	N	Special eye exam, subsequent .....					
92230	X	Eye exam with photos .....	931	0.74	\$39.18	\$21.47	\$7.84
92235	X	Eye exam with photos .....	932	2.52	\$133.21	\$65.09	\$26.64
92240	X	Icg angiography .....	931	0.74	\$39.18	\$21.47	\$7.84
92250	X	Eye exam with photos .....	931	0.74	\$39.18	\$21.47	\$7.84
92260	N	Ophthalmoscopy/dynamometry .....					
92265	X	Eye muscle evaluation .....	932	2.52	\$133.21	\$65.09	\$26.64
92270	X	Electro-oculography .....	932	2.52	\$133.21	\$65.09	\$26.64
92275	X	Electroretinography .....	981	1.46	\$77.38	\$41.81	\$15.48
92283	X	Color vision examination .....	930	1.02	\$53.87	\$22.83	\$10.77
92284	X	Dark adaptation eye exam .....	930	1.02	\$53.87	\$22.83	\$10.77
92285	X	Eye photography .....	930	1.02	\$53.87	\$22.83	\$10.77
92286	X	Internal eye photography .....	932	2.52	\$133.21	\$65.09	\$26.64
92287	X	Internal eye photography .....	932	2.52	\$133.21	\$65.09	\$26.64
92310	E	Contact lens fitting .....					
92311	X	Contact lens fitting .....	936	0.52	\$27.42	\$9.49	\$5.48
92312	X	Contact lens fitting .....	936	0.52	\$27.42	\$9.49	\$5.48
92313	X	Contact lens fitting .....	936	0.52	\$27.42	\$9.49	\$5.48
92314	E	Prescription of contact lens .....					
92315	X	Prescription of contact lens .....	936	0.52	\$27.42	\$9.49	\$5.48
92316	X	Prescription of contact lens .....	936	0.52	\$27.42	\$9.49	\$5.48
92317	X	Prescription of contact lens .....	936	0.52	\$27.42	\$9.49	\$5.48
92325	X	Modification of contact lens .....	936	0.52	\$27.42	\$9.49	\$5.48
92326	X	Replacement of contact lens .....	936	0.52	\$27.42	\$9.49	\$5.48
92330	X	Fitting of artificial eye .....	936	0.52	\$27.42	\$9.49	\$5.48
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	0.52	\$27.42	\$9.49	\$5.48
92353	X	Special spectacles fitting .....	936	0.52	\$27.42	\$9.49	\$5.48

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
92354	X	Special spectacles fitting .....	936	0.52	\$27.42	\$9.49	\$5.48
92355	X	Special spectacles fitting .....	936	0.52	\$27.42	\$9.49	\$5.48
92358	X	Eye prosthesis service .....	936	0.52	\$27.42	\$9.49	\$5.48
92370	E	Repair & adjust spectacles .....					
92371	X	Repair & adjust spectacles .....	936	0.52	\$27.42	\$9.49	\$5.48
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	\$39.18	\$21.47	\$7.84
92502	T	Ear and throat examination .....	311	1.43	\$75.42	\$20.57	\$15.08
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	T	Nasopharyngos- copy .....	331	0.69	\$36.24	\$14.01	\$7.25
92512	X	Nasal function studies .....	940	3.04	\$160.63	\$51.98	\$32.13
92516	X	Facial nerve function test .....	940	3.04	\$160.63	\$51.98	\$32.13
92520	X	Laryngeal function studies .....	940	3.04	\$160.63	\$51.98	\$32.13
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	3.04	\$160.63	\$51.98	\$32.13
92542	X	Positional nystagmus test .....	940	3.04	\$160.63	\$51.98	\$32.13
92543	X	Caloric vestibular test .....	940	3.04	\$160.63	\$51.98	\$32.13
92544	X	Optokinetic nystagmus test .....	940	3.04	\$160.63	\$51.98	\$32.13
92545	X	Oscillating tracking test .....	940	3.04	\$160.63	\$51.98	\$32.13
92546	X	Sinusoidal rotational test .....	940	3.04	\$160.63	\$51.98	\$32.13
92547	X	Supplemental electrical test .....	940	3.04	\$160.63	\$51.98	\$32.13
92548	X	Posturography .....	940	3.04	\$160.63	\$51.98	\$32.13
92551	E	Pure tone hearing test, air .....					
92552	X	Pure tone audiometry, air .....	941	0.74	\$39.18	\$13.56	\$7.84
92553	X	Audiometry, air & bone .....	941	0.74	\$39.18	\$13.56	\$7.84
92555	X	Speech threshold audiometry .....	941	0.74	\$39.18	\$13.56	\$7.84
92556	X	Speech audiometry, complete .....	941	0.74	\$39.18	\$13.56	\$7.84
92557	X	Comprehensive hearing test .....	942	1.48	\$78.36	\$22.15	\$15.67
92559	E	Group audiometric testing .....					
92560	E	Bekesy audiometry, screen .....					
92561	X	Bekesy audiometry, diagnosis .....	942	1.48	\$78.36	\$22.15	\$15.67
92562	X	Loudness balance test .....	942	1.48	\$78.36	\$22.15	\$15.67
92563	X	Tone decay hearing test .....	942	1.48	\$78.36	\$22.15	\$15.67
92564	X	Sisi hearing test .....	942	1.48	\$78.36	\$22.15	\$15.67
92565	X	Stenger test, pure tone .....	942	1.48	\$78.36	\$22.15	\$15.67
92567	X	Tympanometry .....	941	0.74	\$39.18	\$13.56	\$7.84
92568	X	Acoustic reflex testing .....	942	1.48	\$78.36	\$22.15	\$15.67
92569	X	Acoustic reflex decay test .....	942	1.48	\$78.36	\$22.15	\$15.67
92571	X	Filtered speech hearing test .....	942	1.48	\$78.36	\$22.15	\$15.67
92572	X	Staggered spondaic word test .....	942	1.48	\$78.36	\$22.15	\$15.67
92573	X	Lombard test .....	942	1.48	\$78.36	\$22.15	\$15.67
92575	X	Sensorineural acuity test .....	942	1.48	\$78.36	\$22.15	\$15.67
92576	X	Synthetic sentence test .....	942	1.48	\$78.36	\$22.15	\$15.67
92577	X	Stenger test, speech .....	942	1.48	\$78.36	\$22.15	\$15.67
92579	X	Visual audiometry (vra) .....	942	1.48	\$78.36	\$22.15	\$15.67
92582	X	Conditioning play audiometry .....	942	1.48	\$78.36	\$22.15	\$15.67
92583	X	Select picture audiometry .....	942	1.48	\$78.36	\$22.15	\$15.67
92584	X	Electrocochleography .....	940	3.04	\$160.63	\$51.98	\$32.13
92585	X	Auditory evoked potential .....	982	1.39	\$73.46	\$38.87	\$14.69
92587	X	Evoked auditory test .....	940	3.04	\$160.63	\$51.98	\$32.13
92588	X	Evoked auditory test .....	940	3.04	\$160.63	\$51.98	\$32.13
92589	X	Auditory function test(s) .....	942	1.48	\$78.36	\$22.15	\$15.67
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 hearing aid test, both .....					
92596	X	Ear protector evaluation .....	942	1.48	\$78.36	\$22.15	\$15.67
92597	A	Oral speech device eval .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
92598	A	Modify oral speech device .....					
92599	X	ENT procedure/service .....	941	0.74	\$39.18	\$13.56	\$7.84
92950	S	Heart/lung resuscitation(CPR .....	947	4.07	\$215.48	\$109.61	\$43.10
92953	S	Temporary external pacing .....	947	4.07	\$215.48	\$109.61	\$43.10
92960	S	Heart electroconversion .....	947	4.07	\$215.48	\$109.61	\$43.10
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 .....					
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	\$18.61	\$15.82	\$3.72
93010	N	Electrocardiogram report .....					
93012	X	Transmission of ecg .....	956	1.11	\$58.77	\$55.82	\$11.75
93014	N	Report on transmitted ecg .....					
93015	N	Cardiovascular stress test .....					
93016	N	Cardiovascular stress test .....					
93017	X	Cardiovascular stress test .....	949	1.46	\$77.38	\$62.83	\$15.48
93018	N	Cardiovascular stress test .....					
93024	X	Cardiac drug stress test .....	949	1.46	\$77.38	\$62.83	\$15.48
93040	N	Rhythm ECG with report .....					
93041	X	Rhythm ECG, tracing .....	950	0.35	\$18.61	\$15.82	\$3.72
93042	N	Rhythm ECG, report .....					
93224	X	ECG monitor/report, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93225	X	ECG monitor/record, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93226	X	ECG monitor/report, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93227	N	ECG monitor/review, 24 hrs .....					
93230	X	ECG monitor/report, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93231	X	Ecg monitor/record, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93232	X	ECG monitor/report, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93233	N	ECG monitor/review, 24 hrs .....					
93235	X	ECG monitor/report, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93236	X	ECG monitor/report, 24 hrs .....	956	1.11	\$58.77	\$55.82	\$11.75
93237	N	ECG monitor/review, 24 hrs .....					
93268	X	ECG record/review .....	956	1.11	\$58.77	\$55.82	\$11.75
93270	X	ECG recording .....	956	1.11	\$58.77	\$55.82	\$11.75
93271	X	Ecg/monitoring and anaylsis .....	956	1.11	\$58.77	\$55.82	\$11.75
93272	N	Ecg/review,interpret only .....					
93278	X	ECG/signal-averaged .....	956	1.11	\$58.77	\$55.82	\$11.75
93303	X	Echo transthoracic .....	957	2.83	\$149.86	\$117.07	\$29.97
93304	X	Echo transthoracic .....	957	2.83	\$149.86	\$117.07	\$29.97
93307	X	Echo exam of heart .....	957	2.83	\$149.86	\$117.07	\$29.97
93308	X	Echo exam of heart .....	957	2.83	\$149.86	\$117.07	\$29.97
93312	X	Echo transesophageal .....	957	2.83	\$149.86	\$117.07	\$29.97
93313	X	Echo transesophageal .....	957	2.83	\$149.86	\$117.07	\$29.97
93314	N	Echo transesophageal .....					
93315	X	Echo transesophageal .....	957	2.83	\$149.86	\$117.07	\$29.97
93316	X	Echo transesophageal .....	957	2.83	\$149.86	\$117.07	\$29.97
93317	N	Echo transesophageal .....					
93320	X	Doppler echo exam, heart .....	957	2.83	\$149.86	\$117.07	\$29.97
93321	X	Doppler echo exam, heart .....	957	2.83	\$149.86	\$117.07	\$29.97
93325	X	Doppler color flow .....	957	2.83	\$149.86	\$117.07	\$29.97
93350	X	Echo transthoracic .....	957	2.83	\$149.86	\$117.07	\$29.97
93501	T	Right heart catheterization .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93503	T	Insert/place heart catheter .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93505	T	Biopsy of heart lining .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93508	T	Cath placement, angiography .....	343	9.52	\$503.44	\$224.87	\$100.69
93510	T	Left heart catheterization .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93511	T	Left heart catheterization .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93514	T	Left heart catheterization .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93524	T	Left heart catheterization .....	958	26.11	\$1,381.03	\$659.47	\$276.21

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
93526	T	Rt & Lt heart catheters .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93527	T	Rt & Lt heart catheters .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93528	T	Rt & Lt heart catheters .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93529	T	Rt, Lt heart catheterization .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93530	T	Rt heart cath, congenital .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93531	T	R & I heart cath, congenital .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93532	T	R & I heart cath, congenital .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93533	T	R & I heart cath, congenital .....	958	26.11	\$1,381.03	\$659.47	\$276.21
93536	T	Insert circulation assi .....	958	26.11	\$1,381.03	\$659.47	\$276.21
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 xrays .....					
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	4.24	\$224.29	\$144.41	\$44.86
93602	S	Intra-atrial recording .....	960	4.24	\$224.29	\$144.41	\$44.86
93603	S	Right ventricular recording .....	960	4.24	\$224.29	\$144.41	\$44.86
93607	S	Right ventricular recording .....	960	4.24	\$224.29	\$144.41	\$44.86
93609	S	Mapping of tachycardia .....	960	4.24	\$224.29	\$144.41	\$44.86
93610	S	Intra-atrial pacing .....	960	4.24	\$224.29	\$144.41	\$44.86
93612	S	Intraventricular pacing .....	960	4.24	\$224.29	\$144.41	\$44.86
93615	S	Esophageal recording .....	960	4.24	\$224.29	\$144.41	\$44.86
93616	S	Esophageal recording .....	960	4.24	\$224.29	\$144.41	\$44.86
93618	S	Heart rhythm pacing .....	960	4.24	\$224.29	\$144.41	\$44.86
93619	S	Electrophysiology evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93620	S	Electrophysiology evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93621	S	Electrophysiology evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93622	S	Electrophysiology evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93623	S	Stimulation, pacing heart .....	960	4.24	\$224.29	\$144.41	\$44.86
93624	S	Electrophysiologic study .....	960	4.24	\$224.29	\$144.41	\$44.86
93631	S	Heart pacing, mapping .....	960	4.24	\$224.29	\$144.41	\$44.86
93640	S	Evaluation heart device .....	960	4.24	\$224.29	\$144.41	\$44.86
93641	S	Electrophysiology evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93642	S	Electrophysiology evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93650	S	Ablate heart dysrhythm focus .....	960	4.24	\$224.29	\$144.41	\$44.86
93651	S	Ablate heart dysrhythm focus .....	960	4.24	\$224.29	\$144.41	\$44.86
93652	S	Ablate heart dysrhythm focus .....	960	4.24	\$224.29	\$144.41	\$44.86
93660	S	Tilt table evaluation .....	960	4.24	\$224.29	\$144.41	\$44.86
93720	X	Total body plethysmography .....	967	1.70	\$90.11	\$57.40	\$18.02
93721	X	Plethysmography tracing .....	967	1.70	\$90.11	\$57.40	\$18.02
93722	N	Plethysmography report .....					
93724	S	Analyze pacemaker system .....	960	4.24	\$224.29	\$144.41	\$44.86
93731	X	Analyze pacemaker system .....	966	0.39	\$20.57	\$12.43	\$4.11
93732	X	Analyze pacemaker system .....	966	0.39	\$20.57	\$12.43	\$4.11
93733	X	Telephone analysis, pacemaker .....	966	0.39	\$20.57	\$12.43	\$4.11
93734	X	Analyze pacemaker system .....	966	0.39	\$20.57	\$12.43	\$4.11
93735	X	Analyze pacemaker system .....	966	0.39	\$20.57	\$12.43	\$4.11
93736	X	Telephone analysis, pacemaker .....	966	0.39	\$20.57	\$12.43	\$4.11
93737	X	Analyze cardio/defibrillator .....	966	0.39	\$20.57	\$12.43	\$4.11
93738	X	Analyze cardio/defibrillator .....	966	0.39	\$20.57	\$12.43	\$4.11
93740	X	Temperature gradient studies .....	967	1.70	\$90.11	\$57.40	\$18.02
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	\$43.10	\$16.95	\$8.62
93798	X	Cardiac rehab/monitor .....	948	0.81	\$43.10	\$16.95	\$8.62
93799	X	Cardiovascular procedure .....	967	1.70	\$90.11	\$57.40	\$18.02
93875	X	Extracranial study .....	968	2.37	\$125.37	\$79.55	\$25.07
93880	X	Extracranial study .....	968	2.37	\$125.37	\$79.55	\$25.07
93882	X	Extracranial study .....	968	2.37	\$125.37	\$79.55	\$25.07
93886	X	Intracranial study .....	968	2.37	\$125.37	\$79.55	\$25.07
93888	X	Intracranial study .....	968	2.37	\$125.37	\$79.55	\$25.07
93922	X	Extremity study .....	967	1.70	\$90.11	\$57.40	\$18.02
93923	X	Extremity study .....	967	1.70	\$90.11	\$57.40	\$18.02
93924	X	Extremity study .....	967	1.70	\$90.11	\$57.40	\$18.02

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
93925	X	Lower extremity study .....	968	2.37	\$125.37	\$79.55	\$25.07
93926	X	Lower extremity study .....	968	2.37	\$125.37	\$79.55	\$25.07
93930	X	Upper extremity study .....	968	2.37	\$125.37	\$79.55	\$25.07
93931	X	Upper extremity study .....	968	2.37	\$125.37	\$79.55	\$25.07
93965	X	Extremity study .....	967	1.70	\$90.11	\$57.40	\$18.02
93970	X	Extremity study .....	968	2.37	\$125.37	\$79.55	\$25.07
93971	X	Extremity study .....	968	2.37	\$125.37	\$79.55	\$25.07
93975	X	Vascular study .....	968	2.37	\$125.37	\$79.55	\$25.07
93976	X	Vascular study .....	968	2.37	\$125.37	\$79.55	\$25.07
93978	X	Vascular study .....	968	2.37	\$125.37	\$79.55	\$25.07
93979	X	Vascular study .....	968	2.37	\$125.37	\$79.55	\$25.07
93980	X	Penile vascular study .....	968	2.37	\$125.37	\$79.55	\$25.07
93981	X	Penile vascular study .....	968	2.37	\$125.37	\$79.55	\$25.07
93990	X	Doppler flow testing .....	968	2.37	\$125.37	\$79.55	\$25.07
94010	X	Breathing capacity test .....	971	0.78	\$41.14	\$21.47	\$8.23
94060	X	Evaluation of wheezing .....	971	0.78	\$41.14	\$21.47	\$8.23
94070	S	Evaluation of wheezing .....	973	1.89	\$99.90	\$55.82	\$19.98
94150	N	Vital capacity test .....					
94200	X	Lung function test (MBC/MVV) .....	971	0.78	\$41.14	\$21.47	\$8.23
94240	X	Residual lung capacity .....	972	1.02	\$53.87	\$29.38	\$10.77
94250	X	Expired gas collection .....	971	0.78	\$41.14	\$21.47	\$8.23
94260	X	Thoracic gas volume .....	971	0.78	\$41.14	\$21.47	\$8.23
94350	X	Lung nitrogen washout curve .....	972	1.02	\$53.87	\$29.38	\$10.77
94360	X	Measure airflow resistance .....	971	0.78	\$41.14	\$21.47	\$8.23
94370	X	Breath airway closing volume .....	972	1.02	\$53.87	\$29.38	\$10.77
94375	X	Respiratory flow volume loop .....	971	0.78	\$41.14	\$21.47	\$8.23
94400	X	CO2 breathing response curve .....	971	0.78	\$41.14	\$21.47	\$8.23
94450	X	Hypoxia response curve .....	971	0.78	\$41.14	\$21.47	\$8.23
94620	S	Pulmonary stress testing .....	973	1.89	\$99.90	\$55.82	\$19.98
94640	S	Airway inhalation treatment .....	976	0.44	\$23.30	\$14.92	\$4.66
94642	S	Aerosol inhalation treatment .....	976	0.44	\$23.30	\$14.92	\$4.66
94650	S	Pressure breathing (IPPB) .....	976	0.44	\$23.30	\$14.92	\$4.66
94651	S	Pressure breathing (IPPB) .....	976	0.44	\$23.30	\$14.92	\$4.66
94652	C	Pressure breathing (IPPB) .....					
94656	C	Initial ventilator mgmt .....					
94657	S	Cont. ventilator .....	976	0.44	\$23.30	\$14.92	\$4.66
94660	S	Pos airway pressure, CPAP .....	976	0.44	\$23.30	\$14.92	\$4.66
94662	S	Neg pressure ventilation, cnp .....	976	0.44	\$23.30	\$14.92	\$4.66
94664	S	Aerosol or vapor inhalations .....	976	0.44	\$23.30	\$14.92	\$4.66
94665	S	Aerosol or vapor inhalations .....	976	0.44	\$23.30	\$14.92	\$4.66
94667	S	Chest wall manipulation .....	976	0.44	\$23.30	\$14.92	\$4.66
94668	S	Chest wall manipulation .....	976	0.44	\$23.30	\$14.92	\$4.66
94680	X	Exhaled air analysis: O2 .....	972	1.02	\$53.87	\$29.38	\$10.77
94681	X	Exhaled air analysis: O2,CO2 .....	972	1.02	\$53.87	\$29.38	\$10.77
94690	X	Exhaled air analysis .....	972	1.02	\$53.87	\$29.38	\$10.77
94720	X	Monoxide diffusing capacity .....	972	1.02	\$53.87	\$29.38	\$10.77
94725	X	Membrane diffusion capacity .....	972	1.02	\$53.87	\$29.38	\$10.77
94750	S	Pulmonary compliance study .....	973	1.89	\$99.90	\$55.82	\$19.98
94760	N	Measure blood oxygen level .....					
94761	N	Measure blood oxygen level .....					
94762	X	Measure blood oxygen level .....	971	0.78	\$41.14	\$21.47	\$8.23
94770	X	Exhaled carbon dioxide test .....	971	0.78	\$41.14	\$21.47	\$8.23
94772	S	Breath recording, infant .....	973	1.89	\$99.90	\$55.82	\$19.98
94799	X	Pulmonary service/procedure .....	971	0.78	\$41.14	\$21.47	\$8.23
95004	X	Allergy skin tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95010	X	Sensitivity skin tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95015	X	Sensitivity skin tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95024	X	Allergy skin tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95027	X	Skin end point titration .....	977	0.63	\$33.30	\$12.66	\$6.66
95028	X	Allergy skin tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95044	X	Allergy patch tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95052	X	Photo patch test .....	977	0.63	\$33.30	\$12.66	\$6.66
95056	X	Photosensitivity tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95060	X	Eye allergy tests .....	977	0.63	\$33.30	\$12.66	\$6.66
95065	X	Nose allergy test .....	977	0.63	\$33.30	\$12.66	\$6.66
95070	S	Bronchial allergy tests .....	973	1.89	\$99.90	\$55.82	\$19.98
95071	S	Bronchial allergy tests .....	973	1.89	\$99.90	\$55.82	\$19.98
95075	X	Ingestion challenge test .....	928	3.11	\$164.55	\$83.85	\$32.91
95078	X	Provocative testing .....	977	0.63	\$33.30	\$12.66	\$6.66
95115	X	Immunotherapy, one injection .....	978	0.31	\$16.65	\$3.39	\$3.33
95117	X	Immunotherapy injections .....	978	0.31	\$16.65	\$3.39	\$3.33
95120	E	Immunotherapy, one injection .....					
95125	E	Immunotherapy, many antigens .....					
95130	E	Immunotherapy, insect venom .....					
95131	E	Immunotherapy, insect venoms .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
95132	E	Immunotherapy, insect venoms .....	.....	.....	.....	.....	.....
95133	E	Immunotherapy, insect venoms .....	.....	.....	.....	.....	.....
95134	E	Immunotherapy, insect venoms .....	.....	.....	.....	.....	.....
95144	X	Antigen therapy services .....	978	0.31	\$16.65	\$3.39	\$3.33
95145	X	Antigen therapy services .....	978	0.31	\$16.65	\$3.39	\$3.33
95146	X	Antigen therapy services .....	978	0.31	\$16.65	\$3.39	\$3.33
95147	X	Antigen therapy services .....	978	0.31	\$16.65	\$3.39	\$3.33
95148	X	Antigen therapy services .....	978	0.31	\$16.65	\$3.39	\$3.33
95149	X	Antigen therapy services .....	901	0.07	\$3.92	\$2.49	\$.78
95165	X	Antigen therapy services .....	978	0.31	\$16.65	\$3.39	\$3.33
95170	X	Antigen therapy services .....	901	0.07	\$3.92	\$2.49	\$.78
95180	X	Rapid desensitization .....	977	0.63	\$33.30	\$12.66	\$6.66
95199	X	Allergy immunology services .....	977	0.63	\$33.30	\$12.66	\$6.66
95805	S	Multiple sleep latency test .....	979	10.17	\$537.72	\$288.83	\$107.54
95806	S	Sleep study, unattended .....	979	10.17	\$537.72	\$288.83	\$107.54
95807	S	Sleep study, attended .....	979	10.17	\$537.72	\$288.83	\$107.54
95808	S	Polysomnography, 1-3 .....	979	10.17	\$537.72	\$288.83	\$107.54
95810	S	Polysomnography, 4 or more .....	979	10.17	\$537.72	\$288.83	\$107.54
95811	S	Polysomnography w/cpap .....	979	10.17	\$537.72	\$288.83	\$107.54
95812	S	Electroencephalogram (EEG) .....	979	10.17	\$537.72	\$288.83	\$107.54
95813	S	Electroencephalogram (EEG) .....	979	10.17	\$537.72	\$288.83	\$107.54
95816	X	Electroencephalogram (EEG) .....	980	2.15	\$113.62	\$57.86	\$22.72
95819	X	Electroencephalogram (EEG) .....	980	2.15	\$113.62	\$57.86	\$22.72
95822	X	Sleep electroencephalogram .....	980	2.15	\$113.62	\$57.86	\$22.72
95824	X	Electroencephalography .....	980	2.15	\$113.62	\$57.86	\$22.72
95827	S	Night electroencephalogram .....	979	10.17	\$537.72	\$288.83	\$107.54
95829	X	Surgery electrocorticogram .....	980	2.15	\$113.62	\$57.86	\$22.72
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	1.46	\$77.38	\$41.81	\$15.48
95858	X	Tensilon test & myogram .....	982	1.39	\$73.46	\$38.87	\$14.69
95860	X	Muscle test, one limb .....	982	1.39	\$73.46	\$38.87	\$14.69
95861	X	Muscle test, two limbs .....	982	1.39	\$73.46	\$38.87	\$14.69
95863	X	Muscle test, 3 limbs .....	982	1.39	\$73.46	\$38.87	\$14.69
95864	X	Muscle test, 4 limbs .....	982	1.39	\$73.46	\$38.87	\$14.69
95867	X	Muscle test, head or neck .....	981	1.46	\$77.38	\$41.81	\$15.48
95868	X	Muscle test, head or neck .....	982	1.39	\$73.46	\$38.87	\$14.69
95869	X	Muscle test, thor paraspinal .....	981	1.46	\$77.38	\$41.81	\$15.48
95870	X	Muscle test, non-paraspinal .....	981	1.46	\$77.38	\$41.81	\$15.48
95872	X	Muscle test, one fiber .....	982	1.39	\$73.46	\$38.87	\$14.69
95875	X	Limb exercise test .....	982	1.39	\$73.46	\$38.87	\$14.69
95900	X	Motor nerve conduction test .....	981	1.46	\$77.38	\$41.81	\$15.48
95903	X	Motor nerve conduction test .....	982	1.39	\$73.46	\$38.87	\$14.69
95904	X	Sense nerve conduction test .....	982	1.39	\$73.46	\$38.87	\$14.69
95920	C	Intraoperative nerve testing .....	.....	.....	.....	.....	.....
95921	X	Autonomic nervous func test .....	981	1.46	\$77.38	\$41.81	\$15.48
95922	X	Autonomic nervous func test .....	981	1.46	\$77.38	\$41.81	\$15.48
95923	X	Autonomic nervous func test .....	981	1.46	\$77.38	\$41.81	\$15.48
95925	X	Somatosensory testing .....	982	1.39	\$73.46	\$38.87	\$14.69
95926	X	Somatosensory testing .....	981	1.46	\$77.38	\$41.81	\$15.48
95927	X	Somatosensory testing .....	981	1.46	\$77.38	\$41.81	\$15.48
95930	X	Visual evoked potential test .....	981	1.46	\$77.38	\$41.81	\$15.48
95933	X	Blink reflex test .....	981	1.46	\$77.38	\$41.81	\$15.48
95934	X	'h' reflex test .....	981	1.46	\$77.38	\$41.81	\$15.48
95936	X	'h' reflex test .....	981	1.46	\$77.38	\$41.81	\$15.48
95937	X	Neuromuscular junction test .....	981	1.46	\$77.38	\$41.81	\$15.48
95950	X	Ambulatory eeg monitoring .....	981	1.46	\$77.38	\$41.81	\$15.48
95951	S	EEG monitoring/videorecord .....	979	10.17	\$537.72	\$288.83	\$107.54
95953	S	EEG monitoring/computer .....	979	10.17	\$537.72	\$288.83	\$107.54
95954	S	EEG monitoring/giving drugs .....	979	10.17	\$537.72	\$288.83	\$107.54
95955	X	EEG during surgery .....	980	2.15	\$113.62	\$57.86	\$22.72
95956	N	EEG monitoring/cable/radio .....	.....	.....	.....	.....	.....
95957	N	EEG digital analysis .....	.....	.....	.....	.....	.....
95958	S	EEG monitoring/function test .....	979	10.17	\$537.72	\$288.83	\$107.54
95961	C	Electrode stimulation, brain .....	.....	.....	.....	.....	.....
95962	C	Electrode stimulation, brain .....	.....	.....	.....	.....	.....
95999	N	Neurological procedure .....	.....	.....	.....	.....	.....
96100	X	Psychological testing .....	089	2.54	\$134.19	\$37.29	\$26.84
96105	X	Assessment of aphasia .....	089	2.54	\$134.19	\$37.29	\$26.84
96110	X	Developmental test, lim .....	089	2.54	\$134.19	\$37.29	\$26.84

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
96111	X	Developmental test, extend .....	089	2.54	\$134.19	\$37.29	\$26.84
96115	X	Neurobehavior status exam .....	089	2.54	\$134.19	\$37.29	\$26.84
96117	X	Neuropsych test battery .....	089	2.54	\$134.19	\$37.29	\$26.84
96400	S	Chemotherapy, (SC)/(IM) .....	987	0.65	\$34.28	\$13.33	\$6.86
96405	S	Intralesional chemo admin .....	987	0.65	\$34.28	\$13.33	\$6.86
96406	S	Intralesional chemo admin .....	987	0.65	\$34.28	\$13.33	\$6.86
96408	S	Chemotherapy, push technique .....	988	4.15	\$219.40	\$97.63	\$43.88
96410	S	Chemotherapy, infusion method .....	988	4.15	\$219.40	\$97.63	\$43.88
96412	S	Chemotherapy, infusion method .....	988	4.15	\$219.40	\$97.63	\$43.88
96414	S	Chemotherapy, infusion method .....	989	1.72	\$91.09	\$40.68	\$18.22
96420	S	Chemotherapy, push technique .....	988	4.15	\$219.40	\$97.63	\$43.88
96422	S	Chemotherapy, infusion method .....	988	4.15	\$219.40	\$97.63	\$43.88
96423	S	Chemotherapy, infusion method .....	988	4.15	\$219.40	\$97.63	\$43.88
96425	S	Chemotherapy, infusion method .....	989	1.72	\$91.09	\$40.68	\$18.22
96440	S	Chemotherapy, intracavitary .....	989	1.72	\$91.09	\$40.68	\$18.22
96445	S	Chemotherapy, intracavitary .....	989	1.72	\$91.09	\$40.68	\$18.22
96450	S	Chemotherapy, into CNS .....	989	1.72	\$91.09	\$40.68	\$18.22
96520	E	Pump refilling, maintenance .....					
96530	E	Pump refilling, maintenance .....					
96542	S	Chemotherapy injection .....	989	1.72	\$91.09	\$40.68	\$18.22
96545	N	Provide chemotherapy agent .....					
96549	S	Chemotherapy, unspecified .....	987	0.65	\$34.28	\$13.33	\$6.86
96900	S	Ultraviolet light therapy .....	990	0.43	\$22.53	\$8.14	\$4.51
96902	N	Trichogram .....					
96910	S	Photochemotherapy with UV-B .....	990	0.43	\$22.53	\$8.14	\$4.51
96912	S	Photochemotherapy with UV-A .....	990	0.43	\$22.53	\$8.14	\$4.51
96913	S	Photochemotherapy, UV-A or B .....	990	0.43	\$22.53	\$8.14	\$4.51
96999	S	Dermatological procedure .....	990	0.43	\$22.53	\$8.14	\$4.51
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 .....					
97112	A	Neuromuscular reeducation .....					
97113	A	Aquatic therapy/exercises .....					
97116	A	Gait training therapy .....					
97122	A	Manual traction therapy .....					
97124	A	Massage therapy .....					
97139	A	Physical medicine procedure .....					
97150	A	Group therapeutic procedures .....					
97250	S	Myofascial release .....	997	0.69	\$36.24	\$7.25	\$7.25
97260	S	Regional manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
97261	S	Supplemental manipulations .....	997	0.69	\$36.24	\$7.25	\$7.25
97265	A	Joint mobilization .....					
97504	A	Orthotic training .....					
97520	A	Prosthetic training .....					
97530	A	Therapeutic activities .....					
97535	A	Self care mngmt training .....					
97537	A	Community/work reintegration .....					
97542	A	Wheelchair mngement training .....					
97545	A	Work hardening .....					
97546	A	Work hardening .....					
97703	A	Prosthetic checkout .....					
97750	A	Physical performance test .....					
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	\$36.24	\$7.25	\$7.25

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
98926	S	Osteopathic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
98927	S	Osteopathic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
98928	S	Osteopathic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
98929	S	Osteopathic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
98940	S	Chiropractic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
98941	S	Chiropractic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
98942	S	Chiropractic manipulation .....	997	0.69	\$36.24	\$7.25	\$7.25
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	N	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	\$140.06	\$141.70	\$28.01
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	\$22.53	\$10.85	\$4.51
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				
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	7.44	\$393.74	\$144.87	\$78.75
99292	N	Critical care, addl 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	N	Rest home visit, new patient .....					
99322	N	Rest home visit, new patient .....					
99323	N	Rest home visit, new patient .....					
99331	N	Rest home visit, estab pat .....					
99332	N	Rest home visit, estab pat .....					
99333	N	Rest home visit, estab pat .....					
99341	N	Home visit, new patient .....					
99342	N	Home visit, new patient .....					
99343	N	Home visit, new patient .....					
99344	N	Home visit, new patient .....					
99345	N	Home visit, new patient .....					
99347	N	Home visit, estab patient .....					
99348	N	Home visit, estab patient .....					
99349	N	Home visit, estab patient .....					
99350	N	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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	4.07	\$215.48	\$109.61	\$43.10
99450	E	Life/disability evaluation .....					
99455	N	Disability examination .....					
99456	N	Disability examination .....					
99499	N	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 esct .....					
A0210	E	Noner transport meals escort .....					
A0225	A	Neonatal emergency transport .....					
A0300	A	Ambulance basic non-emerg 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 .....					
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 suppl .....					
A0384	A	Bls defibrillation supplies .....					
A0390	A	Advanced life support mileage .....					
A0392	A	Als defibrillation supplies .....					
A0394	A	Als IV drug therapy supplies .....					
A0396	A	Als esophageal intub suppl .....					
A0398	A	Als routine dispoible suppl .....					
A0420	A	Ambulance waiting 1/2 hr .....					
A0422	A	Ambulance O2 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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 climp 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 larngeotomy .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Capd supply kit .....	.....	.....	.....	.....	.....
A4905	A	lpd 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 fcppte .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 dressing cover ea .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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/saline .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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-amirosoy .....					
B5100	A	Parenteral sol hepatic-fream .....					
B5200	A	Parenteral sol stres-brnch c .....					
B9000	A	Enter infusion pump w/o alm .....					
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	Comprehensive oral evaluation .....	031	1.33	\$70.52	\$14.10	\$14.10
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	1.33	\$70.52	\$14.10	\$14.10
D0250	S	Extraoral first film .....	031	1.33	\$70.52	\$14.10	\$14.10
D0260	S	Extraoral ea additional film .....	031	1.33	\$70.52	\$14.10	\$14.10
D0270	S	Dental bitewing single film .....	031	1.33	\$70.52	\$14.10	\$14.10
D0272	S	Dental bitewings two films .....	031	1.33	\$70.52	\$14.10	\$14.10
D0274	S	Dental bitewings four films .....	031	1.33	\$70.52	\$14.10	\$14.10
D0290	E	Dental film skull/facial bon .....					
D0310	E	Dental sallography .....					
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	1.33	\$70.52	\$14.10	\$14.10
D0470	E	Diagnostic casts .....					
D0471	S	Diagnostic photographs .....	031	1.33	\$70.52	\$14.10	\$14.10
D0501	S	Histopathologic examinations .....	031	1.33	\$70.52	\$14.10	\$14.10
D0502	S	Other oral pathology procedu .....	031	1.33	\$70.52	\$14.10	\$14.10
D0999	S	Unspecified diagnostic proce .....	031	1.33	\$70.52	\$14.10	\$14.10
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D1510	S	Space maintainer fxd unilat .....	031	1.33	\$70.52	\$14.10	\$14.10
D1515	S	Fixed bilat space maintainer .....	031	1.33	\$70.52	\$14.10	\$14.10
D1520	S	Remove unilat space maintain .....	031	1.33	\$70.52	\$14.10	\$14.10
D1525	S	Remove bilat space maintain .....	031	1.33	\$70.52	\$14.10	\$14.10
D1550	S	Recement space maintainer .....	031	1.33	\$70.52	\$14.10	\$14.10
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	Silcate 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 metallic 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 .....					
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	1.33	\$70.52	\$14.10	\$14.10
D2980	E	Crown repair .....					
D2999	S	Dental unspec restorative pr .....	031	1.33	\$70.52	\$14.10	\$14.10

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	1.33	\$70.52	\$14.10	\$14.10
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	1.33	\$70.52	\$14.10	\$14.10
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	1.33	\$70.52	\$14.10	\$14.10
D4260	S	Osseous surgery per quadrant .....	031	1.33	\$70.52	\$14.10	\$14.10
D4263	S	Bone replce graft first site .....	031	1.33	\$70.52	\$14.10	\$14.10
D4264	S	Bone replce graft each add .....	031	1.33	\$70.52	\$14.10	\$14.10
D4266	E	Guided tiss regen resorb .....					
D4267	E	Guided tiss regen nonresorb .....					
D4270	S	Pedicle soft tissue graft pr .....	031	1.33	\$70.52	\$14.10	\$14.10
D4271	S	Free soft tissue graft proc .....	031	1.33	\$70.52	\$14.10	\$14.10
D4273	S	Subepithelial tissue graft .....	031	1.33	\$70.52	\$14.10	\$14.10
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	1.33	\$70.52	\$14.10	\$14.10
D4381	S	Localized chemo delivery .....	031	1.33	\$70.52	\$14.10	\$14.10
D4910	E	Periodontal maint procedures .....					
D4920	E	Unscheduled dressing change .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 conditn mandbl .....					
D5860	E	Overdenture complete .....					
D5861	E	Overdenture partial .....					
D5862	E	Precision attachment .....					
D5899	E	Removable prosthodontic proc .....					
D5911	S	Facial moulage sectional .....	031	1.33	\$70.52	\$14.10	\$14.10
D5912	S	Facial moulage complete .....	031	1.33	\$70.52	\$14.10	\$14.10
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 .....					
D5983	S	Radiation applicator .....	031	1.33	\$70.52	\$14.10	\$14.10
D5984	S	Radiation shield .....	031	1.33	\$70.52	\$14.10	\$14.10
D5985	S	Radiation cone locator .....	031	1.33	\$70.52	\$14.10	\$14.10
D5986	E	Fluoride applicator .....					
D5987	S	Commissure splint .....	031	1.33	\$70.52	\$14.10	\$14.10
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	1.33	\$70.52	\$14.10	\$14.10
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	1.33	\$70.52	\$14.10	\$14.10
D7120	S	Each add tooth extraction .....	031	1.33	\$70.52	\$14.10	\$14.10
D7130	S	Tooth root removal .....	031	1.33	\$70.52	\$14.10	\$14.10
D7210	S	Rem imp tooth w mucoper flap .....	031	1.33	\$70.52	\$14.10	\$14.10
D7220	S	Impact tooth remov soft tiss .....	031	1.33	\$70.52	\$14.10	\$14.10
D7230	S	Impact tooth remov part bony .....	031	1.33	\$70.52	\$14.10	\$14.10
D7240	S	Impact tooth remov comp bony .....	031	1.33	\$70.52	\$14.10	\$14.10
D7241	S	Impact tooth rem bony w/comp .....	031	1.33	\$70.52	\$14.10	\$14.10
D7250	S	Tooth root removal .....	031	1.33	\$70.52	\$14.10	\$14.10
D7260	S	Oral antral fistula closure .....	031	1.33	\$70.52	\$14.10	\$14.10
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	1.33	\$70.52	\$14.10	\$14.10
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 .....					
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 abscess 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	Clstd reduct simpl maxilla fx .....					
D7630	E	Open red simpl mandible fx .....					
D7640	E	Clstd red simpl mandible fx .....					
D7650	E	Open red simp malar/zygom fx .....					
D7660	E	Clstd red simp malar/zygom fx .....					
D7670	E	Open red simple alveolus fx .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 reduct 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	1.33	\$70.52	\$14.10	\$14.10
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 pericoronary gingiva .....					
D7980	E	Sialolithotomy .....					
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 transiti .....					
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 orthodontic 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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	1.33	\$70.52	\$14.10	\$14.10
D9910	E	Dent appl desensitizing med .....					
D9920	E	Behavior management .....					
D9930	S	Treatment of complications .....	031	1.33	\$70.52	\$14.10	\$14.10
D9940	S	Dental occlusal guard .....	031	1.33	\$70.52	\$14.10	\$14.10
D9941	E	Fabrication athletic guard .....					
D9950	S	Occlusion analysis .....	031	1.33	\$70.52	\$14.10	\$14.10
D9951	S	Limited occlusal adjustment .....	031	1.33	\$70.52	\$14.10	\$14.10
D9952	S	Complete occlusal adjustment .....	031	1.33	\$70.52	\$14.10	\$14.10
D9970	E	Enamel microabrasion .....					
D9999	E	Adjunctive procedure .....					
E0100	A	Cane adjust/fixd with tip .....					
E0105	A	Cane adjust/fixd 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/fixd ht .....					
E0135	A	Walker folding adjust/fixd .....					
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 .....					
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 presse pad/cushion nonp .....					
E0177	A	Water press pad/cushion nonp .....					
E0178	A	Gel presse pad/cushion nonp .....					
E0179	A	Dry presse 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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
E0198	A	Water pressure pad for matr					
E0199	A	Dry pressure pad for mattress					
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/ mattress					
E0251	A	Hosp bed fixd ht w/o mattress					
E0255	A	Hospital bed var ht w/ matr					
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/ matt					
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/ matr					
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					
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 O2					
E0425	A	Gas system stationary compre					
E0430	A	Oxygen system gas portable					
E0431	A	Portable gaseous O2					
E0434	A	Portable liquid O2					
E0435	A	Oxygen system liquid portabl					
E0439	A	Stationary liquid O2					
E0440	A	Oxygen system liquid station					
E0441	A	Oxygen contents gas per/unit					
E0442	A	Oxygen contents liq per/unit					
E0443	A	Port O2 contents gas/unit					
E0444	A	Port O2 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					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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/ .....	.....	.....	.....	.....	.....
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	Neurostim electrodes/leads .....	.....	.....	.....	.....	.....
E0755	A	Electronic salivary reflex s .....	.....	.....	.....	.....	.....
E0760	A	Osteogen ultrasound stimltor .....	.....	.....	.....	.....	.....
E0776	A	Iv pole .....	.....	.....	.....	.....	.....
E0781	A	External ambulatory infus pu .....	.....	.....	.....	.....	.....
E0782	A	Non-programable 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 upholstery 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 976 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	N	Drawing blood for specimen .....					
G0002	N	Temporary urinary catheter .....					
G0004	X	ECG transm phys review & int .....	956	1.11	\$58.77	\$55.82	\$11.75
G0005	X	ECG 24 hour recording .....	956	1.11	\$58.77	\$55.82	\$11.75
G0006	X	ECG transmission & analysis .....	956	1.11	\$58.77	\$55.82	\$11.75
G0007	N	ECG phy review & interpret .....					
G0008	X	Admin influenza virus vac .....	901	0.07	\$3.92	\$2.49	\$0.78
G0009	X	Admin pneumococcal vaccine .....	901	0.07	\$3.92	\$2.49	\$0.78
G0010	X	Admin hepatitis b vaccine .....	902	1.78	\$94.03	\$41.58	\$18.81
G0015	X	Post symptom ECG tracing .....	956	1.11	\$58.77	\$55.82	\$11.75
G0016	N	Post symptom ECG md review .....					
G0025	X	Collagen skin test kit .....	881	0.20	\$10.77	\$6.78	\$2.15
G0026	A	Fecal leukocyte examination .....					
G0027	A	Semen analysis .....					
G0030	S	PET imaging prev PET single .....	760	17.91	\$947.13	\$419.46	\$189.43
G0031	S	PET imaging prev PET multiple .....	760	17.91	\$947.13	\$419.46	\$189.43
G0032	S	PET follow SPECT 78464 singl .....	760	17.91	\$947.13	\$419.46	\$189.43
G0033	S	PET follow SPECT 78464 mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0034	S	PET follow SPECT 76865 singl .....	760	17.91	\$947.13	\$419.46	\$189.43
G0035	S	PET follow SPECT 78465 mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0036	S	PET follow comry angio sing .....	760	17.91	\$947.13	\$419.46	\$189.43
G0037	S	PET follow comry angio mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0038	S	PET follow myocard perf sing .....	760	17.91	\$947.13	\$419.46	\$189.43
G0039	S	PET follow myocard perf mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0040	S	PET follow stress echo singl .....	760	17.91	\$947.13	\$419.46	\$189.43
G0041	S	PET follow stress echo mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0042	S	PET follow ventriculogm sing .....	760	17.91	\$947.13	\$419.46	\$189.43
G0043	S	PET follow ventriculogm mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0044	S	PET following rest ECG singl .....	760	17.91	\$947.13	\$419.46	\$189.43
G0045	S	PET following rest ECG mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0046	S	PET follow stress ECG singl .....	760	17.91	\$947.13	\$419.46	\$189.43
G0047	S	PET follow stress ECG mult .....	760	17.91	\$947.13	\$419.46	\$189.43
G0050	S	Residual urine by ultrasound .....	747	1.65	\$87.17	\$54.69	\$17.43
G0101	V	CA screen;pelvic/breast exam .....	913				
G0104	T	CA screen;flexi sigmoidscope .....	446	2.59	\$137.12	\$65.09	\$27.42
G0105	T	Colorectal scrn; hi risk ind .....	426	6.85	\$362.40	\$187.81	\$72.48
G0106	S	Colon CA screen;barium enema .....	736	1.85	\$97.95	\$54.24	\$19.59
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	\$97.95	\$54.24	\$19.59
G0121	E	Colon ca scrn; barium enema .....					
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 500 MG .....					
J0270	E	Alprostadiil 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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J0330	N	Succinylcholine 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	4.17	\$220.38	\$140.12	\$44.08
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 .....					
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	Dexamethasone 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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Methodone 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	Filgrastim 300 mcg injecton .....					
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 .....					
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	4.17	\$220.38	\$140.12	\$44.08

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Chlorprocaine 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 .....	.....	.....	.....	.....	.....
J2710	N	Neostigmine methylsilfte 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 injecton .....	.....	.....	.....	.....	.....
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	E	Vancomycin hcl injecton .....	.....	.....	.....	.....	.....
J3390	N	Methoxamine injection .....	.....	.....	.....	.....	.....
J3400	N	Triflupromazine hcl inj .....	.....	.....	.....	.....	.....
J3410	N	Hydroxyzine hcl injecton .....	.....	.....	.....	.....	.....
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	A	Normal saline solution infus .....	.....	.....	.....	.....	.....
J7040	A	Normal saline solution infus .....	.....	.....	.....	.....	.....
J7042	A	5% dextrose/normal saline .....	.....	.....	.....	.....	.....
J7050	A	Normal saline solution infus .....	.....	.....	.....	.....	.....
J7051	A	Sterile saline/water .....	.....	.....	.....	.....	.....
J7060	A	5% dextrose/water .....	.....	.....	.....	.....	.....
J7070	A	D5w infusion .....	.....	.....	.....	.....	.....
J7100	A	Dextran 40 infusion .....	.....	.....	.....	.....	.....
J7110	A	Dextran 75 infusion .....	.....	.....	.....	.....	.....
J7120	A	Ringers lactate infusion .....	.....	.....	.....	.....	.....
J7130	A	Hypertonic saline solution .....	.....	.....	.....	.....	.....
J7190	N	Factor viii .....	.....	.....	.....	.....	.....
J7191	N	Factor VIII (porcine) .....	.....	.....	.....	.....	.....
J7192	N	Factor viii recombinant .....	.....	.....	.....	.....	.....
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 injecton .....	.....	.....	.....	.....	.....
J7640	A	Epinephrine injection .....	.....	.....	.....	.....	.....
J7645	A	Ipratropium bromide .02%/ml .....	.....	.....	.....	.....	.....
J7650	A	Isoetharine hcl .1% inj .....	.....	.....	.....	.....	.....
J7651	A	Isoetharine hcl .125% inj .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	1.04	\$54.85	\$36.61	\$10.97
J8999	X	Oral prescription drug chemo .....	061	1.04	\$54.85	\$36.61	\$10.97
J9000	X	Doxorubic hcl 10 MG vl chemo .....	062	1.69	\$89.13	\$36.61	\$17.83
J9015	X	Aldesleukin/single use vial .....	061	1.04	\$54.85	\$36.61	\$10.97
J9020	X	Asparaginase injection .....	062	1.69	\$89.13	\$36.61	\$17.83
J9031	X	Bcg live intravesical vac .....	063	2.89	\$152.79	\$110.97	\$30.56
J9040	X	Bleomycin sulfate injection .....	063	2.89	\$152.79	\$110.97	\$30.56
J9045	X	Carboplatin injection .....	063	2.89	\$152.79	\$110.97	\$30.56
J9050	X	Carmus bischl nitro inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9060	X	Cisplatin 10 MG injecton .....	062	1.69	\$89.13	\$36.61	\$17.83
J9062	X	Cisplatin 50 MG injecton .....	063	2.89	\$152.79	\$110.97	\$30.56
J9065	X	Inj cladribine per 1 MG .....	062	1.69	\$89.13	\$36.61	\$17.83
J9070	X	Cyclophosphamide 100 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9080	X	Cyclophosphamide 200 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9090	X	Cyclophosphamide 500 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9091	X	Cyclophosphamide 1.0 grm inj .....	062	1.69	\$89.13	\$36.61	\$17.83
J9092	X	Cyclophosphamide 2.0 grm inj .....	062	1.69	\$89.13	\$36.61	\$17.83
J9093	X	Cyclophosphamide lyophilized .....	061	1.04	\$54.85	\$36.61	\$10.97
J9094	X	Cyclophosphamide lyophilized .....	061	1.04	\$54.85	\$36.61	\$10.97
J9095	X	Cyclophosphamide lyophilized .....	061	1.04	\$54.85	\$36.61	\$10.97
J9096	X	Cyclophosphamide lyophilized .....	062	1.69	\$89.13	\$36.61	\$17.83
J9097	X	Cyclophosphamide lyophilized .....	062	1.69	\$89.13	\$36.61	\$17.83
J9100	X	Cytarabine hcl 100 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9110	X	Cytarabine hcl 500 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9120	X	Dactinomycin actinomycin d .....	061	1.04	\$54.85	\$36.61	\$10.97
J9130	X	Dacarbazine 10 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9140	X	Dacarbazine 200 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9150	X	Daunorubicin .....	062	1.69	\$89.13	\$36.61	\$17.83
J9165	X	Diethylstilbestrol injection .....	061	1.04	\$54.85	\$36.61	\$10.97
J9170	X	Docetaxel .....	061	1.04	\$54.85	\$36.61	\$10.97
J9181	X	Etoposide 10 MG inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9182	X	Etoposide 100 MG inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9185	X	Fludarabine phosphate inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9190	X	Fluorouracil injection .....	061	1.04	\$54.85	\$36.61	\$10.97
J9200	X	Floxuridine injection .....	063	2.89	\$152.79	\$110.97	\$30.56
J9201	X	Gemcitabine HCl .....	061	1.04	\$54.85	\$36.61	\$10.97
J9202	X	Goserelin acetate implant .....	063	2.89	\$152.79	\$110.97	\$30.56
J9206	X	Irinotecan injection .....	061	1.04	\$54.85	\$36.61	\$10.97
J9208	X	Ifosfomide injection .....	063	2.89	\$152.79	\$110.97	\$30.56
J9209	X	Mesna injection .....	063	2.89	\$152.79	\$110.97	\$30.56
J9211	X	Idarubicin hcl injecton .....	062	1.69	\$89.13	\$36.61	\$17.83
J9213	X	Interferon alfa-2a inj .....	062	1.69	\$89.13	\$36.61	\$17.83
J9214	X	Interferon alfa-2b inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9215	X	Interferon alfa-n3 inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9216	X	Interferon gamma 1-b inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9217	X	Leuprolide acetate suspnsion .....	064	4.17	\$220.38	\$140.12	\$44.08
J9218	X	Leuprolide acetate injecton .....	061	1.04	\$54.85	\$36.61	\$10.97
J9230	X	Mechlorethamine hcl inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9245	X	Inj melphalan hydrochl 50 MG .....	064	4.17	\$220.38	\$140.12	\$44.08
J9250	X	Methotrexate sodium inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9260	X	Methotrexate sodium inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9265	X	Paclitaxel injection .....	062	1.69	\$89.13	\$36.61	\$17.83
J9266	X	Pegaspargase/singl dose vial .....	061	1.04	\$54.85	\$36.61	\$10.97
J9268	X	Pentostatin injection .....	062	1.69	\$89.13	\$36.61	\$17.83
J9270	X	Plicamycin (mithramycin) inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9280	X	Mitomycin 5 MG inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9290	X	Mitomycin 20 MG inj .....	064	4.17	\$220.38	\$140.12	\$44.08
J9291	X	Mitomycin 40 MG inj .....	064	4.17	\$220.38	\$140.12	\$44.08
J9293	X	Mitoxantrone hydrochl / 5 MG .....	064	4.17	\$220.38	\$140.12	\$44.08
J9320	X	Streptozocin injection .....	063	2.89	\$152.79	\$110.97	\$30.56

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J9340	X	Thiotepa injection .....	063	2.89	\$152.79	\$110.97	\$30.56
J9350	X	Topotecan .....	061	1.04	\$54.85	\$36.61	\$10.97
J9360	X	Vinblastine sulfate inj .....	061	1.04	\$54.85	\$36.61	\$10.97
J9370	X	Vincristine sulfate 1 MG inj .....	062	1.69	\$89.13	\$36.61	\$17.83
J9375	X	Vincristine sulfate 2 MG inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9380	X	Vincristine sulfate 5 MG inj .....	063	2.89	\$152.79	\$110.97	\$30.56
J9390	X	Vinorelbine tartrate/10 mg .....	061	1.04	\$54.85	\$36.61	\$10.97
J9600	X	Porfimer sodium .....	061	1.04	\$54.85	\$36.61	\$10.97
J9999	X	Chemotherapy drug .....	061	1.04	\$54.85	\$36.61	\$10.97
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 complete .....					
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 upholst 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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 chrg 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 wheelchair .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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/antimocyt 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 with cpap .....	.....	.....	.....	.....	.....
K0184	A	Nasal pillows/seals pair .....	.....	.....	.....	.....	.....
K0185	A	Headgear with cpap device .....	.....	.....	.....	.....	.....
K0186	A	Chin strap with cpap device .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
K0187	A	Tubing with cpap device .....					
K0188	A	Filter disposable with cpap .....					
K0189	A	Filter non-disposable w/cpap .....					
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 wheelchair leg rests .....					
K0268	A	Humidifier with cpap device .....					
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 250 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 hvly 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 .....					
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	S	Auricular prosthesis .....	031	1.33	\$70.52	\$14.10	\$14.10
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 .....					
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 H2O 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 cruate 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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-standard 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	Shoe misc add insole leather .....	.....	.....	.....	.....	.....
L3510	A	Shoe misc addition insole ru .....	.....	.....	.....	.....	.....
L3520	A	Shoe insole felt cver w/ lea .....	.....	.....	.....	.....	.....
L3530	A	Shoe misc additions sole hal .....	.....	.....	.....	.....	.....
L3540	A	Shoe misc additions sole ful .....	.....	.....	.....	.....	.....
L3550	A	Shoe misc add toe tap standa .....	.....	.....	.....	.....	.....
L3560	A	Shoe misc add toe tap horses .....	.....	.....	.....	.....	.....
L3570	A	Shoe special extension to in .....	.....	.....	.....	.....	.....
L3580	A	Shoe convert instep velcro c .....	.....	.....	.....	.....	.....
L3590	A	Shoe convert firm to soft cn .....	.....	.....	.....	.....	.....
L3595	A	Shoe misc additions march ba .....	.....	.....	.....	.....	.....
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	Unlist proc orth shoe modif/ .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L4210	A	Orth dev repair/repl minor p .....	.....	.....	.....	.....	.....
L4310	A	Multi-podus/eq orth prep mgmt .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
L4390	A	Replace multi-podus splint .....	.....	.....	.....	.....	.....
L4392	A	Replace ankle contrac splint .....	.....	.....	.....	.....	.....
L4394	A	Replace foot drop splint .....	.....	.....	.....	.....	.....
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 dsq bk ea add cast ch .....	.....	.....	.....	.....	.....
L5420	A	Postop dsq & 1 cast chg ak/d .....	.....	.....	.....	.....	.....
L5430	A	Postop dsq ak ea add cast ch .....	.....	.....	.....	.....	.....
L5450	A	Postop app non-wgt bear dsq .....	.....	.....	.....	.....	.....
L5460	A	Postop app non-wgt bear dsq .....	.....	.....	.....	.....	.....
L5500	A	Init bk ptb plaster direct .....	.....	.....	.....	.....	.....
L5505	A	Init ak ischal plstr direct .....	.....	.....	.....	.....	.....
L5510	A	Prep BK ptb plaster molded .....	.....	.....	.....	.....	.....
L5520	A	Prep 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 articulac .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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	Knee-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 ultra 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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L5826	A	Pediatric 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 anl/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 sock 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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....
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 disartical switch ctrl .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Elas suprt stock bk med wgt .....	.....	.....	.....	.....	.....
L8110	A	Elastic supp stocking bk hvy .....	.....	.....	.....	.....	.....
L8120	A	Elastic supp stockng bk surg .....	.....	.....	.....	.....	.....
L8130	A	Elastic supp stocking ak med .....	.....	.....	.....	.....	.....
L8140	A	Elastic supp stocking ak hvy .....	.....	.....	.....	.....	.....
L8150	A	Elastic supp stockng ak surg .....	.....	.....	.....	.....	.....
L8160	A	Supp stocking full lgth med .....	.....	.....	.....	.....	.....
L8170	A	Supp stocking full lgth hvy .....	.....	.....	.....	.....	.....
L8180	A	Supp stocking heavy surg wei .....	.....	.....	.....	.....	.....
L8190	A	Elas stocking leotards med w .....	.....	.....	.....	.....	.....
L8200	A	Elas stocking leotards surg .....	.....	.....	.....	.....	.....
L8210	A	Elastic stocking custom made .....	.....	.....	.....	.....	.....
L8220	A	Elastic stocking lymphedema .....	.....	.....	.....	.....	.....
L8230	A	Elastic stocking garter belt .....	.....	.....	.....	.....	.....
L8239	A	Elastic support 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	Sock wool below knee .....	.....	.....	.....	.....	.....
L8430	A	Sock wool above knee .....	.....	.....	.....	.....	.....
L8435	A	Sock wool upper limb .....	.....	.....	.....	.....	.....
L8440	A	Shrinker below knee .....	.....	.....	.....	.....	.....
L8460	A	Shrinker above knee .....	.....	.....	.....	.....	.....
L8465	A	Shrinker upper limb .....	.....	.....	.....	.....	.....
L8470	A	Stump sock single below knee .....	.....	.....	.....	.....	.....
L8480	A	Stump sock single above knee .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L8485	A	Stump sock fitting uppr limb .....					
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	\$45.05	\$12.43	\$9.01
M0075	E	Cellular therapy .....					
M0076	E	Prolotherapy .....					
M0100	E	Intragastric hypothermia .....					
M0101	E	Foot care hygienic/pm .....					
M0300	E	IV chelation therapy .....					
M0301	E	Fabric wrapping of aneurysm .....					
M0302	E	Assessment of cardiac output .....					
P2028	A	Cephalin flocculation 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 .....					
P9014	N	Gamma globulin 1 ML .....					
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	Platelet rich plasma unit .....					
P9021	N	Red blood cells unit .....					
P9022	N	Washed red blood cells unit .....					
P9603	N	One-way allow prorated miles .....					
P9604	N	One-way allow prorated trip .....					
P9610	E	Urine specimen collect singl .....					
P9615	E	Urine specimen collect mult .....					
Q0034	X	Admin of influenza vaccine .....	901	0.07	\$3.92	\$2.49	\$7.78
Q0035	X	Cardiokymography .....	950	0.35	\$18.61	\$15.82	\$3.72
Q0068	T	Extracorpeal plasmapheresis .....	369	4.33	\$229.19	\$97.18	\$45.84
Q0081	X	Infusion ther other than che .....	906	1.46	\$77.38	\$42.49	\$15.48
Q0082	X	Activity therapy w/partial h .....					
Q0083	S	Chemo by other than infusion .....	987	0.65	\$34.28	\$13.33	\$6.86
Q0084	S	Chemotherapy by infusion .....	989	1.72	\$91.09	\$40.68	\$18.22
Q0085	S	Chemo by both infusion and o .....	989	1.72	\$91.09	\$40.68	\$18.22
Q0086	A	Physical therapy evaluation/ .....					
Q0091	T	Obtaining screen pap smear .....	561	1.52	\$80.32	\$24.63	\$16.06
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 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Sphero cylindr 4.00d/12-2.00d					
V2104	A	Sphero cylindr 4.00d/2.12-4d					
V2105	A	Sphero cylinder 4.00d/4.25-6d					
V2106	A	Sphero cylinder 4.00d/>6.00d					
V2107	A	Sphero cylinder 4.25d/12-2d					
V2108	A	Sphero cylinder 4.25d/2.12-4d					
V2109	A	Sphero cylinder 4.25d/4.25-6d					
V2110	A	Sphero cylinder 4.25d/over 6d					
V2111	A	Sphero cylindr 7.25d/.25-2.25					
V2112	A	Sphero cylindr 7.25d/2.25-4d					
V2113	A	Sphero cylindr 7.25d/4.25-6d					
V2114	A	Sphero cylinder 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					
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					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
V2310	A	Lens sphc trifocal 4.25-7/>6 .....	.....	.....	.....	.....	.....
V2311	A	Lens sphc trifo 7.25-12/2.25- .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....
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 .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 .....	.....	.....	.....	.....	.....

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
031		Dental procedures	S	1.34	\$67.90	\$13.58	\$13.58
031	D0150	Comprehensive 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 procedure					
031	D0999	Unspecified diagnostic procedure					
031	D1510	Space maintainer fxd unilat					
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 implant					
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 flap					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
031	K0445	Auricular prosthesis					
061	Level I Chemotherapeutic agents		X	1.04	\$52.70	\$36.61	\$10.54
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 injection					
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					
062	Level II Chemotherapeutic agents		X	1.69	\$85.63	\$36.61	\$17.13
062	J9000	Doxorubic hcl 10 MG v1 chemo					
062	J9020	Asparaginase injection					
062	J9060	Cisplatin 10 MG injection					
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 injection					
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	2.89	\$146.43	\$110.97	\$29.29
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 injection					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
063	J9380	Vincristine sulfate 5 MG inj					
064	Level IV	Chemotherapeutic agents	X	4.17	\$211.29	\$140.12	\$42.26
064	J0640	Leucovorin calcium injection					
064	J9217	Leuprolide acetate suspnion					
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	2.54	\$128.7	\$37.29	\$25.74
089	96100	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, INTELLECTUAL ABILITIES, EG, WAIS-R, RORSCHACH, MMPI) WITH INTERPRETATION AND REPORT, PER HOUR					
089	96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT					
089	96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT					
089	96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, EG, BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND REPORT, PER HOUR					
089	96115	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, MEMORY, VISUAL SPATIAL ABILITIES, LANGUAGE FUNCTIONS, PLANNING) WITH INTERPRETATION AND REPORT, PER HOUR					
089	96117	NEUROPSYCHOLOGICAL TESTING BATTERY (EG, HALSTEAD-REITAN, LURIA, WAIS-R) WITH INTERPRETATION AND REPORT, PER HOUR					
090	Monitoring	psychiatric drugs	X	0.85	\$43.07	\$12.43	\$8.61
090	90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY					
090	M0064	Visit for drug monitoring					
091	Brief Individual Psychotherapy		S	1.09	\$55.23	\$14.01	\$11.05
091	90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;					
091	90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES					
091	90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;					
091	90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M					
091	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE					
092	Extended Individual Psychotherapy		S	1.57	\$79.55	\$21.92	\$15.91
092	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION					
092	90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF COMMUNICATION					
092	90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES					
092	90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES					
092	90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M					
092	90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M					
092	90845	PSYCHOANALYSIS					
092	90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL) INTERVIEW					
092	90880	HYPNOTHERAPY					
093	Family Psychotherapy		S	1.54	\$78.03	\$20.11	\$15.61

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
093	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)					
093	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)					
094	Group Psychotherapy		S	1.24	\$62.83	\$20.11	\$12.57
094	90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY					
094	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)					
094	90857	INTERACTIVE GROUP PSYCHOTHERAPY					
121	Level I needle biopsy/aspiration		T	0.67	\$33.95	\$20.91	\$6.79
121	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE					
121	19000	PUNCTURE ASPIRATION OF CYST OF BREAST;					
121	19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST					
121	20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST					
121	55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION					
121	60001	ASPIRATION AND/OR INJECTION, THYROID CYST					
121	60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM					
121	85095	BONE MARROW; ASPIRATION ONLY					
121	85102	BONE MARROW BIOPSY, NEEDLE OR TROCAR					
121	88170	FINE NEEDLE ASPIRATION WITH OR WITHOUT PREPARATION OF SMEARS; SUPERFICIAL TISSUE (EG, THYROID, BREAST, PROSTATE)					
121	88171	FINE NEEDLE ASPIRATION WITH OR WITHOUT PREPARATION OF SMEARS; DEEP TISSUE UNDER RADIOLOGIC GUIDANCE					
122	Level II needle biopsy/aspiration		T	4.87	\$246.76	\$115.03	\$49.35
122	19100	BIOPSY OF BREAST; NEEDLE CORE (SEPARATE PROCEDURE)					
122	20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE					
122	32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE					
122	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE					
122	38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)					
122	42400	BIOPSY OF SALIVARY GLAND; NEEDLE					
122	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS					
122	47399	UNLISTED PROCEDURE, LIVER					
122	48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE					
122	48999	UNLISTED PROCEDURE, PANCREAS					
122	49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE					
122	50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE					
122	50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS					
122	54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)					
122	54800	BIOPSY OF EPIDIDYMISS, NEEDLE					
122	60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE					
122	62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE					
122	67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS					
131	Level I incision & drainage		T	1.94	\$98.30	\$36.61	\$19.66
131	10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)					
131	10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE					
131	10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE					
131	10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE					
131	10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED					
131	10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE					
131	10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION					
131	10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST					
131	10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION					
131	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES					
131	20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL					
131	26010	DRAINAGE OF FINGER ABSCESS; SIMPLE					
131	26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)					
131	69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE					
131	69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED					
131	69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS					
132	Level II incision & drainage		T	6.04	\$306.04	\$134.13	\$61.21
132	19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP					
132	20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME					
132	21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;					
132	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB					
132	21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION					
132	21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION					
132	23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA					
132	23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA					
132	23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA					
132	23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA					
132	27301	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION					
132	27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA					
132	28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT					
132	38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
132	38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE					
132	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM					
132	51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS					
132	54015	INCISION AND DRAINAGE OF PENIS, DEEP					
132	54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)					
132	55100	DRAINAGE OF SCROTAL WALL ABSCESS					
137	Nail procedures		T	0.46	\$23.31	\$4.66	\$4.66
137	11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER					
137	11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE					
137	11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE					
137	11740	EVACUATION OF SUBUNGUAL HEMATOMA					
137	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)					
141	Level I Destruction of lesion		T	0.59	\$29.90	\$9.49	\$5.98
141	17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; FIRST LESION					
141	17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; SECOND THROUGH 14 LE					
141	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM					
141	17110	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS					
142	Level II Destruction of lesion		T	3.77	\$191.02	\$73.00	\$38.20
142	17004	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; 15 OR MORE LESIONS					
142	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0–50.0 SQ CM					
142	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM					
142	17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR MORE LESIONS					
151	Level I debridement/destruction		T	1.74	\$88.16	\$35.71	\$17.63
151	11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE					
151	11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE					
151	11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS					
151	11041	DEBRIDEMENT; SKIN, FULL THICKNESS					
151	11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE					
151	11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION					
151	11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO FOUR LESIONS					
151	11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN FOUR LESIONS					
151	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROKUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS					
151	11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROKUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS					
151	11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
151	11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
151	11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
151	11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM					
151	11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
151	11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
151	11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
151	11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM					
151	11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS					
151	11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM					
151	11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM					
151	11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM					
151	11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE					
151	11731	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SECOND NAIL PLATE					
151	11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE					
151	11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)					
151	11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS					
151	11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS					
151	15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)					
151	15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)					
151	15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS					
151	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL					
151	15789	CHEMICAL PEEL, FACIAL; DERMAL					
151	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL					
151	15793	CHEMICAL PEEL, NONFACIAL; DERMAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
151	15810	SALABRASION; 20 SQ CM OR LESS					
151	15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON					
151	15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON					
151	15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)					
151	16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED					
151	16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL					
151	16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)					
151	16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)					
151	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)					
151	17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
151	17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
151	17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
151	17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM					
151	17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM					
151	17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM					
151	17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
151	17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
151	17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
151	17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM					
151	17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM					
151	17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM					
151	17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS					
151	17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM					
151	17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM					
151	17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM					
151	17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM					
151	17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM					
151	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE					
151	17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)					
151	17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR					
151	42809	REMOVAL OF FOREIGN BODY FROM PHARYNX					
151	69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)					
152	Level II debridement/destruction		T	10.43	\$528.48	\$261.71	\$105.7
152	16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL					
152	16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEMENT					
152	46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL					
152	46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION					
152	46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY					
152	46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY					
152	46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION					
152	46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD					
152	54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL					
152	54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION					
152	54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY					
152	54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY					
152	54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION					
152	54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD					
152	56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD					
152	56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD					
161	Level I excision/biopsy		T	3.50	\$177.34	\$75.48	\$35.47
161	11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); SINGLE LESION					
161	11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); EACH SEPARATE/ADDITIONAL LESION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
161	11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
161	11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
161	11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
161	11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM					
161	11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
161	11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
161	11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
161	11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM					
161	11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS					
161	11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM					
161	11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM					
161	11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM					
161	11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
161	11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
161	11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
161	11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM					
161	11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
161	11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
161	11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
161	11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM					
161	11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS					
161	11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM					
161	11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM					
161	11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM					
161	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL;					
161	20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE					
161	21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX					
161	21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL					
161	23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL					
161	24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL					
161	24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS					
161	25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL					
161	27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL					
161	28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS					
161	56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION					
161	56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION					
161	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)					
161	69100	BIOPSY EXTERNAL EAR					
161	69105	BIOPSY EXTERNAL AUDITORY CANAL					
162	Level II excision/biopsy		T	5.67	\$287.30	\$125.43	\$57.46
162	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE					
162	11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE					
162	11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM					
162	11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM					
162	11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM					
162	11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM					
162	11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE					
162	16035	ESCHAROTOMY					
162	16040	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; UP TO ONE PERCENT TOTAL BODY SURFACE AREA					
162	16041	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; GREATER THAN ONE PERCENT AND UP TO NINE PERCENT TOTAL BODY SURFACE AREA					
162	16042	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; EACH ADDITIONAL NINE PERCENT TOTAL BODY SURFACE AREA, OR PART THEREOF					
162	17304	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; FI					
162	17305	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; SE					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
162	17306	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; TH					
162	17307	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; AD					
162	17310	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; MO					
162	20200	BIOPSY, MUSCLE; SUPERFICIAL					
162	20205	BIOPSY, MUSCLE; DEEP					
162	20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)					
162	20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)					
162	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)					
162	23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD					
162	23075	EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS					
162	24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS					
162	25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS					
162	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL					
162	27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL					
162	28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS					
162	37609	LIGATION OR BIOPSY, TEMPORAL ARTERY					
162	37799	UNLISTED PROCEDURE, VASCULAR SURGERY					
162	54100	BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)					
162	54105	BIOPSY OF PENIS; DEEP STRUCTURES					
162	67350	BIOPSY OF EXTRAOCULAR MUSCLE					
162	67399	UNLISTED PROCEDURE, OCULAR MUSCLE					
162	68100	BIOPSY OF CONJUNCTIVA					
162	68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM					
162	68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM					
162	68135	DESTRUCTION OF LESION, CONJUNCTIVA					
162	68399	UNLISTED PROCEDURE, CONJUNCTIVA					
163	Level III excision/biopsy		T	10.69	\$541.66	\$264.65	\$108.33
163	10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED					
163	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTANEOUS TISSUES					
163	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE					
163	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE					
163	11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER					
163	11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM					
163	11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM					
163	11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR					
163	11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR					
163	11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR					
163	11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR					
163	11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR					
163	11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR					
163	11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM					
163	11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM					
163	11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM					
163	11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM					
163	11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM					
163	11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX					
163	11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE					
163	11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED					
163	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS					
163	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)					
163	15781	DERMABRASION; SEGMENTAL, FACE					
163	15782	DERMABRASION; REGIONAL, OTHER THAN FACE					
163	15811	SALABRASION; OVER 20 SQ CM					
163	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD					
163	15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE					
163	15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;					
163	15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY					
163	15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;					
163	15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)					
163	15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;					
163	15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY					
163	15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
163	20240	BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)					
163	20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)					
163	20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED					
163	20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)					
163	21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS					
163	21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR					
163	21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP					
163	21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK					
163	21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK					
163	22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)					
163	22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM					
163	23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP					
163	23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR					
163	23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA					
163	23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS					
163	23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER PROSTHESIS REMOVAL)					
163	24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP					
163	24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR					
163	24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA					
163	24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP					
163	25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP					
163	25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR					
163	25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA					
163	26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUBCUTANEOUS					
163	26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR					
163	26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER					
163	26320	REMOVAL OF IMPLANT FROM FINGER OR HAND					
163	27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP					
163	27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS					
163	27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR					
163	27049	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA					
163	27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP					
163	27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS					
163	27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR					
163	27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA					
163	27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA					
163	27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP					
163	27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS					
163	27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR					
163	28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP					
163	28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED					
163	69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR					
163	69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL					
163	69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA					
181	Level I skin repair		T	2.19	\$110.97	\$43.84	\$22.19
181	11760	REPAIR OF NAIL BED					
181	11762	RECONSTRUCTION OF NAIL BED WITH GRAFT					
181	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS					
181	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM					
181	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM					
181	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS					
181	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC					
181	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC					
181	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC					
181	12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS					
181	12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM					
181	12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM					
181	12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM					
181	12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM					
181	12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM					
181	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS					
181	12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM					
181	12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM					
181	12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM					
181	12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
181	12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM					
181	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM					
181	12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE					
181	12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING					
181	12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS					
181	12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM					
181	12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM					
181	12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM					
181	12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM					
181	12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS					
181	12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM					
181	12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM					
181	12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM					
181	12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM					
181	12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS					
181	12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM					
181	12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM					
181	12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM					
181	12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM					
181	12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM					
181	20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)					
182	Level II skin repair		T	4.	\$202.68	\$84.98	\$40.54
182	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM					
182	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM					
182	13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM					
182	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM					
182	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM					
182	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM					
182	13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS					
182	13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM					
182	13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM					
182	13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED					
182	13300	REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM, ANY AREA					
182	43870	CLOSURE OF GASTROSTOMY, SURGICAL					
183	Level III skin repair		T	11.17	\$565.98	\$286.46	\$113.20
183	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION					
183	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS					
183	12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM					
183	12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM					
183	12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM					
183	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS					
183	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM					
183	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS					
183	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM					
183	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS					
183	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM					
183	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS					
183	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM					
183	14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA					
183	14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE					
183	15000	EXCISIONAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF ESSENTIALLY INTACT SKIN (INCLUDING SUBCUTANEOUS TISSUES), SCAR, OR OTHER LESION PRIOR TO REPAIR WITH FREE SKIN GRAFT (LIST AS SEPARATE SERVICE IN ADDITION TO SKIN GRAFT)					
183	15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER					
183	15100	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)					
183	15101	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF					
183	15120	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)					
183	15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF					
183	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS					
183	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM					
183	15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS					
183	15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM					
183	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
183	15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM					
183	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS					
183	15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM					
183	15350	APPLICATION OF ALLOGRAFT, SKIN					
183	15400	APPLICATION OF XENOGRFT, SKIN					
183	15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK					
183	15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS					
183	15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET					
183	15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL					
183	15580	CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE					
183	15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK					
183	15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS					
183	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS (EXCEPT 15625), OR FEET					
183	15625	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CROSS FINGER FLAP					
183	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS					
183	15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION					
183	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS					
183	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS					
183	15819	CERVICOPLASTY					
183	15820	BLEPHAROPLASTY, LOWER EYELID					
183	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD					
183	15822	BLEPHAROPLASTY, UPPER EYELID					
183	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID					
183	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")					
183	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP					
183	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK					
183	20910	CARTILAGE GRAFT; COSTOCHONDRAL					
183	20912	CARTILAGE GRAFT; NASAL SEPTUM					
183	20920	FASCIA LATA GRAFT; BY STRIPPER					
183	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET					
183	20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)					
183	23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION					
183	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION					
183	44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)					
183	44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)					
183	65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE					
184	Level IV skin repair		T	15.17	\$768.66	\$396.40	\$153.73
184	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)					
184	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK					
184	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY					
184	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY					
184	15740	FLAP; ISLAND PEDICLE					
184	15750	FLAP; NEUROVASCULAR PEDICLE					
184	15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA					
184	15770	GRAFT; DERMA-FAT-FASCIA					
184	15824	RHYTIDECTOMY; FOREHEAD					
184	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES					
184	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK					
184	15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN (ABDOMINOPLASTY)					
184	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH					
184	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG					
184	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP					
184	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM					
184	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND					
184	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA					
184	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)					
184	15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)					
184	15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE					
184	15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER					
184	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK					
184	15877	SUCTION ASSISTED LIPECTOMY; TRUNK					
184	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY					
184	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY					
184	15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE					
184	15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE					
184	15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY					
184	15936	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE					
184	15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY					
184	15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
184	15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY					
184	15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE					
184	15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE					
184	15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY					
184	15956	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE					
184	15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY					
197	Incision/excision breast		T	12.13	\$614.62	\$310.75	\$122.92
197	19101	BIOPSY OF BREAST; INCISIONAL					
197	19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT					
197	19112	EXCISION OF LACTIFEROUS DUCT FISTULA					
197	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19140), MALE OR FEMALE, ONE OR MORE LESIONS					
197	19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION					
197	19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER					
197	19140	MASTECTOMY FOR GYNECOMASTIA					
197	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST					
197	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESION					
197	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT					
197	19499	UNLISTED PROCEDURE, BREAST					
198	Breast reconstruction/mastectomy		T	19.17	\$971.33	\$530.20	\$194.27
198	19160	MASTECTOMY, PARTIAL;					
198	19162	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY					
198	19180	MASTECTOMY, SIMPLE, COMPLETE					
198	19182	MASTECTOMY, SUBCUTANEOUS					
198	19316	MASTOPEXY					
198	19318	REDUCTION MAMMAPLASTY					
198	19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT					
198	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT					
198	19328	REMOVAL OF INTACT MAMMARY IMPLANT					
198	19330	REMOVAL OF MAMMARY IMPLANT MATERIAL					
198	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION					
198	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION					
198	19350	NIPPLE/AREOLA RECONSTRUCTION					
198	19355	CORRECTION OF INVERTED NIPPLES					
198	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION					
198	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE					
198	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST					
198	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST					
198	19380	REVISION OF RECONSTRUCTED BREAST					
200	Arthrocentesis & Ligament/Tendon Injection		T	1.89	\$95.77	\$39.10	\$19.15
200	20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST					
200	20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)					
200	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)					
200	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)					
207	Closed treatment fracture finger/toe/trunk		T	1.70	\$86.14	\$31.64	\$17.23
207	21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH					
207	21820	CLOSED TREATMENT OF STERNUM FRACTURE					
207	21899	UNLISTED PROCEDURE, NECK OR THORAX					
207	22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)					
207	22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING					
207	22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH AND INCLUDING CASTING AND/OR BRACING, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION					
207	22899	UNLISTED PROCEDURE, SPINE					
207	23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION					
207	23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION					
207	23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION					
207	23525	WITH MANIPULATION					
207	23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION					
207	23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION					
207	23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION					
207	23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)					
207	23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA					
207	23929	UNLISTED PROCEDURE, SHOULDER					
207	26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA					
207	26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH					
207	26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
207	26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOMETACARPAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH					
207	26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH					
207	26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH					
207	26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA					
207	26989	UNLISTED PROCEDURE, HANDS OR FINGERS					
207	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE					
207	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT					
207	28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION					
207	28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION					
207	28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH					
207	28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH					
207	28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA					
207	28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA					
207	28899	UNLISTED PROCEDURE, FOOT OR TOES					
207	31585	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION					
207	31599	UNLISTED PROCEDURE, LARYNX					
209		Closed treatment fracture/dislocation/except finger/toe/trunk	T	1.94	\$98.30	\$37.29	\$19.66
209	23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION					
209	23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION					
209	23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION					
209	23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION					
209	23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION					
209	23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION					
209	24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION					
209	24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION					
209	24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION					
209	24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION					
209	24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION					
209	24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION					
209	24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION					
209	24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION					
209	24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA					
209	24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION					
209	24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION					
209	24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION					
209	24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION					
209	24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION					
209	24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION					
209	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW					
209	25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION					
209	25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION					
209	25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)					
209	25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION					
209	25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION					
209	25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION					
209	25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION					
209	25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITHOUT MANIPULATION					
209	25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITH MANIPULATION					
209	25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION					
209	25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION					
209	25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH BONE					
209	25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE					
209	25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE					
209	25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION					
209	25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION					
209	25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION					
209	25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION					
209	25999	UNLISTED PROCEDURE, FOREARM OR WRIST					
209	26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE					
209	26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE					
209	26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE					
209	26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION					
209	26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION					
209	26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
209	26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOMETACARPAL DISLOCATION, SINGLE, WITH MANIPULATION					
209	26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOMETACARPAL OR INTERMETACARPAL JOINT; WITH MANIPULATION, EACH					
209	27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION					
209	27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION					
209	27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION					
209	27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION					
209	27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION					
209	27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA					
209	27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION					
209	27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA					
209	27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION					
209	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION					
209	27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION					
209	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION					
209	27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION					
209	27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION					
209	27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION					
209	27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION					
209	27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION					
209	27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION					
209	27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION					
209	27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION					
209	27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA					
209	27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA					
209	27599	UNLISTED PROCEDURE, FEMUR OR KNEE					
209	27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION					
209	27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION					
209	27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION					
209	27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION					
209	27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION					
209	27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION					
209	27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION					
209	27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION					
209	27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION					
209	27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION					
209	27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION					
209	27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION					
209	27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION					
209	27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION					
209	27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA					
209	27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA					
209	27899	UNLISTED PROCEDURE, LEG OR ANKLE					
209	28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION					
209	28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION					
209	28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION					
209	28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION					
209	28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH					
209	28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH					
209	28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH					
209	28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH					
209	28530	CLOSED TREATMENT OF SESAMOID FRACTURE					
209	28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA					
209	28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA					
209	28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA					
209	31586	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION					
210	Bone/joint manipulation under anesthesia		T	10.46	\$530.00	\$283.40	\$106.00
210	22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION					
210	23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA					
210	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)					
210	24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA					
210	26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA					
210	26705	CLOSED TREATMENT OF METACARPOMETACARPAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA					
210	26775	CLOSED TREATMENT OF INTERMETACARPAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
210	27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA					
210	27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA					
210	27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA					
210	27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA					
210	27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA					
210	27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA					
210	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)					
210	27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA					
210	27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION					
210	27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)					
210	28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA					
210	28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA					
210	28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA					
210	28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA					
210	28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA					
216		Open/percutaneous treatment fracture or dislocation	T	20.13	\$1,019.98	\$520.82	\$204.00
216	21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION					
216	21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH					
216	23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;					
216	23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)					
216	23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;					
216	23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)					
216	23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION					
216	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES);					
216	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT					
216	23630	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION					
216	23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE					
216	24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS					
216	24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION					
216	24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT INTERCONDYLAR EXTENSION					
216	24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH INTERCONDYLAR EXTENSION					
216	24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION					
216	24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION					
216	24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS);					
216	24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY					
216	24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION					
216	24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;					
216	24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WITH RADIAL HEAD PROSTHETIC REPLACEMENT					
216	24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION					
216	25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), INCLUDES REPAIR OF TRIANGULAR CARTILAGE					
216	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
216	25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA					
216	25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, REQUIRING MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION					
216	25620	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE					
216	25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES					
216	25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC					
216	25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION					
216	25695	OPEN TREATMENT OF LUNATE DISLOCATION					
216	26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE					
216	26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE					
216	26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION					
216	26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION					
216	26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAYED REDUCTION					
216	26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH					
216	26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH					
216	26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH					
216	26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH					
216	26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH					
216	26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION					
216	26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE					
216	27202	OPEN TREATMENT OF COCCYGEAL FRACTURE					
216	27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION					
216	27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENOUS REPAIR OR AUGMENTATION/RECONSTRUCTION					
216	27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY					
216	27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA					
216	27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)					
216	27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE					
216	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE					
216	27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP					
216	27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP					
216	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF FIBULA ONLY					
216	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY					
216	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF BOTH TIBIA AND FIBULA					
216	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR WITH EXCISION OF PROXIMAL FIBULA					
216	27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION					
216	27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION					
216	28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION					
216	28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;					
216	28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)					
216	28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION					
216	28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
216	28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH					
216	28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH					
216	28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH					
216	28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION					
216	28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH					
216	28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION					
216	28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION					
216	28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION					
216	28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION					
216	28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION					
216	28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
216	28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION					
216	28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION					
217	Arthroplasty		T	20.48	\$1,037.71	\$526.81	\$207.54
217	24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE					
217	24365	ARTHROPLASTY, RADIAL HEAD;					
217	25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION					
217	25447	INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS					
217	25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT					
217	26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH					
217	26535	ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH					
217	27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA					
217	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS					
217	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;					
217	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY					
217	27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS;					
217	27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY					
217	27700	ARTHROPLASTY, ANKLE;					
218	Arthroplasty with prosthesis		T	27.49	\$1,392.90	\$715.52	\$278.58
218	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT					
218	24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT					
218	24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION					
218	24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")					
218	24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT					
218	25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS					
218	25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA					
218	25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)					
218	25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE					
218	25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM					
218	25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")					
218	26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH					
218	26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH					
218	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS					
226	Maxillofacial prostheses		T	1.59	\$80.56	\$21.92	\$16.11
226	21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS					
226	21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS					
226	21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS					
226	21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS					
226	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS					
226	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS					
226	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS					
226	21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS					
226	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS					
226	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS					
226	21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS					
226	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE					
231	Level I skull and facial bone procedures		T	12.02	\$609.05	\$299.9	\$121.81
231	21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP					
231	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE					
231	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)					
231	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)					
231	21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE					
231	21031	EXCISION OF TORUS MANDIBULARIS					
231	21032	EXCISION OF MAXILLARY TORUS PALATINUS					
231	21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE					
231	21041	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX					
231	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
231	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES					
231	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)					
231	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL					
231	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)					
231	21282	LATERAL CANTHOPEXY					
231	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL AP- PROACH					
231	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL AP- PROACH					
231	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE					
231	21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION					
231	21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION					
231	21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION					
231	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION					
231	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED					
231	21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION					
231	21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULA- TION					
231	21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION					
231	21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION					
231	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)					
231	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION					
231	21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT					
231	21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXA- TION OR SPLINTING), INITIAL OR SUBSEQUENT					
231	21493	CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION					
231	21494	CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION					
231	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE					
231	21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD					
231	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES					
231	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES					
232	Level II skull and facial bone procedures		T	23.93	\$1,212.52	\$639.35	\$242.50
232	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT					
232	21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE					
232	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE					
232	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)					
232	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)					
232	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)					
232	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE					
232	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)					
232	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)					
232	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)					
232	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL					
232	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)					
232	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)					
232	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION					
232	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)					
232	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)					
232	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)					
232	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)					
232	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
232	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT					
232	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)					
232	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL					
232	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE					
232	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL					
232	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE					
232	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH					
232	21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH					
232	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL					
232	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION					
232	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION					
232	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM					
232	21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION					
232	21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION					
232	21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING RE- PAIR OF CANTHAL LIGAMENTS AND/OR THE NASOLACRIMAL APPARATUS					
232	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE					
232	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT					
232	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT					
232	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
232	21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION					
232	21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION					
232	21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION					
232	21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION					
232	21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION					
232	21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION					
232	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE					
232	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION					
232	67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION					
232	67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY					
232	67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE					
232	67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BI- OPSY					
251	Level I musculoskeletal procedures		T	14.26	\$722.55	\$366.12	\$144.51
251	20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED					
251	20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC					
251	20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL					
251	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)					
251	20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW RING(S) OR BAR(S))					
251	20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM					
251	20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)					
251	23100	ARTHROTOMY WITH BIOPSY, GLENOHUMERAL JOINT					
251	23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;					
251	23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW					
251	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY					
251	24105	EXCISION, OLECRANON BURSA					
251	24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;					
251	24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;					
251	24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH					
251	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION					
251	25000	TENDON SHEATH INCISION; AT RADIAL STYLOID (EG, FOR DEQUERVAIN'S DISEASE)					
251	25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT					
251	25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA					
251	25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA					
251	25035	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST					
251	25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)					
251	25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY					
251	25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST					
251	25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS					
251	25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM					
251	25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST					
251	25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON					
251	25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION					
251	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION					
251	26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA					
251	26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA					
251	27000	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)					
251	27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT					
251	27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT					
251	27060	EXCISION; ISCHIAL BURSA					
251	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION					
251	27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH OR WITHOUT AUTOGRAFT					
251	27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE					
251	27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP					
251	27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN					
251	27306	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE					
251	27307	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE					
251	27340	EXCISION, PREPATELLAR BURSA					
251	27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)					
251	27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY					
251	27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT					
251	27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY					
251	27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT					
251	27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE					
251	27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG					
251	27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL					
251	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);					
251	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE					
251	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
251	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE					
251	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION					
251	27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY					
251	27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY					
251	27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)					
251	27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA					
251	27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA					
251	27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE					
251	27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE					
251	27656	REPAIR, FASCIAL DEFECT OF LEG					
251	27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH					
251	27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH					
251	27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH					
251	27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOATOMY					
251	27704	REMOVAL OF ANKLE IMPLANT					
251	27707	OSTEOTOMY; FIBULA					
251	27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION					
251	27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE					
251	27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE					
251	27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE					
251	28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY					
251	28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS					
252	Level II Musculoskeletal Procedures		T	19.39	\$982.48	\$509.18	\$196.5
252	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM					
252	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)					
252	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)					
252	20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE					
252	20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)					
252	21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY					
252	21600	EXCISION OF RIB, PARTIAL					
252	21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)					
252	23040	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY					
252	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY					
252	23101	ARTHROTOMY WITH BIOPSY, OR WITH EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT					
252	23105	ARTHROTOMY WITH SYNOVECTOMY; GLENOHUMERAL JOINT					
252	23106	ARTHROTOMY WITH SYNOVECTOMY; STERNOCLAVICULAR JOINT					
252	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY					
252	23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT					
252	23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;					
252	23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT					
252	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE					
252	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA					
252	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK					
252	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE					
252	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA					
252	23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS					
252	23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)					
252	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE					
252	23406	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION					
252	24000	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY					
252	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)					
252	24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY					
252	24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY					
252	24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT					
252	24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT					
252	24130	EXCISION, RADIAL HEAD					
252	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
252	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK					
252	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS					
252	24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS					
252	24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK					
252	24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS					
252	24160	IMPLANT REMOVAL; ELBOW JOINT					
252	24164	IMPLANT REMOVAL; RADIAL HEAD					
252	24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)					
252	24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH					
252	24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS);					
252	24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT					
252	24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION					
252	24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH STRIPPING					
252	24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY					
252	24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION					
252	24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)					
252	24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION					
252	25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE					
252	25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY					
252	25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY					
252	25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY					
252	25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX					
252	25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;					
252	25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA					
252	25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);					
252	25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT					
252	25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;					
252	25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT					
252	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST					
252	25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA					
252	25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS					
252	25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)					
252	25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)					
252	25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)					
252	25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"					
252	25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE					
252	25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE					
252	25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE					
252	25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE					
252	25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE					
252	25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EACH TENDON OR MUSCLE					
252	25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON					
252	25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON					
252	25300	TENODESIS AT WRIST; FLEXORS OF FINGERS					
252	25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS					
252	25360	OSTEOTOMY; ULNA					
252	25365	OSTEOTOMY; RADIUS AND ULNA					
252	25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)					
252	25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)					
252	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN					
252	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY					
252	27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT					
252	27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION					
252	27080	COCCYGECTOMY, PRIMARY					
252	27097	HAMSTRING RESECTION, PROXIMAL					
252	27098	ADDUCTOR TRANSFER TO ISCHIUM					
252	27310	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY					
252	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY					
252	27331	ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES					
252	27332	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL					
252	27333	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL					
252	27334	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR OR POSTERIOR					
252	27335	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA					
252	27350	PATELLECTOMY OR HEMIPATELLECTOMY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
252	27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;					
252	27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT					
252	27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356, OR 27357)					
252	27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL TIBIA AND/ OR FIBULA					
252	27393	LENGTHENING OF HAMSTRING TENDON; SINGLE					
252	27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG					
252	27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE					
252	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR					
252	27425	LATERAL RETINACULAR RELEASE (ANY METHOD)					
252	27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY					
252	27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING					
252	27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY					
252	27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;					
252	27626	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY					
252	27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;					
252	27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
252	27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT					
252	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); FIBULA					
252	27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH					
252	27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY					
252	27680	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; SINGLE					
252	27681	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH					
252	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)					
252	27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH					
252	27687	GASTROCNEMIUS RESECTION (EG, STRAYER PROCEDURE)					
252	27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL					
252	27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS					
252	27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)					
252	27709	OSTEOTOMY; TIBIA AND FIBULA					
252	27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA					
252	27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA					
252	27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA					
252	27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;					
252	27889	ANKLE DISARTICULATION					
253	Level III Musculoskeletal Procedures		T	26.33	\$1,334.13	\$699.24	\$266.83
253	23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE)					
253	23120	CLAVICULECTOMY; PARTIAL					
253	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL					
253	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY					
253	23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;					
253	23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)					
253	23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE					
253	23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS AND HUMERAL HEAD					
253	23800	ARTHRODESIS, SHOULDER JOINT; WITH OR WITHOUT LOCAL BONE GRAFT					
253	23802	ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)					
253	24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)					
253	24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)					
253	24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);					
253	24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT					
253	24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)					
253	24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)					
253	24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT					
253	24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)					
253	24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)					
253	24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
253	24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)					
253	24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS					
253	24800	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT					
253	24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)					
253	25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON					
253	25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON					
253	25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;					
253	25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER					
253	25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, ANY METHOD (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
253	25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)					
253	25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT					
253	25350	OSTEOTOMY, RADIUS; DISTAL THIRD					
253	25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD					
253	25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA					
253	25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA					
253	25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA					
253	25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA					
253	25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)					
253	25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA					
253	25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA					
253	25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS					
253	25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA					
253	25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND ULNA					
253	25800	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT					
253	25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT					
253	25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
253	25830	DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (EG, SAUVE-KAPANDJI PROCEDURE), WITH OR WITHOUT BONE GRAFT					
253	27033	ARTHROTOMY, HIP, WITH EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY					
253	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)					
253	27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)					
253	27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER					
253	27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK					
253	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL					
253	27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE					
253	27400	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE)					
253	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL					
253	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE					
253	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS					
253	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, FOR CHONDROMALACIA PATELLAE)					
253	27420	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE)					
253	27422	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELL, GOLDWAITE TYPE PROCEDURE)					
253	27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY					
253	27430	QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE)					
253	27435	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE					
253	27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); TIBIA					
253	27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS					
253	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;					
253	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)					
253	27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT					
253	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)					
253	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)					
253	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON					
253	27705	OSTEOTOMY; TIBIA					
253	27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR					
253	27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA					
253	27870	ARTHRODESIS, ANKLE, ANY METHOD					
253	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL					
254	Level IV Musculoskeletal Procedures		T	34.37	\$1,741.51	\$937.11	\$348.30
254	23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); ACUTE					
254	23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); CHRONIC					
254	23420	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)					
254	23430	TENODESIS OF LONG TENDON OF BICEPS					
254	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION					
254	23455	CAPSULORRHAPHY, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING					
254	23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK					
254	23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER					
254	23465	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK					
254	23466	CAPSULORRHAPHY WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY					
254	27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR					
254	27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)					
254	27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR					
261	Level I Hand Musculoskeletal Procedures		T	10.54	\$534.06	\$261.48	\$106.81
261	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
261	25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT					
261	25820	INTERCARPAL FUSION; WITHOUT BONE GRAFT					
261	26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM					
261	26025	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL					
261	26030	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED					
261	26034	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER					
261	26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)					
261	26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)					
261	26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)					
261	26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT					
261	26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT					
261	26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT					
261	26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH					
261	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT					
261	26105	ARTHROTOMY WITH SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT					
261	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH					
261	26130	SYNOVECTOMY, CARPOMETACARPAL JOINT					
261	26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL					
261	26145	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR, PALM OR FINGER, SINGLE, EACH DIGIT					
261	26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER					
261	26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH					
261	26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE)					
261	26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)					
261	26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;					
261	26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;					
261	26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
261	26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL					
261	26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER					
261	26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF FINGER					
261	26250	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL;					
261	26260	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER;					
261	26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
261	26262	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL PHALANX OF FINGER					
261	26410	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON					
261	26418	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON					
261	26432	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PINNING					
261	26433	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT					
261	26437	EXTENSOR TENDON REALIGNMENT, HAND					
261	26440	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON					
261	26445	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON					
261	26450	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH					
261	26455	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH					
261	26460	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH					
261	26471	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION					
261	26474	TENODESIS; FOR DISTAL JOINT STABILIZATION					
261	26476	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH					
261	26477	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH					
261	26478	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH					
261	26479	TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH					
261	26500	TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)					
261	26508	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE					
261	26520	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH					
261	26525	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH					
261	26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT					
261	26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)					
261	26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS					
261	26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE					
261	26593	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)					
261	26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE					
261	26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)					
262	Level II Hand Musculoskeletal Procedures		T	18.35	\$929.78	\$480.82	\$185.96
262	25210	CARPECTOMY; ONE BONE					
262	25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW					
262	25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26040	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; PERCUTANEOUS					
262	26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL					
262	26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
262	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT);					
262	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION					
262	26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT					
262	26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26350	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON					
262	26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON					
262	26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; PRIMARY, EACH TENDON					
262	26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON					
262	26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON					
262	26370	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY					
262	26372	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)					
262	26373	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT					
262	26390	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER					
262	26392	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER					
262	26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON					
262	26415	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER					
262	26416	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER					
262	26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON					
262	26426	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES					
262	26428	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)					
262	26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)					
262	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON					
262	26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM					
262	26480	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH					
262	26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON					
262	26485	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITHOUT FREE TENDON GRAFT					
262	26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON					
262	26490	OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE					
262	26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT)					
262	26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER					
262	26496	OPPONENSPLASTY; OTHER METHODS					
262	26497	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER					
262	26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS					
262	26499	CORRECTION CLAW FINGER, OTHER METHODS					
262	26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)					
262	26504	TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)					
262	26510	CROSS INTRINSIC TRANSFER					
262	26516	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT					
262	26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS					
262	26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS					
262	26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)					
262	26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT					
262	26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)					
262	26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT					
262	26550	POLLICIZATION OF A DIGIT					
262	26555	POSITIONAL CHANGE OF OTHER FINGER					
262	26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS					
262	26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)					
262	26565	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL					
262	26567	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER					
262	26568	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX					
262	26580	REPAIR CLEFT HAND					
262	26585	REPAIR BIFID DIGIT					
262	26590	REPAIR MACRODACTYLIA					
262	26591	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)					
262	26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES					
262	26597	RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AND/OR FINGER					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
262	26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)					
262	26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;					
262	26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;					
262	26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;					
262	26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;					
262	26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT					
262	26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
262	26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT					
262	26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER					
271	Level I Foot Musculoskeletal Procedures		T	14.41	\$730.15	\$368.38	\$146.03
271	27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); *LOCAL ANESTHESIA					
271	28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT					
271	28008	FASCIOTOMY, FOOT AND/OR TOE					
271	28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE					
271	28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE					
271	28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT					
271	28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT					
271	28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT					
271	28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR					
271	28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT					
271	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT					
271	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT					
271	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT					
271	28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH					
271	28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR					
271	28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR					
271	28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT					
271	28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES					
271	28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;					
271	28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;					
271	28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT					
271	28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD					
271	28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)					
271	28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD					
271	28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (CLAYTON TYPE PROCEDURE)					
271	28116	OSTECTOMY, EXCISION OF TARSAL COALITION					
271	28118	OSTECTOMY, CALCANEUS;					
271	28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE					
271	28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TALAR BOSSING), TALUS OR CALCANEUS					
271	28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING), TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS					
271	28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING), PHALANX OF TOE					
271	28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, SINGLE TOE, EACH					
271	28130	TALECTOMY (ASTRAGALECTOMY)					
271	28140	METATARSECTOMY					
271	28150	PHALANGECTOMY OF TOE, SINGLE, EACH					
271	28153	RESECTION, HEAD OF PHALANX, TOE					
271	28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH					
271	28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)					
271	28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL					
271	28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE					
271	28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON					
271	28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON					
271	28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)					
271	28220	TENOLYSIS, FLEXOR, FOOT; SINGLE					
271	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)					
271	28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE					
271	28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)					
271	28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)					
271	28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)					
271	28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE					
271	28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE					
271	28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE PROCEDURE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
271	28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)					
271	28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE)					
271	28285	HAMMERTOES OPERATION, ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)					
271	28286	COCK-UP FIFTH TOE OPERATION WITH PLASTIC SKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE)					
271	28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)					
271	28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE					
271	28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY					
271	28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)					
271	28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION					
271	28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION					
271	28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)					
271	28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT					
271	28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT					
271	28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE					
271	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT					
271	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT					
271	29893	ENDOSCOPIC PLANTAR FASCIOTOMY					
272	Level II Foot Musculoskeletal Procedures		T	16.56	\$839.09	\$409.74	\$167.82
272	28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)					
272	28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)					
272	28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH					
272	28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH					
272	28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
272	28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT					
272	28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)					
272	28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT					
272	28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)					
272	28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)					
272	28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)					
272	28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)					
272	28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING					
272	28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY					
272	28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)					
272	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD					
272	28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION					
272	28302	OSTEOTOMY; TALUS					
272	28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;					
272	28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)					
272	28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL					
272	28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL WITH AUTOGRAFT					
272	28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHER THAN FIRST METATARSAL					
272	28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)					
272	28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)					
272	28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)					
272	28344	RECONSTRUCTION, TOE(S); POLYDACTYLY					
272	28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB					
272	28360	RECONSTRUCTION, CLEFT FOOT					
272	28705	PANTALAR ARTHRODESIS					
272	28715	TRIPLE ARTHRODESIS					
272	28725	SUBTALAR ARTHRODESIS					
272	28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;					
272	28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION					
272	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT					
272	28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES TYPE PROCEDURE)					
276	Bunion Procedures		T	19.19	\$972.35	\$500.14	\$194.47
276	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)					
276	28290	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)					
276	28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE					
276	28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
276	28294	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE)					
276	28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)					
276	28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE					
276	28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY					
276	28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)					
280	Diagnostic Arthroscopy		T	22.2	\$1,124.86	\$581.72	\$224.97
280	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)					
280	29815	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)					
280	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)					
280	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)					
280	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)					
280	29909	UNLISTED PROCEDURE, ARTHROSCOPY					
281	Level I Surgical Arthroscopy		T	22.65	\$1,147.66	\$590.20	\$229.53
281	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL					
281	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY					
281	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL					
281	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE					
281	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED					
281	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE					
281	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION					
281	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE					
281	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY					
281	29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL					
281	29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE					
281	29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED					
281	29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE					
281	29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE					
281	29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL					
281	29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE					
281	29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT					
281	29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY					
281	29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT					
281	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)					
281	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY					
281	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM					
281	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY					
281	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)					
281	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)					
281	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)					
281	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING					
281	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)					
281	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)					
281	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)					
281	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION					
281	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY					
281	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL					
281	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED					
281	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE					
282	Level II Surgical Arthroscopy		T	23.94	\$1,213.03	\$614.04	\$242.61
282	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE					
282	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)					
282	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)					
282	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)					
282	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)					
282	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION					
282	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT					
286	Arthroscopically-Aided Procedures		T	26.76	\$1,355.91	\$802.41	\$271.18
286	29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)					
286	29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)					
286	29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)					
286	29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
286	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION					
286	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION					
286	29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY)					
311	Level I ENT Procedures		T	1.43	\$72.46	\$20.57	\$14.49
311	30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH					
311	30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM					
311	30100	BIOPSY, INTRANASAL					
311	30110	EXCISION, NASAL POLYP(S), SIMPLE					
311	30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH					
311	30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS					
311	30210	DISPLACEMENT THERAPY (PROETZ TYPE)					
311	30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)					
311	30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE					
311	30560	LYSIS INTRANASAL SYNECHIA					
311	31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)					
311	31002	LAVAGE BY CANNULATION; SPHENOID SINUS					
311	31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL					
311	31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE					
311	40490	BIOPSY OF LIP					
311	40799	UNLISTED PROCEDURE, LIPS					
311	40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE					
311	40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED					
311	40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE					
311	40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED					
311	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)					
311	40808	BIOPSY, VESTIBULE OF MOUTH					
311	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR					
311	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR					
311	40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)					
311	40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH					
311	41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL					
311	41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL					
311	41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS					
311	41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD					
311	41108	BIOPSY OF FLOOR OF MOUTH					
311	41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE					
311	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)					
311	41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH					
311	41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES					
311	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE					
311	41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT					
311	41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES					
311	41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR					
311	41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR					
311	41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)					
311	41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTIEITIS OR SEQUESTRECTOMY					
311	41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES					
311	41870	PERIODONTAL MUCOSAL GRAFTING					
311	41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)					
311	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)					
311	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES					
311	42000	DRAINAGE OF ABSCESS OF PALATE, UVULA					
311	42100	BIOPSY OF PALATE, UVULA					
311	42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE					
311	42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE					
311	42140	UVULECTOMY, EXCISION OF UVULA					
311	42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)					
311	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS					
311	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS					
311	42299	UNLISTED PROCEDURE, PALATE, UVULA					
311	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL					
311	42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL					
311	42650	DILATION SALIVARY DUCT					
311	42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION					
311	42665	LIGATION SALIVARY DUCT, INTRAORAL					
311	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS					
311	69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA					
311	69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS					
311	69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)					
311	69399	UNLISTED PROCEDURE, EXTERNAL EAR					
311	69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION					
311	69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC					
311	69410	FOCAL APPLICATION OF PHASE CONTROL SUBSTANCE, MIDDLE EAR (BAFFLE TECHNIQUE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
311	69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION					
311	69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN					
311	69540	EXCISION AURAL POLYP					
311	69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH					
311	69799	UNLISTED PROCEDURE, MIDDLE EAR					
311	92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA					
312	Level II ENT Procedures		T	7.26	\$367.86	\$178.31	\$73.57
312	30801	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); SUPERFICIAL					
312	30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); INTRAMURAL					
312	30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC					
312	31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION					
12	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS					
312	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX					
312	41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE					
312	41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE					
312	41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX					
312	41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)					
312	41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)					
312	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES					
312	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE					
312	42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED					
312	42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL					
312	42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL					
312	42405	BIOPSY OF SALIVARY GLAND; INCISIONAL					
312	42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR					
312	42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH					
312	42800	BIOPSY; OROPHARYNX					
312	42802	BIOPSY; HYPOPHARYNX					
312	42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE					
312	42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION					
312	42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD					
312	60000	INCISION AND DRAINAGE OF THYROID GLAND CYST, INFECTED					
312	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA					
312	69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA					
312	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA					
313	Level III ENT Procedures		T	15.81	\$801.08	\$411.09	\$160.22
313	30115	EXCISION, NASAL POLYP(S), EXTENSIVE					
313	30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)					
313	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA					
313	30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE					
313	30130	EXCISION TURBINATE, PARTIAL OR COMPLETE					
313	30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE					
313	30150	RHINECTOMY; PARTIAL					
313	30160	RHINECTOMY; TOTAL					
313	30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA					
313	30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY					
313	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)					
313	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT					
313	30540	REPAIR CHOANAL ATRESIA; INTRANASAL					
313	30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANROTOMY IS INCLUDED)					
313	30600	REPAIR FISTULA; ORONASAL					
313	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)					
313	30630	REPAIR NASAL SEPTAL PERFORATIONS					
313	31020	SINUSOTOMY, MAXILLARY (ANROTOMY); INTRANASAL					
313	31030	SINUSOTOMY, MAXILLARY (ANROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS					
313	31032	SINUSOTOMY, MAXILLARY (ANROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS					
313	31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;					
313	31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)					
313	31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)					
313	31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR					
313	31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC					
313	31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL					
313	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SINGER PROSTHESIS)					
313	31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION					
313	31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION					
313	31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR					
313	31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR					
313	31830	REVISION OF TRACHEOSTOMY SCAR					
313	40500	VERMILIONECTOMY (LIP SHAPE), WITH MUCOSAL ADVANCEMENT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
313	40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE					
313	40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE					
313	40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)					
313	40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)					
313	40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION					
313	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY					
313	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT					
313	40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX					
313	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR					
313	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE					
313	40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT					
313	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)					
313	40840	VESTIBULOPLASTY; ANTERIOR					
313	40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL					
313	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID					
313	41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE					
313	41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR					
313	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE					
313	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)					
313	41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL					
313	41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL					
313	41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR					
313	41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE					
313	41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS					
313	41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD					
313	41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP					
313	41116	EXCISION, LESION OF FLOOR OF MOUTH					
313	41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE					
313	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)					
313	41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR					
313	42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE					
313	42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION					
313	42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM					
313	42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX					
313	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY					
313	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY					
313	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION					
313	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE					
313	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP					
313	42260	REPAIR OF NASOLABIAL FISTULA					
313	42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);					
313	42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS					
313	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL					
313	42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)					
313	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)					
313	42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION					
313	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND					
313	42450	EXCISION OF SUBLINGUAL GLAND					
313	42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE					
313	42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED					
313	42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);					
313	42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND					
313	42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS					
313	42600	CLOSURE SALIVARY FISTULA					
313	42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH					
313	42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES					
313	42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX					
313	42900	SUTURE PHARYNX FOR WOUND OR INJURY					
313	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)					
313	42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)					
313	42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); WITH SECONDARY SURGICAL INTERVENTION					
313	42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL INTERVENTION					
313	43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY					
313	43030	CRICOPHARYNGEAL MYOTOMY					
313	69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION					
313	69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL					
313	69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION					
313	69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION					
313	69450	TYMPANOLYSIS, TRANSCANAL					
313	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)					
314	Level IV ENT Procedures		T	25.65	\$1,299.67	\$693.37	\$259.93
314	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
314	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP					
314	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR					
314	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)					
314	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)					
314	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY					
314	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES					
314	30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE					
314	31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH					
314	31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)					
314	31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)					
314	31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)					
314	31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION					
314	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION					
314	31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION					
314	31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION					
314	31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)					
314	31201	ETHMOIDECTOMY; INTRANASAL, TOTAL					
314	31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL					
314	31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY					
314	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH					
314	31420	EPIGLOTTIDECTOMY					
314	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)					
314	31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE					
314	31750	TRACHEOPLASTY; CERVICAL					
314	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE					
314	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL					
314	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE					
314	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES					
314	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE					
314	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE					
314	40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL					
314	40844	VESTIBULOPLASTY; ENTIRE ARCH					
314	40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)					
314	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)					
314	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP					
314	42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP					
314	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP					
314	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE					
314	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE					
314	42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE					
314	42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS					
314	42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE					
314	42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCAL)					
314	42890	LIMITED PHARYNGECTOMY					
314	42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS					
314	69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION					
314	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION) (SEPARATE PROCEDURE)					
314	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE					
314	69501	TRANSMASTOID ANTROSTOMY ("SIMPLE" MASTOIDECTOMY)					
314	69502	MASTOIDECTOMY; COMPLETE					
314	69505	MASTOIDECTOMY; MODIFIED RADICAL					
314	69511	MASTOIDECTOMY; RADICAL					
314	69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY					
314	69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL					
314	69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID					
314	69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY					
314	69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY					
314	69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY					
314	69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY					
314	69605	REVISION MASTOIDECTOMY; WITH APICECTOMY					
314	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION					
314	69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION)					
314	69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL OSSICULAR REPL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
314	69635	TYMPANOPLASTY WITH ANROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION					
314	69636	TYMPANOPLASTY WITH ANROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION					
314	69637	TYMPANOPLASTY WITH ANROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL					
314	69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION					
314	69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION					
314	69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION					
314	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION					
314	69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION					
314	69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION					
314	69650	STAPES MOBILIZATION					
314	69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;					
314	69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT					
314	69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY					
314	69666	REPAIR OVAL WINDOW FISTULA					
314	69667	REPAIR ROUND WINDOW FISTULA					
314	69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)					
314	69676	TYMPANIC NEURECTOMY					
314	69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)					
314	69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE					
314	69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION					
314	69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION					
314	69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION					
314	69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION					
314	69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); TRANSCANAL					
314	69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); WITH MASTOIDECTOMY					
314	69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT					
314	69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT					
314	69820	FENESTRATION SEMICIRCULAR CANAL					
314	69840	REVISION FENESTRATION OPERATION					
314	69905	LABYRINTHECTOMY; TRANSCANAL					
314	69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY					
314	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH					
314	69949	UNLISTED PROCEDURE, INNER EAR					
317	Implantation of Cochlear Device		T				
317	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY					
318	Nasal Cauterization/Packing		T	2.07	\$104.89	\$38.65	\$20.98
318	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD					
318	30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD					
318	30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL					
318	30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD;					
318	30999	UNLISTED PROCEDURE, NOSE					
318	42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE					
318	42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NASAL PACKS, WITH OR WITHOUT ANTERIOR PACKS AND/OR CAUTERIZATION					
318	42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS					
319	Tonsil/Adenoid Procedures		T	17.30	\$876.58	\$480.02	\$175.32
319	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12					
319	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER					
319	42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12					
319	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER					
319	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12					
319	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER					
319	42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12					
319	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER					
319	42860	EXCISION OF TONSIL TAGS					
319	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)					
320	Thoracentesis/Lavage Procedures		T	3.17	\$160.62	\$79.33	\$32.12
320	32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
320	32002	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOTHORAX) (SEPARATE					
320	32020	TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA) (SEPARATE PROCEDURE)					
320	32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION					
320	32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR					
320	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA					
320	33010	PERICARDIOCENTESIS; INITIAL					
320	33011	PERICARDIOCENTESIS; SUBSEQUENT					
320	33999	UNLISTED PROCEDURE, CARDIAC SURGERY					
320	49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL					
320	49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT					
331	Level I Endoscopy Upper Airway		T	0.69	\$34.96	\$14.01	\$6.99
331	31231	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)					
331	31299	UNLISTED PROCEDURE, ACCESSORY SINUSES					
331	31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC					
331	31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC					
331	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY					
331	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)					
332	Level II Endoscopy Upper Airway		T	9.74	\$493.52	\$244.98	\$98.70
332	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)					
332	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)					
332	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)					
332	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS					
332	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION					
332	31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY					
332	31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY					
332	31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION					
332	31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION					
332	31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION					
332	31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN					
332	31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN					
332	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE					
332	31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL					
332	31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT					
332	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY					
332	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY					
332	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION					
332	31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)					
332	31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY					
332	31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL					
332	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN					
333	Level III Endoscopy Upper Airway		T	17.24	\$873.54	\$464.20	\$174.71
333	31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY					
333	31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)					
333	31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)					
333	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;					
333	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS					
333	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS					
333	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;					
333	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS					
333	31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR					
333	31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;					
333	31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE					
333	31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;					
333	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE					
333	31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;					
333	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE					
333	31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;					
333	31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE					
333	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;					
333	31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE					
336	Endoscopy Lower Airway		T	7.44	\$376.98	\$197.98	\$75.40
336	31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION					
336	31622	BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID), WITH OR WITHOUT CELL WASHING OR BRUSHING					
336	31625	BRONCHOSCOPY; WITH BIOPSY					
336	31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE					
336	31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY					
336	31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE					
336	31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT					
336	31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY					
336	31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
336	31641	BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER)					
336	31645	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS)					
336	31646	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT					
336	31656	BRONCHOSCOPY; WITH INJECTION OF CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY (FIBERSCOPE ONLY)					
336	31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI					
339		Injection of Sclerosing Solution	T	1.02	\$51.68	\$19.66	\$10.34
339	36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK					
339	36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE					
339	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN					
339	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG					
339	45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE					
341		Level I Needle and Catheter Placement	T	.13	\$6.59	\$2.94	\$1.32
341	36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES. NOT TO BE USED FOR ROUTINE VENIPUNCTURE.					
341	36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR					
341	36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER					
342		Level II Needle and Catheter Placement	T	3.20	\$162.14	\$80.23	\$32.43
342	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA					
342	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)					
342	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)					
342	36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY					
342	36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY					
342	36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY					
342	36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY					
342	36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY					
342	36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY					
342	36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR					
342	36200	INTRODUCTION OF CATHETER, AORTA					
342	36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING					
342	36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS					
342	36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN					
342	38794	CANNULATION, THORACIC DUCT					
343		Level III Needle and Catheter Placement	T	9.52	\$482.37	\$224.87	\$96.47
343	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY					
343	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY					
343	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY					
343	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (USE IN ADDITION TO 36216 OR 36217 AS APPROPRIATE)					
343	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY					
343	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY					
343	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY					
343	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (USE IN ADDITION TO 36246 OR 36247 AS APPROPRIATE)					
343	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD					
343	93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR VENOUS CORONARY BYPASS GRAFT(S) FOR CORONARY ANGIOGRAPHY WITHOUT CONCOMITANT LEFT HEART CATHETERIZATION					
346		Placement Transvenous Caths/Cutdown	T	4.83	\$244.73	\$120.23	\$48.95
346	36488	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, AGE 2 YEARS OR UNDER					
346	36489	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, OVER AGE 2					
346	36490	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, AGE 2 YEARS OR UNDER					
346	36491	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, OVER AGE 2					
346	36493	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE					
346	36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN					
347		Injection Procedures for Interventional Radiology	T	2.93	\$148.46	\$62.15	\$29.69
347	19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM					
347	20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)					
347	21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
347	23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY					
347	24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY					
347	25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY					
347	27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA					
347	27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA					
347	27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY					
347	27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY					
347	30200	INJECTION INTO TURBINATE(S), THERAPEUTIC					
347	31708	INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY OR BRONCHOGRAPHY, WITHOUT CATHETERIZATION					
347	31710	CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF CONTRAST MATERIAL					
347	31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY					
347	36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)					
347	38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY					
347	38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY					
347	42550	INJECTION PROCEDURE FOR SIALOGRAPHY					
347	47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY					
347	47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUTANEOUS TRANSHEPATIC OR T-TUBE)					
347	49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)					
347	49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)					
347	49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VEINUS SHUNT					
347	50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS					
347	50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS					
347	50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, ANTEGRADE PYELOURETEROGRAMS) THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER					
347	50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS					
347	50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER					
347	50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE					
347	51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCISTOGRAPHY					
347	51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCISTOGRAPHY					
347	51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCISTOGRAPHY					
347	54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY					
347	55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL					
347	58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY					
347	62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)					
347	62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR					
347	62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL					
347	68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCISTOGRAPHY					
360	Removal/Revision, Pacemaker/Vascular Device		T	6.09	\$308.58	\$140.12	\$61.72
360	33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER					
360	33223	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR					
360	36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP					
360	36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP					
360	36299	UNLISTED PROCEDURE, VASCULAR INJECTION					
360	36531	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP					
360	36532	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP					
360	36534	REVISION OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR					
419	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE					
419	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD					
419	44799	UNLISTED PROCEDURE, INTESTINE					
426	Diagnostic Lower GI Endoscopy		T	6.85	\$347.09	\$187.81	\$69.42
426	44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)					
426	44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE					
426	44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)					
426	44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH BIOPSY, SINGLE OR MULTIPLE					
426	44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)					
426	44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE					
426	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)					
426	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE					
426	G0105	Colorectal Ca screening, pt at high risk					
427	Therapeutic Lower GI Endoscopy		T	8.22	\$416.5	\$224.19	\$83.3
427	44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
427	44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING, ANY METHOD					
427	44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY					
427	44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE					
427	45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE					
427	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY					
427	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING, ANY METHOD					
427	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY					
427	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE					
437	Therapeutic Anoscopy		T	2.91	\$147.45	\$76.61	\$29.49
437	46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY					
437	46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY					
437	46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE					
437	46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
437	46614	ANOSCOPY; WITH CONTROL OF BLEEDING, ANY METHOD					
437	46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
446	Diagnostic Sigmoidoscopy		T	2.59	\$131.23	\$65.09	\$26.25
446	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)					
446	45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE					
446	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)					
446	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE					
446	G0104	Colorectal Ca screening					
447	Therapeutic Proctosigmoidoscopy		T	6.87	\$348.10	\$184.76	\$69.62
447	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION, ANY METHOD					
447	45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY					
447	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY					
447	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE					
447	45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
447	45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING, ANY METHOD					
447	45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)					
447	45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS					
448	Therapeutic Flexible Sigmoidoscopy		T	5.37	\$272.09	\$141.25	\$54.42
448	45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY					
448	45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY					
448	45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD					
448	45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD					
448	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE					
449	Complex GI Endoscopy		T	7.8	\$395.22	\$215.38	\$79.04
449	43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT					
449	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
449	43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
449	43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION					
449	43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
449	44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
449	44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
449	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
449	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE					
451	Level I Anal/Rectal Procedures		T	2.56	\$129.71	\$54.24	\$25.94
451	46070	INCISION, ANAL SEPTUM (INFANT)					
451	46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL					
451	46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
451	46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)					
451	46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE					
451	46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID					
451	46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS					
451	46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL					
451	46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL					
451	46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL					
451	46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL					
451	46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT					
451	46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE					
451	46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES					
452	Level II Anal/Rectal Procedures		T	4.82	\$244.23	\$109.61	\$48.85
452	45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS					
452	45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM					
452	45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS					
452	45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)					
452	45900	REDUCTION OF PROCDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA					
452	45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL					
452	45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL					
452	45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA					
452	45999	UNLISTED PROCEDURE, RECTUM					
452	46030	REMOVAL OF ANAL SETON, OTHER MARKER					
452	46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)					
452	46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL					
452	46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)					
452	46210	CRYPTECTOMY; SINGLE					
452	46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL					
452	46999	UNLISTED PROCEDURE, ANUS					
453	Level III Anal/Rectal Procedures		T	16.87	\$854.79	\$445.22	\$170.96
453	45108	ANORECTAL MYOMECTOMY					
453	45150	DIVISION OF STRICTURE OF RECTUM					
453	45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROACH					
453	45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH					
453	45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPROACH					
453	45500	PROCTOPLASTY; FOR STENOSIS					
453	45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE					
453	45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)					
453	46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA					
453	46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT PLACEMENT OF SETON					
453	46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY					
453	46211	CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)					
453	46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE					
453	46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;					
453	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY					
453	46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY					
453	46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;					
453	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY					
453	46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY					
453	46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS					
453	46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR					
453	46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON					
453	46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE					
453	46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP					
453	46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT					
453	46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT					
453	46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE					
453	46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT					
453	46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)					
453	46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER					
453	46937	CRYOSURGERY OF RECTAL TUMOR; BENIGN					
453	46938	CRYOSURGERY OF RECTAL TUMOR; MALIGNANT					
456	Endoscopic Retrograde Cholangiopancreatography (ERCP)		T	9.78	\$495.55	\$257.19	\$99.11
456	43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)					
456	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE					
456	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY					
456	43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT)					
456	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
456	43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD					
456	43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE					
456	43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT					
456	43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT					
456	43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S)					
458	Percutaneous Biliary Endoscopic Procedures		T	7.23	\$366.34	\$181.59	\$73.27
458	47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE					
458	47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE					
458	47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING (SEPARATE PROCEDURE)					
458	47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE					
458	47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF STONE(S)					
458	47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT					
458	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT					
458	47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE)					
459	Peritoneal and Abdominal Procedures		T	18.06	\$915.09	\$496.52	\$183.02
459	49085	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY					
459	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)					
459	49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY					
459	49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT					
459	49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)					
459	49426	REVISION OF PERITONEAL-VENOUS SHUNT					
466	Hernia/Hydrocele Procedures		T	21.43	\$1,085.85	\$562.97	\$217.17
466	49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE					
466	49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED					
466	49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE					
466	49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED					
466	49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE					
466	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED					
466	49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE					
466	49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED					
466	49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE					
466	49540	REPAIR LUMBAR HERNIA					
466	49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;					
466	49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; INCARCERATED OR STRANGULATED					
466	49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE					
466	49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED					
466	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE					
466	49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED					
466	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE					
466	49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED					
466	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)					
466	49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)					
466	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED					
466	49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE					
466	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED					
466	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE					
466	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED					
466	49590	REPAIR SPIGELIAN HERNIA					
466	49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE					
466	51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR					
466	55040	EXCISION OF HYDROCELE; UNILATERAL					
466	55041	EXCISION OF HYDROCELE; BILATERAL					
470	Tube Procedures		T	2.22	\$112.49	\$54.92	\$22.50
470	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT					
470	43760	CHANGE OF GASTROSTOMY TUBE					
470	43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRITION					
470	43999	UNLISTED PROCEDURE, STOMACH					
470	47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER					
470	47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE					
470	47999	UNLISTED PROCEDURE, BILIARY TRACT					
470	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER					
470	49429	REMOVAL OF PERITONEAL-VENOUS SHUNT					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
470	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM					
470	50688	CHANGE OF URETEROSTOMY TUBE					
470	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE					
470	51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED					
521	Level I Cystourethroscopy and other Genitourinary Procedures		T	5.06	\$256.39	\$112.10	\$51.28
521	50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE					
521	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)					
521	52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA					
522	Level II Cystourethroscopy and other Genitourinary Procedures		T	10.46	\$530.00	\$262.39	\$106.00
522	50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;					
522	50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER					
522	50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY					
522	50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY					
522	50559	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE WITH OR WITHOUT BIOPSY AND/OR FULGURATION					
522	50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS					
522	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;					
522	52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH BIOPSY OF URETER AND/OR RENAL PELVIS					
522	52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE					
522	52204	CYSTOURETHROSCOPY, WITH BIOPSY					
522	52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS					
522	52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUT BIOPSY					
522	52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA					
522	52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE					
522	52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE					
522	52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY					
522	52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE					
522	52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE					
522	52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION					
522	52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL					
522	52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL					
522	52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL					
522	52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE					
522	52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE					
522	52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); COMPLICATED					
522	52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL					
522	52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD					
522	53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA					
523	Level III Cystourethroscopy and other Genitourinary Procedures		T	16.87	\$854.79	\$447.03	\$170.96
523	50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;					
523	50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER					
523	50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY					
523	50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY					
523	50959	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FULGURATION (NOT INCLUDING PROVIS)					
523	50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS					
523	51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL					
523	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
523	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE					
523	51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)					
523	51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION					
523	51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS					
523	51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)					
523	51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)					
523	52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM)					
523	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)					
523	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S)					
523	52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION					
523	52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)					
523	52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT					
523	52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)					
523	52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)					
523	52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS					
523	52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)					
523	52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS					
523	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)					
523	52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE					
523	52335	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);					
523	52336	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)					
523	52338	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION					
523	52339	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH RESECTION OF TUMOR					
523	52340	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS					
523	52450	TRANSURETHRAL INCISION OF PROSTATE					
523	52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)					
523	52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME					
523	52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE					
523	52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS					
523	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE					
523	55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED					
523	55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY					
524	Level IV Cystourethroscopy and other Genitourinary Procedures		T	28.89	\$1,463.84	\$833.38	\$292.77
524	52337	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)					
524	52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)					
524	52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)					
524	52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)					
524	52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE					
524	52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE					
524	52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)					
524	52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)					
524	53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY					
524	53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY					
527	Lithotripsy		T	51.56	\$2,612.52	\$1,372.95	\$522.5
527	50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE					
529	Simple Urinary Studies and Procedures		T	2.5	\$126.67	\$63.05	\$25.33
529	50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSOTOMY TUBE, OR INDWELLING URETERAL CATHETER					
529	50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER					
529	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)					
529	51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)					
529	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
529	51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)					
529	51772	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE					
529	51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE					
529	51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE					
529	51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)					
529	51795	VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE					
529	51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL)					
529	54240	PENILE PLETHYSMOGRAPHY					
529	54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST					
530	Genitourinary Procedures		T	2.52	\$127.69	\$54.69	\$25.54
530	51000	ASPIRATION OF BLADDER BY NEEDLE					
530	51005	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER					
530	51010	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER					
530	51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION					
530	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)					
530	53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL					
530	53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT					
530	53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL					
530	53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT					
530	53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL					
530	53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT					
530	53675	CATHETERIZATION, URETHRA; COMPLICATED (MAY INCLUDE DIFFICULT REMOVAL OF BALLOON CATHETER)					
530	53899	UNLISTED PROCEDURE, URINARY SYSTEM					
530	54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;					
530	54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM					
530	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)					
530	54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)					
530	54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING					
530	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM					
531	Level I Urethral Procedures		T	18.94	\$959.68	\$527.26	\$191.94
531	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK					
531	53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA					
531	53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL					
531	53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT					
531	53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT					
531	53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS					
531	53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST					
531	53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)					
531	53200	BIOPSY OF URETHRA					
531	53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)					
531	53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA					
531	53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE					
531	53270	EXCISION OR FULGURATION; SKENE'S GLANDS					
531	53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE					
531	53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE					
531	53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE					
531	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE					
531	53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL					
531	53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA					
531	54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN					
531	54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN					
532	Level II Urethral Procedures		T	25.5	\$1,292.07	\$602.18	\$258.41
532	53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE					
532	53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE					
532	53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA					
532	53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE					
532	53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE					
532	53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE					
532	53400	URETHROPLASTY, FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)					
532	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION					
532	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA					
532	53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE					
532	53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE					
532	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA					
532	53447	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF					
532	53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE					
532	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT					
532	53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)					
532	53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS					
532	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)					
536	Circumcision		T	13.17	\$667.32	\$326.57	\$133.46
536	54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
536	54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN					
536	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN					
536	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN					
537	Penile Procedures		T	28.72	\$1,455.23	\$864.34	\$291.05
537	37790	PENILE VENOUS OCCLUSIVE PROCEDURE					
537	54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);					
537	54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH					
537	54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH					
537	54120	AMPUTATION OF PENIS; PARTIAL					
537	54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE					
537	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA					
537	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS					
537	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM					
537	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM					
537	54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA					
537	54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL					
537	54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP)					
537	54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-FLAP, PREPUCE FLAP)					
537	54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA					
537	54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS, SKIN GRAFT PATCH, AND/OR ISLAND FLAP					
537	54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,					
537	54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT					
537	54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)					
537	54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS F					
537	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION					
537	54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;					
537	54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE					
537	54402	REMOVAL OR REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS					
537	54407	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS					
537	54409	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE (MULTI-COMPONENT) PROSTHESIS INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS					
537	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL					
537	54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM					
537	54440	PLASTIC OPERATION OF PENIS FOR INJURY					
538	Insertion of Penile Prosthesis		T	45.59	\$2,310.02	\$1,540.64	\$462.00
538	53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS					
538	53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR					
538	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)					
538	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)					
538	54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR					
546	Testes/Epididymis Procedures		T	17.14	\$868.47	\$453.81	\$173.69
546	54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)					
546	54510	EXCISION OF LOCAL LESION OF TESTIS					
546	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH					
546	54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH					
546	54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)					
546	54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS					
546	54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)					
546	54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR					
546	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)					
546	54670	SUTURE OR REPAIR OF TESTICULAR INJURY					
546	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)					
546	54700	INCISION AND DRAINAGE OF EPIDIDYMISS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)					
546	54820	EXPLORATION OF EPIDIDYMISS, WITH OR WITHOUT BIOPSY					
546	54830	EXCISION OF LOCAL LESION OF EPIDIDYMISS					
546	54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY					
546	54860	EPIDIDYMECTOMY; UNILATERAL					
546	54861	EPIDIDYMECTOMY; BILATERAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
546	54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL					
546	54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL					
546	55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)					
546	55110	SCROTAL EXPLORATION					
546	55120	REMOVAL OF FOREIGN BODY IN SCROTUM					
546	55150	RESECTION OF SCROTUM					
546	55175	SCROTOPLASTY; SIMPLE					
546	55180	SCROTOPLASTY; COMPLICATED					
546	55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)					
546	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)					
546	55400	VASOVASOSTOMY, VASOVASORRHAPHY					
546	55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)					
546	55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)					
546	55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)					
546	55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)					
546	55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH					
546	55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR					
546	55680	EXCISION OF MULLERIAN DUCT CYST					
547	Prostate Biopsy		T	4.39	\$222.44	\$125.2	\$44.49
547	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH					
547	55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH					
550	Surgical Hysteroscopy		T	16.89	\$855.81	\$447.93	\$171.16
550	56351	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C					
550	56352	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)					
550	56353	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)					
550	56354	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA					
550	56355	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY					
550	56356	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)					
551	Level I Laparoscopy		T	24.78	\$1,255.59	\$711.67	\$251.12
551	56300	LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE)					
551	56301	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)					
551	56302	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALLOPE RING)					
551	56303	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD					
551	56304	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)					
551	56305	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)					
551	56306	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)					
551	56346	LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPARATE PROCEDURE)					
552	Level II Laparoscopy		T	37.71	\$1,910.75	\$1,053.16	\$382.15
552	56307	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)					
552	56309	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)					
552	56311	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE					
552	56312	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY					
552	56313	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE					
552	56316	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA					
552	56317	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA					
552	56318	LAPAROSCOPY, SURGICAL; ORCHIECTOMY					
552	56320	LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE					
552	56343	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)					
552	56344	LAPAROSCOPY, SURGICAL; WITH FIMBRIOLASTY					
552	56362	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY					
552	56363	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY					
561	Level I Female Reproductive Procedures		T	1.52	\$77.02	\$24.63	\$15.4
561	56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS					
561	56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS					
561	56441	LYSIS OF LABIAL ADHESIONS					
561	57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD					
561	57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)					
561	57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE					
561	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE					
561	57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS					
561	57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE)					
561	57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)					
561	57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURETTAGE					
561	57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)					
561	57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)					
561	57510	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL					
561	57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT					
561	57513	CAUTERIZATION OF CERVIX; LASER ABLATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
561	57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)					
561	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)					
561	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)					
561	59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)					
562	Level II Female Reproductive Procedures		T	12.76	\$646.54	\$330.75	\$129.31
562	56350	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)					
562	56399	UNLISTED PROCEDURE, LAPAROSCOPY, HYSTEROSCOPY					
562	56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST					
562	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING					
562	56720	HYMENOTOMY, SIMPLE INCISION					
562	56740	EXCISION OF BARTHOLIN'S GLAND OR CYST					
562	56800	PLASTIC REPAIR OF INTROITUS					
562	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)					
562	57000	COLPOTOMY; WITH EXPLORATION					
562	57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS					
562	57020	COLPOCENTESIS (SEPARATE PROCEDURE)					
562	57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD					
562	57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)					
562	57130	EXCISION OF VAGINAL SEPTUM					
562	57135	EXCISION OF VAGINAL CYST OR TUMOR					
562	57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)					
562	57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)					
562	57230	PLASTIC REPAIR OF URETHROCELE					
562	57400	DILATION OF VAGINA UNDER ANESTHESIA					
562	57410	PELVIC EXAMINATION UNDER ANESTHESIA					
562	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA					
562	57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX					
562	57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL					
562	57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH					
562	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEOSALPINGOGRAPHY					
562	58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS					
562	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD					
562	59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN					
562	59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL					
562	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)					
563	Level III Female Reproductive Procedures		T	16.90	\$856.31	\$464.88	\$171.26
563	56620	VULVECTOMY SIMPLE; PARTIAL					
563	56625	VULVECTOMY SIMPLE; COMPLETE					
563	57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)					
563	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE					
563	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY					
563	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;					
563	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR					
563	57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)					
563	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGINAL PROLAPSE)					
563	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)					
563	57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY					
563	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT					
563	57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH					
563	57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER					
563	57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP ELECTRODE EXCISION					
563	57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)					
563	57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;					
563	57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR					
563	57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE					
563	58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH					
563	58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH					
563	58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN					
567	D & C		T	13.61	\$689.61	\$364.09	\$137.92
567	57820	DILATION AND CURETTAGE OF CERVICAL STUMP					
567	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)					
567	59160	CURRETTAGE, POSTPARTUM					
568	Infertility Procedures		T	2.49	\$126.17	\$49.49	\$25.23
568	55870	ELECTROEJACULATION					
568	58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL					
568	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE					
568	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION					
568	58974	EMBRYO TRANSFER, INTRAUTERINE					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
568	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD					
578	Pregnancy and Neonatal Care Procedures		T	1.26	\$63.84	\$33.9	\$12.77
578	59000	AMNIOCENTESIS, ANY METHOD					
578	59012	CORDOCENTESIS (INTRAUERINE), ANY METHOD					
578	59015	CHORIONIC VILLUS SAMPLING, ANY METHOD					
578	59020	FETAL CONTRACTION STRESS TEST					
578	59025	FETAL NON-STRESS TEST					
578	59030	FETAL SCALP BLOOD SAMPLING					
578	59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPERVISION AND INTERPRETATION					
578	59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY					
580	Vaginal Delivery		T	4.59	\$232.57	\$146.34	\$46.51
580	59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);					
580	59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)					
580	59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)					
580	59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);					
586	Therapeutic Abortion		T	12.5	\$633.37	\$431.89	\$126.67
586	59840	INDUCED ABORTION, BY DILATION AND CURETTAGE					
586	59841	INDUCED ABORTION, BY DILATION AND EVACUATION					
587	Spontaneous Abortion		T	13.25	\$671.37	\$347.02	\$134.27
587	59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY					
587	59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER					
587	59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER					
587	59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE					
600	Spinal Tap		T	2.63	\$133.26	\$61.47	\$26.65
600	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC					
600	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)					
601	Level I Nervous System Injections		T	3.11	\$157.58	\$74.13	\$31.52
601	64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH					
601	64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE					
601	64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE					
601	64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE					
601	64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE					
601	64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE					
601	64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS					
601	64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS					
601	64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE					
601	64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE					
601	64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE					
601	64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK					
601	64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES					
601	64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE					
601	64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE					
601	64440	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVE (THORACIC, LUMBAR, SACRAL, COCCYGEAL), SINGLE VERTEBRAL LEVEL					
601	64441	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVES, MULTIPLE LEVELS (EG, REGIONAL BLOCK)					
601	64442	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL					
601	64443	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL LEVEL					
601	64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE					
601	64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH					
601	64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION					
601	64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)					
601	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)					
601	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)					
601	64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING					
601	64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BRANCH					
601	64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE					
601	64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING					
601	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)					
601	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL SPINAL MUSCLES (EG, FOR SPASMODIC TORTICOLLIS)					
601	64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE					
601	64622	DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL					
601	64623	DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL LEVEL					
601	64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE					
601	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH					
601	64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING					
601	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM					
602	Level II Nervous System Injections		T	3.33	\$168.73	\$87.69	\$33.75

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
602	61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL					
602	61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS					
602	61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION					
602	61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT					
602	61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)					
602	61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2)					
602	61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE					
602	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER					
602	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER					
602	62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX					
602	62273	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH					
602	62274	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, SINGLE					
602	62275	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, CERVICAL OR THORACIC, SINGLE					
602	62276	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, DIFFERENTIAL					
602	62277	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, CONTINUOUS					
602	62278	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, SINGLE					
602	62279	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, CONTINUOUS					
602	62280	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); SUBARACHNOID					
602	62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC					
602	62282	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, LUMBAR OR CAUDAL					
602	62288	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; SUBARACHNOID (SEPARATE PROCEDURE)					
602	62289	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; LUMBAR OR CAUDAL EPIDURAL (SEPARATE PROCEDURE)					
602	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVELS, LUMBAR					
602	62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL					
602	62298	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS, EPIDURAL, CERVICAL OR THORACIC (SEPARATE PROCEDURE)					
616	Implantation of Neurostimulator Electrodes		T	14.43	\$731.16	\$366.57	\$146.23
616	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL					
616	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE					
616	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE					
616	64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE					
616	64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR					
616	64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE					
616	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE					
616	64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE					
616	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR					
617	Revision/Removal Neurological Device		T	11.56	\$585.74	\$287.59	\$117.15
617	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM					
617	62350	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; WITHOUT LAMINECTOMY					
617	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER					
617	62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION					
617	63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES					
617	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER					
617	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT					
617	63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT					
617	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES					
617	64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER					
618	Implantation of Neurological Device		T	25.56	\$1,295.11	\$780.49	\$259.02
618	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER					
618	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING					
618	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR					
618	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP					
618	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING					
618	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING					
618	64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
631		Level I Nerve Procedures	T	12.98	\$657.69	\$333.8	\$131.54
631	27315	NEURECTOMY, HAMSTRING MUSCLE					
631	27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)					
631	28030	NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT					
631	28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)					
631	61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRIC, RADIOFREQUENCY); GASSERIAN GANGLION					
631	62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR					
631	63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR RECORDING)					
631	63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY					
631	63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD					
631	64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT					
631	64704	NEUROPLASTY; NERVE OF HAND OR FOOT					
631	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED					
631	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE					
631	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS					
631	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS					
631	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)					
631	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW					
631	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST					
631	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL					
631	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)					
631	64726	DECOMPRESSION; PLANTAR DIGITAL NERVE					
631	64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)					
631	64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE					
631	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE					
631	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE					
631	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY					
631	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE					
631	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE					
631	64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE					
631	64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE					
631	64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE					
631	64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL					
631	64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL					
631	64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE					
631	64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT					
631	64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)					
631	64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE					
631	64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)					
631	64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC					
631	64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)					
631	64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE					
631	64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE					
631	64795	BIOPSY OF NERVE					
631	64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR)					
632		Level II Nerve Procedures	T	18.13	\$918.64	\$461.04	\$183.73
632	64786	EXCISION OF NEUROMA; SCIATIC NERVE					
632	64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)					
632	64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE					
632	64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE					
632	64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE					
632	64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR					
632	64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR					
632	64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT					
632	64840	SUTURE OF POSTERIOR TIBIAL NERVE					
632	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION					
632	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION					
632	64858	SUTURE OF SCIATIC NERVE					
632	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE					
632	64861	SUTURE OF; BRACHIAL PLEXUS					
632	64862	SUTURE OF; LUMBAR PLEXUS					
632	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL					
632	64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING					
632	64870	ANASTOMOSIS; FACIAL-PHRENIC					
632	64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)					
632	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)					
632	64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)					
632	64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
632	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH					
632	64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH					
632	64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH					
632	64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH					
632	64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH					
632	64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH					
632	64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH					
632	64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH					
632	64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH					
632	64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND					
632	64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)					
632	64905	NERVE PEDICLE TRANSFER; FIRST STAGE					
632	64907	NERVE PEDICLE TRANSFER; SECOND STAGE					
648	Laser Retinal Procedures		T	3.94	\$199.64	\$95.15	\$39.93
648	67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID					
648	67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)					
648	67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)					
648	67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC)					
649	Laser Eye Procedures except Retinal		T	4.44	\$224.97	\$111.64	\$44.99
649	65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)					
649	65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)					
649	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)					
649	66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)					
649	66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)					
649	66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)					
649	66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE					
649	67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES)					
649	67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT					
651	Level I Anterior Segment Eye Procedures		T	7.24	\$366.85	\$174.7	\$73.37
651	65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION					
651	65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY					
651	65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA					
651	65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT					
651	65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)					
651	65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION					
651	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM					
651	65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, WITH OR WITHOUT AIR INJECTION					
651	65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION					
651	65820	GONIOTOMY					
651	66130	EXCISION OF LESION, SCLERA					
651	66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION					
651	66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE					
651	66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION					
651	66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)					
651	66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)					
651	66700	CILIARY BODY DESTRUCTION; DIATHERMY					
651	66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION					
651	66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY					
651	66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)					
651	66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)					
652	Level II Anterior Segment Eye Procedures		T	16.48	\$835.03	\$433.69	\$167.01
652	65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS					
652	65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE					
652	65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE					
652	65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM					
652	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT					
652	65770	KERATOPROSTHESIS					
652	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM					
652	65850	TRABECULOTOMY AB EXTERNO					
652	65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOZYNECHIAE					
652	65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOZYNECHIAE					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
652	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE					
652	65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); CORNEOVITREAL ADHESIONS					
652	65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE					
652	65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE					
652	65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE					
652	66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY					
652	66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY					
652	66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY					
652	66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS					
652	66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY					
652	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)					
652	66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)					
652	66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR					
652	66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT					
652	66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE					
652	66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY					
652	66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)					
652	66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)					
652	66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTURE)					
652	66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS					
652	66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)					
652	68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA					
652	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT					
652	68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)					
652	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)					
667	Cataract Procedures		T	15.33	\$776.40	\$521.72	\$155.28
667	66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES					
667	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION					
667	66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY					
667	66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR					
667	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS					
667	66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)					
668	Cataract Procedures with IOL Insert		T	19.28	\$976.91	\$530.87	\$195.38
668	66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)					
668	66984	EXTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)					
668	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL					
668	66986	EXCHANGE OF INTRAOCULAR LENS					
670	Corneal Transplant		T	29.23	\$1,481.07	\$847.5	\$296.21
670	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR					
670	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)					
670	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)					
670	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)					
676	Posterior Segment Eye Procedures		T	6.3	\$319.22	\$140.35	\$63.84
676	65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE					
676	65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION					
676	66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT					
676	67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL					
676	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY					
676	67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)					
676	67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH					
676	67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID					
676	67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY)					
676	67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)					
676	67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR					
676	67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR					
676	67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY					
676	67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY					
676	67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
676	67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY					
676	92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; COMPLETE					
676	92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; LIMITED					
677	Strabismus/Muscle Procedures		T	16.26	\$823.89	\$436.63	\$164.78
677	65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE					
677	67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE					
677	67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES					
677	67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)					
677	67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)					
677	67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE					
677	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)					
677	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES					
677	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY)					
677	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSON					
677	67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (REPORT IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)					
677	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)					
677	67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)					
681	Level I Eye Procedures		T	1.67	\$84.62	\$30.51	\$16.92
681	65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)					
681	65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL					
681	65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING					
681	65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP					
681	65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP					
681	65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE					
681	65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCATERIZATION (ABRASION, CURETTAGE)					
681	65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)					
681	67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE					
681	67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)					
681	67505	RETROBULBAR INJECTION; ALCOHOL					
681	67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE					
681	67599	UNLISTED PROCEDURE, ORBIT					
681	68200	SUBCONJUNCTIVAL INJECTION					
681	68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH					
681	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM					
682	Level II Eye Procedures		T	3.54	\$179.37	\$81.36	\$35.87
682	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)					
682	67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID					
682	67710	SEVERING OF TARSORRHAPHY					
682	67800	EXCISION OF CHALAZION; SINGLE					
682	67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID					
682	67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS					
682	67810	BIOPSY OF EYELID					
682	67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY					
682	67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)					
682	67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE					
682	67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)					
682	67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)					
682	67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION					
682	67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION					
682	67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS					
682	67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID					
682	67999	UNLISTED PROCEDURE, EYELIDS					
682	68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST					
682	68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)					
682	68400	INCISION, DRAINAGE OF LACRIMAL GLAND					
682	68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)					
682	68440	SNIP INCISION OF LACRIMAL PUNCTUM					
682	68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES					
682	68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY					
682	68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY					
682	68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
682	68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION					
683	Level III Eye Procedures		T	10.19	\$516.32	\$257.87	\$103.26
683	65175	REMOVAL OF OCULAR IMPLANT					
683	65410	BIOPSY OF CORNEA					
683	65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS					
683	65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS					
683	66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID					
683	66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION					
683	67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEPARATE PROCEDURE)					
683	67715	CANTHOTOMY (SEPARATE PROCEDURE)					
683	67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN					
683	67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY					
683	67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS					
683	68510	BIOPSY OF LACRIMAL GLAND					
683	68525	BIOPSY OF LACRIMAL SAC					
683	68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;					
684	Level IV Eye Procedures		T	13.48	\$683.02	\$348.94	\$136.6
684	65091	EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT					
684	65093	EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT					
684	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT					
684	65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT					
684	65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT					
684	65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL					
684	65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT					
684	65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT					
684	65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT					
684	65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT					
684	67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT					
684	67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT					
684	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY					
684	67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY					
684	67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION					
684	67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY					
684	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION					
684	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION					
684	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE					
684	67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT					
684	67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE					
684	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)					
684	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL					
684	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)					
684	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH					
684	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH					
684	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)					
684	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)					
684	67909	REDUCTION OF OVERCORRECTION OF PTOSIS					
684	67911	CORRECTION OF LID RETRACTION					
684	67914	REPAIR OF ECTROPION; SUTURE					
684	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE					
684	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHN-TSZYMANOWSKI OR TARSAL STRIP OPERATIONS)					
684	67921	REPAIR OF ENTROPION; SUTURE					
684	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE					
684	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)					
684	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)					
684	67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID MARGIN					
684	67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MARGIN					
684	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE					
684	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE					
684	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE					
684	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE					
684	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
684	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)					
684	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT					
684	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)					
684	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)					
684	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS					
684	68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL					
684	68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL					
684	68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)					
684	68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH					
684	68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOATOMY					
684	68700	PLASTIC REPAIR OF CANALICULI					
684	68720	DACRYOCYSTORRHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)					
684	68745	CONJUNCTIVORRHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE					
684	68750	CONJUNCTIVORRHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT					
684	68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)					
684	68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA					
684	68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT					
690	Vitrectomy		T	30.54	\$1,547.45	\$852.02	\$309.49
690	67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS					
690	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;					
690	67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING					
690	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION					
690	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION					
690	67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING PROCEDURE), WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTOCOAGULATION, AND DRAINAGE OF SUBRETINAL FLUID					
690	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME TECHNIQUE					
690	67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINAL DETACHMENT REPAIR(S) USING SCLERAL BUCKLING OR VITRECTOMY TECHNIQUES					
700	Plain Film		X	0.78	\$39.52	\$22.37	\$7.90
700	70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY					
700	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS					
700	70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS					
700	70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE					
700	70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE					
700	70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEAT, COMPLETE					
700	70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS					
700	70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS					
700	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS					
700	70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA					
700	70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS					
700	70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS					
700	70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS					
700	70240	RADIOLOGIC EXAMINATION, SELLA TURCICA					
700	70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO					
700	70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO					
700	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW					
700	70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH					
700	70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH					
700	70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL					
700	70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL					
700	70350	CEPHALOGRAM, ORTHODONTIC					
700	70355	ORTHOPANTOGRAM					
700	70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE					
700	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS					
700	71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL					
700	71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL					
700	71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;					
700	71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE					
700	71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS					
700	71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;					
700	71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)					
700	71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS					
700	71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS					
700	71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS					
700	71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS					
700	71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS					
700	71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS					
700	72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL					
700	72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL					
700	72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
700	72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS					
700	72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES					
700	72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)					
700	72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL					
700	72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOTHORACIC JUNCTION					
700	72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS					
700	72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL					
700	72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES					
700	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL					
700	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS					
700	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS					
700	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS					
700	72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY					
700	72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS					
700	72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS					
700	72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS					
700	72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS					
700	73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE					
700	73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE					
700	73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW					
700	73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS					
700	73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION					
700	73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS					
700	73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS					
700	73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS					
700	73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS					
700	73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS					
700	73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS					
700	73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS					
700	73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW					
700	73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS					
700	73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS					
700	73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE					
700	73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS					
700	73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS					
700	73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEWS					
700	73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR					
700	73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS					
700	73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS					
700	73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS					
700	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS					
700	73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS					
700	73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS					
700	74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW					
700	74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS					
700	74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS					
700	74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, UPRIGHT PA CHEST					
700	74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION					
700	76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD					
700	76020	BONE AGE STUDIES					
700	76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)					
700	76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)					
700	76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)					
700	76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT					
700	76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)					
700	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)					
700	76078	RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES					
700	76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN					
700	76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY					
700	76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED					
700	76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION					
700	76150	XERORADIOGRAPHY					
700	76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE					
700	77417	THERAPEUTIC RADIOLOGY PORT FILM(S)					
700	78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
706		Miscellaneous Radiological Procedures	X	1.96	\$99.31	\$57.63	\$19.86
706	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPERITONEAL SHUNT), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION					
706	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)					
706	76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
706	76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; UNILATERAL					
706	76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; BILATERAL					
710		Computerized Axial Tomography	S	5.06	\$256.39	\$176.28	\$51.28
710	70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL					
710	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)					
710	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL					
710	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)					
710	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL					
710	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)					
710	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL					
710	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)					
710	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL					
710	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)					
710	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL					
710	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL					
710	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL					
710	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL					
710	72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL					
710	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL					
710	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL					
710	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
710	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL					
710	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)					
710	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL					
710	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)					
710	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL					
710	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)					
710	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS					
710	76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION					
710	76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
710	76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
710	76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS					
710	76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, OR OTHER TOMOGRAPHIC MODALITY					
710	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY					
716	Fluoroscopy		X	1.59	\$80.56	\$47.91	\$16.11
716	70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE					
716	70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING					
716	71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY					
716	71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY					
716	71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS, FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING					
716	71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND FILMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), WITH PLACEMENT OF INDWELLING CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
716	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)					
716	76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, TRANSBRONCHIAL BIOPSY)					
716	76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION					
720	Magnetic Resonance Angiography		S	6.34	\$321.24	206.11	\$64.25
720	70541	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MATERIAL(S)					
726	Magnetic Resonance Imaging		S	7.96	\$403.33	\$258.09	\$80.67
726	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT					
726	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK					
726	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL					
726	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)					
726	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES					
726	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)					
726	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL					
726	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)					
726	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL					
726	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)					
726	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL					
726	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)					
726	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL					
726	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC					
726	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR					
726	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS					
726	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT					
726	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY					
726	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT					
726	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY					
726	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN					
726	75552	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL					
726	75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL					
726	75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY					
726	75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY					
726	76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL					
726	76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
726	76390	MAGNETIC RESONANCE SPECTROSCOPY					
726	76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY					
728	Myelography		S	4.07	\$206.22	\$113.23	\$41.24
728	70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72285	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
728	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	Arthrography		S	2.48	\$125.66	\$72.09	\$25.13
730	70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
730	73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
736	Digestive Radiology		S	1.85	\$93.74	\$54.24	\$18.75
736	74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS					
736	74220	RADIOLOGIC EXAMINATION; ESOPHAGUS					
736	74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO					
736	74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB					
736	74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB					
736	74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS					
736	74246	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFER- VESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB					
736	74247	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFER- VESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITH KUB					
736	74249	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFER- VESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH SMALL BOWEL FOLLOW-THROUGH					
736	74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS;					
736	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE					
736	74260	DUODENOGRAPHY, HYPOTONIC					
736	74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB					
736	74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON					
736	74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUMINAL OBSTRUCTION (EG, MECONIUM ILEUS)					
736	74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;					
736	74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION					
736	G0106	Colorectal Ca screening					
736	G0120	Colorectal Ca screening					
737	Diagnostic Urography		S	2.81	\$142.38	\$86.56	\$28.48
737	74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;					
737	74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPER- TENSIVE CONTRAST CONCENTRATION AND/OR CLEARANCE STUDIES					
737	74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;					
737	74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY					
737	74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB					
737	74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOPOGRAM), RADIOLOGICAL SUPERVISION AND					
737	74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
737	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)					
738	Therapeutic Radiologic Procedures		S	4.48	\$227.00	\$133.23	\$45.4
738	74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRE- TATION					
738	74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECH- NIQUE), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE- TATION					
738	74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGI- CAL SUPERVISION AND INTERPRETATION					
738	74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADI- OLOGICAL SUPERVISION AND INTERPRETATION					
738	74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRE- TATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
738	75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE STENT FOR INTERNAL BILIARY DRAINAGE IN PATIENTS WITH AN INOPERABLE MECHANICAL BILIARY OBSTRUCTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
738	75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GASTROINTESTINAL SYSTEM, GENITOURINARY SYSTEM, ABSCESS), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	Diagnostic	Angiography and Venography	S	5.83	\$295.40	\$168.71	\$59.08
739	75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
739	75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
746	Mammography		S	0.69	\$34.96	\$19.44	\$6.99
746	76090	MAMMOGRAPHY; UNILATERAL					
746	76091	MAMMOGRAPHY; BILATERAL					
747	Diagnostic	Ultrasound Except Vascular	S	1.65	\$83.60	\$54.69	\$16.72
747	76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR SIZE, DELINEATION OF CEREBRAL CONTENTS AND DETECTION OF FLUID MASSES OR OTHER INTRACRANIAL ABNORMALITIES), INCLUDING A-MODE ENCEPHALOGRAPH					
747	76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION					
747	76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)					
747	76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; IMMERSION (WATER BATH) B-SCAN					
747	76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;					
747	76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION					
747	76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
747	76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE					
747	76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)					
747	76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE					
747	76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED					
747	76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DOPPLER STUDIES					
747	76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS					
747	76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION)					
747	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION), MULTIPLE GESTATION, AFTER THE FIRST TRIMESTER					
747	76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART BEAT, PLACENTAL LOCATION, FETAL POSITION, OR EMERGENCY IN THE DELIVERY ROOM)					
747	76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT					
747	76818	FETAL BIOPHYSICAL PROFILE					
747	76830	ECHOGRAPHY, TRANSVAGINAL					
747	76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER					
747	76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE					
747	76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)					
747	76870	ECHOGRAPHY, SCROTUM AND CONTENTS					
747	76872	ECHOGRAPHY, TRANSRECTAL					
747	76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION					
747	76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)					
747	76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATION)					
747	76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)					
747	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
747	76986	ECHOGRAPHY, INTRAOPERATIVE					
747	76999	UNLISTED ULTRASOUND PROCEDURE					
747	G0050	POST-VOIDAL RESIDUAL URINE/BLADDER CAPACITY					
749	Guidance under Ultrasound		X	2.44	\$123.63	\$76.16	\$24.73
749	76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTIC ULTRASOUND EVALUATION, COMPRESSION OF LESION AND IMAGING)					
749	76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION) OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION					
749	76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN					
749	76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY					
749	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION					
750	Therapeutic Radiation Treatment Planning		X	0.91	\$46.11	\$25.54	\$9.22
750	77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE					
750	77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE					
750	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX					
750	77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING QUALITY ASSURANCE REPORTED PER WEEK OF THERAPY					
750	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION					
750	77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES					
750	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY					
750	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)					
751	Level I Therapeutic Radiation Treatment Preparation		X	1.15	\$58.27	\$33.22	\$11.65
751	77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING					
751	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, AS REQUIRED DURING COURSE OF TREATMENT, ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN					
751	77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
751	77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS DIRECTED TO A SINGLE AREA OF INTEREST)					
751	77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL PORTS, THE USE OF WEDGES, COMPENSATORS, COMPLEX BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS)					
751	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY					
751	77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APPLICATION, REMOTE AFTERLOADING BRACHYTHERAPY, 1 TO 8 SOURCES)					
751	77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING 5 TO 10 SOURCES/RIBBONS, REMOTE AFTERLOADING BRACHYTHERAPY, 9 TO 12 SOURCES)					
751	77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER 10 SOURCES/RIBBONS USED, SPECIAL SPATIAL RECONSTRUCTION, REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 SOURCES)					
751	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN					
751	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)					
751	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)					
751	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)					
752	Level II Therapeutic Radiation Treatment		X	3.54	\$179.37	\$88.82	\$35.87
752	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE					
752	77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE					
752	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX					
752	77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMENSIONAL					
757	Radiation Therapy		S	2.30	\$116.54	\$52.43	\$23.31
757	61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR), ONE OR MORE SESSIONS					
757	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE					
757	77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; UP TO 5 MEV					
757	77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 6-10 MEV					
757	77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 11-19 MEV					
757	77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 20 MEV OR GREATER					
757	77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; UP TO 5 MEV					
757	77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 6-10 MEV					
757	77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 11-19 MEV					
757	77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 20 MEV OR GREATER					
757	77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); UP TO 5 MEV					
757	77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 6-10 MEV					
757	77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 11-19 MEV					
757	77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 20 MEV OR GREATER					
757	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIATION)					
758	Hyperthermic Therapies		S	3.41	\$172.78	\$76.84	\$34.56
758	77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)					
758	77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)					
758	77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS					
758	77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS					
758	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)					
759	Brachytherapy and Complex Radioelement Applications		S	7.98	\$404.34	\$160.01	\$80.87
759	77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION					
759	77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE					
759	77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE					
759	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX					
759	77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE					
759	77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE					
759	77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX					
759	77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS					
759	77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS					
759	77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS					
759	77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS					
759	77789	SURFACE APPLICATION OF RADIOELEMENT					
759	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY					
760	PET Scans		S	17.26	\$874.55	\$419.46	\$174.91
760	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
760	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION					
760	78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION					
760	78810	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION					
760	G0030	PET imaging prev PET single					
760	G0031	PET imaging prev PET multiple					
760	G0032	PET follow SPECT 78464 singl					
760	G0033	PET follow SPECT 78464 mult					
760	G0034	PET follow SPECT 78865 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	2.04	\$103.37	\$61.47	\$20.67
761	78000	THYROID UPTAKE; SINGLE DETERMINATION					
761	78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
761	78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING					
761	78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS					
761	78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING					
761	78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
761	78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR					
761	78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR					
761	78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR					
761	78282	GASTROINTESTINAL PROTEIN LOSS					
761	78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
761	78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION					
761	78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
762	Complex	Non-Imaging Nuclear Medicine	S	1.78	\$90.19	\$51.53	\$18.04
762	78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS					
762	78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)					
762	78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS					
762	78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE)					
762	78130	RED CELL SURVIVAL STUDY;					
762	78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)					
762	78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)					
762	78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE					
762	78162	RADIOIRON ORAL ABSORPTION					
762	78170	RADIOIRON RED CELL UTILIZATION					
762	78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON					
762	78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION					
762	78191	PLATELET SURVIVAL STUDY					
762	78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR WITHOUT PHARMACOLOGIC INTERVENTION OR EXERCISE, SINGLE OR MULTIPLE DETERMINATIONS					
762	78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)					
762	78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	Standard	Planar Nuclear Medicine	S	3.78	\$191.53	\$116.84	\$38.31
771	78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION					
771	78010	THYROID IMAGING; ONLY					
771	78011	THYROID IMAGING; WITH VASCULAR FLOW					
771	78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)					
771	78102	BONE MARROW IMAGING; LIMITED AREA					
771	78103	BONE MARROW IMAGING; MULTIPLE AREAS					
771	78104	BONE MARROW IMAGING; WHOLE BODY					
771	78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW					
771	78201	LIVER IMAGING; STATIC ONLY					
771	78202	LIVER IMAGING; WITH VASCULAR FLOW					
771	78215	LIVER AND SPLEEN IMAGING; STATIC ONLY					
771	78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW					
771	78230	SALIVARY GLAND IMAGING;					
771	78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES					
771	78261	GASTRIC MUCOSA IMAGING					
771	78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)					
771	78300	BONE AND/OR JOINT IMAGING; LIMITED AREA					
771	78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS					
771	78306	BONE AND/OR JOINT IMAGING; WHOLE BODY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
771	78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	78428	CARDIAC SHUNT DETECTION					
771	78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)					
771	78457	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); UNILATERAL					
771	78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL					
771	78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION					
771	78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE					
771	78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE ONLY FOR CODES 78460, 78461, 78464, 78465)					
771	78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE ONLY FOR CODES 78460, 78461, 78464, 78465)					
771	78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION					
771	78580	PULMONARY PERFUSION IMAGING, PARTICULATE					
771	78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION					
771	78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)					
771	78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION					
771	78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PROJECTION					
771	78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC					
771	78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW					
771	78605	BRAIN IMAGING, COMPLETE STUDY; STATIC					
771	78610	BRAIN IMAGING, VASCULAR FLOW ONLY					
771	78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY					
771	78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
771	78700	KIDNEY IMAGING; STATIC ONLY					
771	78701	KIDNEY IMAGING; WITH VASCULAR FLOW					
771	78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)					
771	78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION					
771	78715	KIDNEY VASCULAR FLOW ONLY					
771	78730	URINARY BLADDER RESIDUAL STUDY					
771	78760	TESTICULAR IMAGING;					
771	78761	TESTICULAR IMAGING; WITH VASCULAR FLOW					
771	78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE					
772	Complex Planar Nuclear Medicine		S	4.22	\$213.83	\$127.92	\$42.77
772	78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS					
772	78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)					
772	78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS					
772	78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY					
772	78070	PARATHYROID IMAGING					
772	78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA					
772	78195	LYMPHATICS AND LYMPH GLANDS IMAGING					
772	78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES					
772	78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH OR WITHOUT QUANTITATIVE MEASUREMENT OF GALLBLADDER FUNCTION					
772	78232	SALIVARY GLAND FUNCTION STUDY					
772	78258	ESOPHAGEAL MOTILITY					
772	78262	GASTROESOPHAGEAL REFLUX STUDY					
772	78264	GASTRIC EMPTYING STUDY					
772	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING					
772	78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)					
772	78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY					
772	78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), AND REDISTRIBUTION AND/OR REST INJECTION, WITH OR WITHOUT QUANTIFICATION					
772	78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE					
772	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING					
772	78473	MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT ADDITIONAL QUANTIFICATION					
772	78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION					
772	78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH					
772	78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BREATH					
772	78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)					
772	78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY					
772	78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW					
772	78615	CEREBRAL BLOOD FLOW					
772	78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY					
772	78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY					
772	78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION					
772	78650	CSF LEAKAGE DETECTION AND LOCALIZATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
772	78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)					
772	78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)					
772	78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)					
772	78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA					
772	78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE AREAS					
772	78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE BODY					
772	78805	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; LIMITED AREA					
772	78806	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; WHOLE BODY					
781	Standard	SPECT Nuclear Medicine	S	5.26	\$266.52	\$145.77	\$53.30
781	78205	LIVER IMAGING (SPECT)					
781	78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)					
781	78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION					
781	78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION					
781	78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)					
781	78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)					
781	78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)					
782	Complex	SPECT Nuclear Medicine	S	9.28	\$470.21	\$275.04	\$94.04
782	78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC) AND REDISTRIBUTION AND/OR REST INJECTION, WITH OR WITHOUT QUANTIFICATION					
782	78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT)					
782	78807	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPECT)					
791	Standard	Therapeutic Nuclear Medicine	S	15.83	\$802.10	\$562.06	\$160.42
791	79001	RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY					
791	79100	RADIOPHARMACEUTICAL THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT					
791	79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY					
791	79400	RADIOPHARMACEUTICAL THERAPY, NONTHYROID, NONHEMATOLOGIC					
791	79420	INTRAVASCULAR RADIOPHARMACEUTICAL THERAPY, PARTICULATE					
791	79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY					
791	79999	UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROCEDURE					
792	Complex	Therapeutic Nuclear Medicine	S	4.80	\$243.21	\$144.19	\$48.64
792	79000	RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT					
792	79020	RADIOPHARMACEUTICAL THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT					
792	79030	RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA					
792	79035	RADIOPHARMACEUTICAL THERAPY FOR METASTASES OF THYROID CARCINOMA					
792	79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY					
861	Immunology Tests		X	0.13	\$6.59	\$3.62	\$1.32
861	86485	SKIN TEST; CANDIDA					
861	86490	SKIN TEST; COCCIDIOIDOMYCOSIS					
861	86510	SKIN TEST; HISTOPLASMOSIS					
861	86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL					
861	86585	SKIN TEST; TUBERCULOSIS, TINE TEST					
861	86586	SKIN TEST; UNLISTED ANTIGEN, EACH					
881	Level I Pathology		X	0.20	\$10.13	\$6.78	\$2.03
881	88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)					
881	88199	UNLISTED CYTOPATHOLOGY PROCEDURE					
881	88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY					
881	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)					
881	88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER, (EG, IRON, TRICHROME), EXCEPT IMMUNOCYTOCHEMISTRY AND IMMUNOPEROXIDASE STAINS, EACH					
881	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE					
881	89350	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)					
881	89360	SWEAT COLLECTION BY IONTOPHORESIS					
881	89399	UNLISTED MISCELLANEOUS PATHOLOGY TEST					
881	G0025	Collagen skin test kit					
882	Level II Pathology		X	0.39	\$19.76	\$11.75	\$3.95
882	80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS					
882	80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS					
882	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT					
882	85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT					
882	86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF IRREGULAR ANTIBODY(S), INTERPRETATION AND WRITTEN REPORT					
882	86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISEASE, INTERPRETATION AND WRITTEN REPORT					
882	86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG, USE OF OUTDATED BLOOD, TRANSFUSION OF RH INCOMPATIBLE UNITS), WITH WRITTEN REPORT					
882	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
882	88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATION					
882	88107	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS AND FILTER PREPARATION WITH INTERPRETATION					
882	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE)					
882	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION					
882	88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION					
882	88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS					
882	88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY OF SPECIMEN(S)					
882	88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT					
882	88180	FLOW CYTOMETRY; EACH CELL SURFACE MARKER					
882	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS					
882	88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
882	88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
882	88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
882	88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGANISMS (EG, GRIDLEY, ACID FAST, METHENAMINE SILVER), EACH					
882	88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAINING WITH FROZEN SECTION(S)					
882	88318	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS (EG, COPPER, ZINC)					
882	88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH					
882	88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE					
882	88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES					
882	88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL					
882	88329	PATHOLOGY CONSULTATION DURING SURGERY;					
882	88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN					
882	88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S)					
882	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY					
882	88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD					
882	88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD					
883	Level III Pathology		X	0.65	\$32.94	\$20.34	\$6.59
883	88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
883	88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION					
883	88348	ELECTRON MICROSCOPY; DIAGNOSTIC					
883	88349	ELECTRON MICROSCOPY; SCANNING					
883	88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE					
883	88356	MORPHOMETRIC ANALYSIS; NERVE					
883	88358	MORPHOMETRIC ANALYSIS; TUMOR					
883	88362	NERVE TEASING PREPARATIONS					
883	88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT					
900	Critical Care		V	7.44	\$376.98	\$144.87	\$75.40
900	99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR UNSTABLE CRITICALLY INJURED PATIENT, REQUIRING THE CONSTANT ATTENDANCE OF THE PHYSICIAN; FIRST HOUR					
901	Level I Immunization		X	0.07	\$3.55	\$2.49	\$0.71
901	90700	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP)					
901	90701	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)					
901	90702	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS (DT)					
901	90703	IMMUNIZATION, ACTIVE; TETANUS TOXOID					
901	90704	IMMUNIZATION, ACTIVE; MUMPS VIRUS VACCINE, LIVE					
901	90705	IMMUNIZATION, ACTIVE; MEASLES VIRUS VACCINE, LIVE, ATTENUATED					
901	90706	IMMUNIZATION, ACTIVE; RUBELLA VIRUS VACCINE, LIVE					
901	90708	IMMUNIZATION, ACTIVE; MEASLES AND RUBELLA VIRUS VACCINE, LIVE					
901	90709	IMMUNIZATION, ACTIVE; RUBELLA AND MUMPS VIRUS VACCINE, LIVE					
901	90710	IMMUNIZATION, ACTIVE; MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE					
901	90711	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND PERTUSSIS (DTP) AND INJECTABLE POLIOMYELITIS VACCINE					
901	90714	IMMUNIZATION, ACTIVE; TYPHOID VACCINE					
901	90718	IMMUNIZATION, ACTIVE; TETANUS AND DIPHTHERIA TOXOIDS ABSORBED, FOR ADULT USE (TD)					
901	90719	IMMUNIZATION, ACTIVE; DIPHTHERIA TOXOID					
901	90724	IMMUNIZATION, ACTIVE; INFLUENZA VIRUS VACCINE					
901	90725	IMMUNIZATION, ACTIVE; CHOLERA VACCINE					
901	90730	IMMUNIZATION, ACTIVE; HEPATITIS A VACCINE					
901	90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT					
901	90748	IMMUNIZATION, ACTIVE, HEPATITIS B AND HEMOPHILUS INFLUENZA B (HIB) VACCINE					
901	90749	UNLISTED IMMUNIZATION PROCEDURE					
901	95149	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FIVE SINGLE STINGING INSECT VENOMS					
901	95170	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; WHOLE BODY EXTRACT OF BITING INSECT OR OTHER ARTHROPOD (SPECIFY NUMBER OF DOSES)					
901	G0008	INFLUENZA VACCINE					
901	G0009	PNEUMOCOCCAL VACCINE					
901	Q0034	INFLUENZA VACCINE					
902	Level II Immunization		X	1.78	\$90.19	\$41.47	\$18.04

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
902	90707	IMMUNIZATION, ACTIVE; MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE					
902	90712	IMMUNIZATION, ACTIVE; POLIOVIRUS VACCINE, LIVE, ORAL (ANY TYPE(S))					
902	90713	IMMUNIZATION, ACTIVE; POLIOMYELITIS VACCINE					
902	90716	IMMUNIZATION, ACTIVE; VARICELLA (CHICKEN POX) VACCINE					
902	90717	IMMUNIZATION, ACTIVE; YELLOW FEVER VACCINE					
902	90720	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND PERTUSSIS (DTP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE					
902	90733	IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))					
902	90737	IMMUNIZATION, ACTIVE; HEMOPHILUS INFLUENZA B					
902	90741	IMMUNIZATION, PASSIVE; IMMUNE SERUM GLOBULIN, HUMAN (ISG)					
902	90744	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; NEWBORN TO 11 YEARS					
902	90745	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; 11–19 YEARS					
902	90746	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; 20 YEARS AND ABOVE					
902	90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE					
902	G0010	HEPATITIS B VACCINE					
903	Level III Immunization		X	1.16	\$58.78	\$25.65	\$11.76
903	90721	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE					
903	90726	IMMUNIZATION, ACTIVE; RABIES VACCINE					
903	90727	IMMUNIZATION, ACTIVE; PLAGUE VACCINE					
903	90728	IMMUNIZATION, ACTIVE; BCG VACCINE					
903	90735	IMMUNIZATION, ACTIVE; ENCEPHALITIS VIRUS VACCINE					
903	90742	IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEASLES, PERTUSSIS, RABIES, RHO(D), TETANUS, VACCINIA, VARICELLA-ZOSTER)					
906	Infusion Therapy except Chemotherapy		X	1.46	\$73.98	\$42.49	\$14.80
906	36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION					
906	90780	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR					
906	90781	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS					
906	Q0081	INFUSION THERAPY					
907	Intramuscular Injections		X	0.85	\$43.07	\$11.98	\$8.61
907	90782	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); SUBCUTANEOUS OR INTRAMUSCULAR					
907	90783	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA-ARTERIAL					
907	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRAVENOUS					
907	90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)					
907	90799	UNLISTED THERAPEUTIC OR DIAGNOSTIC INJECTION					
919	Electroconvulsive Therapy		S	3.17	\$160.62	\$80.00	\$32.12
919	90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE					
919	90871	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); MULTIPLE SEIZURES, PER DAY					
920	Biofeedback and other Training		S	1.17	\$59.28	\$29.61	\$11.86
920	90901	BIOFEEDBACK TRAINING BY ANY MODALITY					
920	90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY					
921	Diabetes Education		S				
921	99078	PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG, PRENATAL, OBESITY, OR DIABETIC INSTRUCTIONS)					
926	Dialysis for other than ESRD patients		S	4.28	\$216.87	\$69.83	\$43.37
926	90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION					
926	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION					
926	90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION					
926	90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION					
926	90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)					
926	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT					
928	Alimentary Tests		X	3.11	\$157.58	\$83.85	\$31.52
928	89100	DUODENAL INTUBATION AND ASPIRATION; SINGLE SPECIMEN (EG, SIMPLE BILE STUDY OR AFFERENT LOOP CULTURE) PLUS APPROPRIATE TEST PROCEDURE					
928	89105	DUODENAL INTUBATION AND ASPIRATION; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION, SINGLE OR DOUBLE LUMEN TUBE					
928	89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY;					
928	89132	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, AFTER STIMULATION					
928	89135	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); ONE HOUR					
928	89136	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS					
928	89140	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS INCLUDING GASTRIC STIMULATION (EG, HISTALOG, PENTAGASTRIN)					
928	89141	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); THREE HOURS, INCLUDING GASTRIC STIMULATION					
928	91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARATION OF SPECIMENS (SEPARATE PROCEDURE)					
928	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
928	91011	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; WITH MECHOLYL OR SIMILAR STIMULANT					
928	91012	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; WITH ACID PERFUSION STUDIES					
928	91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES					
928	91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS					
928	91032	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GASTROESOPHAGEAL REFLUX;					
928	91033	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GASTROESOPHAGEAL REFLUX; PROLONGED RECORDING					
928	91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG, HISTAMINE, INSULIN, PENTAGASTRIN, CALCIUM AND SECRETIN)					
928	91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE PROCEDURE)					
928	91060	GASTRIC SALINE LOAD TEST					
928	91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)					
928	91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING					
928	91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POISONS)					
928	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE					
928	95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE SUCH AS METABISULFITE)					
930	Minor Eye Examinations		X	1.02	\$51.68	\$22.83	\$10.34
930	92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)					
930	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION					
930	92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTOPLAT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)					
930	92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE EXAMINATION (EG, AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER, OR SEMIQUANTITATIVE, AUTOMATED SUPRATHRESHOLD SCREENING PROGRAM, HUMPHREY SUPRATHRESHOLD AUTOMATIC)					
930	92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED EXAMINATION (EG, GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30°, OR QUANTITATIVE, AUTOMATED THRESHOLD PERI)					
930	92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TONOGRAPHY					
930	92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT					
930	92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT					
930	92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY)					
931	Level I Eye Tests		X	0.74	\$37.5	\$21.47	\$7.50
931	92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER METHOD OR PERILIMBAL SUCTION METHOD					
931	92130	TONOGRAPHY WITH WATER PROVOCATION					
931	92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT					
931	92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT					
931	92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT					
931	92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE					
932	Level II Eye Tests		X	2.52	\$127.69	\$65.09	\$25.54
932	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT					
932	92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT					
932	92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT					
932	92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL COUNT					
932	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOGRAPHY					
936	Fitting of Vision Aids		X	0.52	\$26.35	\$9.49	\$5.27
936	92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE					
936	92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES					
936	92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL LENS					
936	92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE					
936	92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, BOTH EYES					
936	92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS					
936	92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION					
936	92326	REPLACEMENT OF CONTACT LENS					
936	92330	PRESCRIPTION, FITTING, AND SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE), WITH MEDICAL SUPERVISION OF ADAPTATION					
936	92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL					
936	92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL					
936	92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM					
936	92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
936	92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)					
936	92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA					
940	Otorhinolaryngologic Function Tests		X	3.04	\$154.04	\$51.98	\$30.81
940	92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)					
940	92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)					
940	92520	LARYNGEAL FUNCTION STUDIES					
940	92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING					
940	92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING					
940	92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH					
940	92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING					
940	92545	OSCILLATING TRACKING TEST, WITH RECORDING					
940	92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING					
940	92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS COUNTS AS ONE ADDITIONAL TEST					
940	92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY					
940	92584	ELECTROCOCHLEOGRAPHY					
940	92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)					
940	92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)					
941	Level I Audiometry		X	0.74	\$37.50	\$13.56	\$7.50
941	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY					
941	92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE					
941	92555	SPEECH AUDIOMETRY THRESHOLD;					
941	92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION					
941	92567	TYMPANOMETRY (IMPEDANCE TESTING)					
941	92599	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE					
942	Level II Audiometry		X	1.48	\$74.99	\$22.15	\$15.00
942	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)					
942	92561	BEKESY AUDIOMETRY; DIAGNOSTIC					
942	92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL					
942	92563	TONE DECAY TEST					
942	92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)					
942	92565	STENGER TEST, PURE TONE					
942	92568	ACOUSTIC REFLEX TESTING					
942	92569	ACOUSTIC REFLEX DECAY TEST					
942	92571	FILTERED SPEECH TEST					
942	92572	STAGGERED SPONDAIC WORD TEST					
942	92573	LOMBARD TEST					
942	92575	SENSORINEURAL ACUITY LEVEL TEST					
942	92576	SYNTHETIC SENTENCE IDENTIFICATION TEST					
942	92577	STENGER TEST, SPEECH					
942	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)					
942	92582	CONDITIONING PLAY AUDIOMETRY					
942	92583	SELECT PICTURE AUDIOMETRY					
942	92589	CENTRAL AUDITORY FUNCTION TEST(S) (SPECIFY)					
942	92596	EAR PROTECTOR ATTENUATION MEASUREMENTS					
947	Resuscitation and Cardioversion		S	4.07	\$206.22	\$109.61	\$41.24
947	31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE					
947	92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)					
947	92953	TEMPORARY TRANSCUTANEOUS PACING					
947	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL					
947	99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT					
948	Cardiac Rehabilitation		X	0.81	\$41.04	\$16.95	\$8.21
948	93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)					
948	93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)					
949	Cardiovascular Stress Test		X	1.46	\$73.98	\$62.83	\$14.80
949	93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTRO-CARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT					
949	93024	ERGONOVINE PROVOCATION TEST					
950	Electrocardiogram (ECG)		X	0.35	\$17.73	\$15.82	\$3.55
950	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT					
950	93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT					
950	Q0035	CARDIOKYMOGRAPHY					
956	Continuous ECG and Blood Pressure Monitoring		X	1.11	\$56.24	\$55.82	\$11.25
956	93012	TELEPHONIC TRANSMISSION OF POST-SYMPOM ELECTROCARDIOGRAM RHYTHM STRIP(S), PER 30 DAY PERIOD OF TIME; TRACING ONLY					
956	93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND INTERPRETATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
956	93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)					
956	93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; SCANNING ANALYSIS WITH REPORT					
956	93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; INCLUDES RECORDING, MICROPROCESSOR-BASED ANALYSIS					
956	93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCO					
956	93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; MICRO-PROCESSOR-BASED ANALYSIS WITH REPORT					
956	93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; INC					
956	93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; MON					
956	93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION					
956	93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)					
956	93271	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; MONITORING, RECEIPT OF TRANSMISSIONS, AND ANALYSIS					
956	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG					
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	2.83	\$143.39	\$117.07	\$28.68
957	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING;					
957	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY					
957	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE					
957	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY					
957	93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE					
957	93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY					
957	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; COMPLETE					
957	93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMITED STUDY					
957	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT					
957	93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY					
957	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT					
957	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY					
957	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350); COMPLETE					
957	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350); FOLLOW-UP OR LIMITED STUDY					
957	93325	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76827, 76828, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350)					
957	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPOR					
958	Diagnostic Cardiac Catheterization		T	26.11	\$1,322.98	\$659.47	\$264.60
958	93501	RIGHT HEART CATHETERIZATION					
958	93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES					
958	93505	ENDOMYOCARDIAL BIOPSY					
958	93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; PERCUTANEOUS					
958	93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; BY CUTDOWN					
958	93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE					
958	93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION					
958	93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
958	93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)					
958	93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)					
958	93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION)					
958	93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES					
958	93536	PERCUTANEOUS INSERTION OF INTRA-AORTIC BALLOON CATHETER					
960	Cardiac Electrophysiologic Tests/Procedures		S	4.24	\$214.84	\$144.41	\$42.97
960	93600	BUNDLE OF HIS RECORDING					
960	93602	INTRA-ATRIAL RECORDING					
960	93603	RIGHT VENTRICULAR RECORDING					
960	93607	LEFT VENTRICULAR RECORDING					
960	93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM MULTIPLE SITES TO IDENTIFY ORIGIN OF TACHYCARDIA					
960	93610	INTRA-ATRIAL PACING					
960	93612	INTRAVENTRICULAR PACING					
960	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);					
960	93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING					
960	93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING					
960	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITHOUT INDUCTION OR ATTEMPTED INDUCTION					
960	93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH INDUCTION OR ATTEMPTED INDUCTION					
960	93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH LEFT ATRIAL RECORDINGS FROM CORON					
960	93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH LEFT VENTRICULAR RECORDINGS, WITH					
960	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622)					
960	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY, INCLUDING INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA					
960	93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SITE OF TACHYCARDIA OR ZONE OF SLOW CONDUCTION FOR SURGICAL CORRECTION					
960	93640	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFIBRILLATION THRESHOLD TESTING AND SENSING FUNCTION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT;					
960	93641	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFIBRILLATION THRESHOLD TESTING AND SENSING FUNCTION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT; WITH TESTING OF CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR					
960	93642	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PAR					
960	93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR CONDUCTION FOR CREATION OF COMPLETE HEART BLOCK, WITH OR WITHOUT TEMPORARY PACEMAKER PLACEMENT					
960	93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAYS, ACCESSORY ATRIOVENTRICULAR CONNECTIONS OR OTHER ATRIAL FOCI, SINGLY OR IN COMBINATION					
960	93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRICULAR TACHYCARDIA					
960	93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION					
960	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOGRAPHIC RECORDING, PROGRAMMING OF DEVICE, INDUCTION AND TERMINATION OF TACHYCARDIA VIA IMPLANTED PACEMAKER, AND INTERPRETATION OF RECORDINGS)					
966	Electronic Analysis of Pacemakers/other devices		X	0.39	\$19.76	\$12.43	\$3.95
966	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING					
966	62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING					
966	63690	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEAS					
966	63691	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEAS					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
966	93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS					
966	93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS					
966	93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS					
966	93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS)					
966	93735	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS)					
966	93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS					
966	93737	ELECTRONIC ANALYSIS OF CARIOVERTER/DEFIBRILLATOR ONLY (INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS); WITHOUT REPROGRAMMING					
966	93738	ELECTRONIC ANALYSIS OF CARIOVERTER/DEFIBRILLATOR ONLY (INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS); WITH REPROGRAMMING					
967	Non-Invasive Vascular Studies		X	1.70	\$86.14	\$57.40	\$17.23
967	93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT					
967	93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT					
967	93740	TEMPERATURE GRADIENT STUDIES					
967	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE					
967	93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL (EG, ANKLE/BRACHIAL INDICES, DOPPLER WAVEFORM ANALYSIS, VOLUME PLETHYSMOGRAPHY, TRANSCUTANEOUS OXYGEN TENSION MEASUREMENT)					
967	93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE LEVELS OR WITH PROVOCATIVE FUNCTIONAL MANEUVERS, COMPLETE BILATERAL STUDY (EG, SEGMENTAL BLOOD PRESSURE MEASUREMENTS, SEGMENTAL DOPPLER WAVEFORM ANALYSIS, SEGMENTAL VOLUME PLE					
967	93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TESTING, COMPLETE BILATERAL STUDY					
967	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (EG, DOPPLER WAVEFORM ANALYSIS WITH RESPONSES TO COMPRESSION AND OTHER MANEUVERS, PHLEBORHEOGRAPHY, IMPEDANCE PLETHYSMOGRAPHY)					
968	Vascular Ultrasound		X	2.37	\$120.09	\$79.55	\$24.02
968	93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPLETE BILATERAL STUDY (EG, PERIORBITAL FLOW DIRECTION WITH ARTERIAL COMPRESSION, OCULAR PNEUMOPLETHYSMOGRAPHY, DOPPLER ULTRASOUND SPECTRAL ANALYSIS)					
968	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY					
968	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY					
968	93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY					
968	93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY					
968	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY					
968	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY					
968	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY					
968	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY					
968	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY					
968	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY					
968	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; COMPLETE STUDY					
968	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; LIMITED STUDY					
968	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY					
968	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY					
968	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY					
968	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY					
968	93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)					
969	Hyperbaric Oxygen		S	2.65	\$134.27	\$141.70	\$26.85
969	99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION					
971	Level I Pulmonary Tests		X	0.78	\$39.52	\$21.47	\$7.90
971	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION					
971	94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EXERCISE					
971	94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION					
971	94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)					
971	94260	THORACIC GAS VOLUME					
971	94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC METHODS					
971	94375	RESPIRATORY FLOW VOLUME LOOP					
971	94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)					
971	94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
971	94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)					
971	94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER					
971	94799	UNLISTED PULMONARY SERVICE OR PROCEDURE					
972	Level II Pulmonary Tests		X	1.02	\$51.68	\$29.38	\$10.34
972	94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN CIRCUIT METHOD, OR OTHER METHOD					
972	94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN WASHOUT CURVE INCLUDING ALVEOLAR NITROGEN OR HELIUM EQUILIBRATION TIME					
972	94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS					
972	94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE					
972	94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED					
972	94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)					
972	94720	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD					
972	94725	MEMBRANE DIFFUSION CAPACITY					
973	Level III Pulmonary Tests		S	1.89	\$95.77	\$55.82	\$19.15
973	94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD AIR, METHACHOLINE OR OTHER CHEMICAL AGENT, WITH SPIROMETRY AS IN 94010					
973	94620	PULMONARY STRESS TESTING, SIMPLE OR COMPLEX					
973	94750	PULMONARY COMPLIANCE STUDY, ANY METHOD					
973	94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT					
973	95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, METHACHOLINE, OR SIMILAR COMPOUNDS					
973	95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES, SPECIFY					
976	Pulmonary Therapy		S	0.44	\$22.29	\$14.92	\$4.46
976	94640	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION					
976	94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS					
976	94650	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH OR WITHOUT NEBULIZED MEDICATION; INITIAL DEMONSTRATION AND/OR EVALUATION					
976	94651	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH OR WITHOUT NEBULIZED MEDICATION; SUBSEQUENT					
976	94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; SUBSEQUENT DAYS					
976	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT					
976	94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT					
976	94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; INITIAL DEMONSTRATION AND/OR EVALUATION					
976	94665	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; SUBSEQUENT					
977	Allergy Tests		X	0.63	\$31.92	\$12.66	\$6.38
977	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS OR VENOMS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS, OR VENOMS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS					
977	95027	SKIN END POINT TITRATION					
977	95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS					
977	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)					
977	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)					
977	95056	PHOTO TESTS					
977	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS					
977	95065	DIRECT NASAL MUCOUS MEMBRANE TEST					
977	95078	PROVOCATIVE TESTING (EG, RINKEL TEST)					
977	95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, HORSE SERUM)					
977	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE					
978	Allergy Injections		X	0.31	\$15.71	\$3.39	\$3.14
978	95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION					
978	95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE INJECTIONS					
978	95144	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE OR MULTIPLE ANTIGENS, SINGLE DOSE VIALS (SPECIFY NUMBER OF VIALS)					
978	95145	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); SINGLE STINGING INSECT VENOM					
978	95146	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); TWO SINGLE STINGING INSECT VENOMS					
978	95147	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); THREE SINGLE STINGING INSECT VENOMS					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
978	95148	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FOUR SINGLE STINGING INSECT VENOMS					
978	95165	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULTIPLE ANTIGENS (SPECIFY NUMBER OF DOSES)					
979	Extended	EEG Studies and Sleep Studies	S	10.17	\$515.31	\$288.83	\$103.06
979	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS					
979	95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, UNATTENDED BY A TECHNOLOGIST					
979	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST					
979	95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST					
979	95810	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST					
979	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST					
979	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOUR					
979	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR					
979	95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY					
979	95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION (EG, FOR PRESURGICAL LOCALIZATION), EACH 24 HOURS					
979	95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS					
979	95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING EEG RECORDING OF ACTIVATION PHASE (EG, THIOPENTAL ACTIVATION TEST)					
979	95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS					
979	95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING					
980	Electroencephalogram		S	2.15	\$108.94	\$57.86	\$21.79
980	92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT					
980	95857	TENSILON TEST FOR MYASTHENIA GRAVIS;					
980	95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNILATERAL					
980	95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES					
980	95870	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN, THORAX)					
980	95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; MOTOR, WITHOUT F-WAVE STUDY					
980	95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION), INCLUDING TWO OR MORE OF THE FOLLOWING: HEART RATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL, VALSALVA RATIO, AND 30:15 RATIO					
980	95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION (SYMPATHETIC ADRENERGIC FUNCTION), INCLUDING BEAT-TO-BEAT BLOOD PRESSURE AND R-R INTERVAL CHANGES DURING VALSALVA MANEUVER AND AT LEAST FIVE MINUTES OF PASSIVE TILT					
980	95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART), SILASTIC SWEAT IMPRINT, THERMOREGULATORY SWEAT TEST, AND CHANGES IN SYMPATHETIC SKIN POTENTIAL					
980	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN LOWER LIMBS					
980	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD					
980	95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FLASH					
980	95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING					
980	95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE					
980	95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SOLEUS MUSCLE					
980	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD					
980	95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8 CHANNEL EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS					
981	Level I Nerve and Muscle Tests		X	1.46	\$73.98	\$41.81	\$14.80
981	92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM					
981	95858	TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RECORDING					
981	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS					
981	95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL					
981	95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/OR FIBER DENSITY, ANY/ALL SITES OF EACH MUSCLE STUDIED					
981	95875	ISCHEMIC LIMB EXERCISE WITH NEEDLE ELECTROMYOGRAPHY, WITH LACTIC ACID DETERMINATION					
981	95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; MOTOR, WITH F-WAVE STUDY					
981	95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; SENSORY					
981	95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
981	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER LIMBS					
982	Level II Nerve and Muscle Tests		X	1.39	\$70.43	\$38.87	\$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					
982	95868	Muscle test, head or neck					
982	95872	Muscle test, one fiber					
982	95875	Limb exercise test					
982	95925	Somatosensory testing					
987	Subcutaneous or Intramuscular Chemotherapy		S	.65	\$32.94	\$13.33	\$6.59
987	96400	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT LOCAL ANESTHESIA					
987	96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS					
987	96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS					
987	96549	UNLISTED CHEMOTHERAPY PROCEDURE					
987	Q0083	Chemo other than infusion					
988	Chemotherapy except by Extended Infusion		S	4.15	\$210.28	\$97.52	\$42.06
988	96408	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE					
988	96410	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR					
988	96412	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR					
988	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE					
988	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR					
988	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR					
989	Chemotherapy by Extended Infusion		S	1.72	\$87.15	\$40.68	\$17.43
989	96414	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP					
989	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP					
989	96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS					
989	96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS					
989	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE					
989	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS					
989	Q0084	Chemo, infusion only					
989	Q0085	Chemo, infusion and other technique					
990	Photochemotherapy		S	.43	\$21.79	\$8.14	\$4.36
990	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)					
990	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B					
990	96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)					
990	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EIGHT HOURS OF CARE UNDER DIRECT SUPERVISION OF THE PHYSICIAN (INCLUDES APPLICATION OF MEDICATION AND DRESSINGS)					
990	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE					
997	Manipulation Therapy		S	.69	\$34.96	\$7.23	\$6.99
997	97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS					
997	97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; ONE AREA					
997	97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; EACH ADDITIONAL AREA					
997	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED					
997	98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED					
997	98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED					
997	98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED					
997	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED					
997	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS					
997	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS					
997	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS					
999	Therapeutic Phlebotomy		X	.43	\$21.79	\$10.85	\$4.36
999	99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)					

ADDENDUM D.—SUMMARY OF MEDICAL APCs

APC	CPT <sup>1</sup> HCPCS <sup>2</sup>	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	
	G0101	Cancer Screening Exam, Women	
	913 Mid Level Clinic Visits	92002	Eye exam, new patient
92012		Eye exam established pt	
99203		Office/outpatient visit, new	
99213		Office/outpatient visit, est	
99243		Office consultation	
99273		Confirmatory consultation	
915 High Level Clinic Visits	92004	Eye exam, new patient	
	92014	Eye exam & treatment	
	92506	Speech & hearing evaluation	
	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	

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Note: Medical visit APCs are created by combining level of visit from Addendum D with reason for visit from Addendum E. Thus a midlevel clinic visit (99203) for an eye disorder groups to APC 91368.

ADDENDUM E.—MAJOR DIAGNOSTIC CATEGORIES (MDCs)

MDC	Description
11	Well care and administrative
18	Skin and breast diseases
24	Musculoskeletal diseases
31	Ear, nose, mouth and throat diseases
33	Respiratory system diseases
36	Cardiovascular system diseases
41	Digestive system diseases
53	Kidney, urinary tract and male genital diseases
56	Female genital system diseases
57	Pregnancy and Neonatal Care
63	Nervous System Diseases
68	Eye Diseases
72	Trauma and poisoning
78	Major signs, symptoms and findings
82	Endocrine, nutritional and metabolic diseases
86	Immunologic and hematologic diseases
88	Malignancy
91	Psychiatric Disorders
97	Infectious disease
99	Unknown cause of mortality

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS

ICD-9	ICD-9 Description	MDC
0010	CHOLERA D/T VIB CHOLERAЕ .....	41
0011	CHOLERA D/T VIB EL TOR .....	41
0019	CHOLERA NOS .....	41

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0020	TYPHOID FEVER .....	97
0021	PARATYPHOID FEVER A .....	97
0022	PARATYPHOID FEVER B .....	97
0023	PARATYPHOID FEVER C .....	97
0029	PARATYPHOID FEVER NOS .....	97
0030	SALMONELLA ENTERITIS .....	41
0031	SALMONELLA SEPTICEMIA .....	97
00320	LOCAL SALMONELLA INF NOS .....	97
00321	SALMONELLA MENINGITIS .....	97
00322	SALMONELLA PNEUMONIA .....	33
00323	SALMONELLA ARTHRITIS .....	24
00324	SALMONELLA OSTEOMYELITIS .....	24
00329	LOCAL SALMONELLA INF NEC .....	97
0038	SALMONELLA INFECTION NEC .....	97
0039	SALMONELLA INFECTION NOS .....	97
0040	SHIGELLA DYSENTERIAE .....	41
0041	SHIGELLA FLEXNERI .....	41
0042	SHIGELLA BOYDII .....	41
0043	SHIGELLA SONNEI .....	41
0048	SHIGELLA INFECTION NEC .....	41
0049	SHIGELLOSIS NOS .....	41
0050	STAPH FOOD POISONING .....	41
0051	BOTULISM .....	97
0052	FOOD POIS D/T C. PERFRIN .....	41
0053	FOOD POIS: CLOSTRID NEC .....	41
0054	FOOD POIS: V. PARAHAEM .....	41
00581	FOOD POISN D/T V. VULNIF .....	41
00589	BACT FOOD POISONING NEC .....	41
0059	FOOD POISONING NOS .....	41
0060	AC AMEBIASIS W/O ABSCESS .....	41
0061	CHR AMEBIASIS W/O ABSCESS .....	41
0062	AMEBIC NONDYSENT COLITIS .....	41
0063	AMEBIC LIVER ABSCESS .....	41
0064	AMEBIC LUNG ABSCESS .....	33
0065	AMEBIC BRAIN ABSCESS .....	97
0066	AMEBIC SKIN ULCERATION .....	18
0068	AMEBIC INFECTION NEC .....	97
0069	AMEBIASIS NOS .....	97
0070	BALANTIDIASIS .....	41
0071	GIARDIASIS .....	41
0072	COCCIDIOSIS .....	41
0073	INTEST TRICHOMONIASIS .....	41
0078	PROTOZOAL INTEST DIS NEC .....	41
0079	PROTOZOAL INTEST DIS NOS .....	41
00800	INTEST INFEC E COLI NOS .....	41
00801	INT INF E COLI ENTRPATH .....	41
00802	INT INF E COLI ENTRTOXGN .....	41
00803	INT INF E COLI ENTRNVSV .....	41
00804	INT INF E COLI ENTRHMRG .....	41
00809	INT INF E COLI SPCF NEC .....	41
0081	ARIZONA ENTERITIS .....	41
0082	AEROBACTER ENTERITIS .....	41
0083	PROTEUS ENTERITIS .....	41
00841	STAPHYLOCOCC ENTERITIS .....	41
00842	PSEUDOMONAS ENTERITIS .....	41
00843	INT INFEC CAMPYLOBACTER .....	41
00844	INT INF YRSNIA ENTRCLTCA .....	41
00845	INT INF CLSTRDIUM DFCILE .....	41
00846	INTES INFEC OTH ANEROBES .....	41
00847	INT INF OTH GRM NEG BCTR .....	41
00849	BACTERIAL ENTERITIS NEC .....	41
0085	BACTERIAL ENTERITIS NOS .....	41
00861	INTES INFEC ROTAVIRUS .....	41
00862	INTES INFEC ADENOVIRUS .....	41
00863	INT INF NORWALK VIRUS .....	41
00864	INT INF OTH SML RND VRUS .....	41
00865	INTES INFEC CALCIVIRUS .....	41
00866	INTES INFEC ASTROVIRUS .....	41
00867	INT INF ENTEROVIRUS NEC .....	41
00869	OTHER VIRAL INTES INFEC .....	41
0088	VIRAL ENTERITIS NOS .....	41
0090	INFECTIOUS ENTERITIS NOS .....	41
0091	ENTERITIS OF INFECT ORIG .....	41
0092	INFECTIOUS DIARRHEA NOS .....	41
0093	DIARRHEA OF INFECT ORIG .....	41
01000	PRIM TB COMPLEX-UNSPEC .....	33

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01001	PRIM TB COMPLEX-NO EXAM .....	33
01002	PRIM TB COMPLEX-EXM UNKN .....	33
01003	PRIM TB COMPLEX-MICRO DX .....	33
01004	PRIM TB COMPLEX-CULT DX .....	33
01005	PRIM TB COMPLEX-HISTO DX .....	33
01006	PRIM TB COMPLEX-OTH TEST .....	33
01010	PRIM TB PLEURISY-UNSPEC .....	33
01011	PRIM TB PLEURISY-NO EXAM .....	33
01012	PRIM TB PLEUR-EXAM UNKN .....	33
01013	PRIM TB PLEURIS-MICRO DX .....	33
01014	PRIM TB PLEURISY-CULT DX .....	33
01015	PRIM TB PLEURIS-HISTO DX .....	33
01016	PRIM TB PLEURIS-OTH TEST .....	33
01080	PRIM PROG TB NEC-UNSPEC .....	33
01081	PRIM PROG TB NEC-NO EXAM .....	33
01082	PRIM PR TB NEC-EXAM UNKN .....	33
01083	PRIM PRG TB NEC-MICRO DX .....	33
01084	PRIM PROG TB NEC-CULT DX .....	33
01085	PRIM PRG TB NEC-HISTO DX .....	33
01086	PRIM PRG TB NEC-OTH TEST .....	33
01090	PRIMARY TB NOS-UNSPEC .....	33
01091	PRIMARY TB NOS-NO EXAM .....	33
01092	PRIMARY TB NOS-EXAM UNKN .....	33
01093	PRIMARY TB NOS-MICRO DX .....	33
01094	PRIMARY TB NOS-CULT DX .....	33
01095	PRIMARY TB NOS-HISTO DX .....	33
01096	PRIMARY TB NOS-OTH TEST .....	33
01100	TB LUNG INFILTR-UNSPEC .....	33
01101	TB LUNG INFILTR-NO EXAM .....	33
01102	TB LUNG INFILTR-EXM UNKN .....	33
01103	TB LUNG INFILTR-MICRO DX .....	33
01104	TB LUNG INFILTR-CULT DX .....	33
01105	TB LUNG INFILTR-HISTO DX .....	33
01106	TB LUNG INFILTR-OTH TEST .....	33
01110	TB LUNG NODULAR-UNSPEC .....	33
01111	TB LUNG NODULAR-NO EXAM .....	33
01112	TB LUNG NODUL-EXAM UNKN .....	33
01113	TB LUNG NODULAR-MICRO DX .....	33
01114	TB LUNG NODULAR-CULT DX .....	33
01115	TB LUNG NODULAR-HISTO DX .....	33
01116	TB LUNG NODULAR-OTH TEST .....	33
01120	TB LUNG W CAVITY-UNSPEC .....	33
01121	TB LUNG W CAVITY-NO EXAM .....	33
01122	TB LUNG CAVITY-EXAM UNKN .....	33
01123	TB LUNG W CAVIT-MICRO DX .....	33
01124	TB LUNG W CAVITY-CULT DX .....	33
01125	TB LUNG W CAVIT-HISTO DX .....	33
01126	TB LUNG W CAVIT-OTH TEST .....	33
01130	TB OF BRONCHUS-UNSPEC .....	33
01131	TB OF BRONCHUS-NO EXAM .....	33
01132	TB OF BRONCHUS-EXAM UNKN .....	33
01133	TB OF BRONCHUS-MICRO DX .....	33
01134	TB OF BRONCHUS-CULT DX .....	33
01135	TB OF BRONCHUS-HISTO DX .....	33
01136	TB OF BRONCHUS-OTH TEST .....	33
01140	TB LUNG FIBROSIS-UNSPEC .....	33
01141	TB LUNG FIBROSIS-NO EXAM .....	33
01142	TB LUNG FIBROS-EXAM UNKN .....	33
01143	TB LUNG FIBROS-MICRO DX .....	33
01144	TB LUNG FIBROSIS-CULT DX .....	33
01145	TB LUNG FIBROS-HISTO DX .....	33
01146	TB LUNG FIBROS-OTH TEST .....	33
01150	TB BRONCHIECTASIS-UNSPEC .....	33
01151	TB BRONCHIECT-NO EXAM .....	33
01152	TB BRONCHIECT-EXAM UNKN .....	33
01153	TB BRONCHIECT-MICRO DX .....	33
01154	TB BRONCHIECT-CULT DX .....	33
01155	TB BRONCHIECT-HISTO DX .....	33
01156	TB BRONCHIECT-OTH TEST .....	33
01160	TB PNEUMONIA-UNSPEC .....	33
01161	TB PNEUMONIA-NO EXAM .....	33
01162	TB PNEUMONIA-EXAM UNKN .....	33
01163	TB PNEUMONIA-MICRO DX .....	33
01164	TB PNEUMONIA-CULT DX .....	33
01165	TB PNEUMONIA-HISTO DX .....	33
01166	TB PNEUMONIA-OTH TEST .....	33

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01170	TB PNEUMOTHORAX-UNSPEC .....	33
01171	TB PNEUMOTHORAX-NO EXAM .....	33
01172	TB PNEUMOTHORAX-EXAM UNKN .....	33
01173	TB PNEUMOTHORAX-MICRO DX .....	33
01174	TB PNEUMOTHORAX-CULT DX .....	33
01175	TB PNEUMOTHORAX-HISTO DX .....	33
01176	TB PNEUMOTHORAX-OTH TEST .....	33
01180	PULMONARY TB NEC-UNSPEC .....	33
01181	PULMONARY TB NEC-NO EXAM .....	33
01182	PULMON TB NEC-EXAM UNKN .....	33
01183	PULMON TB NEC-MICRO DX .....	33
01184	PULMON TB NEC-CULT DX .....	33
01185	PULMON TB NEC-HISTO DX .....	33
01186	PULMON TB NEC-OTH TEST .....	33
01190	PULMONARY TB NOS-UNSPEC .....	33
01191	PULMONARY TB NOS-NO EXAM .....	33
01192	PULMON TB NOS-EXAM UNKN .....	33
01193	PULMON TB NOS-MICRO DX .....	33
01194	PULMON TB NOS-CULT DX .....	33
01195	PULMON TB NOS-HISTO DX .....	33
01196	PULMON TB NOS-OTH TEST .....	33
01200	TB PLEURISY-UNSPEC .....	33
01201	TB PLEURISY-NO EXAM .....	33
01202	TB PLEURISY-EXAM UNKN .....	33
01203	TB PLEURISY-MICRO DX .....	33
01204	TB PLEURISY-CULT DX .....	33
01205	TB PLEURISY-HISTOLOG DX .....	33
01206	TB PLEURISY-OTH TEST .....	33
01210	TB THORACIC NODES-UNSPEC .....	33
01211	TB THORAX NODE-NO EXAM .....	33
01212	TB THORAX NODE-EXAM UNKN .....	33
01213	TB THORAX NODE-MICRO DX .....	33
01214	TB THORAX NODE-CULT DX .....	33
01215	TB THORAX NODE-HISTO DX .....	33
01216	TB THORAX NODE-OTH TEST .....	33
01220	ISOL TRACHEAL TB-UNSPEC .....	31
01221	ISOL TRACHEAL TB-NO EXAM .....	31
01222	ISOL TRACH TB-EXAM UNKN .....	31
01223	ISOLAT TRACH TB-MICRO DX .....	31
01224	ISOL TRACHEAL TB-CULT DX .....	31
01225	ISOLAT TRACH TB-HISTO DX .....	31
01226	ISOLAT TRACH TB-OTH TEST .....	31
01230	TB LARYNGITIS-UNSPEC .....	31
01231	TB LARYNGITIS-NO EXAM .....	31
01232	TB LARYNGITIS-EXAM UNKN .....	31
01233	TB LARYNGITIS-MICRO DX .....	31
01234	TB LARYNGITIS-CULT DX .....	31
01235	TB LARYNGITIS-HISTO DX .....	31
01236	TB LARYNGITIS-OTH TEST .....	31
01280	RESP TB NEC-UNSPEC .....	33
01281	RESP TB NEC-NO EXAM .....	33
01282	RESP TB NEC-EXAM UNKN .....	33
01283	RESP TB NEC-MICRO DX .....	33
01284	RESP TB NEC-CULT DX .....	33
01285	RESP TB NEC-HISTO DX .....	33
01286	RESP TB NEC-OTH TEST .....	33
01300	TB MENINGITIS-UNSPEC .....	63
01301	TB MENINGITIS-NO EXAM .....	63
01302	TB MENINGITIS-EXAM UNKN .....	63
01303	TB MENINGITIS-MICRO DX .....	63
01304	TB MENINGITIS-CULT DX .....	63
01305	TB MENINGITIS-HISTO DX .....	63
01306	TB MENINGITIS-OTH TEST .....	63
01310	TUBRCLMA MENINGES-UNSPEC .....	63
01311	TUBRCLMA MENING-NO EXAM .....	63
01312	TUBRCLMA MENING-EXAM UNKN .....	63
01313	TUBRCLMA MENING-MICRO DX .....	63
01314	TUBRCLMA MENING-CULT DX .....	63
01315	TUBRCLMA MENING-HISTO DX .....	63
01316	TUBRCLMA MENING-OTH TEST .....	63
01320	TUBERCULOMA BRAIN-UNSPEC .....	63
01321	TUBRCLOMA BRAIN-NO EXAM .....	63
01322	TUBRCLMA BRAIN-EXAM UNKN .....	63
01323	TUBRCLOMA BRAIN-MICRO DX .....	63
01324	TUBRCLOMA BRAIN-CULT DX .....	63
01325	TUBRCLOMA BRAIN-HISTO DX .....	63

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01326	TUBRCLOMA BRAIN-OTH TEST .....	63
01330	TB BRAIN ABSCESS-UNSPEC .....	63
01331	TB BRAIN ABSCESS-NO EXAM .....	63
01332	TB BRAIN ABSC-EXAM UNKN .....	63
01333	TB BRAIN ABSC-MICRO DX .....	63
01334	TB BRAIN ABSCESS-CULT DX .....	63
01335	TB BRAIN ABSC-HISTO DX .....	63
01336	TB BRAIN ABSC-OTH TEST .....	63
01340	TUBRCLMA SP CORD-UNSPEC .....	63
01341	TUBRCLMA SP CORD-NO EXAM .....	63
01342	TUBRCLMA SP CD-EXAM UNKN .....	63
01343	TUBRCLMA SP CRD-MICRO DX .....	63
01344	TUBRCLMA SP CORD-CULT DX .....	63
01345	TUBRCLMA SP CRD-HISTO DX .....	63
01346	TUBRCLMA SP CRD-OTH TEST .....	63
01350	TB SP CRD ABSCESS-UNSPEC .....	63
01351	TB SP CRD ABSC-NO EXAM .....	63
01352	TB SP CRD ABSC-EXAM UNKN .....	63
01353	TB SP CRD ABSC-MICRO DX .....	63
01354	TB SP CRD ABSC-CULT DX .....	63
01355	TB SP CRD ABSC-HISTO DX .....	63
01356	TB SP CRD ABSC-OTH TEST .....	63
01360	TB ENCEPHALITIS-UNSPEC .....	63
01361	TB ENCEPHALITIS-NO EXAM .....	63
01362	TB ENCEPHALIT-EXAM UNKN .....	63
01363	TB ENCEPHALITIS-MICRO DX .....	63
01364	TB ENCEPHALITIS-CULT DX .....	63
01365	TB ENCEPHALITIS-HISTO DX .....	63
01366	TB ENCEPHALITIS-OTH TEST .....	63
01380	CNS TB NEC-UNSPEC .....	63
01381	CNS TB NEC-NO EXAM .....	63
01382	CNS TB NEC-EXAM UNKN .....	63
01383	CNS TB NEC-MICRO DX .....	63
01384	CNS TB NEC-CULT DX .....	63
01385	CNS TB NEC-HISTO DX .....	63
01386	CNS TB NEC-OTH TEST .....	63
01390	CNS TB NOS-UNSPEC .....	63
01391	CNS TB NOS-NO EXAM .....	63
01392	CNS TB NOS-EXAM UNKN .....	63
01393	CNS TB NOS-MICRO DX .....	63
01394	CNS TB NOS-CULT DX .....	63
01395	CNS TB NOS-HISTO DX .....	63
01396	CNS TB NOS-OTH TEST .....	63
01400	TB PERITONITIS-UNSPEC .....	41
01401	TB PERITONITIS-NO EXAM .....	41
01402	TB PERITONITIS-EXAM UNKN .....	41
01403	TB PERITONITIS-MICRO DX .....	41
01404	TB PERITONITIS-CULT DX .....	41
01405	TB PERITONITIS-HISTO DX .....	41
01406	TB PERITONITIS-OTH TEST .....	41
01480	INTESTINAL TB NEC-UNSPEC .....	41
01481	INTESTIN TB NEC-NO EXAM .....	41
01482	INTEST TB NEC-EXAM UNKN .....	41
01483	INTESTIN TB NEC-MICRO DX .....	41
01484	INTESTIN TB NEC-CULT DX .....	41
01485	INTESTIN TB NEC-HISTO DX .....	41
01486	INTESTIN TB NEC-OTH TEST .....	41
01500	TB OF VERTEBRA-UNSPEC .....	24
01501	TB OF VERTEBRA-NO EXAM .....	24
01502	TB OF VERTEBRA-EXAM UNKN .....	24
01503	TB OF VERTEBRA-MICRO DX .....	24
01504	TB OF VERTEBRA-CULT DX .....	24
01505	TB OF VERTEBRA-HISTO DX .....	24
01506	TB OF VERTEBRA-OTH TEST .....	24
01510	TB OF HIP-UNSPEC .....	24
01511	TB OF HIP-NO EXAM .....	24
01512	TB OF HIP-EXAM UNKN .....	24
01513	TB OF HIP-MICRO DX .....	24
01514	TB OF HIP-CULT DX .....	24
01515	TB OF HIP-HISTO DX .....	24
01516	TB OF HIP-OTH TEST .....	24
01520	TB OF KNEE-UNSPEC .....	24
01521	TB OF KNEE-NO EXAM .....	24
01522	TB OF KNEE-EXAM UNKN .....	24
01523	TB OF KNEE-MICRO DX .....	24
01524	TB OF KNEE-CULT DX .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01525	TB OF KNEE-HISTO DX .....	24
01526	TB OF KNEE-OTH TEST .....	24
01550	TB OF LIMB BONES-UNSPEC .....	24
01551	TB LIMB BONES-NO EXAM .....	24
01552	TB LIMB BONES-EXAM UNKN .....	24
01553	TB LIMB BONES-MICRO DX .....	24
01554	TB LIMB BONES-CULT DX .....	24
01555	TB LIMB BONES-HISTO DX .....	24
01556	TB LIMB BONES-OTH TEST .....	24
01560	TB OF MASTOID-UNSPEC .....	31
01561	TB OF MASTOID-NO EXAM .....	31
01562	TB OF MASTOID-EXAM UNKN .....	31
01563	TB OF MASTOID-MICRO DX .....	31
01564	TB OF MASTOID-CULT DX .....	31
01565	TB OF MASTOID-HISTO DX .....	31
01566	TB OF MASTOID-OTH TEST .....	31
01570	TB OF BONE NEC-UNSPEC .....	24
01571	TB OF BONE NEC-NO EXAM .....	24
01572	TB OF BONE NEC-EXAM UNKN .....	24
01573	TB OF BONE NEC-MICRO DX .....	24
01574	TB OF BONE NEC-CULT DX .....	24
01575	TB OF BONE NEC-HISTO DX .....	24
01576	TB OF BONE NEC-OTH TEST .....	24
01580	TB OF JOINT NEC-UNSPEC .....	24
01581	TB OF JOINT NEC-NO EXAM .....	24
01582	TB JOINT NEC-EXAM UNKN .....	24
01583	TB OF JOINT NEC-MICRO DX .....	24
01584	TB OF JOINT NEC-CULT DX .....	24
01585	TB OF JOINT NEC-HISTO DX .....	24
01586	TB OF JOINT NEC-OTH TEST .....	24
01590	TB BONE/JOINT NOS-UNSPEC .....	24
01591	TB BONE/JT NOS-NO EXAM .....	24
01592	TB BONE/JT NOS-EXAM UNKN .....	24
01593	TB BONE/JT NOS-MICRO DX .....	24
01594	TB BONE/JT NOS-CULT DX .....	24
01595	TB BONE/JT NOS-HISTO DX .....	24
01596	TB BONE/JT NOS-OTH TEST .....	24
01600	TB OF KIDNEY-UNSPEC .....	53
01601	TB OF KIDNEY-NO EXAM .....	53
01602	TB OF KIDNEY-EXAM UNKN .....	53
01603	TB OF KIDNEY-MICRO DX .....	53
01604	TB OF KIDNEY-CULT DX .....	53
01605	TB OF KIDNEY-HISTO DX .....	53
01606	TB OF KIDNEY-OTH TEST .....	53
01610	TB OF BLADDER-UNSPEC .....	53
01611	TB OF BLADDER-NO EXAM .....	53
01612	TB OF BLADDER-EXAM UNKN .....	53
01613	TB OF BLADDER-MICRO DX .....	53
01614	TB OF BLADDER-CULT DX .....	53
01615	TB OF BLADDER-HISTO DX .....	53
01616	TB OF BLADDER-OTH TEST .....	53
01620	TB OF URETER-UNSPEC .....	53
01621	TB OF URETER-NO EXAM .....	53
01622	TB OF URETER-EXAM UNKN .....	53
01623	TB OF URETER-MICRO DX .....	53
01624	TB OF URETER-CULT DX .....	53
01625	TB OF URETER-HISTO DX .....	53
01626	TB OF URETER-OTH TEST .....	53
01630	TB URINARY NEC-UNSPEC .....	53
01631	TB URINARY NEC-NO EXAM .....	53
01632	TB URINARY NEC-EXAM UNKN .....	53
01633	TB URINARY NEC-MICRO DX .....	53
01634	TB URINARY NEC-CULT DX .....	53
01635	TB URINARY NEC-HISTO DX .....	53
01636	TB URINARY NEC-OTH TEST .....	53
01640	TB EPIDIDYMIS-UNSPEC .....	53
01641	TB EPIDIDYMIS-NO EXAM .....	53
01642	TB EPIDIDYMIS-EXAM UNKN .....	53
01643	TB EPIDIDYMIS-MICRO DX .....	53
01644	TB EPIDIDYMIS-CULT DX .....	53
01645	TB EPIDIDYMIS-HISTO DX .....	53
01646	TB EPIDIDYMIS-OTH TEST .....	53
01650	TB MALE GENIT NEC-UNSPEC .....	53
01651	TB MALE GEN NEC-NO EXAM .....	53
01652	TB MALE GEN NEC-EX UNKN .....	53
01653	TB MALE GEN NEC-MICRO DX .....	53

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01654	TB MALE GEN NEC-CULT DX .....	53
01655	TB MALE GEN NEC-HISTO DX .....	53
01656	TB MALE GEN NEC-OTH TEST .....	53
01660	TB OVARY & TUBE-UNSPEC .....	56
01661	TB OVARY & TUBE-NO EXAM .....	56
01662	TB OVARY/TUBE-EXAM UNKN .....	56
01663	TB OVARY & TUBE-MICRO DX .....	56
01664	TB OVARY & TUBE-CULT DX .....	56
01665	TB OVARY & TUBE-HISTO DX .....	56
01666	TB OVARY & TUBE-OTH TEST .....	56
01670	TB FEMALE GEN NEC-UNSPEC .....	56
01671	TB FEM GEN NEC-NO EXAM .....	56
01672	TB FEM GEN NEC-EXAM UNKN .....	56
01673	TB FEM GEN NEC-MICRO DX .....	56
01674	TB FEM GEN NEC-CULT DX .....	56
01675	TB FEM GEN NEC-HISTO DX .....	56
01676	TB FEM GEN NEC-OTH TEST .....	56
01690	GU TB NOS-UNSPEC .....	53
01691	GU TB NOS-NO EXAM .....	53
01692	GU TB NOS-EXAM UNKN .....	53
01693	GU TB NOS-MICRO DX .....	53
01694	GU TB NOS-CULT DX .....	53
01695	GU TB NOS-HISTO DX .....	53
01696	GU TB NOS-OTH TEST .....	53
01700	TB SKIN/SUBCUTAN-UNSPEC .....	18
01701	TB SKIN/SUBCUT-NO EXAM .....	18
01702	TB SKIN/SUBCUT-EXAM UNKN .....	18
01703	TB SKIN/SUBCUT-MICRO DX .....	18
01704	TB SKIN/SUBCUT-CULT DX .....	18
01705	TB SKIN/SUBCUT-HISTO DX .....	18
01706	TB SKIN/SUBCUT-OTH TEST .....	18
01710	ERYTHEMA NODOS TB-UNSPEC .....	18
01711	ERYTHEM NODOS TB-NO EXAM .....	18
01712	ERYTHEM NOD TB-EXAM UNKN .....	18
01713	ERYTHEM NOD TB-MICRO DX .....	18
01714	ERYTHEM NODOS TB-CULT DX .....	18
01715	ERYTHEM NOD TB-HISTO DX .....	18
01716	ERYTHEM NOD TB-OTH TEST .....	18
01720	TB PERIPH LYMPH-UNSPEC .....	86
01721	TB PERIPH LYMPH-NO EXAM .....	86
01722	TB PERIPH LYMPH-EXAM UNK .....	86
01723	TB PERIPH LYMPH-MICRO DX .....	86
01724	TB PERIPH LYMPH-CULT DX .....	86
01725	TB PERIPH LYMPH-HISTO DX .....	86
01726	TB PERIPH LYMPH-OTH TEST .....	86
01730	TB OF EYE-UNSPEC .....	68
01731	TB OF EYE-NO EXAM .....	68
01732	TB OF EYE-EXAM UNKN .....	68
01733	TB OF EYE-MICRO DX .....	68
01734	TB OF EYE-CULT DX .....	68
01735	TB OF EYE-HISTO DX .....	68
01736	TB OF EYE-OTH TEST .....	68
01740	TB OF EAR-UNSPEC .....	31
01741	TB OF EAR-NO EXAM .....	31
01742	TB OF EAR-EXAM UNKN .....	31
01743	TB OF EAR-MICRO DX .....	31
01744	TB OF EAR-CULT DX .....	31
01745	TB OF EAR-HISTO DX .....	31
01746	TB OF EAR-OTH TEST .....	31
01750	TB OF THYROID-UNSPEC .....	82
01751	TB OF THYROID-NO EXAM .....	82
01752	TB OF THYROID-EXAM UNKN .....	82
01753	TB OF THYROID-MICRO DX .....	82
01754	TB OF THYROID-CULT DX .....	82
01755	TB OF THYROID-HISTO DX .....	82
01756	TB OF THYROID-OTH TEST .....	82
01760	TB OF ADRENAL-UNSPEC .....	82
01761	TB OF ADRENAL-NO EXAM .....	82
01762	TB OF ADRENAL-EXAM UNKN .....	82
01763	TB OF ADRENAL-MICRO DX .....	82
01764	TB OF ADRENAL-CULT DX .....	82
01765	TB OF ADRENAL-HISTO DX .....	82
01766	TB OF ADRENAL-OTH TEST .....	82
01770	TB OF SPLEEN-UNSPEC .....	86
01771	TB OF SPLEEN-NO EXAM .....	86
01772	TB OF SPLEEN-EXAM UNKN .....	86

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
01773	TB OF SPLEEN-MICRO DX .....	86
01774	TB OF SPLEEN-CULT DX .....	86
01775	TB OF SPLEEN-HISTO DX .....	86
01776	TB OF SPLEEN-OTH TEST .....	86
01780	TB ESOPHAGUS-UNSPEC .....	41
01781	TB ESOPHAGUS-NO EXAM .....	41
01782	TB ESOPHAGUS-EXAM UNKN .....	41
01783	TB ESOPHAGUS-MICRO DX .....	41
01784	TB ESOPHAGUS-CULT DX .....	41
01785	TB ESOPHAGUS-HISTO DX .....	41
01786	TB ESOPHAGUS-OTH TEST .....	41
01790	TB OF ORGAN NEC-UNSPEC .....	97
01791	TB OF ORGAN NEC-NO EXAM .....	97
01792	TB ORGAN NEC-EXAM UNKN .....	97
01793	TB OF ORGAN NEC-MICRO DX .....	97
01794	TB OF ORGAN NEC-CULT DX .....	97
01795	TB OF ORGAN NEC-HISTO DX .....	97
01796	TB OF ORGAN NEC-OTH TEST .....	97
01800	ACUTE MILIARY TB-UNSPEC .....	97
01801	ACUTE MILIARY TB-NO EXAM .....	97
01802	AC MILIARY TB-EXAM UNKN .....	97
01803	AC MILIARY TB-MICRO DX .....	97
01804	ACUTE MILIARY TB-CULT DX .....	97
01805	AC MILIARY TB-HISTO DX .....	97
01806	AC MILIARY TB-OTH TEST .....	97
01880	MILIARY TB NEC-UNSPEC .....	97
01881	MILIARY TB NEC-NO EXAM .....	97
01882	MILIARY TB NEC-EXAM UNKN .....	97
01883	MILIARY TB NEC-MICRO DX .....	97
01884	MILIARY TB NEC-CULT DX .....	97
01885	MILIARY TB NEC-HISTO DX .....	97
01886	MILIARY TB NEC-OTH TEST .....	97
01890	MILIARY TB NOS-UNSPEC .....	97
01891	MILIARY TB NOS-NO EXAM .....	97
01892	MILIARY TB NOS-EXAM UNKN .....	97
01893	MILIARY TB NOS-MICRO DX .....	97
01894	MILIARY TB NOS-CULT DX .....	97
01895	MILIARY TB NOS-HISTO DX .....	97
01896	MILIARY TB NOS-OTH TEST .....	97
0200	BUBONIC PLAGUE .....	97
0201	CELLULOCUTANEOUS PLAGUE .....	97
0202	SEPTICEMIC PLAGUE .....	97
0203	PRIMARY PNEUMONIC PLAGUE .....	33
0204	SECONDARY PNEUMON PLAGUE .....	33
0205	PNEUMONIC PLAGUE NOS .....	33
0208	OTHER TYPES OF PLAGUE .....	97
0209	PLAGUE NOS .....	97
0210	ULCEROGLANDUL TULAREMIA .....	97
0211	ENTERIC TULAREMIA .....	41
0212	PULMONARY TULAREMIA .....	33
0213	OCULOGLANDULAR TULAREMIA .....	97
0218	TULAREMIA NEC .....	97
0219	TULAREMIA NOS .....	97
0220	CUTANEOUS ANTHRAX .....	18
0221	PULMONARY ANTHRAX .....	33
0222	GASTROINTESTINAL ANTHRAX .....	41
0223	ANTHRAX SEPTICEMIA .....	97
0228	OTHER ANTHRAX MANIFEST .....	97
0229	ANTHRAX NOS .....	97
0230	BRUCELLA MELITENSIS .....	97
0231	BRUCELLA ABORTUS .....	97
0232	BRUCELLA SUIIS .....	97
0233	BRUCELLA CANIS .....	97
0238	BRUCELLOSIS NEC .....	97
0239	BRUCELLOSIS NOS .....	97
024	GLANDERS .....	97
025	MELIOIDOSIS .....	97
0260	SPIRILLARY FEVER .....	97
0261	STREPTOBACILLARY FEVER .....	97
0269	RAT-BITE FEVER NOS .....	97
0270	LISTERIOSIS .....	97
0271	ERYSIPELOTHRIX INFECTION .....	97
0272	PASTEURELLOSIS .....	97
0278	ZOONOTIC BACT DIS NEC .....	97
0279	ZOONOTIC BACT DIS NOS .....	97
0300	LEPROMATOUS LEPROSY .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0301	TUBERCULOID LEPROSY .....	97
0302	INDETERMINATE LEPROSY .....	97
0303	BORDERLINE LEPROSY .....	97
0308	LEPROSY NEC .....	97
0309	LEPROSY NOS .....	97
0310	PULMONARY MYCOBACTERIA .....	33
0311	CUTANEOUS MYCOBACTERIA .....	18
0318	MYCOBACTERIAL DIS NEC .....	97
0319	MYCOBACTERIAL DIS NOS .....	97
0320	FAUCIAL DIPHThERIA .....	31
0321	NASOPHARYNX DIPHThERIA .....	31
0322	ANT NASAL DIPHThERIA .....	31
0323	LARYNGEAL DIPHThERIA .....	31
03281	CONJUNCTIVAL DIPHThERIA .....	68
03282	DIPHThERITIC MYOCARDITIS .....	36
03283	DIPHThERITIC PERITONITIS .....	41
03284	DIPHThERITIC CYSTITIS .....	53
03285	CUTANEOUS DIPHThERIA .....	18
03289	DIPHThERIA NEC .....	97
0329	DIPHThERIA NOS .....	97
0330	BORDETELLA PERTUSSIS .....	33
0331	BORDETELLA PARAPERTUSSIS .....	33
0338	WHOOPING COUGH NEC .....	33
0339	WHOOPING COUGH NOS .....	33
0340	STREP SORE THROAT .....	31
0341	SCARLET FEVER .....	97
035	ERYSIPELAS .....	18
0360	MENINGOCOCCAL MENINGITIS .....	63
0361	MENINGOCOCC ENCEPHALITIS .....	63
0362	MENINGOCOCCEMIA .....	97
0363	MENINGOCOCC ADRENAL SYND .....	97
03640	MENINGOCOCC CARDITIS NOS .....	36
03641	MENINGOCOCC PERICARDITIS .....	36
03642	MENINGOCOCC ENDOCARDITIS .....	36
03643	MENINGOCOCC MYOCARDITIS .....	36
03681	MENINGOCOCC OPTIC NEURIT .....	68
03682	MENINGOCOCC ARTHROPATHY .....	24
03689	MENINGOCOCCAL INFECT NEC .....	97
0369	MENINGOCOCCAL INFECT NOS .....	97
037	TETANUS .....	97
0380	STREPTOCOCCAL SEPTICEMIA .....	97
0382	PNEUMOCOCCAL SEPTICEMIA .....	97
0383	ANAEROBIC SEPTICEMIA .....	97
03840	GRAM-NEG SEPTICEMIA NOS .....	97
03841	H. INFLUENAE SEPTICEMIA .....	97
03842	E COLI SEPTICEMIA .....	97
03843	PSEUDOMONAS SEPTICEMIA .....	97
03844	SERRATIA SEPTICEMIA .....	97
03849	GRAM-NEG SEPTICEMIA NEC .....	97
0388	SEPTICEMIA NEC .....	97
0389	SEPTICEMIA NOS .....	97
0390	CUTANEOUS ACTINOMYCOSIS .....	18
0391	PULMONARY ACTINOMYCOSIS .....	33
0392	ABDOMINAL ACTINOMYCOSIS .....	41
0393	CERVICOFAC ACTINOMYCOSIS .....	18
0394	MADURA FOOT .....	18
0398	ACTINOMYCOSIS NEC .....	97
0399	ACTINOMYCOSIS NOS .....	97
0400	GAS GANGRENE .....	97
0401	RHINOSCLEROMA .....	97
0402	WHIPPLE'S DISEASE .....	41
0403	NECROBACILLOSIS .....	97
04081	TROPICAL PYOMYOSITIS .....	24
04089	BACTERIAL DISEASES NEC .....	97
04100	STREPTOCOCCUS UNSPECF .....	97
04101	STREPTOCOCCUS GROUP A .....	97
04102	STREPTOCOCCUS GROUP B .....	97
04103	STREPTOCOCCUS GROUP C .....	97
04104	STREPTOCOCCUS GROUP D .....	97
04105	STREPTOCOCCUS GROUP G .....	97
04109	OTHER STREPTOCOCCUS .....	97
04110	STAPHYLOCOCCUS UNSPCFIED .....	97
04111	STAPHYLOCOCCUS AUREUS .....	97
04119	OTHER STAPHYLOCOCCUS .....	97
0412	PNEUMOCOCCUS INFECT NOS .....	97
0413	KLEBSIELLA INFECT NOS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0414	E. COLI INFECT NOS .....	97
0415	H. INFLUENZAE INFECT NOS .....	97
0416	PROTEUS INFECTION NOS .....	97
0417	PSEUDOMONAS INFECT NOS .....	97
04181	MYCOPLASMA .....	97
04182	BACILLUS FRAGILIS .....	97
04183	CLOSTRIDIUM PERFRINGENS .....	97
04184	OTHER ANAEROBES .....	97
04185	OTH GRAM NEGATV BACTERIA .....	97
04186	HELICOBACTER PYLORI .....	41
04189	OTH SPECF BACTERIA .....	97
0419	BACTERIAL INFECTION NOS .....	97
042	HUMAN IMMUNO VIRUS DIS .....	86
04500	AC BULBAR POLIO-TYPE NOS .....	63
04501	AC BULBAR POLIO-TYPE 1 .....	63
04502	AC BULBAR POLIO-TYPE 2 .....	63
04503	AC BULBAR POLIO-TYPE 3 .....	63
04510	PARAL POLIO NEC-TYPE NOS .....	63
04511	PARAL POLIO NEC-TYPE 1 .....	63
04512	PARAL POLIO NEC-TYPE 2 .....	63
04513	PARAL POLIO NEC-TYPE 3 .....	63
04520	NONPARALY POLIO-TYPE NOS .....	63
04521	NONPARALYT POLIO-TYPE 1 .....	63
04522	NONPARALYT POLIO-TYPE 2 .....	63
04523	NONPARALYT POLIO-TYPE 3 .....	63
04590	AC POLIO NOS-TYPE NOS .....	63
04591	AC POLIO NOS-TYPE 1 .....	63
04592	AC POLIO NOS-TYPE 2 .....	63
04593	AC POLIO NOS-TYPE 3 .....	63
0460	KURU .....	63
0461	JAKOB-CREUTZFELDT DIS .....	63
0462	SUBAC SCLEROS PANENCEPH .....	63
0463	PROG MULTIFOC LEUKOENCEPH .....	63
0468	CNS SLOW VIRUS INFEC NEC .....	63
0469	CNS SLOW VIRUS INFEC NOS .....	63
0470	COXSACKIE VIRUS MENING .....	63
0471	ECHO VIRUS MENINGITIS .....	63
0478	VIRAL MENINGITIS NEC .....	63
0479	VIRAL MENINGITIS NOS .....	63
048	OTH ENTEROVIRAL CNS DIS .....	97
0490	LYMPHOCYTIC CHORIOMENING .....	63
0491	ADENOVIRAL MENINGITIS .....	63
0498	VIRAL ENCEPHALITIS NEC .....	63
0499	VIRAL ENCEPHALITIS NOS .....	63
0500	VARIOLA MAJOR .....	97
0501	ALASTRIM .....	97
0502	MODIFIED SMALLPOX .....	97
0509	SMALLPOX NOS .....	97
0510	COWPOX .....	97
0511	PSEUDOCOWPOX .....	18
0512	CONTAGIOUS PUSTULAR DERM .....	18
0519	PARAVACCINIA NOS .....	97
0520	POSTVARICELLA ENCEPHALIT .....	63
0521	VARICELLA PNEUMONITIS .....	33
0527	VARICELLA COMPLICAT NEC .....	97
0528	VARICELLA COMPLICAT NOS .....	97
0529	VARICELLA UNCOMPLICATED .....	97
0530	HERPES ZOSTER MENINGITIS .....	63
05310	H ZOSTER NERV SYST NOS .....	63
05311	GENICULATE HERPES ZOSTER .....	63
05312	POSTHERPES TRIGEM NEURAL .....	63
05313	POSTHERPES POLYNEUROPATH .....	63
05319	H ZOSTER NERV SYST NEC .....	63
05320	HERPES ZOSTER OF EYELID .....	68
05321	H ZOSTER KERATOCONJUNCT .....	68
05322	H ZOSTER IRIDOCYCLITIS .....	68
05329	HERPES ZOSTER OF EYE NEC .....	68
05371	H ZOSTER OTITIS EXTERNA .....	31
05379	H ZOSTER COMPLICATED NEC .....	97
0538	H ZOSTER COMPLICATED NOS .....	97
0539	HERPES ZOSTER NOS .....	18
0540	ECZEMA HERPETICUM .....	18
05410	GENITAL HERPES NOS .....	97
05411	HERPETIC VULVOVAGINITIS .....	97
05412	HERPETIC ULCER OF VULVA .....	97
05413	HERPETIC INFECT OF PENIS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
05419	GENITAL HERPES NEC .....	97
0542	HERPETIC GINGIVOSTOMAT .....	31
0543	HERPETIC ENCEPHALITIS .....	63
05440	HERPES SIMPLEX EYE NOS .....	68
05441	HERPES SIMPLEX OF EYELID .....	68
05442	DENDRITIC KERATITIS .....	68
05443	H SIMPLEX KERATITIS .....	68
05444	H SIMPLEX IRIDOCYCLITIS .....	68
05449	HERPES SIMPLEX EYE NEC .....	68
0545	HERPETIC SEPTICEMIA .....	97
0546	HERPETIC WHITLOW .....	18
05471	VISCERAL HERPES SIMPLEX .....	41
05472	H SIMPLEX MENINGITIS .....	63
05473	H SIMPLEX OTITIS EXTERNA .....	31
05479	H SIMPLEX COMPLICAT NEC .....	97
0548	H SIMPLEX COMPLICAT NOS .....	97
0549	HERPES SIMPLEX NOS .....	18
0550	POSTMEASLES ENCEPHALITIS .....	63
0551	POSTMEASLES PNEUMONIA .....	33
0552	POSTMEASLES OTITIS MEDIA .....	31
05571	MEASLES KERATITIS .....	68
05579	MEASLES COMPLICATION NEC .....	97
0558	MEASLES COMPLICATION NOS .....	97
0559	MEASLES UNCOMPLICATED .....	97
05600	RUBELLA NERVE COMPL NOS .....	63
05601	RUBELLA ENCEPHALITIS .....	63
05609	RUBELLA NERVE COMPL NEC .....	63
05671	ARTHRITIS DUE TO RUBELLA .....	24
05679	RUBELLA COMPLICATION NEC .....	97
0568	RUBELLA COMPLICATION NOS .....	97
0569	RUBELLA UNCOMPLICATED .....	97
0570	ERYTHEMA INFECTIOSUM .....	97
0578	VIRAL EXANTHEMATA NEC .....	97
0579	VIRAL EXANTHEMATA NOS .....	97
0600	SYLVATIC YELLOW FEVER .....	97
0601	URBAN YELLOW FEVER .....	97
0609	YELLOW FEVER NOS .....	97
061	DENGUE .....	97
0620	JAPANESE ENCEPHALITIS .....	63
0621	WEST EQUINE ENCEPHALITIS .....	63
0622	EAST EQUINE ENCEPHALITIS .....	63
0623	ST LOUIS ENCEPHALITIS .....	63
0624	AUSTRALIAN ENCEPHALITIS .....	63
0625	CALIFORNIA ENCEPHALITIS .....	97
0628	MOSQUIT-BORNE ENCEPH NEC .....	97
0629	MOSQUIT-BORNE ENCEPH NOS .....	97
0630	RUSSIA SPR-SUMMER ENCEPH .....	97
0631	LOUPING ILL .....	97
0632	CENT EUROPE ENCEPHALITIS .....	63
0638	TICK-BORNE ENCEPH NEC .....	97
0639	TICK-BORNE ENCEPH NOS .....	97
064	VIR ENCEPH ARTHROPOD NEC .....	63
0650	CRIMEAN HEMORRHAGIC FEV .....	97
0651	OMSK HEMORRHAGIC FEVER .....	97
0652	KYASANUR FOREST DISEASE .....	97
0653	TICK-BORNE HEM FEVER NEC .....	97
0654	MOSQUITO-BORNE HEM FEVER .....	97
0658	ARTHROPOD HEM FEVER NEC .....	97
0659	ARTHROPOD HEM FEVER NOS .....	97
0660	PHLEBOTOMUS FEVER .....	97
0661	TICK-BORNE FEVER .....	97
0662	VENEZUELAN EQUINE FEVER .....	63
0663	MOSQUITO-BORNE FEVER NEC .....	97
0668	ARTHROPOD VIRUS NEC .....	97
0669	ARTHROPOD VIRUS NOS .....	97
0700	HEPATITIS A WITH COMA .....	78
0701	HEPATITIS A W/O COMA .....	41
07020	HPT B ACTE COMA WO DLTA .....	78
07021	HPT B ACTE COMA W DLTA .....	78
07022	HPT B CHRN COMA WO DLTA .....	78
07023	HPT B CHRN COMA W DLTA .....	78
07030	HPT B ACTE WO CM WO DLTA .....	41
07031	HPT B ACTE WO CM W DLTA .....	41
07032	HPT B CHRN WO CM WO DLTA .....	41
07033	HPT B CHRN WO CM W DLTA .....	41
07041	HPT C ACUTE W HEPAT COMA .....	78

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
07042	HPT DLT WO B W HPT COMA .....	78
07043	HPT E W HEPAT COMA .....	78
07044	CHRONC HPT C W HEPAT COMA .....	78
07049	OTH VRL HEPAT W HPT COMA .....	78
07051	HPT C ACUTE WO HPAT COMA .....	41
07052	HPT DLT WO B WO HPT COMA .....	41
07053	HPT E WO HEPAT COMA .....	41
07054	CHRONC HPT C WO HPAT COMA .....	41
07059	OTH VRL HPAT WO HPT COMA .....	41
0706	VIRAL HEPAT NOS W COMA .....	78
0709	VIRAL HEPAT NOS W/O COMA .....	41
071	RABIES .....	63
0720	MUMPS ORCHITIS .....	53
0721	MUMPS MENINGITIS .....	63
0722	MUMPS ENCEPHALITIS .....	63
0723	MUMPS PANCREATITIS .....	41
07271	MUMPS HEPATITIS .....	41
07272	MUMPS POLYNEUROPATHY .....	63
07279	MUMPS COMPLICATION NEC .....	97
0728	MUMPS COMPLICATION NOS .....	97
0729	MUMPS UNCOMPLICATED .....	97
0730	ORNITHOSIS PNEUMONIA .....	33
0737	ORNITHOSIS COMPLICAT NEC .....	97
0738	ORNITHOSIS COMPLICAT NOS .....	97
0739	ORNITHOSIS NOS .....	97
0740	HERPANGINA .....	31
0741	EPIDEMIC PLEURODYNTIA .....	33
07420	COXSACKIE CARDITIS NOS .....	36
07421	COXSACKIE PERICARDITIS .....	36
07422	COXSACKIE ENDOCARDITIS .....	36
07423	COXSACKIE MYOCARDITIS .....	36
0743	HAND, FOOT & MOUTH DIS .....	97
0748	COXSACKIE VIRUS NEC .....	97
075	INFECTIOUS MONONUCLEOSIS .....	97
0760	TRACHOMA, INITIAL STAGE .....	68
0761	TRACHOMA, ACTIVE STAGE .....	68
0769	TRACHOMA NOS .....	68
0770	INCLUSION CONJUNCTIVITIS .....	68
0771	EPIDEM KERATOCONJUNCTIV .....	68
0772	PHARYNGOCONJUNCT FEVER .....	68
0773	ADENOVIRAL CONJUNCT NEC .....	68
0774	EPIDEM HEM CONJUNCTIVIT .....	68
0778	VIRAL CONJUNCTIVITIS NEC .....	68
07798	UNSP DS CONJUC CHLAMYDIA .....	97
07799	UNSP DS CONJUC VIRUSES .....	97
0780	MOLLUSCUM CONTAGIOSUM .....	18
07810	VIRAL WARTS NOS .....	97
07811	CONDYLOMA ACUMINATUM .....	97
07819	OTH SPECIFD VIRAL WARTS .....	97
0782	SWEATING FEVER .....	97
0783	CAT-SCRATCH DISEASE .....	97
0784	FOOT & MOUTH DISEASE .....	97
0785	CYTOMEGALOVIRAL DISEASE .....	97
0786	HEM NEPHROSONEPHRITIS .....	53
0787	ARENAVIRAL HEM FEVER .....	97
07881	EPIDEMIC VERTIGO .....	31
07882	EPIDEMIC VOMITING SYND .....	41
07888	OTH SPEC DIS CHLAMYDIAE .....	97
07889	OTH SPEC DIS VIRUSES .....	97
0790	ADENOVIRUS INFECT NOS .....	97
0791	ECHO VIRUS INFECT NOS .....	97
0792	COXSACKIE VIRUS INF NOS .....	97
0793	RHINOVIRUS INFECT NOS .....	97
0794	HUMAN PAPILLOMA VIRUS .....	97
07950	RETROVIRUS, UNSPECIFIED .....	86
07951	HTLV-1 INFECTION OTH DIS .....	86
07952	HTLV-II INFECTN OTH DIS .....	86
07953	HIV-2 INFECTION OTH DIS .....	86
07959	OTH SPECIFED RETROVIRUS .....	86
07981	HANTAVIRUS INFECTION .....	97
07988	OTH SPCF CHLAMYDIAL INFC .....	97
07989	OTH SPECF VIRAL INFECTN .....	97
07998	CHLAMYDIAL INFECTION NOS .....	97
07999	VIRAL INFECTION NOS .....	97
080	LOUSE-BORNE TYPHUS .....	97
0810	MURINE TYPHUS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0811	BRILL'S DISEASE .....	97
0812	SCRUB TYPHUS .....	97
0819	TYPHUS NOS .....	97
0820	SPOTTED FEVERS .....	97
0821	BOUTONNEUSE FEVER .....	97
0822	NORTH ASIAN TICK FEVER .....	97
0823	QUEENSLAND TICK TYPHUS .....	97
0828	TICK-BORNE RICKETTS NEC .....	97
0829	TICK-BORNE RICKETTS NOS .....	97
0830	Q FEVER .....	97
0831	TRENCH FEVER .....	97
0832	RICKETTSIALPOX .....	97
0838	RICKETTSIOSSES NEC .....	97
0839	RICKETTSIOSIS NOS .....	97
0840	FALCIPARUM MALARIA .....	97
0841	VIVAX MALARIA .....	97
0842	QUARTAN MALARIA .....	97
0843	OVALE MALARIA .....	97
0844	MALARIA NEC .....	97
0845	MIXED MALARIA .....	97
0846	MALARIA NOS .....	97
0847	INDUCED MALARIA .....	97
0848	BLACKWATER FEVER .....	97
0849	MALARIA COMPLICATED NEC .....	97
0850	VISCERAL LEISHMANIASIS .....	97
0851	CUTAN LEISHMANIAS URBAN .....	18
0852	CUTAN LEISHMANIAS ASIAN .....	18
0853	CUTAN LEISHMANIAS ETHIOP .....	18
0854	CUTAN LEISHMANIAS AMER .....	18
0855	MUCOCUTAN LEISHMANIASIS .....	18
0859	LEISHMANIASIS NOS .....	97
0860	CHAGAS DISEASE OF HEART .....	36
0861	CHAGAS DIS OF OTH ORGAN .....	97
0862	CHAGAS DISEASE NOS .....	97
0863	GAMBIAN TRYPANOSOMIASIS .....	97
0864	RHODESIAN TRYPANOSOMIAS .....	97
0865	AFRICAN TRYPANOSOMA NOS .....	97
0869	TRYPANOSOMIASIS NOS .....	97
0870	LOUSE-BORNE RELAPS FEVER .....	97
0871	TICK-BORNE RELAPS FEVER .....	97
0879	RELAPSING FEVER NOS .....	97
0880	BARTONELLOSIS .....	97
08881	LYME DISEASE .....	97
08882	BABESIOSIS .....	97
08889	OTH ARTHROPOD-BORNE DIS .....	97
0889	ARTHROPOD-BORNE DIS NOS .....	97
0900	EARLY CONG SYPH SYMPTOM .....	97
0901	EARLY CONGEN SYPH LATENT .....	97
0902	EARLY CONGEN SYPH NOS .....	97
0903	SYPHILITIC KERATITIS .....	68
09040	JUVENILE NEUROSYPH NOS .....	63
09041	CONGEN SYPH ENCEPHALITIS .....	63
09042	CONGEN SYPH MENINGITIS .....	63
09049	JUVENILE NEUROSYPH NEC .....	63
0905	LATE CONGEN SYPH SYMPTOM .....	97
0906	LATE CONGEN SYPH LATENT .....	97
0907	LATE CONGEN SYPH NOS .....	97
0909	CONGENITAL SYPHILIS NOS .....	97
0910	PRIMARY GENITAL SYPHILIS .....	97
0911	PRIMARY ANAL SYPHILIS .....	41
0912	PRIMARY SYPHILIS NEC .....	97
0913	SECONDARY SYPH SKIN .....	18
0914	SYPHILITIC ADENOPATHY .....	97
09150	SYPHILITIC UVEITIS NOS .....	68
09151	SYPHILIT CHORIORETINITIS .....	68
09152	SYPHILITIC IRIDOCYCLITIS .....	68
09161	SYPHILITIC PERIOSTITIS .....	24
09162	SYPHILITIC HEPATITIS .....	41
09169	SECOND SYPH VISCERA NEC .....	41
0917	SECOND SYPHILIS RELAPSE .....	97
09181	ACUTE SYPHIL MENINGITIS .....	63
09182	SYPHILITIC ALOPECIA .....	18
09189	SECONDARY SYPHILIS NEC .....	97
0919	SECONDARY SYPHILIS NOS .....	97
0920	EARLY SYPH LATENT RELAPS .....	97
0929	EARLY SYPHIL LATENT NOS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
0930	AORTIC ANEURYSM, SYPHIL .....	36
0931	SYPHILITIC AORTITIS .....	36
09320	SYPHIL ENDOCARDITIS NOS .....	36
09321	SYPHILITIC MITRAL VALVE .....	36
09322	SYPHILITIC AORTIC VALVE .....	36
09323	SYPHIL TRICUSPID VALVE .....	36
09324	SYPHIL PULMONARY VALVE .....	36
09381	SYPHILITIC PERICARDITIS .....	36
09382	SYPHILITIC MYOCARDITIS .....	36
09389	CARDIOVASCULAR SYPH NEC .....	36
0939	CARDIOVASCULAR SYPH NOS .....	36
0940	TABES DORSALIS .....	63
0941	GENERAL PARESIS .....	63
0942	SYPHILITIC MENINGITIS .....	63
0943	ASYMPTOMAT NEUROSYPHILIS .....	63
09481	SYPHILITIC ENCEPHALITIS .....	63
09482	SYPHILITIC PARKINSONISM .....	63
09483	SYPH DISSEM RETINITIS .....	68
09484	SYPHILITIC OPTIC ATROPHY .....	68
09485	SYPH RETROBULB NEURITIS .....	63
09486	SYPHIL ACOUSTIC NEURITIS .....	31
09487	SYPH RUPT CEREB ANEURYSM .....	63
09489	NEUROSYPHILIS NEC .....	63
0949	NEUROSYPHILIS NOS .....	63
0950	SYPHILITIC EPISCLERITIS .....	68
0951	SYPHILIS OF LUNG .....	33
0952	SYPHILITIC PERITONITIS .....	41
0953	SYPHILIS OF LIVER .....	41
0954	SYPHILIS OF KIDNEY .....	53
0955	SYPHILIS OF BONE .....	24
0956	SYPHILIS OF MUSCLE .....	24
0957	SYPHILIS OF TENDON/BURSA .....	24
0958	LATE SYMPT SYPHILIS NEC .....	97
0959	LATE SYMPT SYPHILIS NOS .....	97
096	LATE SYPHILIS LATENT .....	97
0970	LATE SYPHILIS NOS .....	97
0971	LATENT SYPHILIS NOS .....	97
0979	SYPHILIS NOS .....	97
0980	ACUTE GC INFECT LOWER GU .....	97
09810	GC (ACUTE) UPPER GU NOS .....	97
09811	GC CYSTITIS (ACUTE) .....	53
09812	GC PROSTATITIS (ACUTE) .....	53
09813	GC ORCHITIS (ACUTE) .....	97
09814	GC SEM VESICULIT (ACUTE) .....	97
09815	GC CERVICITIS (ACUTE) .....	97
09816	GC ENDOMETRITIS (ACUTE) .....	97
09817	ACUTE GC SALPINGITIS .....	97
09819	GC (ACUTE) UPPER GU NEC .....	97
0982	CHR GC INFECT LOWER GU .....	97
09830	CHR GC UPPER GU NOS .....	53
09831	GC CYSTITIS, CHRONIC .....	53
09832	GC PROSTATITIS, CHRONIC .....	53
09833	GC ORCHITIS, CHRONIC .....	97
09834	GC SEM VESICULITIS, CHR .....	97
09835	GC CERVICITIS, CHRONIC .....	97
09836	GC ENDOMETRITIS, CHRONIC .....	97
09837	GC SALPINGITIS (CHRONIC) .....	97
09839	CHR GC UPPER GU NEC .....	97
09840	GONOCOCCAL CONJUNCTIVIT .....	68
09841	GONOCOCCAL IRIDOCYCLITIS .....	68
09842	GONOCOCCAL ENDOPHTHALMIA .....	68
09843	GONOCOCCAL KERATITIS .....	68
09849	GONOCOCCAL EYE NEC .....	68
09850	GONOCOCCAL ARTHRITIS .....	24
09851	GONOCOCCAL SYNOVITIS .....	24
09852	GONOCOCCAL BURSITIS .....	24
09853	GONOCOCCAL SPONDYLITIS .....	24
09859	GC INFECT JOINT NEC .....	24
0986	GONOCOCCAL INFEC PHARYNX .....	31
0987	GC INFECT ANUS & RECTUM .....	97
09881	GONOCOCCAL KERATOSIS .....	68
09882	GONOCOCCAL MENINGITIS .....	63
09883	GONOCOCCAL PERICARDITIS .....	36
09884	GONOCOCCAL ENDOCARDITIS .....	36
09885	GONOCOCCAL HEART DIS NEC .....	36
09886	GONOCOCCAL PERITONITIS .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
09889	GONOCOCCAL INF SITE NEC .....	97
0990	CHANCROID .....	97
0991	LYMPHOGRANULOMA VENEREUM .....	97
0992	GRANULOMA INGUINALE .....	97
0993	REITER'S DISEASE .....	24
09940	UNSPCF NONGNCCCL URETHRITS .....	97
09941	CHLMYD TRACHOMATIS URETH .....	97
09949	NONGC URTH OTH SPF ORGSM .....	97
09950	OTH VD CHLM TRCH UNSP ST .....	97
09951	OTH VD CHLM TRCH PHARYNX .....	97
09952	OTH VD CHLM TRCH ANS RCT .....	97
09953	OTH VD CHLM TRCH LOWR GU .....	97
09954	OTH VD CHLM TRCH OTH GU .....	97
09955	OT VD CHLM TRCH UNSPF GU .....	97
09956	OT VD CHLM TRCH PRONEUM .....	97
09959	OTH VD CHLM TRCH SPCF ST .....	97
0998	VENEREAL DISEASE NEC .....	97
0999	VENEREAL DISEASE NOS .....	97
1000	LEPTOSPIROS ICTEROHEM .....	97
10081	LEPTOSPIRAL MENINGITIS .....	63
10089	LEPTOSPIRAL INFECT NEC .....	63
1009	LEPTOSPIROSIS NOS .....	97
101	VINCENT'S ANGINA .....	31
1020	INITIAL LESIONS YAWS .....	18
1021	MULTIPLE PAPILLOMATA .....	18
1022	EARLY SKIN YAWS NEC .....	18
1023	HYPERKERATOSIS OF YAWS .....	18
1024	GUMMATA AND ULCERS, YAWS .....	18
1025	GANGOSA .....	31
1026	YAWS OF BONE & JOINT .....	24
1027	YAWS MANIFESTATIONS NEC .....	97
1028	LATENT YAWS .....	97
1029	YAWS NOS .....	97
1030	PINTA PRIMARY LESIONS .....	18
1031	PINTA INTERMED LESIONS .....	18
1032	PINTA LATE LESIONS .....	97
1033	PINTA MIXED LESIONS .....	18
1039	PINTA NOS .....	97
1040	NONVENEREAL ENDEMIC SYPH .....	97
1048	SPIROCHETAL INFECT NEC .....	97
1049	SPIROCHETAL INFECT NOS .....	97
1100	DERMATOPHYT SCALP/BEARD .....	18
1101	DERMATOPHYTOSIS OF NAIL .....	18
1102	DERMATOPHYTOSIS OF HAND .....	18
1103	DERMATOPHYTOSIS OF GROIN .....	18
1104	DERMATOPHYTOSIS OF FOOT .....	18
1105	DERMATOPHYTOSIS OF BODY .....	18
1106	DEEP DERMATOPHYTOSIS .....	18
1108	DERMATOPHYTOSIS SITE NEC .....	18
1109	DERMATOPHYTOSIS SITE NOS .....	18
1110	PITYRIASIS VERSICOLOR .....	18
1111	TINEA NIGRA .....	18
1112	TINEA BLANCA .....	18
1113	BLACK PIEDRA .....	18
1118	DERMATOMYCOSES NEC .....	18
1119	DERMATOMYCOSIS NOS .....	18
1120	THRUSH .....	31
1121	CANDIDAL VULVOVAGINITIS .....	97
1122	CANDIDIAS UROGENITAL NEC .....	97
1123	CUTANEOUS CANDIDIASIS .....	18
1124	CANDIDIASIS OF LUNG .....	33
1125	DISSEMINATED CANDIDIASIS .....	97
11281	CANDIDAL ENDOCARDITIS .....	36
11282	CANDIDAL OTITIS EXTERNA .....	31
11283	CANDIDAL MENINGITIS .....	63
11284	CANDIDAL ESOPHAGITIS .....	97
11285	CANDIDAL ENTERITIS .....	97
11289	CANDIDIASIS SITE NEC .....	97
1129	CANDIDIASIS SITE NOS .....	18
1140	PRIMARY COCCIDIOIDOMYCOS .....	33
1141	PRIM CUTAN COCCIDIOID .....	18
1142	COCCIDIOIDAL MENINGITIS .....	63
1143	PROGRESS COCCIDIOID NEC .....	97
1144	CH PL COCCIDIOIDOMYCOSIS .....	97
1145	PL COCCIDIOIDOMYCOSIS NOS .....	97
1149	COCCIDIOIDOMYCOSIS NOS .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
11500	HISTOPLASMA CAPSULAT NOS .....	97
11501	HISTOPLASM CAPSUL MENING .....	63
11502	HISTOPLASM CAPSUL RETINA .....	68
11503	HISTOPLASM CAPS PERICARD .....	36
11504	HISTOPLASM CAPS ENDOCARD .....	36
11505	HISTOPLASM CAPS PNEUMON .....	33
11509	HISTOPLASMA CAPSULAT NEC .....	97
11510	HISTOPLASMA DUBOISII NOS .....	97
11511	HISTOPLASM DUBOIS MENING .....	63
11512	HISTOPLASM DUBOIS RETINA .....	68
11513	HISTOPLASM DUB PERICARD .....	36
11514	HISTOPLASM DUB ENDOCARD .....	36
11515	HISTOPLASM DUB PNEUMONIA .....	33
11519	HISTOPLASMA DUBOISII NEC .....	97
11590	HISTOPLASMOSIS NOS .....	97
11591	HISTOPLASMOSIS MENINGIT .....	63
11592	HISTOPLASMOSIS RETINITIS .....	68
11593	HISTOPLASMOSIS PERICARD .....	36
11594	HISTOPLASMOSIS ENDOCARD .....	36
11595	HISTOPLASMOSIS PNEUMONIA .....	33
11599	HISTOPLASMOSIS NEC .....	97
1160	BLASTOMYCOSIS .....	97
1161	PARACOCCIDIOIDOMYCOSIS .....	97
1162	LOBOMYCOSIS .....	97
1170	RHINOSPORIDIOSIS .....	97
1171	SPOROTRICHOSIS .....	97
1172	CHROMOBLASTOMYCOSIS .....	97
1173	ASPERGILLOSIS .....	97
1174	MYCOTIC MYCETOMAS .....	97
1175	CRYPTOCOCCOSIS .....	97
1176	ALLESCHERIOSIS .....	97
1177	ZYGOMYCOSIS .....	97
1178	DEMATIACIOUS FUNGI INF .....	97
1179	MYCOSES NEC & NOS .....	18
118	OPPORTUNISTIC MYCOSES .....	97
1200	SCHISTOSOMA HAEMATOBIIUM .....	53
1201	SCHISTOSOMA MANSONI .....	41
1202	SCHISTOSOMA JAPONICUM .....	97
1203	CUTANEOUS SCHISTOSOMA .....	18
1208	SCHISTOSOMIASIS NEC .....	97
1209	SCHISTOSOMIASIS NOS .....	97
1210	OPISTHORCHIASIS .....	41
1211	CLONORCHIASIS .....	41
1212	PARAGONIMIASIS .....	33
1213	FASCIOLIASIS .....	41
1214	FASCIOLOPSIASIS .....	41
1215	METAGONIMIASIS .....	97
1216	HETEROPHYIASIS .....	97
1218	TREMATODE INFECTION NEC .....	97
1219	TREMATODE INFECTION NOS .....	97
1220	ECHINOCOCC GRANUL LIVER .....	41
1221	ECHINOCOCC GRANUL LUNG .....	33
1222	ECHINOCOCC GRAN THYROID .....	82
1223	ECHINOCOCC GRANUL NEC .....	97
1224	ECHINOCOCC GRANUL NOS .....	97
1225	ECHINOCOC MULTILOC LIVER .....	41
1226	ECHINOCOC MULTILOC NEC .....	97
1227	ECHINOCOC MULTILOC NOS .....	97
1228	ECHINOCOCCOSIS NOS LIVER .....	41
1229	ECHINOCOCCOSIS NEC/NOS .....	97
1230	TAENIA SOLIUM INTESTINE .....	41
1231	CYSTICERCOSIS .....	41
1232	TAENIA SAGINATA INFECT .....	41
1233	TAENIASIS NOS .....	41
1234	DIPHYLLOBOTHRIAS INTEST .....	41
1235	SPARGANOSIS .....	41
1236	HYMENOLEPIASIS .....	41
1238	CESTODE INFECTION NEC .....	41
1239	CESTODE INFECTION NOS .....	41
124	TRICHINOSIS .....	97
1250	BANCROFTIAN FILARIASIS .....	97
1251	MALAYAN FILARIASIS .....	97
1252	LOIASIS .....	97
1253	ONCHOCERCIASIS .....	97
1254	DIPETALONEMIASIS .....	97
1255	MANSONELLA OZZARDI INFEC .....	97

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1256	FILARIASIS NEC .....	97
1257	DRACONTIASIS .....	97
1259	FILARIASIS NOS .....	97
1260	ANCYLOSTOMA DUODENALE .....	41
1261	NECATOR AMERICANUS .....	41
1262	ANCYLOSTOMA BRAZILIENSE .....	41
1263	ANCYLOSTOMA CEYLANICUM .....	41
1268	ANCYLOSTOMA NEC .....	41
1269	ANCYLOSTOMIASIS NOS .....	41
1270	ASCARIASIS .....	41
1271	ANISAKIASIS .....	41
1272	STRONGYLOIDIASIS .....	41
1273	TRICHURIASIS .....	41
1274	ENTEROBIASIS .....	41
1275	CAPILLARIASIS .....	41
1276	TRICHOSTRONGYLIASIS .....	41
1277	INTEST HELMINTHIASIS NEC .....	41
1278	MIXED INTESTINE HELMINTH .....	97
1279	INTEST HELMINTHIASIS NOS .....	41
1280	TOXOCARIASIS .....	97
1281	GNATHOSTOMIASIS .....	97
1288	HELMINTHIASIS NEC .....	97
1289	HELMINTHIASIS NOS .....	97
129	INTESTIN PARASITISM NOS .....	41
1300	TOXOPLASM MENINGOENCEPH .....	63
1301	TOXOPLASM CONJUNCTIVITIS .....	68
1302	TOXOPLASM CHORIORETINIT .....	68
1303	TOXOPLASMA MYOCARDITIS .....	36
1304	TOXOPLASMA PNEUMONITIS .....	33
1305	TOXOPLASMA HEPATITIS .....	41
1307	TOXOPLASMOSIS SITE NEC .....	97
1308	MULTISYSTEM TOXOPLASMOS .....	97
1309	TOXOPLASMOSIS NOS .....	97
13100	UROGENITAL TRICHOMON NOS .....	97
13101	TRICHOMONAL VAGINITIS .....	97
13102	TRICHOMONAL URETHRITIS .....	97
13103	TRICHOMONAL PROSTATITIS .....	97
13109	UROGENITAL TRICHOMON NEC .....	97
1318	TRICHOMONIASIS NEC .....	97
1319	TRICHOMONIASIS NOS .....	97
1320	PEDICULUS CAPITIS .....	18
1321	PEDICULUS CORPORIS .....	18
1322	PHTHIRUS PUBIS .....	18
1323	MIXED PEDICUL & PHTHIRUS .....	18
1329	PEDICULOSIS NOS .....	18
1330	SCABIES .....	18
1338	ACARIASIS NEC .....	18
1339	ACARIASIS NOS .....	18
1340	MYIASIS .....	18
1341	ARTHROPOD INFEST NEC .....	18
1342	HIRUDINIASIS .....	18
1348	INFESTATION NEC .....	18
1349	INFESTATION NOS .....	18
135	SARCOIDOSIS .....	33
1360	AINHUM .....	97
1361	BEHCET'S SYNDROME .....	24
1362	FREE-LIVING AMEBA INFECT .....	97
1363	PNEUMOCYSTOSIS .....	33
1364	PSOROSPERMIASIS .....	97
1365	SARCOSPORIDIOSIS .....	97
1368	INFECT/PARASITE DIS NEC .....	97
1369	INFECT/PARASITE DIS NOS .....	97
1370	LATE EFFECT TB, RESP/NOS .....	33
1371	LATE EFFECT CNS TB .....	63
1372	LATE EFFECT GU TB .....	53
1373	LATE EFF BONE & JOINT TB .....	24
1374	LATE EFFECT TB NEC .....	97
138	LATE EFFECT ACUTE POLIO .....	63
1390	LATE EFF VIRAL ENCEPHAL .....	63
1391	LATE EFFECT OF TRACHOMA .....	68
1398	LATE EFF INFECT DIS NEC .....	97
1400	MAL NEO UPPER VERMILION .....	88
1401	MAL NEO LOWER VERMILION .....	88
1403	MAL NEO UPPER LIP, INNER .....	88
1404	MAL NEO LOWER LIP, INNER .....	88
1405	MAL NEO LIP, INNER NOS .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1406	MAL NEO LIP, COMMISSURE .....	88
1408	MAL NEO LIP NEC .....	88
1409	MAL NEO LIP/VERMIL NOS .....	88
1410	MAL NEO TONGUE BASE .....	88
1411	MAL NEO DORSAL TONGUE .....	88
1412	MAL NEO TIP/LAT TONGUE .....	88
1413	MAL NEO VENTRAL TONGUE .....	88
1414	MAL NEO ANT 2/3 TONGUE .....	88
1415	MAL NEO TONGUE JUNCTION .....	88
1416	MAL NEO LINGUAL TONSIL .....	88
1418	MALIG NEO TONGUE NEC .....	88
1419	MALIG NEO TONGUE NOS .....	88
1420	MALIG NEO PAROTID .....	88
1421	MALIG NEO SUBMANDIBULAR .....	88
1422	MALIG NEO SUBLINGUAL .....	88
1428	MAL NEO MAJ SALIVARY NEC .....	88
1429	MAL NEO SALIVARY NOS .....	88
1430	MALIG NEO UPPER GUM .....	88
1431	MALIG NEO LOWER GUM .....	88
1438	MALIG NEO GUM NEC .....	88
1439	MALIG NEO GUM NOS .....	88
1440	MAL NEO ANT FLOOR MOUTH .....	88
1441	MAL NEO LAT FLOOR MOUTH .....	88
1448	MAL NEO MOUTH FLOOR NEC .....	88
1449	MAL NEO MOUTH FLOOR NOS .....	88
1450	MAL NEO CHEEK MUCOSA .....	88
1451	MAL NEO MOUTH VESTIBULE .....	88
1452	MALIG NEO HARD PALATE .....	88
1453	MALIG NEO SOFT PALATE .....	88
1454	MALIGNANT NEOPLASM UVULA .....	88
1455	MALIGNANT NEO PALATE NOS .....	88
1456	MALIG NEO RETROMOLAR .....	88
1458	MALIG NEOPLASM MOUTH NEC .....	88
1459	MALIG NEOPLASM MOUTH NOS .....	88
1460	MALIGNANT NEOPL TONSIL .....	88
1461	MAL NEO TONSILLAR FOSSA .....	88
1462	MAL NEO TONSIL PILLARS .....	88
1463	MALIGN NEOPL VALLECULA .....	88
1464	MAL NEO ANT EPIGLOTTIS .....	88
1465	MAL NEO EPIGLOTTIS JUNCT .....	88
1466	MAL NEO LAT OROPHARYNX .....	88
1467	MAL NEO POST OROPHARYNX .....	88
1468	MAL NEO OROPHARYNX NEC .....	88
1469	MALIG NEO OROPHARYNX NOS .....	88
1470	MAL NEO SUPER NASOPHARYNX .....	88
1471	MAL NEO POST NASOPHARYNX .....	88
1472	MAL NEO LAT NASOPHARYNX .....	88
1473	MAL NEO ANT NASOPHARYNX .....	88
1478	MAL NEO NASOPHARYNX NEC .....	88
1479	MAL NEO NASOPHARYNX NOS .....	88
1480	MAL NEO POSTCRICOID .....	88
1481	MAL NEO PYRIFORM SINUS .....	88
1482	MAL NEO ARYEPIGLOTT FOLD .....	88
1483	MAL NEO POST HYPOPHARYNX .....	88
1488	MAL NEO HYPOPHARYNX NEC .....	88
1489	MAL NEO HYPOPHARYNX NOS .....	88
1490	MAL NEO PHARYNX NOS .....	88
1491	MAL NEO WALDEYER'S RING .....	88
1498	MAL NEO ORAL/PHARYNX NEC .....	88
1499	MAL NEO OROPHRYN ILL-DEF .....	88
1500	MAL NEO CERVICAL ESOPHAG .....	88
1501	MAL NEO THORACIC ESOPHAG .....	88
1502	MAL NEO ABDOMIN ESOPHAG .....	88
1503	MAL NEO UPPER 3RD ESOPH .....	88
1504	MAL NEO MIDDLE 3RD ESOPH .....	88
1505	MAL NEO LOWER 3RD ESOPH .....	88
1508	MAL NEO ESOPHAGUS NEC .....	88
1509	MAL NEO ESOPHAGUS NOS .....	88
1510	MAL NEO STOMACH CARDIA .....	88
1511	MALIGNANT NEO PYLORUS .....	88
1512	MAL NEO PYLORIC ANTRUM .....	88
1513	MAL NEO STOMACH FUNDUS .....	88
1514	MAL NEO STOMACH BODY .....	88
1515	MAL NEO STOM LESSER CURV .....	88
1516	MAL NEO STOM GREAT CURV .....	88
1518	MALIG NEOPL STOMACH NEC .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1519	MALIG NEOPL STOMACH NOS .....	88
1520	MALIGNANT NEOPL DUODENUM .....	88
1521	MALIGNANT NEOPL JEJUNUM .....	88
1522	MALIGNANT NEOPLASM ILEUM .....	88
1523	MAL NEO MECKEL'S DIVERT .....	88
1528	MAL NEO SMALL BOWEL NEC .....	88
1529	MAL NEO SMALL BOWEL NOS .....	88
1530	MAL NEO HEPATIC FLEXURE .....	88
1531	MAL NEO TRANSVERSE COLON .....	88
1532	MAL NEO DESCEND COLON .....	88
1533	MAL NEO SIGMOID COLON .....	88
1534	MALIGNANT NEOPLASM CECUM .....	88
1535	MALIGNANT NEO APPENDIX .....	88
1536	MALIG NEO ASCEND COLON .....	88
1537	MAL NEO SPLENIC FLEXURE .....	88
1538	MALIGNANT NEO COLON NEC .....	88
1539	MALIGNANT NEO COLON NOS .....	88
1540	MAL NEO RECTOSIGMOID JCT .....	88
1541	MALIGNANT NEOPL RECTUM .....	88
1542	MALIG NEOPL ANAL CANAL .....	88
1543	MALIGNANT NEO ANUS NOS .....	88
1548	MAL NEO RECTUM/ANUS NEC .....	88
1550	MAL NEO LIVER, PRIMARY .....	88
1551	MAL NEO INTRAHEPAT DUCTS .....	88
1552	MALIGNANT NEO LIVER NOS .....	88
1560	MALIG NEO GALLBLADDER .....	88
1561	MAL NEO EXTRAHEPAT DUCTS .....	88
1562	MAL NEO AMPULLA OF VATER .....	88
1568	MALIG NEO BILIARY NEC .....	88
1569	MALIG NEO BILIARY NOS .....	88
1570	MAL NEO PANCREAS HEAD .....	88
1571	MAL NEO PANCREAS BODY .....	88
1572	MAL NEO PANCREAS TAIL .....	88
1573	MAL NEO PANCREATIC DUCT .....	88
1574	MAL NEO ISLET LANGERHANS .....	88
1578	MALIG NEO PANCREAS NEC .....	88
1579	MALIG NEO PANCREAS NOS .....	88
1580	MAL NEO RETROPERITONEUM .....	88
1588	MAL NEO PERITONEUM NEC .....	88
1589	MAL NEO PERITONEUM NOS .....	88
1590	MALIG NEO INTESTINE NOS .....	88
1591	MALIGNANT NEO SPLEEN NEC .....	88
1598	MAL NEO GI/INTRA-ABD NEC .....	88
1599	MAL NEO GI TRACT ILL-DEF .....	88
1600	MAL NEO NASAL CAVITIES .....	88
1601	MALIG NEO MIDDLE EAR .....	88
1602	MAL NEO MAXILLARY SINUS .....	88
1603	MAL NEO ETHMOIDAL SINUS .....	88
1604	MALIG NEO FRONTAL SINUS .....	88
1605	MAL NEO SPHENOID SINUS .....	88
1608	MAL NEO ACCESS SINUS NEC .....	88
1609	MAL NEO ACCESS SINUS NOS .....	88
1610	MALIGNANT NEO GLOTTIS .....	88
1611	MALIG NEO SUPRAGLOTTIS .....	88
1612	MALIG NEO SUBGLOTTIS .....	88
1613	MAL NEO CARTILAGE LARYNX .....	88
1618	MALIGNANT NEO LARYNX NEC .....	88
1619	MALIGNANT NEO LARYNX NOS .....	88
1620	MALIGNANT NEO TRACHEA .....	88
1622	MALIG NEO MAIN BRONCHUS .....	88
1623	MAL NEO UPPER LOBE LUNG .....	88
1624	MAL NEO MIDDLE LOBE LUNG .....	88
1625	MAL NEO LOWER LOBE LUNG .....	88
1628	MAL NEO BRONCH/LUNG NEC .....	88
1629	MAL NEO BRONCH/LUNG NOS .....	88
1630	MAL NEO PARIETAL PLEURA .....	88
1631	MAL NEO VISCERAL PLEURA .....	88
1638	MALIG NEOPL PLEURA NEC .....	88
1639	MALIG NEOPL PLEURA NOS .....	88
1640	MALIGNANT NEOPL THYMUS .....	88
1641	MALIGNANT NEOPL HEART .....	88
1642	MAL NEO ANT MEDIASTINUM .....	88
1643	MAL NEO POST MEDIASTINUM .....	88
1648	MAL NEO MEDIASTINUM NEC .....	88
1649	MAL NEO MEDIASTINUM NOS .....	88
1650	MAL NEO UPPER RESP NOS .....	88

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1658	MAL NEO THORAX/RESP NEC .....	88
1659	MAL NEO RESP SYSTEM NOS .....	88
1700	MAL NEO SKULL/FACE BONE .....	88
1701	MALIGNANT NEO MANDIBLE .....	88
1702	MALIG NEO VERTEBRAE .....	88
1703	MAL NEO RIBS/STERN/CLAV .....	88
1704	MAL NEO LONG BONES ARM .....	88
1705	MAL NEO BONES WRIST/HAND .....	88
1706	MAL NEO PELVIC GIRDLE .....	88
1707	MAL NEO LONG BONES LEG .....	88
1708	MAL NEO BONES ANKLE/FOOT .....	88
1709	MALIG NEOPL BONE NOS .....	88
1710	MAL NEO SOFT TISSUE HEAD .....	88
1712	MAL NEO SOFT TISSUE ARM .....	88
1713	MAL NEO SOFT TISSUE LEG .....	88
1714	MAL NEO SOFT TIS THORAX .....	88
1715	MAL NEO SOFT TIS ABDOMEN .....	88
1716	MAL NEO SOFT TIS PELVIS .....	88
1717	MAL NEOPL TRUNK NOS .....	88
1718	MAL NEO SOFT TISSUE NEC .....	88
1719	MAL NEO SOFT TISSUE NOS .....	88
1720	MALIG MELANOMA LIP .....	88
1721	MALIG MELANOMA EYELID .....	88
1722	MALIG MELANOMA EAR .....	88
1723	MAL MELANOM FACE NEC/NOS .....	88
1724	MAL MELANOMA SCALP/NECK .....	88
1725	MALIG MELANOMA TRUNK .....	88
1726	MALIG MELANOMA ARM .....	88
1727	MALIG MELANOMA LEG .....	88
1728	MALIG MELANOMA SKIN NEC .....	88
1729	MALIG MELANOMA SKIN NOS .....	88
1730	MALIG NEO SKIN LIP .....	88
1731	MALIG NEO SKIN EYELID .....	88
1732	MALIG NEO SKIN EAR .....	88
1733	MAL NEO SKIN FACE NEC .....	88
1734	MAL NEO SCALP/SKIN NECK .....	88
1735	MALIG NEO SKIN TRUNK .....	88
1736	MALIG NEO SKIN ARM .....	88
1737	MALIG NEO SKIN LEG .....	88
1738	MALIG NEO SKIN NEC .....	88
1739	MALIG NEO SKIN NOS .....	88
1740	MALIG NEO NIPPLE .....	88
1741	MAL NEO BREAST-CENTRAL .....	88
1742	MAL NEO BREAST UP-INNER .....	88
1743	MAL NEO BREAST LOW-INNER .....	88
1744	MAL NEO BREAST UP-OUTER .....	88
1745	MAL NEO BREAST LOW-OUTER .....	88
1746	MAL NEO BREAST-AXILLARY .....	88
1748	MALIGN NEOPL BREAST NEC .....	88
1749	MALIGN NEOPL BREAST NOS .....	88
1750	MAL NEO MALE NIPPLE .....	88
1759	MAL NEO MALE BREAST NEC .....	88
1760	SKIN - KAPOSII'S SARCOMA .....	86
1761	SFT TISSUE - KPSI'S SRCMA .....	86
1762	PALATE - KPSI'S SARCOMA .....	86
1763	GI SITES - KPSI'S SRCOMA .....	86
1764	LUNG - KAPOSII'S SARCOMA .....	86
1765	LYM NDS - KPSI'S SARCOMA .....	86
1768	SPF STS - KPSI'S SARCOMA .....	86
1769	KAPOSII'S SARCOMA NOS .....	86
179	MALIG NEOPL UTERUS NOS .....	88
1800	MALIG NEO ENDOCERVIX .....	88
1801	MALIG NEO EXOCERVIX .....	88
1808	MALIG NEO CERVIX NEC .....	88
1809	MAL NEO CERVIX UTERI NOS .....	88
181	MALIGNANT NEOPL PLACENTA .....	88
1820	MALIG NEO CORPUS UTERI .....	88
1821	MAL NEO UTERINE ISTHMUS .....	88
1828	MAL NEO BODY UTERUS NEC .....	88
1830	MALIGN NEOPL OVARY .....	88
1832	MAL NEO FALLOPIAN TUBE .....	88
1833	MAL NEO BROAD LIGAMENT .....	88
1834	MALIG NEO PARAMETRIUM .....	88
1835	MAL NEO ROUND LIGAMENT .....	88
1838	MAL NEO ADNEXA NEC .....	88
1839	MAL NEO ADNEXA NOS .....	88

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1840	MALIGN NEOPL VAGINA .....	88
1841	MAL NEO LABIA MAJORA .....	88
1842	MAL NEO LABIA MINORA .....	88
1843	MALIGN NEOPL CLITORIS .....	88
1844	MALIGN NEOPL VULVA NOS .....	88
1848	MAL NEO FEMALE GENIT NEC .....	88
1849	MAL NEO FEMALE GENIT NOS .....	88
185	MALIGN NEOPL PROSTATE .....	88
1860	MAL NEO UNDESCEND TESTIS .....	88
1869	MALIG NEO TESTIS NEC .....	88
1871	MALIGN NEOPL PREPUCE .....	88
1872	MALIG NEO GLANS PENIS .....	88
1873	MALIG NEO PENIS BODY .....	88
1874	MALIG NEO PENIS NOS .....	88
1875	MALIG NEO EPIDIDYMIS .....	88
1876	MAL NEO SPERMATIC CORD .....	88
1877	MALIGN NEOPL SCROTUM .....	88
1878	MAL NEO MALE GENITAL NEC .....	88
1879	MAL NEO MALE GENITAL NOS .....	88
1880	MAL NEO BLADDER-TRIGONE .....	88
1881	MAL NEO BLADDER-DOME .....	88
1882	MAL NEO BLADDER-LATERAL .....	88
1883	MAL NEO BLADDER-ANTERIOR .....	88
1884	MAL NEO BLADDER-POST .....	88
1885	MAL NEO BLADDER NECK .....	88
1886	MAL NEO URETERIC ORIFICE .....	88
1887	MALIG NEO URACHUS .....	88
1888	MALIG NEO BLADDER NEC .....	88
1889	MALIG NEO BLADDER NOS .....	88
1890	MALIG NEOPL KIDNEY .....	88
1891	MALIG NEO RENAL PELVIS .....	88
1892	MALIGN NEOPL URETER .....	88
1893	MALIGN NEOPL URETHRA .....	88
1894	MAL NEO PARAURETHRAL .....	88
1898	MAL NEO URINARY NEC .....	88
1899	MAL NEO URINARY NOS .....	88
1900	MALIGN NEOPL EYEBALL .....	88
1901	MALIGN NEOPL ORBIT .....	88
1902	MAL NEO LACRIMAL GLAND .....	88
1903	MAL NEO CONJUNCTIVA .....	88
1904	MALIGN NEOPL CORNEA .....	88
1905	MALIGN NEOPL RETINA .....	88
1906	MALIGN NEOPL CHOROID .....	88
1907	MAL NEO LACRIMAL DUCT .....	88
1908	MALIGN NEOPL EYE NEC .....	88
1909	MALIGN NEOPL EYE NOS .....	88
1910	MALIGN NEOPL CEREBRUM .....	88
1911	MALIG NEO FRONTAL LOBE .....	88
1912	MAL NEO TEMPORAL LOBE .....	88
1913	MAL NEO PARIETAL LOBE .....	88
1914	MAL NEO OCCIPITAL LOBE .....	88
1915	MAL NEO CEREB VENTRICLE .....	88
1916	MAL NEO CEREBELLUM NOS .....	88
1917	MAL NEO BRAIN STEM .....	88
1918	MALIG NEO BRAIN NEC .....	88
1919	MALIG NEO BRAIN NOS .....	88
1920	MAL NEO CRANIAL NERVES .....	88
1921	MAL NEO CEREBRAL MENING .....	88
1922	MAL NEO SPINAL CORD .....	88
1923	MAL NEO SPINAL MENINGES .....	88
1928	MAL NEO NERVOUS SYST NEC .....	88
1929	MAL NEO NERVOUS SYST NOS .....	88
193	MALIGN NEOPL THYROID .....	88
1940	MALIGN NEOPL ADRENAL .....	88
1941	MALIG NEO PARATHYROID .....	88
1943	MALIG NEO PITUITARY .....	88
1944	MALIGN NEO PINEAL GLAND .....	88
1945	MAL NEO CAROTID BODY .....	88
1946	MAL NEO PARAGANGLIA NEC .....	88
1948	MAL NEO ENDOCRINE NEC .....	88
1949	MAL NEO ENDOCRINE NOS .....	88
1950	MAL NEO HEAD/FACE/NECK .....	88
1951	MALIGN NEOPL THORAX .....	88
1952	MALIG NEO ABDOMEN .....	88
1953	MALIGN NEOPL PELVIS .....	88
1954	MALIGN NEOPL ARM .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
1955	MALIGN NEOPL LEG .....	88
1958	MALIG NEO SITE NEC .....	88
1960	MAL NEO LYMPH-HEAD/NECK .....	88
1961	MAL NEO LYMPH-INTRATHOR .....	88
1962	MAL NEO LYMPH INTRA-ABD .....	88
1963	MAL NEO LYMPH-AXILLA/ARM .....	88
1965	MAL NEO LYMPH-INGUIN/LEG .....	88
1966	MAL NEO LYMPH-INTRAPELV .....	88
1968	MAL NEO LYMPH NODE-MULT .....	88
1969	MAL NEO LYMPH NODE NOS .....	88
1970	SECONDARY MALIG NEO LUNG .....	88
1971	SEC MAL NEO MEDIASTINUM .....	88
1972	SECOND MALIG NEO PLEURA .....	88
1973	SEC MALIG NEO RESP NEC .....	88
1974	SEC MALIG NEO SM BOWEL .....	88
1975	SEC MALIG NEO LG BOWEL .....	88
1976	SEC MAL NEO PERITONEUM .....	88
1977	SECOND MALIG NEO LIVER .....	88
1978	SEC MAL NEO GI NEC .....	88
1980	SECOND MALIG NEO KIDNEY .....	88
1981	SEC MALIG NEO URIN NEC .....	88
1982	SECONDARY MALIG NEO SKIN .....	88
1983	SEC MAL NEO BRAIN/SPINE .....	88
1984	SEC MALIG NEO NERVE NEC .....	88
1985	SECONDARY MALIG NEO BONE .....	88
1986	SECOND MALIG NEO OVARY .....	88
1987	SECOND MALIG NEO ADRENAL .....	88
19881	SECOND MALIG NEO BREAST .....	88
19882	SECOND MALIG NEO GENITAL .....	88
19889	SECONDARY MALIG NEO NEC .....	88
1990	MALIG NEO DISSEMINATED .....	88
1991	MALIGNANT NEOPLASM NOS .....	88
20000	RETCLSRC UNSP XTRNDL ORG .....	88
20001	RETICULOSARCOMA HEAD .....	88
20002	RETICULOSARCOMA THORAX .....	88
20003	RETICULOSARCOMA ABDOM .....	88
20004	RETICULOSARCOMA AXILLA .....	88
20005	RETICULOSARCOMA INGUIN .....	88
20006	RETICULOSARCOMA PELVIC .....	88
20007	RETICULOSARCOMA SPLEEN .....	88
20008	RETICULOSARCOMA MULT .....	88
20010	LYMPHSRC UNSP XTRNDL ORG .....	88
20011	LYMPHOSARCOMA HEAD .....	88
20012	LYMPHOSARCOMA THORAX .....	88
20013	LYMPHOSARCOMA ABDOM .....	88
20014	LYMPHOSARCOMA AXILLA .....	88
20015	LYMPHOSARCOMA INGUIN .....	88
20016	LYMPHOSARCOMA PELVIC .....	88
20017	LYMPHOSARCOMA SPLEEN .....	88
20018	LYMPHOSARCOMA MULT .....	88
20020	BRKT TMR UNSP XTRNDL ORG .....	88
20021	BURKITT'S TUMOR HEAD .....	88
20022	BURKITT'S TUMOR THORAX .....	88
20023	BURKITT'S TUMOR ABDOM .....	88
20024	BURKITT'S TUMOR AXILLA .....	88
20025	BURKITT'S TUMOR INGUIN .....	88
20026	BURKITT'S TUMOR PELVIC .....	88
20027	BURKITT'S TUMOR SPLEEN .....	88
20028	BURKITT'S TUMOR MULT .....	88
20080	OTH VARN UNSP XTRNDL ORG .....	88
20081	MIXED LYMPHOSARC HEAD .....	88
20082	MIXED LYMPHOSARC THORAX .....	88
20083	MIXED LYMPHOSARC ABDOM .....	88
20084	MIXED LYMPHOSARC AXILLA .....	88
20085	MIXED LYMPHOSARC INGUIN .....	88
20086	MIXED LYMPHOSARC PELVIC .....	88
20087	MIXED LYMPHOSARC SPLEEN .....	88
20088	MIXED LYMPHOSARC MULT .....	88
20100	HDGK PRG UNSP XTRNDL ORG .....	88
20101	HODGKINS PARAGRAN HEAD .....	88
20102	HODGKINS PARAGRAN THORAX .....	88
20103	HODGKINS PARAGRAN ABDOM .....	88
20104	HODGKINS PARAGRAN AXILLA .....	88
20105	HODGKINS PARAGRAN INGUIN .....	88
20106	HODGKINS PARAGRAN PELVIC .....	88
20107	HODGKINS PARAGRAN SPLEEN .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
20108	HODGKINS PARAGRAN MULT .....	88
20110	HDGK GRN UNSP XTRNDL ORG .....	88
20111	HODGKINS GRANULOM HEAD .....	88
20112	HODGKINS GRANULOM THORAX .....	88
20113	HODGKINS GRANULOM ABDOM .....	88
20114	HODGKINS GRANULOM AXILLA .....	88
20115	HODGKINS GRANULOM INGUIN .....	88
20116	HODGKINS GRANULOM PELVIC .....	88
20117	HODGKINS GRANULOM SPLEEN .....	88
20118	HODGKINS GRANULOM MULT .....	88
20120	HDGK SRC UNSP XTRNDL ORG .....	88
20121	HODGKINS SARCOMA HEAD .....	88
20122	HODGKINS SARCOMA THORAX .....	88
20123	HODGKINS SARCOMA ABDOM .....	88
20124	HODGKINS SARCOMA AXILLA .....	88
20125	HODGKINS SARCOMA INGUIN .....	88
20126	HODGKINS SARCOMA PELVIC .....	88
20127	HODGKINS SARCOMA SPLEEN .....	88
20128	HODGKINS SARCOMA MULT .....	88
20140	LYM-HST UNSP XTRNDL ORGN .....	88
20141	HODG LYMPH-HISTIO HEAD .....	88
20142	HODG LYMPH-HISTIO THORAX .....	88
20143	HODG LYMPH-HISTIO ABDOM .....	88
20144	HODG LYMPH-HISTIO AXILLA .....	88
20145	HODG LYMPH-HISTIO INGUIN .....	88
20146	HODG LYMPH-HISTIO PELVIC .....	88
20147	HODG LYMPH-HISTIO SPLEEN .....	88
20148	HODG LYMPH-HISTIO MULT .....	88
20150	NDR SCLR UNSP XTRNDL ORG .....	88
20151	HODG NODUL SCLERO HEAD .....	88
20152	HODG NODUL SCLERO THORAX .....	88
20153	HODG NODUL SCLERO ABDOM .....	88
20154	HODG NODUL SCLERO AXILLA .....	88
20155	HODG NODUL SCLERO INGUIN .....	88
20156	HODG NODUL SCLERO PELVIC .....	88
20157	HODG NODUL SCLERO SPLEEN .....	88
20158	HODG NODUL SCLERO MULT .....	88
20160	MXD CELR UNSP XTRNDL ORG .....	88
20161	HODGKINS MIX CELL HEAD .....	88
20162	HODGKINS MIX CELL THORAX .....	88
20163	HODGKINS MIX CELL ABDOM .....	88
20164	HODGKINS MIX CELL AXILLA .....	88
20165	HODGKINS MIX CELL INGUIN .....	88
20166	HODGKINS MIX CELL PELVIC .....	88
20167	HODGKINS MIX CELL SPLEEN .....	88
20168	HODGKINS MIX CELL MULT .....	88
20170	LYM DPLT UNSP XTRNDL ORG .....	88
20171	HODG LYMPH DEPLET HEAD .....	88
20172	HODG LYMPH DEPLET THORAX .....	88
20173	HODG LYMPH DEPLET ABDOM .....	88
20174	HODG LYMPH DEPLET AXILLA .....	88
20175	HODG LYMPH DEPLET INGUIN .....	88
20176	HODG LYMPH DEPLET PELVIC .....	88
20177	HODG LYMPH DEPLET SPLEEN .....	88
20178	HODG LYMPH DEPLET MULT .....	88
20190	HDGK DIS UNSP XTRNDL ORG .....	88
20191	HODGKINS DIS NOS HEAD .....	88
20192	HODGKINS DIS NOS THORAX .....	88
20193	HODGKINS DIS NOS ABDOM .....	88
20194	HODGKINS DIS NOS AXILLA .....	88
20195	HODGKINS DIS NOS INGUIN .....	88
20196	HODGKINS DIS NOS PELVIC .....	88
20197	HODGKINS DIS NOS SPLEEN .....	88
20198	HODGKINS DIS NOS MULT .....	88
20200	NDLR LYM UNSP XTRNDL ORG .....	88
20201	NODULAR LYMPHOMA HEAD .....	88
20202	NODULAR LYMPHOMA THORAX .....	88
20203	NODULAR LYMPHOMA ABDOM .....	88
20204	NODULAR LYMPHOMA AXILLA .....	88
20205	NODULAR LYMPHOMA INGUIN .....	88
20206	NODULAR LYMPHOMA PELVIC .....	88
20207	NODULAR LYMPHOMA SPLEEN .....	88
20208	NODULAR LYMPHOMA MULT .....	88
20210	MYCS FNG UNSP XTRNDL ORG .....	88
20211	MYCOSIS FUNGOIDES HEAD .....	88
20212	MYCOSIS FUNGOIDES THORAX .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
20213	MYCOSIS FUNGOIDES ABDOM .....	88
20214	MYCOSIS FUNGOIDES AXILLA .....	88
20215	MYCOSIS FUNGOIDES INGUIN .....	88
20216	MYCOSIS FUNGOIDES PELVIC .....	88
20217	MYCOSIS FUNGOIDES SPLEEN .....	88
20218	MYCOSIS FUNGOIDES MULT .....	88
20220	SZRY DIS UNSP XTRNDL ORG .....	88
20221	SEZARY'S DISEASE HEAD .....	88
20222	SEZARY'S DISEASE THORAX .....	88
20223	SEZARY'S DISEASE ABDOM .....	88
20224	SEZARY'S DISEASE AXILLA .....	88
20225	SEZARY'S DISEASE INGUIN .....	88
20226	SEZARY'S DISEASE PELVIC .....	88
20227	SEZARY'S DISEASE SPLEEN .....	88
20228	SEZARY'S DISEASE MULT .....	88
20230	MLG HIST UNSP XTRNDL ORG .....	88
20231	MAL HISTIOCYTOSIS HEAD .....	88
20232	MAL HISTIOCYTOSIS THORAX .....	88
20233	MAL HISTIOCYTOSIS ABDOM .....	88
20234	MAL HISTIOCYTOSIS AXILLA .....	88
20235	MAL HISTIOCYTOSIS INGUIN .....	88
20236	MAL HISTIOCYTOSIS PELVIC .....	88
20237	MAL HISTIOCYTOSIS SPLEEN .....	88
20238	MAL HISTIOCYTOSIS MULT .....	88
20240	LK RTCTL UNSP XTRNDL ORG .....	88
20241	HAIRY-CELL LEUKEM HEAD .....	88
20242	HAIRY-CELL LEUKEM THORAX .....	88
20243	HAIRY-CELL LEUKEM ABDOM .....	88
20244	HAIRY-CELL LEUKEM AXILLA .....	88
20245	HAIRY-CELL LEUKEM INGUIN .....	88
20246	HAIRY-CELL LEUKEM PELVIC .....	88
20247	HAIRY-CELL LEUKEM SPLEEN .....	88
20248	HAIRY-CELL LEUKEM MULT .....	88
20250	LTR-SIWE UNSP XTRNDL ORG .....	88
20251	LETTERER-SIWE DIS HEAD .....	88
20252	LETTERER-SIWE DIS THORAX .....	88
20253	LETTERER-SIWE DIS ABDOM .....	88
20254	LETTERER-SIWE DIS AXILLA .....	88
20255	LETTERER-SIWE DIS INGUIN .....	88
20256	LETTERER-SIWE DIS PELVIC .....	88
20257	LETTERER-SIWE DIS SPLEEN .....	88
20258	LETTERER-SIWE DIS MULT .....	88
20260	MLG MAST UNSP XTRNDL ORG .....	88
20261	MAL MASTOCYTOSIS HEAD .....	88
20262	MAL MASTOCYTOSIS THORAX .....	88
20263	MAL MASTOCYTOSIS ABDOM .....	88
20264	MAL MASTOCYTOSIS AXILLA .....	88
20265	MAL MASTOCYTOSIS INGUIN .....	88
20266	MAL MASTOCYTOSIS PELVIC .....	88
20267	MAL MASTOCYTOSIS SPLEEN .....	88
20268	MAL MASTOCYTOSIS MULT .....	88
20280	OTH LYMP UNSP XTRNDL ORG .....	88
20281	LYMPHOMAS NEC HEAD .....	88
20282	LYMPHOMAS NEC THORAX .....	88
20283	LYMPHOMAS NEC ABDOM .....	88
20284	LYMPHOMAS NEC AXILLA .....	88
20285	LYMPHOMAS NEC INGUIN .....	88
20286	LYMPHOMAS NEC PELVIC .....	88
20287	LYMPHOMAS NEC SPLEEN .....	88
20288	LYMPHOMAS NEC MULT .....	88
20290	UNSP LYM UNSP XTRNDL ORG .....	88
20291	LYMPHOID MAL NEC HEAD .....	88
20292	LYMPHOID MAL NEC THORAX .....	88
20293	LYMPHOID MAL NEC ABDOM .....	88
20294	LYMPHOID MAL NEC AXILLA .....	88
20295	LYMPHOID MAL NEC INGUIN .....	88
20296	LYMPHOID MAL NEC PELVIC .....	88
20297	LYMPHOID MAL NEC SPLEEN .....	88
20298	LYMPHOID MAL NEC MULT .....	88
20300	MULT MYELM W/O REMISSION .....	88
20301	MULT MYELM W REMISSION .....	88
20310	PLSM CELL LEUK W/O RMSON .....	88
20311	PLSM CELL LEUK W RMSON .....	88
20380	OTH IMNPRFL NPL W/O RMSN .....	88
20381	OTH IMNPRFL NPL W RMSN .....	88
20400	ACT LYM LEUK W/O RMSION .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
20401	ACT LYM LEUK W RMSION .....	88
20410	CHR LYM LEUK W/O RMSION .....	88
20411	CHR LYM LEUK W RMSION .....	88
20420	SBAC LYM LEUK W/O RMSION .....	88
20421	SBAC LYM LEUK W RMSION .....	88
20480	OTH LYM LEUK W/O RMSION .....	88
20481	OTH LYM LEUK W RMSION .....	88
20490	UNS LYM LEUK W/O RMSION .....	88
20491	UNS LYM LEUK W RMSION .....	88
20500	ACT MYL LEUK W/O RMSION .....	88
20501	ACT MYL LEUK W RMSION .....	88
20510	CHR MYL LEUK W/O RMSION .....	88
20511	CHR MYL LEUK W RMSION .....	88
20520	SBAC MYL LEUK W/O RMSION .....	88
20521	SBAC MYL LEUK W RMSION .....	88
20530	MYL SRCOMA W/O RMSION .....	88
20531	MYL SRCOMA W RMSION .....	88
20580	OTH MYL LEUK W/O RMSION .....	88
20581	OTH MYL LEUK W RMSION .....	88
20590	UNS MYL LEUK W/O RMSION .....	88
20591	UNS MYL LEUK W RMSION .....	88
20600	ACT MONO LEUK W/O RMSION .....	88
20601	ACT MONO LEUK W RMSION .....	88
20610	CHR MONO LEUK W/O RMSION .....	88
20611	CHR MONO LEUK W RMSION .....	88
20620	SBAC MONO LEUK W/O RMSION .....	88
20621	SBAC MONO LEUK W RMSION .....	88
20680	OTH MONO LEUK W/O RMSION .....	88
20681	OTH MONO LEUK W RMSION .....	88
20690	UNS MONO LEUK W/O RMSION .....	88
20691	UNS MONO LEUK W RMSION .....	88
20700	ACT ERTH/ERYLK W/O RMSION .....	88
20701	ACT ERTH/ERYLK W RMSION .....	88
2071	CHRONIC ERYTHREMIA*	88
20710	CHR ERYTHRM W/O REMISION .....	88
20711	CHR ERYTHRM W REMISION .....	88
2072	MEGAKARYOCYTIC LEUKEMIA*	88
20720	MGKRYCYT LEUK W/O RMSION .....	88
20721	MGKRYCYT LEUK W RMSION .....	88
2078	SPECIFIED LEUKEMIA NEC*	88
20780	OTH SPF LEUK W/O REMISION .....	88
20781	OTH SPF LEUK W REMISION .....	88
2080	ACT LEUK UNS CL W/O RMSN*	88
20800	ACT LEUK UNS CL W/O RMSN .....	88
20801	ACT LEUK UNS CL W RMSION .....	88
2081	CHRONIC LEUKEMIA NOS*	88
20810	CHR LEUK UNS CL W/O RMSN .....	88
20811	CHR LEUK UNS CL W RMSION .....	88
2082	SUBACUTE LEUKEMIA NOS*	88
20820	SBAC LEUK UNS CL W/O RMS .....	88
20821	SBAC LEUK UNS CL W RMSION .....	88
2088	LEUKEMIA-UNSPEC CELL NEC*	88
20880	OTH LEUK UNS CL W/O RMSN .....	88
20881	OTH LEUK UNS CL W RMSION .....	88
2089	LEUKEMIA-UNSPEC CELL NOS*	88
20890	LEUKEMIA NOS W/O REMISION .....	88
20891	LEUKEMIA NOS W REMISION .....	88
2100	BENIGN NEOPLASM LIP .....	31
2101	BENIGN NEOPLASM TONGUE .....	31
2102	BEN NEO MAJOR SALIVARY .....	31
2103	BENIGN NEO MOUTH FLOOR .....	31
2104	BENIGN NEO MOUTH NEC/NOS .....	31
2105	BENIGN NEOPLASM TONSIL .....	31
2106	BENIGN NEO OROPHARYN NEC .....	31
2107	BENIGN NEO NASOPHARYNX .....	31
2108	BENIGN NEO HYPOPHARYNX .....	31
2109	BENIGN NEO PHARYNX NOS .....	31
2110	BENIGN NEO ESOPHAGUS .....	41
2111	BENIGN NEOPLASM STOMACH .....	41
2112	BENIGN NEOPLASM SM BOWEL .....	41
2113	BENIGN NEOPLASM LG BOWEL .....	41
2114	BENIGN NEOPL RECTUM/ANUS .....	41
2115	BEN NEO LIVER/BILE DUCTS .....	41
2116	BENIGN NEOPLASM PANCREAS .....	41
2117	BEN NEO ISLETS LANGERHAN .....	82
2118	BEN NEO PERITONEUM .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2119	BEN NEO GI TRACT NEC/NOS .....	41
2120	BEN NEO NASAL CAV/SINUS .....	31
2121	BENIGN NEO LARYNX .....	31
2122	BENIGN NEO TRACHEA .....	33
2123	BENIGN NEO BRONCHUS/LUNG .....	33
2124	BENIGN NEOPLASM PLEURA .....	33
2125	BENIGN NEO MEDIASTINUM .....	33
2126	BENIGN NEOPLASM THYMUS .....	86
2127	BENIGN NEOPLASM HEART .....	36
2128	BENIGN NEO RESP SYS NEC .....	33
2129	BENIGN NEO RESP SYS NOS .....	33
2130	BEN NEO SKULL/FACE BONE .....	24
2131	BEN NEO LOWER JAW BONE .....	31
2132	BENIGN NEO VERTEBRAE .....	24
2133	BEN NEO RIBS/STERN/CLAV .....	33
2134	BEN NEO LONG BONES ARM .....	24
2135	BEN NEO BONES WRIST/HAND .....	24
2136	BENIGN NEO PELVIC GIRDLE .....	24
2137	BEN NEO LONG BONES LEG .....	24
2138	BEN NEO BONES ANKLE/FOOT .....	24
2139	BENIGN NEO BONE NOS .....	24
2140	LIPOMA SKIN FACE .....	18
2141	LIPOMA SKIN NEC .....	18
2142	LIPOMA INTRATHORACIC .....	33
2143	LIPOMA INTRA-ABDOMINAL .....	41
2144	LIPOMA SPERMATIC CORD .....	53
2148	LIPOMA NEC .....	18
2149	LIPOMA NOS .....	18
2150	BEN NEO SOFT TISSUE HEAD .....	18
2152	BEN NEO SOFT TISSUE ARM .....	18
2153	BEN NEO SOFT TISSUE LEG .....	18
2154	BEN NEO SOFT TIS THORAX .....	18
2155	BEN NEO SOFT TIS ABDOMEN .....	18
2156	BEN NEO SOFT TIS PELVIS .....	18
2157	BENIGN NEO TRUNK NOS .....	18
2158	BEN NEO SOFT TISSUE NEC .....	18
2159	BEN NEO SOFT TISSUE NOS .....	18
2160	BENIGN NEO SKIN LIP .....	18
2161	BENIGN NEO SKIN EYELID .....	68
2162	BENIGN NEO SKIN EAR .....	18
2163	BENIGN NEO SKIN FACE NEC .....	18
2164	BEN NEO SCALP/SKIN NECK .....	18
2165	BENIGN NEO SKIN TRUNK .....	18
2166	BENIGN NEO SKIN ARM .....	18
2167	BENIGN NEO SKIN LEG .....	18
2168	BENIGN NEOPLASM SKIN NEC .....	18
2169	BENIGN NEOPLASM SKIN NOS .....	18
217	BENIGN NEOPLASM BREAST .....	18
2180	SUBMUCOUS LEIOMYOMA .....	56
2181	INTRAMURAL LEIOMYOMA .....	56
2182	SUBSEROUS LEIOMYOMA .....	56
2189	UTERINE LEIOMYOMA NOS .....	56
2190	BENIGN NEO CERVIX UTERI .....	56
2191	BENIGN NEO CORPUS UTERI .....	56
2198	BENIGN NEO UTERUS NEC .....	56
2199	BENIGN NEO UTERUS NOS .....	56
220	BENIGN NEOPLASM OVARY .....	56
2210	BEN NEO FALLOPIAN TUBE .....	56
2211	BENIGN NEOPLASM VAGINA .....	56
2212	BENIGN NEOPLASM VULVA .....	56
2218	BEN NEO FEM GENITAL NEC .....	56
2219	BEN NEO FEM GENITAL NOS .....	56
2220	BENIGN NEOPLASM TESTIS .....	53
2221	BENIGN NEOPLASM PENIS .....	53
2222	BENIGN NEOPLASM PROSTATE .....	53
2223	BENIGN NEO EPIDIDYMIS .....	53
2224	BENIGN NEOPLASM SCROTUM .....	53
2228	BEN NEO MALE GENITAL NEC .....	53
2229	BEN NEO MALE GENITAL NOS .....	53
2230	BENIGN NEOPLASM KIDNEY .....	53
2231	BENIGN NEO RENAL PELVIS .....	53
2232	BENIGN NEOPLASM URETER .....	53
2233	BENIGN NEOPLASM BLADDER .....	53
22381	BENIGN NEOPLASM URETHRA .....	53
22389	BENIGN NEO URINARY NEC .....	53
2239	BENIGN NEO URINARY NOS .....	53

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2240	BENIGN NEOPLASM EYEBALL .....	68
2241	BENIGN NEOPLASM ORBIT .....	68
2242	BEN NEO LACRIMAL GLAND .....	68
2243	BENIGN NEO CONJUNCTIVA .....	68
2244	BENIGN NEOPLASM CORNEA .....	68
2245	BENIGN NEOPLASM RETINA .....	68
2246	BENIGN NEOPLASM CHOROID .....	68
2247	BEN NEO LACRIMAL DUCT .....	68
2248	BENIGN NEOPLASM EYE NEC .....	68
2249	BENIGN NEOPLASM EYE NOS .....	68
2250	BENIGN NEOPLASM BRAIN .....	63
2251	BENIGN NEO CRANIAL NERVE .....	63
2252	BEN NEO CEREBR MENINGES .....	63
2253	BENIGN NEO SPINAL CORD .....	63
2254	BEN NEO SPINAL MENINGES .....	63
2258	BENIGN NEO NERV SYS NEC .....	63
2259	BENIGN NEO NERV SYS NOS .....	63
226	BENIGN NEOPLASM THYROID .....	82
2270	BENIGN NEOPLASM ADRENAL .....	82
2271	BENIGN NEO PARATHYROID .....	82
2273	BENIGN NEO PITUITARY .....	82
2274	BEN NEOPL PINEAL GLAND .....	63
2275	BENIGN NEO CAROTID BODY .....	63
2276	BEN NEO PARAGANGLIA NEC .....	63
2278	BENIGN NEO ENDOCRINE NEC .....	82
2279	BENIGN NEO ENDOCRINE NOS .....	82
22800	HEMANGIOMA NOS .....	36
22801	HEMANGIOMA SKIN .....	18
22802	HEMANGIOMA INTRACRANIAL .....	63
22803	HEMANGIOMA RETINA .....	68
22804	HEMANGIOMA INTRA-ABDOM .....	41
22809	HEMANGIOMA NEC .....	36
2281	LYMPHANGIOMA, ANY SITE .....	86
2290	BENIGN NEO LYMPH NODES .....	86
2298	BENIGN NEOPLASM NEC .....	18
2299	BENIGN NEOPLASM NOS .....	18
2300	CA IN SITU ORAL CAV/PHAR .....	88
2301	CA IN SITU ESOPHAGUS .....	88
2302	CA IN SITU STOMACH .....	88
2303	CA IN SITU COLON .....	88
2304	CA IN SITU RECTUM .....	88
2305	CA IN SITU ANAL CANAL .....	88
2306	CA IN SITU ANUS NOS .....	88
2307	CA IN SITU BOWEL NEC/NOS .....	88
2308	CA IN SITU LIVER/BILIARY .....	88
2309	CA IN SITU GI NEC/NOS .....	88
2310	CA IN SITU LARYNX .....	88
2311	CA IN SITU TRACHEA .....	88
2312	CA IN SITU BRONCHUS/LUNG .....	88
2318	CA IN SITU RESP SYS NEC .....	88
2319	CA IN SITU RESP SYS NOS .....	88
2320	CA IN SITU SKIN LIP .....	88
2321	CA IN SITU EYELID .....	88
2322	CA IN SITU SKIN EAR .....	88
2323	CA IN SITU SKIN FACE NEC .....	88
2324	CA IN SITU SCALP .....	88
2325	CA IN SITU SKIN TRUNK .....	88
2326	CA IN SITU SKIN ARM .....	88
2327	CA IN SITU SKIN LEG .....	88
2328	CA IN SITU SKIN NEC .....	88
2329	CA IN SITU SKIN NOS .....	88
2330	CA IN SITU BREAST .....	88
2331	CA IN SITU CERVIX UTERI .....	88
2332	CA IN SITU UTERUS NEC .....	88
2333	CA IN SITU FEM GEN NEC .....	88
2334	CA IN SITU PROSTATE .....	88
2335	CA IN SITU PENIS .....	88
2336	CA IN SITU MALE GEN NEC .....	88
2337	CA IN SITU BLADDER .....	88
2339	CA IN SITU URINARY NEC .....	88
2340	CA IN SITU EYE .....	88
2348	CA IN SITU NEC .....	88
2349	CA IN SITU NOS .....	88
2350	UNC BEHAV NEO SALIVARY .....	88
2351	UNC BEHAV NEO ORAL/PHAR .....	88
2352	UNC BEHAV NEO INTESTINE .....	88

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2353	UNC BEHAV NEO LIVER .....	88
2354	UNC BEHAV NEO PERITONEUM .....	88
2355	UNC BEHAV NEO GI NEC .....	88
2356	UNC BEHAV NEO LARYNX .....	88
2357	UNC BEHAV NEO LUNG .....	88
2358	UNC BEHAV NEO PLEURA .....	88
2359	UNC BEHAV NEO RESP NEC .....	88
2360	UNCERT BEHAV NEO UTERUS .....	88
2361	UNC BEHAV NEO PLACENTA .....	88
2362	UNC BEHAV NEO OVARY .....	88
2363	UNC BEHAV NEO FEMALE NEC .....	88
2364	UNC BEHAV NEO TESTIS .....	88
2365	UNC BEHAV NEO PROSTATE .....	88
2366	UNC BEHAV NEO MALE NEC .....	88
2367	UNC BEHAV NEO BLADDER .....	88
23690	UNC BEHAV NEO URINAR NOS .....	88
23691	UNC BEHAV NEO KIDNEY .....	88
23699	UNC BEHAV NEO URINAR NEC .....	88
2370	UNC BEHAV NEO PITUITARY .....	88
2371	UNC BEHAV NEO PINEAL .....	88
2372	UNC BEHAV NEO ADRENAL .....	88
2373	UNC BEHAV NEO PARAGANG .....	88
2374	UNCER NEO ENDOCRINE NEC .....	88
2375	UNC BEH NEO BRAIN/SPINAL .....	88
2376	UNC BEHAV NEO MENINGES .....	88
2377	NEUROFIBROMATOSIS* .....	88
23770	NEUROFIBROMATOSIS NOS .....	63
23771	NEUROFIBROMATOSIS TYPE I .....	63
23772	NEUROFIBROMATOSIS TYP II .....	63
2379	UNC BEH NEO NERV SYS NEC .....	88
2380	UNC BEHAV NEO BONE .....	88
2381	UNC BEHAV NEO SOFT TISSU .....	88
2382	UNC BEHAV NEO SKIN .....	88
2383	UNC BEHAV NEO BREAST .....	88
2384	POLYCYTHEMIA VERA .....	88
2385	MASTOCYTOMA NOS .....	88
2386	PLASMACYTOMA NOS .....	88
2387	LYMPHOPROLIFERAT DIS NOS .....	88
2388	UNCERT BEHAVIOR NEO NEC .....	88
2389	UNCERT BEHAVIOR NEO NOS .....	88
2390	DIGESTIVE NEOPLASM NOS .....	88
2391	RESPIRATORY NEOPLASM NOS .....	88
2392	BONE/SKIN NEOPLASM NOS .....	88
2393	BREAST NEOPLASM NOS .....	88
2394	BLADDER NEOPLASM NOS .....	88
2395	OTHER GU NEOPLASM NOS .....	88
2396	BRAIN NEOPLASM NOS .....	88
2397	ENDOCRINE/NERV NEO NOS .....	88
2398	NEOPLASM NOS, SITE NEC .....	88
2399	NEOPLASM NOS .....	88
2400	SIMPLE GOITER .....	82
2409	GOITER NOS .....	82
2410	NONTOX UNINODULAR GOITER .....	82
2411	NONTOX MULTINODUL GOITER .....	82
2419	NONTOX NODUL GOITER NOS .....	82
24200	TOX DIF GOITER NO CRISIS .....	82
24201	TOX DIF GOITER W CRISIS .....	78
24210	TOX UNINOD GOIT NO CRIS .....	82
24211	TOX UNINOD GOIT W CRISIS .....	78
24220	TOX MULTNOD GOIT NO CRIS .....	82
24221	TOX MULTNOD GOIT W CRIS .....	78
24230	TOX NOD GOITER NO CRISIS .....	82
24231	TOX NOD GOITER W CRISIS .....	78
24240	THYROTOX-ECT NOD NO CRIS .....	82
24241	THYROTOX-ECT NOD W CRIS .....	78
24280	THYRTOX ORIG NEC NO CRIS .....	82
24281	THYROTOX ORIG NEC W CRIS .....	78
24290	THYROTOX NOS NO CRISIS .....	82
24291	THYROTOX NOS W CRISIS .....	78
243	CONGENITAL HYPOTHYROIDISM .....	82
2440	POSTSURGICAL HYPOTHYROID .....	82
2441	POSTABLAT HYPOTHYR NEC .....	82
2442	IODINE HYPOTHYROIDISM .....	82
2443	IATROGEN HYPOTHYROID NEC .....	82
2448	ACQUIRED HYPOTHYROID NEC .....	82
2449	HYPOTHYROIDISM NOS .....	82

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2450	ACUTE THYROIDITIS .....	82
2451	SUBACUTE THYROIDITIS .....	82
2452	CHR LYMPHOCYT THYROIDIT .....	82
2453	CHR FIBROUS THYROIDITIS .....	82
2454	IATROGENIC THYROIDITIS .....	82
2458	CHR THYROIDITIS NEC/NOS .....	82
2459	THYROIDITIS NOS .....	82
2460	DIS THYROCALCITON SECRET .....	82
2461	DYSHORMONOGENIC GOITER .....	82
2462	CYST OF THYROID .....	82
2463	HEMORR/INFARC THYROID .....	82
2468	DISORDERS OF THYROID NEC .....	82
2469	DISORDER OF THYROID NOS .....	82
25000	DMII WO CMP NT ST UNCINTR .....	82
25001	DMI WO CMP NT ST UNCINTRL .....	82
25002	DMII WO CMP UNCINTRLD .....	82
25003	DMI WO CMP UNCINTRLD .....	82
25010	DMII KETO NT ST UNCINTRLD .....	78
25011	DMI KETO NT ST UNCINTRLD .....	78
25012	DMII KETOACD UNCONTROLD .....	78
25013	DMI KETOACD UNCONTROLD .....	78
25020	DMII HPRSM NT ST UNCINTRL .....	78
25021	DMI HPRSM NT ST UNCINTRLD .....	78
25022	DMII HPROSMLR UNCONTROLD .....	78
25023	DMI HPROSMLR UNCONTROLD .....	78
25030	DMII O CM NT ST UNCINTRLD .....	78
25031	DMI O CM NT ST UNCINTRLD .....	78
25032	DMII OTH COMA UNCONTROLD .....	78
25033	DMI OTH COMA UNCONTROLD .....	78
25040	DMII RENL NT ST UNCINTRLD .....	53
25041	DMI RENL NT ST UNCINTRLD .....	53
25042	DMII RENAL UNCINTRLD .....	82
25043	DMI RENAL UNCINTRLD .....	82
25050	DMII OPHTH NT ST UNCINTRL .....	68
25051	DMI OPHTH NT ST UNCINTRLD .....	68
25052	DMII OPHTH UNCINTRLD .....	82
25053	DMI OPHTH UNCINTRLD .....	82
25060	DMII NEURO NT ST UNCINTRL .....	63
25061	DMI NEURO NT ST UNCINTRLD .....	63
25062	DMII NEURO UNCINTRLD .....	82
25063	DMI NEURO UNCINTRLD .....	82
25070	DMII CIRC NT ST UNCINTRLD .....	82
25071	DMI CIRC NT ST UNCINTRLD .....	82
25072	DMII CIRC UNCINTRLD .....	82
25073	DMI CIRC UNCINTRLD .....	82
25080	DMII OTH NT ST UNCINTRLD .....	82
25081	DMI OTH NT ST UNCINTRLD .....	82
25082	DMII OTH UNCINTRLD .....	82
25083	DMI OTH UNCINTRLD .....	82
25090	DMII UNSPF NT ST UNCINTRL .....	82
25091	DMI UNSPF NT ST UNCINTRLD .....	82
25092	DMII UNSPF UNCINTRLD .....	82
25093	DMI UNSPF UNCINTRLD .....	82
2510	HYPOGLYCEMIC COMA .....	78
2511	OTH SPCF HYPOGLYCEMIA .....	82
2512	HYPOGLYCEMIA NOS .....	82
2513	POSTSURG HYPOINSULINEMIA .....	82
2514	ABN SECRETION GLUCAGON .....	82
2515	ABNORM SECRETION GASTRIN .....	41
2518	PANCREATIC DISORDER NEC .....	82
2519	PANCREATIC DISORDER NOS .....	82
2520	HYPERPARATHYROIDISM .....	82
2521	HYPOPARATHYROIDISM .....	82
2528	PARATHYROID DISORDER NEC .....	82
2529	PARATHYROID DISORDER NOS .....	82
2530	ACROMEGALY AND GIGANTISM .....	82
2531	ANT PITUIT HYPERFUNC NEC .....	82
2532	PANHYPOPITUITARISM .....	82
2533	PITUITARY DWARFISM .....	82
2534	ANTER PITUITARY DIS NEC .....	82
2535	DIABETES INSIPIDUS .....	82
2536	NEUROHYPOPHYSIS DIS NEC .....	82
2537	IATROGENIC PITUITARY DIS .....	82
2538	PITUITARY DISORDER NEC .....	82
2539	PITUITARY DISORDER NOS .....	82
2540	PERSIST HYPERPLAS THYMUS .....	86

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2541	ABSCESS OF THYMUS .....	86
2548	DISEASES OF THYMUS NEC .....	86
2549	DISEASE OF THYMUS NOS .....	86
2550	CUSHING'S SYNDROME .....	82
2551	HYPERALDOSTERONISM .....	82
2552	ADRENOGENITAL DISORDERS .....	82
2553	CORTICOADREN OVERACT NEC .....	82
2554	CORTICOADRENAL INSUFFIC .....	82
2555	ADRENAL HYPOFUNCTION NEC .....	82
2556	MEDULLOADRENAL HYPERFUNC .....	82
2558	ADRENAL DISORDER NEC .....	82
2559	ADRENAL DISORDER NOS .....	82
2560	HYPERESTROGENISM .....	56
2561	OVARIAN HYPERFUNC NEC .....	56
2562	POSTABLATIV OVARIAN FAIL .....	56
2563	OVARIAN FAILURE NEC .....	56
2564	POLYCYSTIC OVARIES .....	56
2568	OVARIAN DYSFUNCTION NEC .....	56
2569	OVARIAN DYSFUNCTION NOS .....	56
2570	TESTICULAR HYPERFUNCTION .....	82
2571	POSTABLAT TESTIC HYPOFUN .....	82
2572	TESTICULAR HYPOFUNC NEC .....	82
2578	TESTICULAR DYSFUNCT NEC .....	82
2579	TESTICULAR DYSFUNCT NOS .....	82
2580	WERMER'S SYNDROME .....	82
2581	COMB ENDOCR DYSFUNCT NEC .....	82
2588	POLYGLANDUL DYSFUNC NEC .....	82
2589	POLYGLANDUL DYSFUNC NOS .....	82
2590	DELAY SEXUAL DEVELOP NEC .....	82
2591	SEXUAL PRECOCITY NEC .....	82
2592	CARCINOID SYNDROME .....	82
2593	ECTOPIC HORMONE SECR NEC .....	82
2594	DWARFISM NEC .....	82
2598	ENDOCRINE DISORDERS NEC .....	82
2599	ENDOCRINE DISORDER NOS .....	82
260	KWASHIORKOR .....	82
261	NUTRITIONAL MARASMUS .....	82
262	OTH SEVERE MALNUTRITION .....	82
2630	MALNUTRITION MOD DEGREE .....	82
2631	MALNUTRITION MILD DEGREE .....	82
2632	ARREST DEVEL D/T MALNUTR .....	82
2638	PROTEIN-CAL MALNUTR NEC .....	82
2639	PROTEIN-CAL MALNUTR NOS .....	82
2640	VIT A CONJUNCTIV XEROSIS .....	68
2641	VIT A BITOT'S SPOT .....	68
2642	VIT A CORNEAL XEROSIS .....	68
2643	VIT A CORNEA ULCER/XEROS .....	68
2644	VIT A KERATOMALACIA .....	68
2645	VIT A NIGHT BLINDNESS .....	68
2646	VIT A DEF W CORNEAL SCAR .....	68
2647	VIT A OCULAR DEFIC NEC .....	68
2648	VITAMIN A DEFICIENCY NEC .....	82
2649	VITAMIN A DEFICIENCY NOS .....	82
2650	BERIBERI .....	82
2651	THIAMINE DEFIC NEC/NOS .....	82
2652	PELLAGRA .....	82
2660	ARIBOFLAVINOSIS .....	82
2661	VITAMIN B6 DEFICIENCY .....	82
2662	B-COMPLEX DEFIC NEC .....	82
2669	VITAMIN B DEFICIENCY NOS .....	82
267	ASCORBIC ACID DEFICIENCY .....	82
2680	RICKETS, ACTIVE .....	24
2681	RICKETS, LATE EFFECT .....	24
2682	OSTEOMALACIA NOS .....	24
2689	VITAMIN D DEFICIENCY NOS .....	82
2690	DEFICIENCY OF VITAMIN K .....	82
2691	VITAMIN DEFICIENCY NEC .....	82
2692	VITAMIN DEFICIENCY NOS .....	82
2693	MINERAL DEFICIENCY NEC .....	82
2698	NUTRITION DEFICIENCY NEC .....	82
2699	NUTRITION DEFICIENCY NOS .....	82
2700	AMINO-ACID TRANSPORT DIS .....	82
2701	PHENYLKETONURIA-PKU .....	82
2702	AROM AMIN-ACID METAB NEC .....	82
2703	BRAN-CHAIN AMIN-ACID DIS .....	82
2704	SULPH AMINO-ACID MET DIS .....	82

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2705	DIS HISTIDINE METABOLISM .....	82
2706	DIS UREA CYCLE METABOL .....	82
2707	STRAIG AMIN-ACID MET NEC .....	82
2708	DIS AMINO-ACID METAB NEC .....	82
2709	DIS AMINO-ACID METAB NOS .....	82
2710	GLYCOGENOSIS .....	82
2711	GALACTOSEMIA .....	82
2712	HERED FRUCTOSE INTOLERAN .....	41
2713	DISACCHARIDASE DEF/MALAB .....	41
2714	RENAL GLYCOSURIA .....	82
2718	DIS CARBOHYDR METAB NEC .....	82
2719	DIS CARBOHYDR METAB NOS .....	82
2720	PURE HYPERCHOLESTEROLEM .....	82
2721	PURE HYPERGLYCIDEMIA .....	82
2722	MIXED HYPERLIPIDEMIA .....	82
2723	HYPERCHYLOMICRONEMIA .....	82
2724	HYPERLIPIDEMIA NEC/NOS .....	82
2725	LIPOPROTEIN DEFICIENCIES .....	82
2726	LIPODYSTROPHY .....	82
2727	LIPIDOSES .....	82
2728	LIPOID METABOL DIS NEC .....	82
2729	LIPOID METABOL DIS NOS .....	82
2730	POLYCLON HYPERGAMMAGLOBU .....	86
2731	MONOCLON PARAPROTEINEMIA .....	86
2732	PARAPROTEINEMIA NEC .....	88
2733	MACROGLOBULINEMIA .....	88
2738	DIS PLAS PROTEIN MET NEC .....	88
2739	DIS PLAS PROTEIN MET NOS .....	88
2740	GOUTY ARTHROPATHY .....	24
27410	GOUTY NEPHROPATHY NOS .....	53
27411	URIC ACID NEPHROLITHIAS .....	53
27419	GOUTY NEPHROPATHY NEC .....	53
27481	GOUTY TOPHI OF EAR .....	24
27482	GOUTY TOPHI SITE NEC .....	24
27489	GOUT W MANIFESTATION NEC .....	24
2749	GOUT NOS .....	24
2750	DIS IRON METABOLISM .....	82
2751	DIS COPPER METABOLISM .....	82
2752	DIS MAGNESIUM METABOLISM .....	82
2753	DIS PHOSPHORUS METABOL .....	82
2754	DIS CALCIUM METABOLISM* .....	82
2758	DIS MINERAL METABOL NEC .....	82
2759	DIS MINERAL METABOL NOS .....	82
2760	HYPEROSMOLALITY .....	82
2761	HYPOSMOLALITY .....	82
2762	ACIDOSIS .....	82
2763	ALKALOSIS .....	82
2764	MIXED ACID-BASE BAL DIS .....	82
2765	HYPOVOLEMIA .....	82
2766	FLUID OVERLOAD .....	82
2767	HYPERPOTASSEMIA .....	82
2768	HYPOPOTASSEMIA .....	82
2769	ELECTROLYT/FLUID DIS NEC .....	82
27700	CYSTIC FIBROS W/O ILEUS .....	82
27701	CYSTIC FIBROSIS W ILEUS .....	57
2771	DIS PORPHYRIN METABOLISM .....	82
2772	PURINE/PYRIMID DIS NEC .....	82
2773	AMYLOIDOSIS .....	86
2774	DIS BILIRUBIN EXCRETION .....	41
2775	MUCOPOLYSACCHARIDOSIS .....	82
2776	DEFIC CIRCUL ENZYME NEC .....	82
2778	METABOLISM DISORDER NEC .....	82
2779	METABOLISM DISORDER NOS .....	82
2780	OBESITY* .....	82
27800	OBESITY NOS .....	82
27801	MORBID OBESITY .....	82
2781	LOCALIZED ADIPOSITY .....	82
2782	HYPERVITAMINOSIS A .....	82
2783	HYPERCAROTINEMIA .....	82
2784	HYPERVITAMINOSIS D .....	82
2788	OTHER HYPERALIMENTATION .....	82
27900	HYPOGAMMAGLOBULINEM NOS .....	86
27901	SELECTIVE IGA IMMUNODEF .....	86
27902	SELECTIVE IGM IMMUNODEF .....	86
27903	SELECTIVE IG DEFIC NEC .....	86
27904	CONG HYPOGAMMAGLOBULINEM .....	86

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
27905	IMMUNODEFIC W HYPER-IGM .....	86
27906	COMMON VARIABL IMMUNODEF .....	86
27909	HUMORAL IMMUNITY DEF NEC .....	86
27910	IMMUNDEF T-CELL DEF NOS .....	86
27911	DIGEORGE'S SYNDROME .....	86
27912	WISKOTT-ALDRICH SYNDROME .....	86
27913	NEZELOF'S SYNDROME .....	86
27919	DEFIC CELL IMMUNITY NOS .....	86
2792	COMBINED IMMUNITY DEFIC .....	86
2793	IMMUNITY DEFICIENCY NOS .....	86
2794	AUTOIMMUNE DISEASE NEC .....	24
2798	IMMUNE MECHANISM DIS NEC .....	86
2799	IMMUNE MECHANISM DIS NOS .....	86
2800	CHR BLOOD LOSS ANEMIA .....	86
2801	IRON DEF ANEMIA DIETARY .....	86
2808	IRON DEFIC ANEMIA NEC .....	86
2809	IRON DEFIC ANEMIA NOS .....	86
2810	PERNICIOUS ANEMIA .....	86
2811	B12 DEFIC ANEMIA NEC .....	86
2812	FOLATE-DEFICIENCY ANEMIA .....	86
2813	MEGALOBlastic ANEMIA NEC .....	86
2814	PROTEIN DEFIC ANEMIA .....	86
2818	NUTRITIONAL ANEMIA NEC .....	86
2819	DEFICIENCY ANEMIA NOS .....	86
2820	HEREDITARY SPHEROCYTOSIS .....	86
2821	HEREDIT ELLIPTOCYTOSIS .....	86
2822	GLUTATHIONE DIS ANEMIA .....	86
2823	ENZYME DEFIC ANEMIA NEC .....	86
2824	THALASSEMIA .....	86
2825	SICKLE-CELL TRAIT .....	86
28260	SICKLE-CELL ANEMIA NOS .....	86
28261	HB-S DISEASE W/O CRISIS .....	86
28262	HB-S DISEASE WITH CRISIS .....	86
28263	SICKLE-CELL/HB-C DISEASE .....	86
28269	SICKLE-CELL ANEMIA NEC .....	86
2827	HEMOGLOBINOPATHIES NEC .....	86
2828	HERED HEMOLYTIC ANEM NEC .....	86
2829	HERED HEMOLYTIC ANEM NOS .....	86
2830	AUTOIMMUN HEMOLYTIC ANEM .....	86
2831	NONAUTOIMMU HEMOLYT ANEM* .....	86
28310	NONAUTO HEM ANEMIA NOS .....	86
28311	HEMOLYTIC UREMIC SYND .....	86
28319	OTH NONAUTO HEM ANEMIA .....	86
2832	HEMOLYTIC HEMOGLOBINURIA .....	86
2839	ACQ HEMOLYTIC ANEMIA NOS .....	86
2840	CONGEN APLASTIC ANEMIA .....	86
2848	APLASTIC ANEMIAS NEC .....	86
2849	APLASTIC ANEMIA NOS .....	86
2850	SIDEROBLASTIC ANEMIA .....	86
2851	AC POSTHEMORRHAG ANEMIA .....	86
2858	ANEMIA NEC .....	86
2859	ANEMIA NOS .....	86
2860	CONG FACTOR VIII DIORD .....	86
2861	CONG FACTOR IX DISORDER .....	86
2862	CONG FACTOR XI DISORDER .....	86
2863	CONG DEF CLOT FACTOR NEC .....	86
2864	VON WILLEBRAND'S DISEASE .....	86
2865	CIRCULATING ANTICOAG DIS .....	86
2866	DEFIBRATION SYNDROME .....	86
2867	ACQ COAGUL FACTOR DEFIC .....	86
2869	COAGULAT DEFECT NEC/NOS .....	86
2870	ALLERGIC PURPURA .....	86
2871	THROMBOCYTOPATHY .....	86
2872	PURPURA NOS .....	86
2873	PRIMARY THROMBOCYTOPENIA .....	86
2874	SECOND THROMBOCYTOPENIA .....	86
2875	THROMBOCYTOPENIA NOS .....	86
2878	HEMORRHAGIC COND NEC .....	86
2879	HEMORRHAGIC COND NOS .....	86
2880	AGRANULOCYTOSIS .....	86
2881	FUNCTION DIS NEUTROPHILS .....	86
2882	GENETIC ANOMALY LEUKOCYT .....	86
2883	EOSINOPHILIA .....	86
2888	WBC DISEASE NEC .....	86
2889	WBC DISEASE NOS .....	86
2890	SECONDARY POLYCYTHEMIA .....	86

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
2891	CHRONIC LYMPHADENITIS .....	86
2892	MESENTERIC LYMPHADENITIS .....	41
2893	LYMPHADENITIS NOS .....	86
2894	HYERSPLENISM .....	86
28950	SPLEEN DISEASE NOS .....	86
28951	CHR CONGEST SPLENOMEGALY .....	86
28959	SPLEEN DISEASE NEC .....	86
2896	FAMILIAL POLYCYTHEMIA .....	86
2897	METHEMOGLOBINEMIA .....	86
2898	BLOOD DISEASES NEC .....	86
2899	BLOOD DISEASE NOS .....	86
*2900	SENILE DEMENTIA UNCOMP .....	.....
29010	PRESENILE DEMENTIA .....	91
29011	PRESENILE DELIRIUM .....	91
29012	PRESENILE DELUSION .....	91
29013	PRESENILE DEPRESSION .....	91
29020	SENILE DELUSION .....	91
29021	SENILE DEPRESSIVE .....	91
2903	SENILE DELIRIUM .....	91
29040	ARTERIOSCLER DEMENT NOS .....	91
29041	ARTERIOSCLER DELIRIUM .....	91
29042	ARTERIOSCLER DELUSION .....	91
29043	ARTERIOSCLER DEPRESSIVE .....	91
2908	SENILE PSYCHOSIS NEC .....	91
2909	SENILE PSYCHOT COND NOS .....	91
2910	DELIRIUM TREMENS .....	91
2911	ALCOHOL AMNESTIC SYND .....	91
2912	ALCOHOLIC DEMENTIA NEC .....	91
2913	ALCOHOL HALLUCINOSIS .....	91
2914	PATHOLOGIC ALCOHOL INTOX .....	91
2915	ALCOHOLIC JEALOUSY .....	91
2918	ALCOHOLIC PSYCHOSIS NEC* .....	91
2919	ALCOHOLIC PSYCHOSIS NOS .....	91
2920	DRUG WITHDRAWAL SYNDROME .....	91
29211	DRUG PARANOID STATE .....	91
29212	DRUG HALLUCINOSIS .....	91
2922	PATHOLOGIC DRUG INTOX .....	91
29281	DRUG-INDUCED DELIRIUM .....	91
29282	DRUG-INDUCED DEMENTIA .....	91
29283	DRUG AMNESTIC SYNDROME .....	91
29284	DRUG DEPRESSIVE SYNDROME .....	91
29289	DRUG MENTAL DISORDER NEC .....	91
2929	DRUG MENTAL DISORDER NOS .....	91
2930	ACUTE DELIRIUM .....	91
2931	SUBACUTE DELIRIUM .....	91
29381	ORGANIC DELUSIONAL SYND .....	91
29382	ORGANIC HALLUCINOSIS SYN .....	91
29383	ORGANIC AFFECTIVE SYND .....	91
29389	TRANSIENT ORG MENTAL NEC .....	91
2939	TRANSIENT ORG MENTAL NOS .....	91
2940	AMNESTIC SYNDROME .....	91
2941	DEMENTIA IN OTH DISEASES .....	91
2948	ORGANIC BRAIN SYND NEC .....	91
2949	ORGANIC BRAIN SYND NOS .....	91
29500	SIMPL SCHIZOPHREN-UNSPEC .....	91
29501	SIMPL SCHIZOPHREN-SUBCHR .....	91
29502	SIMPLE SCHIZOPHREN-CHR .....	91
29503	SIMP SCHIZ-SUBCHR/EXACER .....	91
29504	SIMPL SCHIZO-CHR/EXACERB .....	91
29505	SIMPL SCHIZOPHREN-REMISS .....	91
29510	HEBEPHRENIA-UNSPEC .....	91
29511	HEBEPHRENIA-SUBCHRONIC .....	91
29512	HEBEPHRENIA-CHRONIC .....	91
29513	HEBEPHREN-SUBCHR/EXACERB .....	91
29514	HEBEPHRENIA-CHR/EXACERB .....	91
29515	HEBEPHRENIA-REMISSION .....	91
29520	CATATONIA-UNSPEC .....	91
29521	CATATONIA-SUBCHRONIC .....	91
29522	CATATONIA-CHRONIC .....	91
29523	CATATONIA-SUBCHR/EXACERB .....	91
29524	CATATONIA-CHR/EXACERB .....	91
29525	CATATONIA-REMISSION .....	91
29530	PARANOID SCHIZO-UNSPEC .....	91
29531	PARANOID SCHIZO-SUBCHR .....	91
29532	PARANOID SCHIZO-CHRONIC .....	91
29533	PARAN SCHIZO-SUBCHR/EXAC .....	91

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
29534	PARAN SCHIZO-CHR/EXACERB .....	91
29535	PARANOID SCHIZO-REMISS .....	91
29540	AC SCHIZOPHRENIA-UNSPEC .....	91
29541	AC SCHIZOPHRENIA-SUBCHR .....	91
29542	AC SCHIZOPHRENIA-CHR .....	91
29543	AC SCHIZO-SUBCHR/EXACERB .....	91
29544	AC SCHIZOPHR-CHR/EXACERB .....	91
29545	AC SCHIZOPHRENIA-REMISS .....	91
29550	LATENT SCHIZOPHREN-UNSP .....	91
29551	LAT SCHIZOPHREN-SUBCHR .....	91
29552	LATENT SCHIZOPHREN-CHR .....	91
29553	LAT SCHIZO-SUBCHR/EXACER .....	91
29554	LATENT SCHIZO-CHR/EXACER .....	91
29555	LAT SCHIZOPHREN-REMISS .....	91
29560	RESID SCHIZOPHREN-UNSP .....	91
29561	RESID SCHIZOPHREN-SUBCHR .....	91
29562	RESIDUAL SCHIZOPHREN-CHR .....	91
29563	RESID SCHIZO-SUBCHR/EXAC .....	91
29564	RESID SCHIZO-CHR/EXACERB .....	91
29565	RESID SCHIZOPHREN-REMISS .....	91
29570	SCHIZOAFFECTIVE-UNSPEC .....	91
29571	SCHIZOAFFECTIVE-SUBCHR .....	91
29572	SCHIZOAFFECTIVE-CHRONIC .....	91
29573	SCHIZOAF-SUBCHR/EXACER .....	91
29574	SCHIZOAF-FECT-CHR/EXACER .....	91
29575	SCHIZOAFFECTIVE-REMISS .....	91
29580	SCHIZOPHRENIA NEC-UNSPEC .....	91
29581	SCHIZOPHRENIA NEC-SUBCHR .....	91
29582	SCHIZOPHRENIA NEC-CHR .....	91
29583	SCHIZO NEC-SUBCHR/EXACER .....	91
29584	SCHIZO NEC-CHR/EXACERB .....	91
29585	SCHIZOPHRENIA NEC-REMISS .....	91
29590	SCHIZOPHRENIA NOS-UNSPEC .....	91
29591	SCHIZOPHRENIA NOS-SUBCHR .....	91
29592	SCHIZOPHRENIA NOS-CHR .....	91
29593	SCHIZO NOS-SUBCHR/EXACER .....	91
29594	SCHIZO NOS-CHR/EXACERB .....	91
29595	SCHIZOPHRENIA NOS-REMISS .....	91
29600	MANIC DISORDER-UNSPEC .....	91
29601	MANIC DISORDER-MILD .....	91
29602	MANIC DISORDER-MOD .....	91
29603	MANIC DISORDER-SEVERE .....	91
29604	MANIC DIS-SEVERE W PSYCH .....	91
29605	MANIC DIS-PARTIAL REMISS .....	91
29606	MANIC DIS-FULL REMISSION .....	91
29610	RECUR MANIC DIS-UNSPEC .....	91
29611	RECUR MANIC DIS-MILD .....	91
29612	RECUR MANIC DIS-MOD .....	91
29613	RECUR MANIC DIS-SEVERE .....	91
29614	RECUR MANIC-SEV W PSYCHO .....	91
29615	RECUR MANIC-PART REMISS .....	91
29616	RECUR MANIC-FULL REMISS .....	91
29620	DEPRESS PSYCHOSIS-UNSPEC .....	91
29621	DEPRESS PSYCHOSIS-MILD .....	91
29622	DEPRESSIVE PSYCHOSIS-MOD .....	91
29623	DEPRESS PSYCHOSIS-SEVERE .....	91
29624	DEPR PSYCHOS-SEV W PSYCH .....	91
29625	DEPR PSYCHOS-PART REMISS .....	91
29626	DEPR PSYCHOS-FULL REMISS .....	91
29630	RECURR DEPR PSYCHOS-UNSP .....	91
29631	RECURR DEPR PSYCHOS-MILD .....	91
29632	RECURR DEPR PSYCHOS-MOD .....	91
29633	RECUR DEPR PSYCH-SEVERE .....	91
29634	REC DEPR PSYCH-PSYCHOTIC .....	91
29635	RECUR DEPR PSYC-PART REM .....	91
29636	RECUR DEPR PSYC-FULL REM .....	91
29640	BIPOL AFF, MANIC-UNSPEC .....	91
29641	BIPOLAR AFF, MANIC-MILD .....	91
29642	BIPOLAR AFFEC, MANIC-MOD .....	91
29643	BIPOL AFF, MANIC-SEVERE .....	91
29644	BIPOL MANIC-SEV W PSYCH .....	91
29645	BIPOL AFF MANIC-PART REM .....	91
29646	BIPOL AFF MANIC-FULL REM .....	91
29650	BIPOLAR AFF, DEPR-UNSPEC .....	91
29651	BIPOLAR AFFEC, DEPR-MILD .....	91
29652	BIPOLAR AFFEC, DEPR-MOD .....	91

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
29653	BIPOL AFF, DEPR-SEVERE .....	91
29654	BIPOL DEPR-SEV W PSYCH .....	91
29655	BIPOL AFF DEPR-PART REM .....	91
29656	BIPOL AFF DEPR-FULL REM .....	91
29660	BIPOL AFF, MIXED-UNSPEC .....	91
29661	BIPOLAR AFF, MIXED-MILD .....	91
29662	BIPOLAR AFFEC, MIXED-MOD .....	91
29663	BIPOL AFF, MIXED-SEVERE .....	91
29664	BIPOL MIXED-SEV W PSYCH .....	91
29665	BIPOL AFF, MIX-PART REM .....	91
29666	BIPOL AFF, MIX-FULL REM .....	91
2967	BIPOLAR AFFECTIVE NOS .....	91
29680	MANIC-DEPRESSIVE NOS .....	91
29681	ATYPICAL MANIC DISORDER .....	91
29682	ATYPICAL DEPRESSIVE DIS .....	91
29689	MANIC-DEPRESSIVE NEC .....	91
29690	AFFECTIVE PSYCHOSIS NOS .....	91
29699	AFFECTIVE PSYCHOSIS NEC .....	91
2970	PARANOID STATE, SIMPLE .....	91
2971	PARANOIA .....	91
2972	PARAPHRENIA .....	91
2973	SHARED PARANOID DISORDER .....	91
2978	PARANOID STATES NEC .....	91
2979	PARANOID STATE NOS .....	91
2980	REACT DEPRESS PSYCHOSIS .....	91
2981	EXCITATIV TYPE PSYCHOSIS .....	91
2982	REACTIVE CONFUSION .....	91
2983	ACUTE PARANOID REACTION .....	91
2984	PSYCHOGEN PARANOID PSYCH .....	91
2988	REACT PSYCHOSIS NEC/NOS .....	91
2989	PSYCHOSIS NOS .....	91
29900	INFANTILE AUTISM-ACTIVE .....	91
29901	INFANTILE AUTISM-RESID .....	91
29910	DISINTEGR PSYCH-ACTIVE .....	91
29911	DISINTEGR PSYCH-RESIDUAL .....	91
29980	CHILD PSYCHOS NEC-ACTIVE .....	91
29981	CHILD PSYCHOS NEC-RESID .....	91
29990	CHILD PSYCHOS NOS-ACTIVE .....	91
29991	CHILD PSYCHOS NOS-RESID .....	91
30000	ANXIETY STATE NOS .....	91
30001	PANIC DISORDER .....	91
30002	GENERALIZED ANXIETY DIS .....	91
30009	ANXIETY STATE NEC .....	91
30010	HYSTERIA NOS .....	91
30011	CONVERSION DISORDER .....	91
30012	PSYCHOGENIC AMNESIA .....	91
30013	PSYCHOGENIC FUGUE .....	91
30014	MULTIPLE PERSONALITY .....	91
30015	DISSOCIATIVE REACT NOS .....	91
30016	FACTITIOUS ILL W SYMPTOM .....	91
30019	FACTITIOUS ILL NEC/NOS .....	91
30020	PHOBIA NOS .....	91
30021	AGORAPHOBIA WITH PANIC .....	91
30022	AGORAPHOBIA W/O PANIC .....	91
30023	SOCIAL PHOBIA .....	91
30029	ISOLATED PHOBIAS NEC .....	91
3003	OBSESSIVE-COMPULSIVE DIS .....	91
3004	NEUROTIC DEPRESSION .....	91
3005	NEURASTHENIA .....	91
3006	DEPERSONALIZATION SYND .....	91
3007	HYPOCHONDRIASIS .....	91
30081	SOMATIZATION DISORDER .....	91
30089	NEUROTIC DISORDERS NEC .....	91
3009	NEUROTIC DISORDER NOS .....	91
3010	PARANOID PERSONALITY .....	91
30110	AFFECTIV PERSONALITY NOS .....	91
30111	CHRONIC HYPOMANIC PERSON .....	91
30112	CHR DEPRESSIVE PERSON .....	91
30113	CYCLOTHYMIC DISORDER .....	91
30120	SCHIZOID PERSONALITY NOS .....	91
30121	INTROVERTED PERSONALITY .....	91
30122	SCHIZOTYPAL PERSONALITY .....	91
3013	EXPLOSIVE PERSONALITY .....	91
3014	COMPULSIVE PERSONALITY .....	91
30150	HISTRIONIC PERSON NOS .....	91
30151	CHR FACTITIOUS ILLNESS .....	91

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
30159	HISTRIONIC PERSON NEC .....	91
3016	DEPENDENT PERSONALITY .....	91
3017	ANTISOCIAL PERSONALITY .....	91
30181	NARCISSISTIC PERSONALITY .....	91
30182	AVOIDANT PERSONALITY .....	91
30183	BORDERLINE PERSONALITY .....	91
30184	PASSIVE-AGGRESSIV PERSON .....	91
30189	PERSONALITY DISORDER NEC .....	91
3019	PERSONALITY DISORDER NOS .....	91
3020	EGO-DYSTONIC HOMOSEXLTY .....	91
3021	ZOOPHILIA .....	91
3022	PEDOPHILIA .....	91
3023	TRANVESTISM .....	91
3024	EXHIBITIONISM .....	91
30250	TRANS-SEXUALISM NOS .....	91
30251	TRANS-SEXUALISM, ASEXUAL .....	91
30252	TRANS-SEXUAL, HOMOSEXUAL .....	91
30253	TRANS-SEX, HETEROSEXUAL .....	91
3026	PSYCHOSEX IDENTITY DIS .....	91
30270	PSYCHOSEXUAL DYSFUNC NOS .....	91
30271	INHIBITED SEXUAL DESIRE .....	91
30272	INHIBITED SEX EXCITEMENT .....	91
30273	INHIBITED FEMALE ORGASM .....	91
30274	INHIBITED MALE ORGASM .....	91
30275	PREMATURE EJACULATION .....	91
30276	FUNCTIONAL DYSAREUNIA .....	91
30279	PSYCHOSEXUAL DYSFUNC NEC .....	91
30281	FETISHISM .....	91
30282	VOYEURISM .....	91
30283	SEXUAL MASOCHISM .....	91
30284	SEXUAL SADISM .....	91
30285	GEND IDEN DIS, ADOL/ADULT .....	91
30289	PSYCHOSEXUAL DIS NEC .....	91
3029	PSYCHOSEXUAL DIS NOS .....	91
30300	AC ALCOHOL INTOX-UNSPEC .....	91
30301	AC ALCOHOL INTOX-CONTIN .....	91
30302	AC ALCOHOL INTOX-EPISOD .....	91
30303	AC ALCOHOL INTOX-REMISS .....	91
30390	ALCOH DEP NEC/NOS-UNSPEC .....	91
30391	ALCOH DEP NEC/NOS-CONTIN .....	91
30392	ALCOH DEP NEC/NOS-EPISOD .....	91
30393	ALCOH DEP NEC/NOS-REMISS .....	91
30400	OPIOID DEPENDENCE-UNSPEC .....	91
30401	OPIOID DEPENDENCE-CONTIN .....	91
30402	OPIOID DEPENDENCE-EPISOD .....	91
30403	OPIOID DEPENDENCE-REMISS .....	91
30410	BARBITURAT DEPEND-UNSPEC .....	91
30411	BARBITURAT DEPEND-CONTIN .....	91
30412	BARBITURAT DEPEND-EPISOD .....	91
30413	BARBITURAT DEPEND-REMISS .....	91
30420	COCAINE DEPEND-UNSPEC .....	91
30421	COCAINE DEPEND-CONTIN .....	91
30422	COCAINE DEPEND-EPISODIC .....	91
30423	COCAINE DEPEND-REMISS .....	91
30430	CANNABIS DEPEND-UNSPEC .....	91
30431	CANNABIS DEPEND-CONTIN .....	91
30432	CANNABIS DEPEND-EPISODIC .....	91
30433	CANNABIS DEPEND-REMISS .....	91
30440	AMPHETAMIN DEPEND-UNSPEC .....	91
30441	AMPHETAMIN DEPEND-CONTIN .....	91
30442	AMPHETAMIN DEPEND-EPISOD .....	91
30443	AMPHETAMIN DEPEND-REMISS .....	91
30450	HALLUCINOGEN DEP-UNSPEC .....	91
30451	HALLUCINOGEN DEP-CONTIN .....	91
30452	HALLUCINOGEN DEP-EPISOD .....	91
30453	HALLUCINOGEN DEP-REMISS .....	91
30460	DRUG DEPEND NEC-UNSPEC .....	91
30461	DRUG DEPEND NEC-CONTIN .....	91
30462	DRUG DEPEND NEC-EPISODIC .....	91
30463	DRUG DEPEND NEC-IN REM .....	91
30470	OPIOID/OTHER DEP-UNSPEC .....	91
30471	OPIOID/OTHER DEP-CONTIN .....	91
30472	OPIOID/OTHER DEP-EPISOD .....	91
30473	OPIOID/OTHER DEP-REMISS .....	91
30480	COMB DRUG DEP NEC-UNSPEC .....	91
30481	COMB DRUG DEP NEC-CONTIN .....	91

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
30482	COMB DRUG DEP NEC-EPISOD .....	91
30483	COMB DRUG DEP NEC-REMISS .....	91
30490	DRUG DEPEND NOS-UNSPEC .....	91
30491	DRUG DEPEND NOS-CONTIN .....	91
30492	DRUG DEPEND NOS-EPISODIC .....	91
30493	DRUG DEPEND NOS-REMISS .....	91
30500	ALCOHOL ABUSE-UNSPEC .....	91
30501	ALCOHOL ABUSE-CONTINUOUS .....	91
30502	ALCOHOL ABUSE-EPISODIC .....	91
30503	ALCOHOL ABUSE-IN REMISS .....	91
3051	TOBACCO USE DISORDER .....	11
30510	TOBACCO USE DISORDER .....	11
30511	TOBACCO USE DISORDER .....	11
30512	TOBACCO USE DISORDER .....	11
30513	TOBACCO USE DISORDER .....	11
30520	CANNABIS ABUSE-UNSPEC .....	91
30521	CANNABIS ABUSE-CONTIN .....	91
30522	CANNABIS ABUSE-EPISODIC .....	91
30523	CANNABIS ABUSE-IN REMISS .....	91
30530	HALLUCINOGEN ABUSE-UNSPEC .....	91
30531	HALLUCINOGEN ABUSE-CONTIN .....	91
30532	HALLUCINOGEN ABUSE-EPISOD .....	91
30533	HALLUCINOGEN ABUSE-REMISS .....	91
30540	BARBITURATE ABUSE-UNSPEC .....	91
30541	BARBITURATE ABUSE-CONTIN .....	91
30542	BARBITURATE ABUSE-EPISOD .....	91
30543	BARBITURATE ABUSE-REMISS .....	91
30550	OPIOID ABUSE-UNSPEC .....	91
30551	OPIOID ABUSE-CONTINUOUS .....	91
30552	OPIOID ABUSE-EPISODIC .....	91
30553	OPIOID ABUSE-IN REMISS .....	91
30560	COCAINE ABUSE-UNSPEC .....	91
30561	COCAINE ABUSE-CONTINUOUS .....	91
30562	COCAINE ABUSE-EPISODIC .....	91
30563	COCAINE ABUSE-IN REMISS .....	91
30570	AMPHETAMINE ABUSE-UNSPEC .....	91
30571	AMPHETAMINE ABUSE-CONTIN .....	91
30572	AMPHETAMINE ABUSE-EPISOD .....	91
30573	AMPHETAMINE ABUSE-REMISS .....	91
30580	ANTIDEPRESS ABUSE-UNSPEC .....	91
30581	ANTIDEPRESS ABUSE-CONTIN .....	91
30582	ANTIDEPRESS ABUSE-EPISOD .....	91
30583	ANTIDEPRESS ABUSE-REMISS .....	91
30590	DRUG ABUSE NEC-UNSPEC .....	91
30591	DRUG ABUSE NEC-CONTIN .....	91
30592	DRUG ABUSE NEC-EPISODIC .....	91
30593	DRUG ABUSE NEC-IN REMISS .....	91
3060	PSYCHOGEN MUSCULSKEL DIS .....	24
3061	PSYCHOGENIC RESPIR DIS .....	33
3062	PSYCHOGEN CARDIOVASC DIS .....	36
3063	PSYCHOGENIC SKIN DISEASE .....	18
3064	PSYCHOGENIC GI DISEASE .....	41
30650	PSYCHOGENIC GU DIS NOS .....	53
30651	PSYCHOGENIC VAGINISMUS .....	56
30652	PSYCHOGENIC DYSMENORRHEA .....	56
30653	PSYCHOGENIC DYSURIA .....	53
30659	PSYCHOGENIC GU DIS NEC .....	53
3066	PSYCHOGEN ENDOCRINE DIS .....	82
3067	PSYCHOGENIC SENSORY DIS .....	91
3068	PSYCHOGENIC DISORDER NEC .....	91
3069	PSYCHOGENIC DISORDER NOS .....	91
3070	STAMMERING & STUTTERING .....	91
3071	ANOREXIA NERVOSA .....	91
30720	TIC DISORDER NOS .....	63
30721	TRANSIENT TIC, CHILDHOOD .....	63
30722	CHRONIC MOTOR TIC DIS .....	63
30723	GILLES TOURETTE DISORDER .....	63
3073	STEREOTYPED MOVEMENTS .....	91
30740	NONORGANIC SLEEP DIS NOS .....	91
30741	TRANSIENT INSOMNIA .....	91
30742	PERSISTENT INSOMNIA .....	91
30743	TRANSIENT HYPERSOMNIA .....	91
30744	PERSISTENT HYPERSOMNIA .....	91
30745	DISRUPT SLEEP-WAKE CYCLE .....	91
30746	SOMNAMBULISM/NIGHT TERROR .....	91
30747	SLEEP STAGE DYSFUNC NEC .....	91

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
30748	REPETIT SLEEP INTRUSION .....	91
30749	NONORGANIC SLEEP DIS NEC .....	91
30750	EATING DISORDER NOS .....	91
30751	BULIMIA .....	91
30752	PICA .....	91
30753	PSYCHOGENIC RUMINATION .....	91
30754	PSYCHOGENIC VOMITING .....	91
30759	EATING DISORDER NEC .....	91
3076	ENURESIS .....	91
3077	ENCOPRESIS .....	91
30780	PSYCHOGENIC PAIN NOS .....	91
30781	TENSION HEADACHE .....	63
30789	PSYCHOGENIC PAIN NEC .....	91
3079	SPECIAL SYMPTOM NEC/NOS .....	91
3080	STRESS REACT, EMOTIONAL .....	91
3081	STRESS REACTION, FUGUE .....	91
3082	STRESS REACT, PSYCHOMOT .....	91
3083	ACUTE STRESS REACT NEC .....	91
3084	STRESS REACT, MIXED DIS .....	91
3089	ACUTE STRESS REACT NOS .....	91
3090	BRIEF DEPRESSIVE REACT .....	91
3091	PROLONG DEPRESSIVE REACT .....	91
30921	SEPARATION ANXIETY .....	91
30922	EMANCIPATION DISORDER .....	91
30923	ACADEMIC/WORK INHIBITION .....	91
30924	ADJ REACT-ANXIOUS MOOD .....	91
30928	ADJ REACT-MIXED EMOTION .....	91
30929	ADJ REACT-EMOTION NEC .....	91
3093	ADJUST REACT-CONDUCT DIS .....	91
3094	ADJ REACT-EMOTION/CONDUCT .....	91
30981	PROLONG POSTTRAUM STRESS .....	91
30982	ADJUST REACT-PHYS SYMPT .....	91
30983	ADJUST REACT-WITHDRAWAL .....	91
30989	ADJUSTMENT REACTION NEC .....	91
3099	ADJUSTMENT REACTION NOS .....	91
3100	FRONTAL LOBE SYNDROME .....	91
3101	ORGANIC PERSONALITY SYND .....	91
3102	POSTCONCUSSION SYNDROME .....	63
3108	NONPSYCHOT BRAIN SYN NEC .....	91
3109	NONPSYCHOT BRAIN SYN NOS .....	91
311	DEPRESSIVE DISORDER NEC .....	91
31200	UNSOCIAL AGGRESS-UNSPEC .....	91
31201	UNSOCIAL AGGRESSION-MILD .....	91
31202	UNSOCIAL AGGRESSION-MOD .....	91
31203	UNSOCIAL AGGRESS-SEVERE .....	91
31210	UNSOCIAL UNAGGRESS-UNSP .....	91
31211	UNSOCIAL UNAGGRESS-MILD .....	91
31212	UNSOCIAL UNAGGRESS-MOD .....	91
31213	UNSOCIAL UNAGGR-SEVERE .....	91
31220	SOCIAL CONDUCT DIS-UNSP .....	91
31221	SOCIAL CONDUCT DIS-MILD .....	91
31222	SOCIAL CONDUCT DIS-MOD .....	91
31223	SOCIAL CONDUCT DIS-SEV .....	91
31230	IMPULSE CONTROL DIS NOS .....	91
31231	PATHOLOGICAL GAMBLING .....	91
31232	KLEPTOMANIA .....	91
31233	PYROMANIA .....	91
31234	INTERMITT EXPLOSIVE DIS .....	91
31235	ISOLATED EXPLOSIVE DIS .....	91
31239	IMPULSE CONTROL DIS NEC .....	91
3124	MIX DIS CONDUCT/EMOTION .....	91
3128	OTHER CONDUCT DISTURB* .....	91
31281	CNDCT DSRDR CHLDHD ONST .....	63
31282	CNDCT DSRDR ADLSCNT ONST .....	63
31289	OTHER CONDUCT DISORDER .....	63
3129	CONDUCT DISTURBANCE NOS .....	91
3130	OVERANXIOUS DISORDER .....	91
3131	MISERY & UNHAPPINESS DIS .....	91
31321	SHYNESS DISORDER-CHILD .....	91
31322	INTROVERTED DIS-CHILD .....	91
31323	ELECTIVE MUTISM .....	91
3133	RELATIONSHIP PROBLEMS .....	91
31381	OPPOSITIONAL DISORDER .....	91
31382	IDENTITY DISORDER .....	91
31383	ACADEMIC UNDERACHIEVMENT .....	91
31389	EMOTIONAL DIS CHILD NEC .....	91

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
3139	EMOTIONAL DIS CHILD NOS .....	91
31400	ATTN DEFIC NONHYPERACT .....	91
31401	ATTN DEFICIT W HYPERACT .....	91
3141	HYPERKINET W DEVEL DELAY .....	91
3142	HYPERKINETIC CONDUCT DIS .....	91
3148	OTHER HYPERKINETIC SYND .....	91
3149	HYPERKINETIC SYND NOS .....	91
31500	READING DISORDER NOS .....	91
31501	ALEXIA .....	91
31502	DEVELOPMENTAL DYSLEXIA .....	91
31509	READING DISORDER NEC .....	91
3151	ARITHMETICAL DISORDER .....	91
3152	OTH LEARNING DIFFICULTY .....	91
31531	DEVELOPMENT LANGUAGE DIS .....	91
31539	SPEECH/LANGUAGE DIS NEC .....	91
3154	COORDINATION DISORDER .....	91
3155	MIXED DEVELOPMENT DIS .....	91
3158	DEVELOPMENT DELAYS NEC .....	91
3159	DEVELOPMENT DELAY NOS .....	91
316	PSYCHIC FACTOR W OTH DIS .....	91
317	MILD MENTAL RETARDATION .....	91
3180	MOD MENTAL RETARDATION .....	91
3181	SEVERE MENTAL RETARDAT .....	91
3182	PROFOUND MENTAL RETARDAT .....	91
319	MENTAL RETARDATION NOS .....	91
3200	HEMOPHILUS MENINGITIS .....	63
3201	PNEUMOCOCCAL MENINGITIS .....	63
3202	STREPTOCOCCAL MENINGITIS .....	63
3203	STAPHYLOCOCC MENINGITIS .....	63
3207	MENING IN OTH BACT DIS .....	63
3208	BACTERIAL MENINGITIS NEC* .....	63
32081	ANAEROBIC MENINGITIS .....	63
32082	MNINGTS GRAM-NEG BCT NEC .....	63
32089	MENINGITIS OTH SPCF BACT .....	63
3209	BACTERIAL MENINGITIS NOS .....	63
3210	CRYPTOCOCCAL MENINGITIS .....	63
3211	MENING IN OTH FUNGAL DIS .....	63
3212	MENING IN OTH VIRAL DIS .....	63
3213	TRYPANOSOMIASIS MENINGIT .....	63
3214	MENINGIT D/T SARCOIDOSIS .....	63
3218	MENING IN OTH NONBAC DIS .....	63
3220	NONPYOGENIC MENINGITIS .....	63
3221	EOSINOPHILIC MENINGITIS .....	63
3222	CHRONIC MENINGITIS .....	63
3229	MENINGITIS NOS .....	63
3230	ENCEPHALIT IN VIRAL DIS .....	63
3231	RICKETTSIAL ENCEPHALITIS .....	63
3232	PROTOZOAL ENCEPHALITIS .....	63
3234	OTH ENCEPHALIT D/T INFEC .....	63
3235	POSTIMMUNIZAT ENCEPHALIT .....	63
3236	POSTINFECT ENCEPHALITIS .....	63
3237	TOXIC ENCEPHALITIS .....	63
3238	ENCEPHALITIS NEC .....	63
3239	ENCEPHALITIS NOS .....	63
3240	INTRACRANIAL ABSCESS .....	63
3241	INTRASPINAL ABSCESS .....	63
3249	CNS ABSCESS NOS .....	63
325	PHLEBITIS INTRCRAN SINUS .....	63
326	LATE EFF CNS ABSCESS .....	63
3300	LEUKODYSTROPHY .....	63
3301	CEREBRAL LIPIDOSES .....	63
3302	CEREB DEGEN IN LIPIDOSIS .....	63
3303	CEREB DEG CHLD IN OTH DIS .....	63
3308	CEREB DEGEN IN CHILD NEC .....	63
3309	CEREB DEGEN IN CHILD NOS .....	63
3310	ALZHEIMER'S DISEASE .....	91
3311	PICK'S DISEASE .....	91
3312	SENILE DEGENERAT BRAIN .....	91
3313	COMMUNICAT HYDROCEPHALUS .....	63
3314	OBSTRUCTIV HYDROCEPHALUS .....	63
3317	CEREB DEGEN IN OTH DIS .....	63
33181	REYE'S SYNDROME .....	63
33189	CEREB DEGENERATION NEC .....	63
3319	CEREB DEGENERATION NOS .....	63
3320	PARALYSIS AGITANS .....	63
3321	SECONDARY PARKINSONISM .....	63

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
3330	DEGEN BASAL GANGLIA NEC .....	63
3331	TREMOR NEC .....	63
3332	MYOCLONUS .....	63
3333	TICS OF ORGANIC ORIGIN .....	63
3334	HUNTINGTON'S CHOREA .....	63
3335	CHOREA NEC .....	63
3336	IDIOPAT TORSION DYSTONIA .....	63
3337	SYMPTOM TORSION DYSTONIA .....	63
33381	BLEPHAROSPASM .....	68
33382	OROFACIAL DYSKINESIA .....	63
33383	SPASMODIC TORTICOLLIS .....	63
33384	ORGANIC WRITERS' CRAMP .....	63
33389	FRAGM TORSION DYSTON NEC .....	63
33390	EXTRAPYRAMIDAL DIS NOS .....	63
33391	STIFF-MAN SYNDROME .....	63
33392	NEUROLEPTIC MALGNT SYND .....	63
33393	BNIGN SHUDDERING ATTACKS .....	63
33399	EXTRAPYRAMIDAL DIS NEC .....	63
3340	FRIEDREICH'S ATAXIA .....	63
3341	HERED SPASTIC PARAPLEGIA .....	63
3342	PRIMARY CEREBELLAR DEGEN .....	63
3343	CEREBELLAR ATAXIA NEC .....	63
3344	CEREBEL ATAX IN OTH DIS .....	63
3348	SPINOCEREBELLAR DIS NEC .....	63
3349	SPINOCEREBELLAR DIS NOS .....	63
3350	WERDNIG-HOFFMANN DISEASE .....	63
33510	SPINAL MUSCL ATROPHY NOS .....	63
33511	KUGELBERG-WELANDER DIS .....	63
33519	SPINAL MUSCL ATROPHY NEC .....	63
33520	AMYOTROPHIC SCLEROSIS .....	63
33521	PROG MUSCULAR ATROPHY .....	63
33522	PROGRESSIVE BULBAR PALSY .....	63
33523	PSEUDOBULBAR PALSY .....	63
33524	PRIM LATERAL SCLEROSIS .....	63
33529	MOTOR NEURON DISEASE NEC .....	63
3358	ANT HORN CELL DIS NEC .....	63
3359	ANT HORN CELL DIS NOS .....	63
3360	SYRINGOMYELIA .....	63
3361	VASCULAR MYELOPATHIES .....	63
3362	COMB DEG CORD IN OTH DIS .....	63
3363	MYELOPATHY IN OTH DIS .....	63
3368	MYELOPATHY NEC .....	63
3369	SPINAL CORD DISEASE NOS .....	63
3370	IDIOPATH AUTO NEUROPATHY .....	63
3371	AUT NEUROPTHY IN OTH DIS .....	63
33720	UNSP RFLX SYMPH DYSTRPH .....	63
33721	RFLX SYM DYSTRPH UP LIMB .....	63
33722	RFLX SYM DYSTRPH LWR LMB .....	63
33729	RFLX SYM DYSTRPH OTH ST .....	63
3379	AUTONOMIC NERVE DIS NEC .....	63
340	MULTIPLE SCLEROSIS .....	63
3410	NEUROMYELITIS OPTICA .....	63
3411	SCHILDERS' DISEASE .....	63
3418	CNS DEMYELINATION NEC .....	63
3419	CNS DEMYELINATION NOS .....	63
3420	FLACCID HEMIPLEGIA* .....	63
34200	FLCCD HMIPLGA UNSPF SIDE .....	63
34201	FLCCD HMIPLGA DOMNT SIDE .....	63
34202	FLCCD HMIPLG NONDMNT SDE .....	63
3421	SPASTIC HEMIPLEGIA* .....	63
34210	SPSTC HMIPLGA UNSPF SIDE .....	63
34211	SPSTC HMIPLGA DOMNT SIDE .....	63
34212	SPSTC HMIPLG NONDMNT SDE .....	63
34280	OT SP HMIPLGA UNSPF SIDE .....	63
34281	OT SP HMIPLGA DOMNT SIDE .....	63
34282	OT SP HMIPLG NONDMNT SDE .....	63
3429	HEMIPLEGIA NOS* .....	63
34290	UNSP HEMIPLGA UNSPF SIDE .....	63
34291	UNSP HEMIPLGA DOMNT SIDE .....	63
34292	UNSP HEMIPLGA NONDMNT SDE .....	63
3430	CONGENITAL DIPLEGIA .....	63
3431	CONGENITAL HEMIPLEGIA .....	63
3432	CONGENITAL QUADRIPLEGIA .....	63
3433	CONGENITAL MONOPLLEGIA .....	63
3434	INFANTILE HEMIPLEGIA .....	63
3438	CEREBRAL PALSY NEC .....	63

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
3439	CEREBRAL PALSY NOS .....	63
3440	QUADRIPLEGIA NOS* .....	63
34400	QUADRIPLEGIA, UNSPECIFD .....	63
34401	QUADRPLG C1-C4, COMPLETE .....	63
34402	QUADRPLG C1-C4, INCOMPLT .....	63
34403	QUADRPLG C5-C7, COMPLETE .....	63
34404	QUADRPLG C5-C7, INCOMPLT .....	63
34409	OTHER QUADRIPLEGIA .....	63
3441	PARAPLEGIA NOS .....	63
3442	DIPLEGIA OF UPPER LIMBS .....	63
3443	MONOPLGIA OF LOWER LIMB* .....	63
34430	MONPLGA LWR LMB UNSP SDE .....	63
34431	MONPLGA LWR LMB DMNT SDE .....	63
34432	MNPLG LWR LMB NONDMNT SD .....	63
3444	MONOPLGIA OF UPPER LIMB* .....	63
34440	MONPLGA UPR LMB UNSP SDE .....	63
34441	MONPLGA UPR LMB DMNT SDE .....	63
34442	MNPLG UPR LMB NONDMNT SD .....	63
3445	MONOPLGIA NOS .....	63
34460	CAUDA EQUINA SYND NOS .....	63
34461	NEUROGENIC BLADDER .....	53
3448	PARALYTIC SYNDROMES NEC* .....	63
34481	LOCKED-IN STATE .....	78
34489	OTH SPCF PARALYTIC SYND .....	63
3449	PARALYSIS NOS .....	63
34500	GEN NONCV EP W/O INTR EP .....	63
34501	GEN NONCONV EP W INTR EP .....	63
34510	GEN CNV EPIL W/O INTR EP .....	63
34511	GEN CNV EPIL W INTR EPIL .....	63
3452	PETIT MAL STATUS .....	78
3453	GRAND MAL STATUS .....	78
34540	PSYMOTR EPIL W/O INT EPI .....	63
34541	PSYMOTR EPIL W INTR EPIL .....	63
34550	PART EPIL W/O INTR EPIL .....	63
34551	PART EPIL W INTR EPIL .....	63
34560	INF SPASM W/O INTR EPIL .....	63
34561	INF SPASM W INTRACT EPIL .....	63
34570	EPIL PAR CONT W/O INT EP .....	63
34571	EPIL PAR CONT W INTR EPI .....	63
34580	EPILEP NEC W/O INTR EPIL .....	63
34581	EPILEPSY NEC W INTR EPIL .....	63
34590	EPILEP NOS W/O INTR EPIL .....	63
34591	EPILEPSY NOS W INTR EPIL .....	63
3460	CLASSICAL MIGRAINE* .....	63
34600	CLSC MIGRNE WO NTRC MGRN .....	63
34601	CLSC MGRN W NTRC MGR STD .....	63
3461	COMMON MIGRAINE* .....	63
34610	COMN MIGRNE WO NTRC MGRN .....	63
34611	COMN MGRN W NTRC MGR STD .....	63
3462	VARIANTS OF MIGRAINE* .....	63
34620	VRNT MIGRNE WO NTRC MGRN .....	63
34621	VRNT MGRN W NTRC MGR STD .....	63
3468	MIGRAINE NEC* .....	63
34680	OTHR MIGRNE WO NTRC MGRN .....	63
34681	OTHR MGRN W NTRC MGR STD .....	63
3469	MIGRAINE NOS* .....	63
34690	MIGRNE UNSP WO NTRC MGRN .....	63
34691	MGRN UNSP W NTRC MGR STD .....	63
347	CATAPLEXY AND NARCOLEPSY .....	63
3480	CEREBRAL CYSTS .....	63
3481	ANOXIC BRAIN DAMAGE .....	63
3482	PSEUDOTUMOR CEREBRI .....	63
3483	ENCEPHALOPATHY NOS .....	63
3484	COMPRESSION OF BRAIN .....	63
3485	CEREBRAL EDEMA .....	63
3488	BRAIN CONDITIONS NEC .....	63
3489	BRAIN CONDITION NOS .....	63
3490	LUMBAR PUNCTURE REACTION .....	63
3491	COMPLICATION CNS DEVICE .....	63
3492	DISORDER OF MENINGES NEC .....	63
34981	CEREBROSPINAL RHINORRHEA .....	63
34982	TOXIC ENCEPHALOPATHY .....	63
34989	CNS DISORDER NEC .....	63
3499	CNS DISORDER NOS .....	63
3501	TRIGEMINAL NEURALGIA .....	63
3502	ATYPICAL FACE PAIN .....	63

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
3508	TRIGEMINAL NERVE DIS NEC .....	63
3509	TRIGEMINAL NERVE DIS NOS .....	63
3510	BELL'S PALSYS .....	63
3511	GENICULATE GANGLIONITIS .....	63
3518	FACIAL NERVE DIS NEC .....	63
3519	FACIAL NERVE DIS NOS .....	63
3520	OLFACTORY NERVE DISORDER .....	63
3521	GLOSSOPHARYNG NEURALGIA .....	63
3522	GLOSSOPHAR NERVE DIS NEC .....	63
3523	PNEUMOGASTRIC NERVE DIS .....	63
3524	ACCESSORY NERVE DISORDER .....	63
3525	HYPOGLOSSAL NERVE DIS .....	63
3526	MULT CRANIAL NERVE PALSYS .....	63
3529	CRANIAL NERVE DIS NOS .....	63
3530	BRACHIAL PLEXUS LESIONS .....	63
3531	LUMBOSACRAL PLEX LESION .....	63
3532	CERVICAL ROOT LESION NEC .....	63
3533	THORACIC ROOT LESION NEC .....	63
3534	LUMBSACRAL ROOT LES NEC .....	63
3535	NEURALGIC AMYOTROPHY .....	63
3536	PHANTOM LIMB (SYNDROME) .....	63
3538	NERV ROOT/PLEXUS DIS NEC .....	63
3539	NERV ROOT/PLEXUS DIS NOS .....	63
3540	CARPAL TUNNEL SYNDROME .....	63
3541	MEDIAN NERVE LESION NEC .....	63
3542	ULNAR NERVE LESION .....	63
3543	RADIAL NERVE LESION .....	63
3544	CAUSALGIA UPPER LIMB .....	63
3545	MONONEURITIS MULTIPLEX .....	63
3548	MONONEURITIS ARM NEC .....	63
3549	MONONEURITIS ARM NOS .....	63
3550	SCIATIC NERVE LESION .....	63
3551	MERALGIA PARESTHETICA .....	63
3552	FEMORAL NERVE LESION NEC .....	63
3553	LAT POPLITEAL NERVE LES .....	63
3554	MED POPLITEAL NERVE LES .....	63
3555	TARSAL TUNNEL SYNDROME .....	63
3556	PLANTAR NERVE LESION .....	63
3557	MONONEURITIS LEG NEC* .....	63
35571	CAUSALGIA LOWER LIMB .....	63
35579	OTH MONONEUR LOWER LIMB .....	63
3558	MONONEURITIS LEG NOS .....	63
3559	MONONEURITIS NOS .....	63
3560	HERED PERIPH NEUROPATHY .....	63
3561	PERONEAL MUSCLE ATROPHY .....	63
3562	HERED SENSORY NEUROPATHY .....	63
3563	REFSUM'S DISEASE .....	63
3564	IDIO PROG POLYNEUROPATHY .....	63
3568	IDIO PERIPH NEURPTHY NEC .....	63
3569	IDIO PERIPH NEURPTHY NOS .....	63
3570	AC INFECT POLYNEURITIS .....	63
3571	NEURPTHY IN COL VASC DIS .....	63
3572	NEUROPATHY IN DIABETES .....	63
3573	NEUROPATHY IN MALIG DIS .....	63
3574	NEUROPATHY IN OTHER DIS .....	63
3575	ALCOHOLIC POLYNEUROPATHY .....	63
3576	NEUROPATHY DUE TO DRUGS .....	63
3577	NEURPTHY TOXIC AGENT NEC .....	63
3578	INFLAM/TOX NEUROPTHY NEC .....	63
3579	INFLAM/TOX NEUROPTHY NOS .....	63
3580	MYASTHENIA GRAVIS .....	63
3581	MYASTHENIA IN OTH DIS .....	63
3582	TOXIC MYONEURAL DISORDER .....	63
3588	MYONEURAL DISORDERS NEC .....	63
3589	MYONEURAL DISORDERS NOS .....	63
3590	CONG HERED MUSC DYSTRPHY .....	63
3591	HERED PROG MUSC DYSTRPHY .....	63
3592	MYOTONIC DISORDERS .....	63
3593	FAMIL PERIODIC PARALYSIS .....	63
3594	TOXIC MYOPATHY .....	63
3595	MYOPATHY IN ENDOCRIN DIS .....	63
3596	INFL MYOPATHY IN OTH DIS .....	63
3598	MYOPATHY NEC .....	63
3599	MYOPATHY NOS .....	63
36000	PURULENT ENDOPHTHALM NOS .....	68
36001	ACUTE ENDOPHTHALMITIS .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
36002	PANOPHTHALMITIS .....	68
36003	CHRONIC ENDOPHTHALMITIS .....	68
36004	VITREOUS ABSCESS .....	68
36011	SYMPATHETIC UVEITIS .....	68
36012	PANUVEITIS .....	68
36013	PARASITIC ENDOPHTHAL NOS .....	68
36014	OPHTHALMIA NODOSA .....	68
36019	ENDOPHTHALMITIS NEC .....	68
36020	DEGENERAT GLOBE DIS NOS .....	68
36021	PROGRESSIVE HIGH MYOPIA .....	68
36023	SIDEROSIS .....	68
36024	OTHER METALLOSIS, EYE .....	68
36029	DEGENERATIVE GLOBE NEC .....	68
36030	HYPOTONY NOS, EYE .....	68
36031	PRIMARY HYPOTONY .....	68
36032	HYPOTONY DUE TO FISTULA .....	68
36033	HYPOTONY W EYE DIS NEC .....	68
36034	FLAT ANTERIOR CHAMBER .....	68
36040	DEGENERATION OF EYE NOS .....	68
36041	BLIND HYPOTENSIVE EYE .....	68
36042	BLIND HYPERTENSIVE EYE .....	68
36043	HEMOPHTHALMOS .....	68
36044	LEUCOCORIA .....	68
36050	OLD MAGNET FB, EYE NOS .....	68
36051	OLD MAGNET FB, ANT CHAMB .....	68
36052	OLD MAGNET FB, IRIS .....	68
36053	OLD MAGNET FB, LENS .....	68
36054	OLD MAGNET FB, VITREOUS .....	68
36055	OLD MAGNET FB, POST WALL .....	68
36059	OLD MAGNET FB, EYE NEC .....	68
36060	INTRAOCULAR FB NOS .....	68
36061	FB IN ANTERIOR CHAMBER .....	68
36062	FB IN IRIS OR CILIARY .....	68
36063	FOREIGN BODY IN LENS .....	68
36064	FOREIGN BODY IN VITREOUS .....	68
36065	FB IN POSTERIOR WALL .....	68
36069	INTRAOCULAR FB NEC .....	68
36081	LUXATION OF GLOBE .....	68
36089	DISORDER OF GLOBE NEC .....	68
3609	DISORDER OF GLOBE NOS .....	68
36100	DETACHMNT W DEFECT NOS .....	68
36101	PART DETACH-SINGL DEFEC .....	68
36102	PART DETACH-MULT DEFECT .....	68
36103	PART DETACH-GIANT TEAR .....	68
36104	PART DETACH-DIALYSIS .....	68
36105	RECENT DETACHMENT, TOTAL .....	68
36106	OLD DETACHMENT, PARTIAL .....	68
36107	OLD DETACHMENT, TOTAL .....	68
36110	RETINOSCHISIS NOS .....	68
36111	FLAT RETINOSCHISIS .....	68
36112	BULLOUS RETINOSCHISIS .....	68
36113	PRIMARY RETINAL CYSTS .....	68
36114	SECONDARY RETINAL CYSTS .....	68
36119	RETINOSHISIS OR CYST NEC .....	68
3612	SEROUS RETINA DETACHMENT .....	68
36130	RETINAL DEFECT NOS .....	68
36131	ROUND HOLE OF RETINA .....	68
36132	HORSESHOE TEAR OF RETINA .....	68
36133	MULT DEFECTS OF RETINA .....	68
36181	RETINAL TRACTION DETACH .....	68
36189	RETINAL DETACHMENT NEC .....	68
3619	RETINAL DETACHMENT NOS .....	68
36201	DIABETIC RETINOPATHY NOS .....	68
36202	PROLIF DIAB RETINOPATHY .....	68
36210	BACKGRND RETINOPATHY NOS .....	68
36211	HYPERTENSIVE RETINOPATHY .....	68
36212	EXUDATIVE RETINOPATHY .....	68
36213	RETINAL VASCULAR CHANGES .....	68
36214	RETINA MICROANEURYSM NOS .....	68
36215	RETINAL TELANGIECTASIA .....	68
36216	RETINAL NEOVASCULAR NOS .....	68
36217	RETINAL VARICES .....	68
36218	RETINAL VASCULITIS .....	68
36221	RETROLENTAL FIBROPLASIA .....	68
36229	PROLIF RETINOPATHY NEC .....	68
36230	RETINAL VASC OCCLUS NOS .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
36231	CENT RETINA ARTERY OCCLU .....	68
36232	ARTERIAL BRANCH OCCLUS .....	68
36233	PART ARTERIAL OCCLUSION .....	68
36234	TRANSIENT ARTERIAL OCCLU .....	68
36235	CENT RETINAL VEIN OCCLUS .....	68
36236	VENOUS TRIBUTARY OCCLUS .....	68
36237	RETINA VENOUS ENGORGEMNT .....	68
36240	RETINA LAYER SEPARAT NOS .....	68
36241	CENT SEROUS RETINOPATHY .....	68
36242	SEROUS DETACH PIGM EPITH .....	68
36243	HEM DETACH PIGMNT EPITH .....	68
36250	MACULAR DEGENERATION NOS .....	68
36251	NONEXUDAT MACULAR DEGEN .....	68
36252	EXUDATIVE MACULAR DEGEN .....	68
36253	CYSTOID MACULAR DEGEN .....	68
36254	MACULAR CYST OR HOLE .....	68
36255	TOXIC MACULOPATHY .....	68
36256	MACULAR PUCKERING .....	68
36257	DRUSEN (DEGENERATIVE) .....	68
36260	PERIPH RETINA DEGEN NOS .....	68
36261	PAVING STONE DEGENERAT .....	68
36262	MICROCYSTOID DEGENERAT .....	68
36263	LATTICE DEGENERATION .....	68
36264	SENILE RETICULAR DEGEN .....	68
36265	SECONDARY PIGMENT DEGEN .....	68
36266	SEC VITREORETINA DEGEN .....	68
36270	HERED RETIN DYSTRPHY NOS .....	68
36271	RET DYSTRPH IN LIPIDOSES .....	68
36272	RET DYSTRPH IN SYST DIS .....	68
36273	VITREORETINAL DYSTROPHY .....	68
36274	PIGMENT RETINA DYSTROPHY .....	68
36275	SENSORY RETINA DYSTROPHY .....	68
36276	VITELLIFORM DYSTROPHY .....	68
36277	BRUCH MEMBRANE DYSTROPHY .....	68
36281	RETINAL HEMORRHAGE .....	68
36282	RETINA EXUDATES/DEPOSITS .....	68
36283	RETINAL EDEMA .....	68
36284	RETINAL ISCHEMIA .....	68
36285	RETINAL NERV FIBER DEFEC .....	68
36289	RETINAL DISORDERS NEC .....	68
3629	RETINAL DISORDER NOS .....	68
36300	FOCAL CHORIORETINIT NOS .....	68
36301	JUXTAPAP FOC CHOROIDITIS .....	68
36303	FOC CHOROIDITIS POST NEC .....	68
36304	PERIPH FOCAL CHOROIDITIS .....	68
36305	JUXTAPAP FOCAL RETINITIS .....	68
36306	MACULAR FOCAL RETINITIS .....	68
36307	FOC RETINITIS POST NEC .....	68
36308	PERIPH FOCAL RETINITIS .....	68
36310	DISSEM CHORIORETINIT NOS .....	68
36311	DISSEM CHOROIDITIS, POST .....	68
36312	PERIPH DISEM CHOROIDITIS .....	68
36313	GEN DISSEM CHOROIDITIS .....	68
36314	METASTAT DISSEM RETINIT .....	68
36315	PIGMENT EPITHELIOPATHY .....	68
36320	CHORIORETINITIS NOS .....	68
36321	PARS PLANITIS .....	68
36322	HARADA'S DISEASE .....	68
36330	CHORIORETINAL SCAR NOS .....	68
36331	SOLAR RETINOPATHY .....	68
36332	MACULAR SCARS NEC .....	68
36333	POSTERIOR POLE SCAR NEC .....	68
36334	PERIPHERAL RETINAL SCARS .....	68
36335	DISSEMINATED RETINA SCAR .....	68
36340	CHOROIDAL DEGEN NOS .....	68
36341	SENILE ATROPHY, CHOROID .....	68
36342	DIFUS SEC ATROPH CHOROID .....	68
36343	ANGIOID STREAKS, CHOROID .....	68
36350	HERED CHOROID ATROPH NOS .....	68
36351	PRT CIRCMPAP CHOROID DYS .....	68
36352	TOT CIRCMPAP CHOROID DYS .....	68
36353	PART CENT CHOROID DYSTR .....	68
36354	TOT CENT CHOROID ATROPHY .....	68
36355	CHOROIDEREMIA .....	68
36356	PRT GEN CHOROID DYST NEC .....	68
36357	TOT GEN CHOROID DYST NEC .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
36361	CHOROIDDAL HEMORRHAGE NOS .....	68
36362	EXPULSIVE CHOROID HEMORR .....	68
36363	CHOROIDDAL RUPTURE .....	68
36370	CHOROIDDAL DETACHMENT NOS .....	68
36371	SEROUS CHOROID DETACHMNT .....	68
36372	HEMORR CHOROID DETACHMNT .....	68
3638	DISORDERS OF CHOROID NEC .....	68
3639	CHOROIDDAL DISORDER NOS .....	68
36400	ACUTE IRIDOCYCLITIS NOS .....	68
36401	PRIMARY IRIDOCYCLITIS .....	68
36402	RECURRENT IRIDOCYCLITIS .....	68
36403	SECONDRY IRITIS, INFECT .....	68
36404	SECOND IRITIS, NONINFEC .....	68
36405	HYPOPYON .....	68
36410	CHR IRIDOCYCLITIS NOS .....	68
36411	CHR IRIDOCYL IN OTH DIS .....	68
36421	FUCH HETROCHROM CYCLITIS .....	68
36422	GLAUCOMATOCYCLIT CRISES .....	68
36423	LENS-INDUCED IRIDOCYCLIT .....	68
36424	VOGT-KOYANAGI SYNDROME .....	68
3643	IRIDOCYCLITIS NOS .....	68
36441	HYPHEMA .....	68
36442	RUBEOISIS IRIDIS .....	68
36451	PROGRESSIVE IRIS ATROPHY .....	68
36452	IRIDOSCHISIS .....	68
36453	PIGMENT IRIS DEGENERAT .....	68
36454	PUPILLARY MARGIN DEGEN .....	68
36455	MIOTIC CYST PUPIL MARGIN .....	68
36456	DEGEN CHAMBER ANGLE .....	68
36457	DEGEN CILIARY BODY .....	68
36459	IRIS ATROPHY NEC .....	68
36460	IDIOPATHIC CYSTS .....	68
36461	IMPLANTATION CYSTS .....	68
36462	EXUD CYST IRIS/ANT CHAMB .....	68
36463	PRIMARY CYST PARS PLANA .....	68
36464	EXUDAT CYST PARS PLANA .....	68
36470	ADHESIONS OF IRIS NOS .....	68
36471	POSTERIOR SYNECHIAE .....	68
36472	ANTERIOR SYNECHIAE .....	68
36473	GONIOSYNECHIAE .....	68
36474	PUPILLARY MEMBRANES .....	68
36475	PUPILLARY ABNORMALITIES .....	68
36476	IRIDODIALYSIS .....	68
36477	RECESSION, CHAMBER ANGLE .....	68
3648	IRIS/CILIARY DIS NEC .....	68
3649	IRIS/CILIARY DIS NOS .....	68
36500	PREGLAUCOMA NOS .....	68
36501	OPN ANGL W BORDERLN FIND .....	68
36502	ANATOMICAL NARROW ANGLE .....	68
36503	STEROID RESPONDERS .....	68
36504	OCULAR HYPERTENSION .....	68
36510	OPEN-ANGLE GLAUCOMA NOS .....	68
36511	PRIM OPEN ANGLE GLAUCOMA .....	68
36512	LOW TENSION GLAUCOMA .....	68
36513	PIGMENTARY GLAUCOMA .....	68
36514	GLAUCOMA OF CHILDHOOD .....	68
36515	RESIDUAL OPN ANG GLAUCMA .....	68
36520	PRIM ANGL-CLOS GLAUC NOS .....	68
36521	INTERMIT ANGL-CLOS GLAUC .....	68
36522	ACUTE ANGL-CLOS GLAUCOMA .....	68
36523	CHR ANGLE-CLOS GLAUCOMA .....	68
36524	RESIDUAL ANGL-CLOS GLAUC .....	68
36531	GLAUC STAGE-STER INDUCED .....	68
36532	GLAUC RESID-STER INDUCED .....	68
36541	GLAUC W CHAMB ANGLE ANOM .....	68
36542	GLAUCOMA W IRIS ANOMALY .....	68
36543	GLAUC W ANT SEG ANOM NEC .....	68
36544	GLAUCOMA W SYSTEMIC SYND .....	68
36551	PHACOLYTIC GLAUCOMA .....	68
36552	PSEUDOEXFOLIAT GLAUCOMA .....	68
36559	GLAUCOMA W LENS DIS NEC .....	68
36560	GLAUC W OCULAR DIS NOS .....	68
36561	GLAUC W PUPILLARY BLOCK .....	68
36562	GLAUCOMA W OCULAR INFLAM .....	68
36563	GLAUCOMA W VASCULAR DIS .....	68
36564	GLAUCOMA W TUMOR OR CYST .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
36565	GLAUCOMA W OCULAR TRAUMA .....	68
36581	HYPERSECRETION GLAUCOMA .....	68
36582	GLAUC W INC EPISCL PRESS .....	68
36589	GLAUCOMA NEC .....	68
3659	GLAUCOMA NOS .....	68
36600	NONSENILE CATARACT NOS .....	68
36601	ANT SUBCAPS POL CATARACT .....	68
36602	POST SUBCAPS POL CATARACT .....	68
36603	CORTICAL CATARACT .....	68
36604	NUCLEAR CATARACT .....	68
36609	NONSENILE CATARACT NEC .....	68
36610	SENILE CATARACT NOS .....	68
36611	PSEUDOEXFOL LENS CAPSULE .....	68
36612	INCIPIENT CATARACT .....	68
36613	ANT SUBCAPS SENILE CATAR .....	68
36614	POST SUBCAP SENILE CATAR .....	68
36615	CORTICAL SENILE CATARACT .....	68
36616	SENILE NUCLEAR CATARACT .....	68
36617	MATURE CATARACT .....	68
36618	HYPERMATURE CATARACT .....	68
36619	SENILE CATARACT NEC .....	68
36620	TRAUMATIC CATARACT NOS .....	68
36621	LOCAL TRAUMATIC OPACITY .....	68
36622	TOTAL TRAUMATIC CATARACT .....	68
36623	PART RESOLV TRAUM CATAR .....	68
36630	CATARACTA COMPLICATA NOS .....	68
36631	GLAUCOMATOUS FLECKS .....	68
36632	CATARACT IN INFLAM DIS .....	68
36633	CATARACT W NEOVASCULIZAT .....	68
36634	CATARACT IN DEGEN DIS .....	68
36641	DIABETIC CATARACT .....	68
36642	TETANIC CATARACT .....	68
36643	MYOTONIC CATARACT .....	68
36644	CATARACT W SYNDROME NEC .....	68
36645	TOXIC CATARACT .....	68
36646	CATARACT W RADIATION .....	68
36650	AFTER-CATARACT NOS .....	68
36651	SOEMMERING'S RING .....	68
36652	AFTER-CATARACT NEC .....	68
36653	AFTR-CATAR OBSCUR VISION .....	68
3668	CATARACT NEC .....	68
3669	CATARACT NOS .....	68
3670	HYPERMETROPIA .....	68
3671	MYOPIA .....	68
36720	ASTIGMATISM NOS .....	68
36721	REGULAR ASTIGMATISM .....	68
36722	IRREGULAR ASTIGMATISM .....	68
36731	ANISOMETROPIA .....	68
36732	ANISEIKONIA .....	68
3674	PRESBYOPIA .....	68
36751	PARESIS OF ACCOMMODATION .....	68
36752	TOT INTERN OPHTHALMOPLLEG .....	68
36753	SPASM OF ACCOMMODATION .....	68
36781	TRANSIENT REFRACT CHANGE .....	68
36789	REFRACTION DISORDER NEC .....	68
3679	REFRACTION DISORDER NOS .....	68
36800	AMBLYOPIA NOS .....	68
36801	STRABISMIC AMBLYOPIA .....	68
36802	DEPRIVATION AMBLYOPIA .....	68
36803	REFRACTIVE AMBLYOPIA .....	68
36810	SUBJ VISUAL DISTURB NOS .....	68
36811	SUDDEN VISUAL LOSS .....	68
36812	TRANSIENT VISUAL LOSS .....	68
36813	VISUAL DISCOMFORT .....	68
36814	DISTORTION OF SHAPE/SIZE .....	68
36815	VISUAL DISTORTIONS NEC .....	68
36816	PSYCHOPHYSIC VISUAL DIST .....	68
3682	DIPLOPIA .....	68
36830	BINOCULAR VISION DIS NOS .....	68
36831	BINOCULAR VIS SUPPRESS .....	68
36832	VISUAL PERCEPT W/O FUSN .....	68
36833	FUSION W DEF STEREOPSIS .....	68
36834	ABN RETINA CORRESPOND .....	68
36840	VISUAL FIELD DEFECT NOS .....	68
36841	CENTRAL SCOTOMA .....	68
36842	SCOTOMA OF BLIND SPOT .....	68

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
36843	SECTOR OR ARCUATE DEFECT .....	68
36844	VISUAL FIELD DEFECT NEC .....	68
36845	GEN VISUAL CONTRACTION .....	68
36846	HOMONYMOUS HEMIANOPSIA .....	68
36847	HETERONYMOUS HEMIANOPSIA .....	68
36851	PROTAN DEFECT .....	68
36852	DEUTAN DEFECT .....	68
36853	TRITAN DEFECT .....	68
36854	ACHROMATOPSIA .....	68
36855	ACQ COLOR DEFICIENCY .....	68
36859	COLOR DEFICIENCY NEC .....	68
36860	NIGHT BLINDNESS NOS .....	68
36861	CONGEN NIGHT BLINDNESS .....	68
36862	ACQUIRED NIGHT BLINDNESS .....	68
36863	ABN DARK ADAPTAT CURVE .....	68
36869	NIGHT BLINDNESS NEC .....	68
3688	VISUAL DISTURBANCES NEC .....	68
3689	VISUAL DISTURBANCE NOS .....	68
36900	BOTH EYES BLIND-WHO DEF .....	68
36901	TOT IMPAIRMENT-BOTH EYES .....	68
36902	ONE EYE-NEAR TOT/OTH-NOS .....	68
36903	ONE EYE-NEAR TOT/OTH-TOT .....	68
36904	NEAR-TOT IMPAIR-BOTH EYE .....	68
36905	ONE EYE-PROFOUND/OTH-NOS .....	68
36906	ONE EYE-PROFOUND/OTH-TOT .....	68
36907	ONE EYE-PRFND/OTH-NR TOT .....	68
36908	PROFOUND IMPAIR BOTH EYE .....	68
36910	BLINDNESS/LOW VISION .....	68
36911	1 EYE-SEV/OTH-BLIND NOS .....	68
36912	ONE EYE-SEVERE/OTH-TOTAL .....	68
36913	ONE EYE-SEV/OTH-NEAR TOT .....	68
36914	ONE EYE-SEV/OTH-PRFND .....	68
36915	ONE EYE-MOD/OTH-BLIND .....	68
36916	ONE EYE-MODERATE/OTH-TOT .....	68
36917	ONE EYE-MOD/OTH-NEAR TOT .....	68
36918	ONE EYE-MOD/OTH-PROFOUND .....	68
36920	LOW VISION, 2 EYES NOS .....	68
36921	ONE EYE-SEVERE/OTH-NOS .....	68
36922	SEVERE IMPAIR-BOTH EYES .....	68
36923	ONE EYE-MODERATE/OTH-NOS .....	68
36924	ONE EYE-MODERATE/OTH-SEV .....	68
36925	MODERATE IMPAIR-BOTH EYE .....	68
3693	BLINDNESS NOS, BOTH EYES .....	68
3694	LEGAL BLINDNESS-USA DEF .....	68
36960	BLINDNESS, ONE EYE .....	68
36961	ONE EYE-TOTAL/OTH-UNKNWN .....	68
36962	ONE EYE-TOT/OTH-NEAR NOR .....	68
36963	ONE EYE-TOTAL/OTH-NORMAL .....	68
36964	ONE EYE-NEAR TOT/OTH-NOS .....	68
36965	NEAR-TOT IMP/NEAR-NORMAL .....	68
36966	NEAR-TOTAL IMPAIR/NORMAL .....	68
36967	ONE EYE-PRFND/OTH-UNKN .....	68
36968	PROFND IMPAIR/NEAR NORM .....	68
36969	PROFOUND IMPAIR/NORMAL .....	68
36970	LOW VISION, ONE EYE .....	68
36971	ONE EYE-SEVERE/OTH-UNKNW .....	68
36972	ONE EYE-SEV/OTH-NR NORM .....	68
36973	ONE EYE-SEVERE/OTH-NORM .....	68
36974	ONE EYE-MOD/OTHER-UNKNWN .....	68
36975	ONE EYE-MOD/OTH-NR NORM .....	68
36976	ONE EYE-MOD/OTH NORMAL .....	68
3698	VISUAL LOSS, ONE EYE NOS .....	68
3699	VISUAL LOSS NOS .....	68
37000	CORNEAL ULCER NOS .....	68
37001	MARGINAL CORNEAL ULCER .....	68
37002	RING CORNEAL ULCER .....	68
37003	CENTRAL CORNEAL ULCER .....	68
37004	HYPOPYON ULCER .....	68
37005	MYCOTIC CORNEAL ULCER .....	68
37006	PERFORATED CORNEAL ULCER .....	68
37007	MOOREN'S ULCER .....	68
37020	SUPERFIC KERATITIS NOS .....	68
37021	PUNCTATE KERATITIS .....	68
37022	MACULAR KERATITIS .....	68
37023	FILAMENTARY KERATITIS .....	68
37024	PHOTOKERATITIS .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
37031	PHLYCTEN KERATOCONJUNCT	68
37032	LIMBAR KERATOCONJUNCTIV	68
37033	KERATOCONJUNCTIVITIS SICCA	68
37034	EXPSURE KERATOCONJUNCTIV	68
37035	NEUROTROPH KERATOCONJUNC	68
37040	KERATOCONJUNCTIVITIS NOS	68
37044	KERATITIS IN EXANTHEMA	68
37049	KERATOCONJUNCTIVITIS NEC	68
37050	INTERSTIT KERATITIS NOS	68
37052	DIFFUS INTERSTIT KERATIT	68
37054	SCLEROSING KERATITIS	68
37055	CORNEAL ABSCESS	68
37059	INTERSTIT KERATITIS NEC	68
37060	CORNEA NEOVASCULARIZ NOS	68
37061	LOCAL VASCULARIZA CORNEA	68
37062	CORNEAL PANNUS	68
37063	DEEP VASCULARIZA CORNEA	68
37064	CORNEAL GHOST VESSELS	68
3708	KERATITIS NEC	68
3709	KERATITIS NOS	68
37100	CORNEAL OPACITY NOS	68
37101	MINOR OPACITY OF CORNEA	68
37102	PERIPH OPACITY OF CORNEA	68
37103	CENTRAL OPACITY, CORNEA	68
37104	ADHERENT LEUCOMA	68
37105	PHTHISICAL CORNEA	68
37110	CORNEAL DEPOSIT NOS	68
37111	ANT CORNEA PIGMENTATION	68
37112	STROMAL CORNEA PIGMENT	68
37113	POST CORNEA PIGMENTATION	68
37114	KAYSER-FLEISCHER RING	68
37115	OTH DEPOSIT W METAB DIS	68
37116	ARGENTOUS CORNEA DEPOSIT	68
37120	CORNEAL EDEMA NOS	68
37121	IDIOPATHIC CORNEAL EDEMA	68
37122	SECONDARY CORNEAL EDEMA	68
37123	BULLOUS KERATOPATHY	68
37124	EDEMA D/T CONTACT LENS	68
37130	CORNEA MEMB CHANGE NOS	68
37131	FOLD OF BOWMAN MEMBRANE	68
37132	FOLD IN DESCMET MEMBRAN	68
37133	RUPTURE DESCMET MEMBRAN	68
37140	CORNEAL DEGENERATION NOS	68
37141	SENILE CORNEAL CHANGES	68
37142	RECURRENT CORNEA EROSION	68
37143	BAND-SHAPED KERATOPATHY	68
37144	CALCER CORNEA DEGEN NEC	68
37145	KERATOMALACIA NOS	68
37146	NODULAR CORNEA DEGEN	68
37148	PERIPHERAL CORNEA DEGEN	68
37149	CORNEA DEGENERATION NEC	68
37150	CORNEAL DYSTROPHY NOS	68
37151	JUV EPITH CORNEA DYSTRPH	68
37152	ANT CORNEA DYSTROPHY NEC	68
37153	GRANULAR CORNEA DYSTRPHY	68
37154	LATTICE CORNEA DYSTROPHY	68
37155	MACULAR CORNEA DYSTROPHY	68
37156	STROM CORNEA DYSTRPH NEC	68
37157	ENDOTHEL CORNEA DYSTRPHY	68
37158	POST CORNEA DYSTRPHY NEC	68
37160	KERATOCONUS NOS	68
37161	KERATOCONUS, STABLE	68
37162	KERATOCONUS, AC HYDROPS	68
37170	CORNEAL DEFORMITY NOS	68
37171	CORNEAL ECTASIA	68
37172	DESCMETOCELE	68
37173	CORNEAL STAPHYLOMA	68
37181	CORNEAL ANESTHESIA	68
37182	CORNEAL DSDR CONTCT LENS	68
37189	CORNEAL DISORDER NEC	68
3719	CORNEAL DISORDER NOS	68
37200	ACUTE CONJUNCTIVITIS NOS	68
37201	SEROUS CONJUNCTIVITIS	68
37202	AC FOLLIC CONJUNCTIVITIS	68
37203	MUCOPUR CONJUNCTIVIT NEC	68
37204	PSEUDOMEMB CONJUNCTIVIT	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
37205	AC ATOPIC CONJUNCTIVITIS .....	68
37210	CHR CONJUNCTIVITIS NOS .....	68
37211	SIMPL CHR CONJUNCTIVITIS .....	68
37212	CHR FOLLIC CONJUNCTIVIT .....	68
37213	VERNAL CONJUNCTIVITIS .....	68
37214	CHR ALLRG CONJUNCTIV NEC .....	68
37215	PARASITIC CONJUNCTIVITIS .....	68
37220	BLEPHAROCONJUNCTIVIT NOS .....	68
37221	ANGULAR BLEPHAROCONJUNCT .....	68
37222	CONTACT BLEPHAROCONJUNCT .....	68
37230	CONJUNCTIVITIS NOS .....	68
37231	ROSACEA CONJUNCTIVITIS .....	68
37233	MUCOCUTAN DIS CONJUNCTIV .....	68
37239	CONJUNCTIVITIS NEC .....	68
37240	PTERYGIUM NOS .....	68
37241	PERIPH STATION PTERYGIUM .....	68
37242	PERIPH PROGRESS PTERYGIUM .....	68
37243	CENTRAL PTERYGIUM .....	68
37244	DOUBLE PTERYGIUM .....	68
37245	RECURRENT PTERYGIUM .....	68
37250	CONJUNCTIVAL DEGEN NOS .....	68
37251	PINGUECULA .....	68
37252	PSEUDOPTERYGIUM .....	68
37253	CONJUNCTIVAL XEROSIS .....	68
37254	CONJUNCTIVAL CONCRETIONS .....	68
37255	CONJUNCTIVA PIGMENTATION .....	68
37256	CONJUNCTIVAL DEPOSITS .....	68
37261	GRANULOMA OF CONJUNCTIVA .....	68
37262	LOCAL CONJUNCTIVA ADHES .....	68
37263	SYMBLEPHARON .....	68
37264	SCARRING OF CONJUNCTIVA .....	68
37271	HYPEREMIA OF CONJUNCTIVA .....	68
37272	CONJUNCTIVAL HEMORRHAGE .....	68
37273	CONJUNCTIVAL EDEMA .....	68
37274	CONJUNCTIVA VASC ANOMALY .....	68
37275	CONJUNCTIVAL CYSTS .....	68
3728	CONJUNCTIVA DISORDER NEC .....	68
3729	CONJUNCTIVA DISORDER NOS .....	68
37300	BLEPHARITIS NOS .....	68
37301	ULCERATIVE BLEPHARITIS .....	68
37302	SQUAMOUS BLEPHARITIS .....	68
37311	HORDEOLUM EXTERNUM .....	68
37312	HORDEOLUM INTERNUM .....	68
37313	ABSCESS OF EYELID .....	68
3732	CHALAZION .....	68
37331	ECZEM DERMATITIS EYELID .....	68
37332	CONTACT DERMATIT EYELID .....	68
37333	XERODERMA OF EYELID .....	68
37334	DISC LUP ERYTHEMATOS LID .....	68
3734	INFECT DERM LID W DEFORM .....	68
3735	INFEC DERMATITIS LID NEC .....	68
3736	PARASITIC INFEST EYELID .....	68
3738	INFLAMMATION EYELID NEC .....	68
3739	INFLAMMATION EYELID NOS .....	68
37400	ENTROPION NOS .....	68
37401	SENILE ENTROPION .....	68
37402	MECHANICAL ENTROPION .....	68
37403	SPASTIC ENTROPION .....	68
37404	CICATRICIAL ENTROPION .....	68
37405	TRICHIASIS W/O ENTROPION .....	68
37410	ECTROPION NOS .....	68
37411	SENILE ECTROPION .....	68
37412	MECHANICAL ECTROPION .....	68
37413	SPASTIC ECTROPION .....	68
37414	CICATRICIAL ECTROPION .....	68
37420	LAGOPHTHALMOS NOS .....	68
37421	PARALYTIC LAGOPHTHALMOS .....	68
37422	MECHANICAL LAGOPHTHALMOS .....	68
37423	CICATRICIAL LAGOPHTHALM .....	68
37430	PTOSIS OF EYELID NOS .....	68
37431	PARALYTIC PTOSIS .....	68
37432	MYOGENIC PTOSIS .....	68
37433	MECHANICAL PTOSIS .....	68
37434	BLEPHAROCALASIS .....	68
37441	LID RETRACTION OR LAG .....	68
37443	ABNORM INNERVATION SYND .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
37444	SENSORY DISORDERS, LID .....	68
37445	SENSORMOTR DISOR LID NEC .....	68
37446	BLEPHAROPHIMOSIS .....	68
37450	DEGEN DISORDER NOS, LID .....	68
37451	XANTHELASMA .....	18
37452	HYPERPIGMENTATION LID .....	68
37453	HYPOPIGMENTATION LID .....	68
37454	HYPERTRICHOSIS OF EYELID .....	68
37455	HYPOTRICHOSIS OF EYELID .....	68
37456	DEGEN DIS EYELID NEC .....	68
37481	HEMORRHAGE OF EYELID .....	68
37482	EDEMA OF EYELID .....	68
37483	ELEPHANTIASIS OF EYELID .....	68
37484	CYSTS OF EYELIDS .....	68
37485	VASCULAR ANOMALY, EYELID .....	68
37486	OLD FOREIGN BODY, EYELID .....	68
37487	DERMATOCHALASIS .....	68
37489	DISORDERS OF EYELID NEC .....	68
3749	DISORDER OF EYELID NOS .....	68
37500	DACRYOADENITIS NOS .....	68
37501	ACUTE DACRYOADENITIS .....	68
37502	CHRONIC DACRYOADENITIS .....	68
37503	CH ENLARGMNT LACRIM GLND .....	68
37511	DACRYOPS .....	68
37512	LACRIMAL GLAND CYST NEC .....	68
37513	PRIMARY LACRIMAL ATROPHY .....	68
37514	SECONDARY LACRIM ATROPHY .....	68
37515	TEAR FILM INSUFFIC NOS .....	68
37516	LACRIMAL GLAND DISLOCAT .....	68
37520	EPIPHORA NOS .....	68
37521	EPIPHORA D/T EXCESS TEAR .....	68
37522	EPIPHORA D/T INSUF DRAIN .....	68
37530	DACRYOCYSTITIS NOS .....	68
37531	ACUTE CANALICULITIS .....	68
37532	ACUTE DACRYOCYSTITIS .....	68
37533	PHLEGMON DACRYOCYSTITIS .....	68
37541	CHRONIC CANALICULITIS .....	68
37542	CHRONIC DACRYOCYSTITIS .....	68
37543	LACRIMAL MUCOCELE .....	68
37551	LACRIML PUNCTUM EVERSION .....	68
37552	LACRIML PUNCTUM STENOSIS .....	68
37553	LACRIM CANALIC STENOSIS .....	68
37554	LACRIMAL SAC STENOSIS .....	68
37555	NEONATAL NASOLACRML OBST .....	68
37556	ACQ NASOLACRML STENOSIS .....	68
37557	DACRYOLITH .....	68
37561	LACRIMAL FISTULA .....	68
37569	LACRIM PASSGE CHANGE NEC .....	68
37581	LACRIM PASSAGE GRANULOMA .....	68
37589	LACRIMAL SYST DIS NEC .....	68
3759	LACRIMAL SYST DIS NOS .....	68
37600	ACUTE INFLAM NOS, ORBIT .....	68
37601	ORBITAL CELLULITIS .....	68
37602	ORBITAL PERIOSTITIS .....	68
37603	ORBITAL OSTEOMYELITIS .....	68
37604	ORBITAL TENONITIS .....	68
37610	CHR INFLAM NOS, ORBIT .....	68
37611	ORBITAL GRANULOMA .....	68
37612	ORBITAL MYOSITIS .....	68
37613	PARASITE INFEST, ORBIT .....	68
37621	THYROTOXIC EXOPHTHALMOS .....	68
37622	EXOPHTHALM OPHTHALMOPLG .....	68
37630	EXOPHTHALMOS NOS .....	68
37631	CONSTANT EXOPHTHALMOS .....	68
37632	ORBITAL HEMORRHAGE .....	68
37633	ORBITAL EDEMA .....	68
37634	INTERMITTNT EXOPHTHALMOS .....	68
37635	PULSATING EXOPHTHALMOS .....	68
37636	LATERAL GLOBE DISPLACMNT .....	68
37640	DEFORMITY OF ORBIT NOS .....	68
37641	HYPERTELORISM OF ORBIT .....	68
37642	EXOSTOSIS OF ORBIT .....	68
37643	ORBT DEFORM D/T BONE DIS .....	68
37644	CRANIOFACIAL-ORBIT DEFOR .....	68
37645	ATROPHY OF ORBIT .....	68
37646	ENLARGEMENT OF ORBIT .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
37647	ORBIT DEFORM D/T TRAUMA .....	68
37650	ENOPHTHALMOS NOS .....	68
37651	ENOPHTH D/T ORBIT ATRPHY .....	68
37652	ENOPHTHALMOS D/T TRAUMA .....	68
3766	OLD FOREIGN BODY, ORBIT .....	68
37681	ORBITAL CYSTS .....	68
37682	EXTRAOCUL MUSCL MYOPATHY .....	68
37689	ORBITAL DISORDERS NEC .....	68
3769	ORBITAL DISORDER NOS .....	68
37700	PAPILLEDEMA NOS .....	68
37701	PAPILLEDEMA W INCR PRESS .....	68
37702	PAPILLEDEMA W DECR PRESS .....	68
37703	PAPILLEDEMA W RETINA DIS .....	68
37704	FOSTER-KENNEDY SYNDROME .....	63
37710	OPTIC ATROPHY NOS .....	63
37711	PRIMARY OPTIC ATROPHY .....	63
37712	POSTINFLAM OPTIC ATROPHY .....	63
37713	OPTIC ATRPH W RETIN DYST .....	63
37714	CUPPING OF OPTIC DISC .....	63
37715	PARTIAL OPTIC ATROPHY .....	63
37716	HEREDITARY OPTIC ATROPHY .....	63
37721	DRUSEN OF OPTIC DISC .....	68
37722	CRATER-LIKE HOLE OP DISC .....	68
37723	COLOBOMA OF OPTIC DISC .....	68
37724	PSEUDOPAPILLEDEMA .....	78
37730	OPTIC NEURITIS NOS .....	68
37731	OPTIC PAPILLITIS .....	68
37732	RETROBULBAR NEURITIS .....	68
37733	NUTRITION OPTC NEUROPTHY .....	68
37734	TOXIC OPTIC NEUROPATHY .....	68
37739	OPTIC NEURITIS NEC .....	68
37741	ISCHEMIC OPTIC NEUROPTHY .....	68
37742	OPTIC NERVE SHEATH HEMOR .....	68
37749	OPTIC NERVE DISORDER NEC .....	68
37751	OPT CHIASM W PITUIT DIS .....	63
37752	OPT CHIASM DIS/NEOPL NEC .....	63
37753	OPT CHIASM W VASCUL DIS .....	63
37754	OP CHIASM DIS W INFL DIS .....	63
37761	VIS PATH DIS W NEOPLASMS .....	63
37762	VIS PATH DIS W VASC DIS .....	63
37763	VIS PATH DIS W INFL DIS .....	63
37771	VIS CORTX DIS W NEOPLASM .....	63
37772	VIS CORTX DIS W VASC DIS .....	63
37773	VIS CORTEX DIS W INFLAM .....	63
37775	CORTICAL BLINDNESS .....	63
3779	OPTIC NERVE DISORDER NOS .....	63
37800	ESOTROPIA NOS .....	68
37801	MONOCULAR ESOTROPIA .....	68
37802	MONOC ESOTROP W A PATTRN .....	68
37803	MONOC ESOTROP W V PATTRN .....	68
37804	MONOC ESOTROP W X/Y PAT .....	68
37805	ALTERNATING ESOTROPIA .....	68
37806	ALT ESOTROPIA W A PATTRN .....	68
37807	ALT ESOTROPIA W V PATTRN .....	68
37808	ALT ESOTROP W X/Y PATTRN .....	68
37810	EXOTROPIA NOS .....	68
37811	MONOCULAR EXOTROPIA .....	68
37812	MONOC EXOTROP W A PATTRN .....	68
37813	MONOC EXOTROP W V PATTRN .....	68
37814	MONOC EXOTROP W X/Y PAT .....	68
37815	ALTERNATING EXOTROPIA .....	68
37816	ALT EXOTROPIA W A PATTRN .....	68
37817	ALT EXOTROPIA W V PATTRN .....	68
37818	ALT EXOTROP W X/Y PATTRN .....	68
37820	INTERMIT HETEROTROP NOS .....	68
37821	INTERMIT MONOC ESOTROPIA .....	68
37822	INTERMIT ALTRN ESOTROPIA .....	68
37823	INTERMIT MONOC EXOTROPIA .....	68
37824	INTERMIT ALTRN EXOTROPIA .....	68
37830	HETEROTROPIA NOS .....	68
37831	HYPERTROPIA .....	68
37832	HYPOTROPIA .....	68
37833	CYCLOTROPIA .....	68
37834	MONOFIXATION SYNDROME .....	68
37835	ACCOMMODATIVE ESOTROPIA .....	68
37840	HETEROPHORIA NOS .....	68

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
37841	ESOPHORIA .....	68
37842	EXOPHORIA .....	68
37843	VERTICAL HETEROPHORIA .....	68
37844	CYCLOPHORIA .....	68
37845	ALTERNATING HYPERPHORIA .....	68
37850	PARALYTIC STRABISMUS NOS .....	68
37851	PARTIAL THIRD NERV PALSY .....	68
37852	TOTAL THIRD NERVE PALSY .....	68
37853	FOURTH NERVE PALSY .....	68
37854	SIXTH NERVE PALSY .....	68
37855	EXTERNAL OPHTHALMOPLEGIA .....	68
37856	TOTAL OPHTHALMOPLEGIA .....	68
37860	MECHANICAL STRABISM NOS .....	68
37861	BROWN'S SHEATH SYNDROME .....	68
37862	MECH STRAB D/T MUSCL DIS .....	68
37863	MECH STRAB W OTH CONDITN .....	68
37871	DUANE'S SYNDROME .....	68
37872	PROG EXT OPHTHALMOPLEGIA .....	68
37873	NEUROMUSCLE DIS STRABISM .....	68
37881	PALSY OF CONJUGATE GAZE .....	68
37882	SPASM OF CONJUGATE GAZE .....	68
37883	CONVERGENC INSUFFICIENCY .....	68
37884	CONVERGENCE EXCESS .....	68
37885	ANOMALIES OF DIVERGENCE .....	68
37886	INTERNUCL OPHTHALMOPLEG .....	63
37887	SKEW DEVIATION, EYE .....	68
3789	EYE MOVEMNT DISORDER NOS .....	68
37900	SCLERITIS NOS .....	68
37901	EPISCLERIT PERIODIC FUGX .....	68
37902	NODULAR EPISCLERITIS .....	68
37903	ANTERIOR SCLERITIS .....	68
37904	SCLEROMALACIA PERFORANS .....	68
37905	SCLERITIS W CORNEA INVOL .....	68
37906	BRAWNY SCLERITIS .....	68
37907	POSTERIOR SCLERITIS .....	68
37909	SCLERITIS NEC .....	68
37911	SCLERAL ECTASIA .....	68
37912	STAPHYLOMA POSTICUM .....	68
37913	EQUATORIAL STAPHYLOMA .....	68
37914	LOCAL ANTERIOR STAPHYLMA .....	68
37915	RING STAPHYLOMA .....	68
37916	SCLERAL DEGEN DIS NEC .....	68
37919	DISORDER OF SCLERA NEC .....	68
37921	VITREOUS DEGENERATION .....	68
37922	CRYSTAL DEPOSIT VITREOUS .....	68
37923	VITREOUS HEMORRHAGE .....	68
37924	VITREOUS OPACITIES NEC .....	68
37925	VITREOUS MEMBRANES .....	68
37926	VITREOUS PROLAPSE .....	68
37929	VITREOUS DISORDERS NEC .....	68
37931	APHAKIA .....	68
37932	SUBLUXATION OF LENS .....	68
37933	ANT DISLOCATION OF LENS .....	68
37934	POST DISLOCATION OF LENS .....	68
37939	DISORDERS OF LENS NEC .....	68
37940	ABN PUPIL FUNCTION NOS .....	68
37941	ANISOCORIA .....	68
37942	MIOSIS NOT D/T MIOTICS .....	68
37943	MYDRIASIS NOT D/T MYDRTC .....	68
37945	ARGYLL ROBERTSON PUPIL .....	68
37946	TONIC PUPILLARY REACTION .....	68
37949	PUPIL FUNCT ANOMALY NEC .....	68
37950	NYSTAGMUS NOS .....	68
37951	CONGENITAL NYSTAGMUS .....	68
37952	LATENT NYSTAGMUS .....	68
37953	VISUAL DEPRIVATN NYSTAGM .....	68
37954	NYSTAGMS W VESTIBULR DIS .....	68
37955	DISSOCIATED NYSTAGMUS .....	68
37956	NYSTAGMUS NEC .....	68
37957	SACCADIC EYE MOVMENT DEF .....	68
37958	SMOOTH PURSUIT MVMNT DEF .....	68
37959	IRREGULAR EYE MVMNTS NEC .....	68
3798	EYE DISORDERS NEC .....	68
37990	EYE DISORDER NOS .....	68
37991	PAIN IN OR AROUND EYE .....	68
37992	SWELLING OR MASS OF EYE .....	68

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
37993	REDNESS/DISCHARGE OF EYE .....	68
37999	ILL-DEFINED EYE DIS NEC .....	68
38000	PERICHONDRIITIS PINNA NOS .....	31
38001	AC PERICHONDRIITIS PINNA .....	24
38002	CHR PERICHONDRIITIS PINNA .....	24
38010	INFEC OTITIS EXTERNA NOS .....	31
38011	ACUTE INFECTION OF PINNA .....	31
38012	ACUTE SWIMMERS' EAR .....	31
38013	AC INFECT EXTERN EAR NEC .....	31
38014	MALIGNANT OTITIS EXTERNA .....	31
38015	CHR MYCOT OTITIS EXTERNA .....	31
38016	CHR INF OTIT EXTERNA NEC .....	31
38021	CHOLESTEATOMA EXTERN EAR .....	31
38022	ACUTE OTITIS EXTERNA NEC .....	31
38023	CHR OTITIS EXTERNA NEC .....	31
38030	DISORDER OF PINNA NOS .....	31
38031	HEMATOMA AURICLE/PINNA .....	31
38032	ACQ DEFORM AURICLE/PINNA .....	31
38039	NONINFECT DIS PINNA NEC .....	31
3804	IMPACTED CERUMEN .....	31
38050	ACQ STENOS EAR CANAL NOS .....	31
38051	STENOSIS EAR D/T TRAUMA .....	31
38052	STENOSIS EAR D/T SURGERY .....	31
38053	STENOSIS EAR D/T INFLAM .....	31
38081	EXOSTOSIS EXT EAR CANAL .....	31
38089	DIS EXTERNAL EAR NEC .....	31
3809	DIS EXTERNAL EAR NOS .....	31
38100	AC NONSUP OTITIS MED NOS .....	31
38101	AC SEROUS OTITIS MEDIA .....	31
38102	AC MUCOID OTITIS MEDIA .....	31
38103	AC SANGUIN OTITIS MEDIA .....	31
38104	AC ALLERGIC SEROUS OM .....	31
38105	AC ALLERGIC MUCOID OM .....	31
38106	AC ALLERG SANGUINOUS OM .....	31
38110	CHR SEROUS OM SIMP/NOS .....	31
38119	CHR SEROUS OM NEC .....	31
38120	CHR MUCOID OM SIMP/NOS .....	31
38129	CHR MUCOID OM NEC .....	31
3813	CHR NONSUP OM NOS/NEC .....	31
3814	NONSUPP OTITIS MEDIA NOS .....	31
38150	EUSTACHIAN SALPING NOS .....	31
38151	AC EUSTACHIAN SALPING .....	31
38152	CHR EUSTACHIAN SALPING .....	31
38160	OBSTR EUSTACH TUBE NOS .....	31
38161	OSSEOUS EUSTACHIAN OBSTR .....	31
38162	INTRINSIC EUSTACH OBSTR .....	31
38163	EXTRINSIC EUSTACH OBSTR .....	31
3817	PATULOUS EUSTACHIAN TUBE .....	31
38181	DYSFUNCT EUSTACHIAN TUBE .....	31
38189	EUSTACHIAN TUBE DIS NEC .....	31
3819	EUSTACHIAN TUBE DIS NOS .....	31
38200	AC SUPP OTITIS MEDIA NOS .....	31
38201	AC SUPP OM W DRUM RUPT .....	31
38202	AC SUPP OM IN OTH DIS .....	31
3821	CHR TUBOTYMPAN SUPPUR OM .....	31
3822	CHR ATTICOANTRAL SUP OM .....	31
3823	CHR SUP OTITIS MEDIA NOS .....	31
3824	SUPPUR OTITIS MEDIA NOS .....	31
3829	OTITIS MEDIA NOS .....	31
38300	AC MASTOIDITIS W/O COMPL .....	31
38301	SUBPERI MASTOID ABSCESS .....	31
38302	AC MASTOIDITIS-COMPL NEC .....	31
3831	CHRONIC MASTOIDITIS .....	31
38320	PETROSITIS NOS .....	31
38321	ACUTE PETROSITIS .....	31
38322	CHRONIC PETROSITIS .....	31
38330	POSTMASTOID COMPL NOS .....	31
38331	POSTMASTOID MUCOSAL CYST .....	31
38332	POSTMASTOID CHOLESTEATMA .....	31
38333	POSTMASTOID GRANULATIONS .....	31
38381	POSTAURICULAR FISTULA .....	31
38389	DISORDERS OF MASTOID NEC .....	31
3839	MASTOIDITIS NOS .....	31
38400	ACUTE MYRINGITIS NOS .....	31
38401	BULLOUS MYRINGITIS .....	31
38409	ACUTE MYRINGITIS NEC .....	31

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
3841	CHRONIC MYRINGITIS .....	31
38420	PERFORAT TYMPAN MEMB NOS .....	31
38421	CENT PERF TYMPANIC MEMB .....	31
38422	ATTIC PERF TYMPANIC MEMB .....	31
38423	MARGINAL PERF TYMP NEC .....	31
38424	MULT PERF TYMPANIC MEMB .....	31
38425	TOTAL PERF TYMPANIC MEMB .....	31
38481	ATROPHIC FLACCID TYMPAN .....	31
38482	ATROPHIC NONFLACCID TYMP .....	31
3849	DIS TYMPANIC MEMB NOS .....	31
38500	TYMPANOSCLEROSIS NOS .....	31
38501	TYMPANOSCL-TYMPANIC MEMB .....	31
38502	TYMPANOSCLER-TYMP/OSSICLE .....	31
38503	TYMPANOSCLER-ALL PARTS .....	31
38509	TYMPANOSCLER-OTH SITE COMB .....	31
38510	ADHESIVE MID EAR DIS NOS .....	31
38511	ADHESION TYMPANUM-INCUS .....	31
38512	ADHESION TYMPANUM-STAPES .....	31
38513	ADHESION TYMP-PROMONTOR .....	31
38519	ADHESIVE MID EAR DIS NEC .....	31
38521	ANKYLOSIS MALLEUS .....	31
38522	ANKYLOSIS EAR OSSICL NEC .....	31
38523	DISLOCATION EAR OSSICLE .....	31
38524	PARTIAL LOSS EAR OSSICLE .....	31
38530	CHOLESTEATOMA NOS .....	31
38531	CHOLESTEATOMA OF ATTIC .....	31
38532	CHOLESTEATOMA MIDDLE EAR .....	31
38533	CHOLESTMA MID EAR/MSTOID .....	31
38535	DIFFUSE CHOLESTEATOSIS .....	31
38582	CHOLESTERIN GRANULOMA .....	31
38583	FOREIGN BODY MIDDLE EAR .....	31
38589	DIS MID EAR/MASTOID NEC .....	31
3859	DIS MID EAR/MASTOID NOS .....	31
38600	MENIERE'S DISEASE NOS .....	31
38601	MENIERE DIS COCHLVESTIB .....	31
38602	MENIERE DIS COCHLEAR .....	31
38603	MENIERE DIS VESTIBULAR .....	31
38604	INACTIVE MENIERE'S DIS .....	31
38610	PERIPHERAL VERTIGO NOS .....	31
38611	BENIGN PARXYSMAL VERTIGO .....	31
38612	VESTIBULAR NEURONITIS .....	31
38619	PERIPHERAL VERTIGO NEC .....	31
3862	CENTRAL ORIGIN VERTIGO .....	31
38630	LABYRINTHITIS NOS .....	31
38631	SEROUS LABYRINTHITIS .....	31
38632	CIRCUMSCRI LABYRINTHITIS .....	31
38633	SUPPURATIV LABYRINTHITIS .....	31
38634	TOXIC LABYRINTHITIS .....	31
38635	VIRAL LABYRINTHITIS .....	31
38640	LABYRINTHINE FISTULA NOS .....	31
38641	ROUND WINDOW FISTULA .....	31
38642	OVAL WINDOW FISTULA .....	31
38643	SEMICIRCUL CANAL FISTULA .....	31
38648	LABYRINTH FISTULA COMB .....	31
38650	LABYRINTHINE DYSFUNC NOS .....	31
38651	HYPRACT LABYRINTH UNILAT .....	31
38652	HYPERACT LABYRINTH BILAT .....	31
38653	HYPOACT LABYRINTH UNILAT .....	31
38654	HYPOACT LABYRINTH BILAT .....	31
38655	LOSS LABYRN REACT UNILAT .....	31
38656	LOSS LABYRN REACT BILAT .....	31
38658	LABYRINTHINE DYSFUNC NEC .....	31
3868	DISORDERS LABYRINTH NEC .....	31
3869	VERTIGINOUS SYND NOS .....	31
3870	OTOSCLER-OVAL WND NONOBL .....	31
3871	OTOSCLER-OVAL WNDW OBLIT .....	31
3872	COCHLEAR OTOSCLEROSIS .....	31
3878	OTOSCLEROSIS NEC .....	31
3879	OTOSCLEROSIS NOS .....	31
38800	DEGEN/VASCUL DIS EAR NOS .....	31
38801	PRESBYACUSIS .....	31
38802	TRANS ISCHEMIC DEAFNESS .....	31
38810	NOISE EFFECT-EAR/NOS .....	31
38811	ACOUSTIC TRAUMA .....	31
38812	HEARING LOSS D/T NOISE .....	31
3882	SUDDEN HEARING LOSS NOS .....	31

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
38830	TINNITUS NOS .....	31
38831	SUBJECTIVE TINNITUS .....	31
38832	OBJECTIVE TINNITUS .....	31
38840	ABN AUDITORY PERCEPT NOS .....	31
38841	DIPLACUSIS .....	31
38842	HYPERACUSIS .....	31
38843	IMPAIRM AUDITORY DISCRIM .....	31
38844	AUDITORY RECRUITMENT .....	31
3885	ACOUSTIC NERVE DISORDERS .....	31
38860	OTORRHEA NOS .....	31
38861	CEREBROSP FLUID OTORRHEA .....	63
38869	OTORRHEA NEC .....	31
38870	OTALGIA NOS .....	31
38871	OTOGENIC PAIN .....	31
38872	REFERRED PAIN OF EAR .....	31
3888	DISORDERS OF EAR NEC .....	31
3889	DISORDER OF EAR NOS .....	31
38900	CONDUCT HEARING LOSS NOS .....	31
38901	CONDUCT HEAR LOSS EXT EAR .....	31
38902	CONDUCT HEAR LOSS TYMPAN .....	31
38903	CONDUCT HEAR LOSS MID EAR .....	31
38904	COND HEAR LOSS INNER EAR .....	31
38908	COND HEAR LOSS COMB TYPE .....	31
38910	SENSORNEUR HEAR LOSS NOS .....	31
38911	SENSORY HEARING LOSS .....	31
38912	NEURAL HEARING LOSS .....	31
38914	CENTRAL HEARING LOSS .....	31
38918	SENSORNEUR LOSS COMB TYP .....	31
3892	MIXED HEARING LOSS .....	31
3897	DEAF MUTISM NEC .....	31
3898	HEARING LOSS NEC .....	31
3899	HEARING LOSS NOS .....	31
390	RHEUM FEV W/O HRT INVOLV .....	24
3910	ACUTE RHEUMATIC PERICARD .....	36
3911	ACUTE RHEUMATIC ENDOCARD .....	36
3912	AC RHEUMATIC MYOCARDITIS .....	36
3918	AC RHEUMAT HRT DIS NEC .....	36
3919	AC RHEUMAT HRT DIS NOS .....	36
3920	RHEUM CHOREA W HRT INVOL .....	36
3929	RHEUMATIC CHOREA NOS .....	36
393	CHR RHEUMATIC PERICARD .....	36
3940	MITRAL STENOSIS .....	36
3941	RHEUMATIC MITRAL INSUFF .....	36
3942	MITRAL STENOSIS W INSUFF .....	36
3949	MITRAL VALVE DIS NEC/NOS .....	36
3950	RHEUMAT AORTIC STENOSIS .....	36
3951	RHEUMATIC AORTIC INSUFF .....	36
3952	RHEUM AORTIC STEN/INSUFF .....	36
3959	RHEUM AORTIC DIS NEC/NOS .....	36
3960	MITRAL/AORTIC STENOSIS .....	36
3961	MITRAL STENOS/AORT INSUF .....	36
3962	MITRAL INSUF/AORT STENOS .....	36
3963	MITRAL/AORTIC VAL INSUFF .....	36
3968	MITR/AORTIC MULT INVOLV .....	36
3969	MITRAL/AORTIC V DIS NOS .....	36
3970	TRICUSPID VALVE DISEASE .....	36
3971	RHEUM PULMON VALVE DIS .....	36
3979	RHEUM ENDOCARDITIS NOS .....	36
3980	RHEUMATIC MYOCARDITIS .....	36
39890	RHEUMATIC HEART DIS NOS .....	36
39891	RHEUMATIC HEART FAILURE .....	36
39899	RHEUMATIC HEART DIS NEC .....	36
4010	MALIGNANT HYPERTENSION .....	36
4011	BENIGN HYPERTENSION .....	36
4019	HYPERTENSION NOS .....	36
40200	MAL HYPERTEN HRT DIS NOS .....	36
40201	MAL HYPERT HRT DIS W CHF .....	36
40210	BEN HYPERTEN HRT DIS NOS .....	36
40211	BENIGN HYP HRT DIS W CHF .....	36
40290	HYPERTENSIVE HRT DIS NOS .....	36
40291	HYPERTEN HEART DIS W CHF .....	36
40300	MAL HYP REN W/O REN FAIL .....	36
40301	MAL HYP REN W RENAL FAIL .....	53
40310	BEN HYP REN W/O REN FAIL .....	36
40311	BEN HYP RENAL W REN FAIL .....	53
40390	HYP REN NOS W/O REN FAIL .....	36

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
40391	HYP RENAL NOS W REN FAIL .....	53
40400	MAL HY HT/REN W/O CHF/RF .....	36
40401	MAL HYPER HRT/REN W CHF .....	36
40402	MAL HY HT/REN W REN FAIL .....	53
40403	MAL HYP HRT/REN W CHF&RF .....	36
40410	BEN HY HT/REN W/O CHF/RF .....	36
40411	BEN HYPER HRT/REN W CHF .....	36
40412	BEN HY HT/REN W REN FAIL .....	53
40413	BEN HYP HRT/REN W CHF&RF .....	36
40490	HY HT/REN NOS W/O CHF/RF .....	36
40491	HYPER HRT/REN NOS W CHF .....	36
40492	HY HT/REN NOS W REN FAIL .....	53
40493	HYP HT/REN NOS W CHF&RF .....	36
40501	MAL RENOVASC HYPERTENS .....	36
40509	MAL SECOND HYPERTEN NEC .....	36
40511	BENIGN RENOVASC HYPERTEN .....	36
40519	BENIGN SECOND HYPERT NEC .....	36
40591	RENOVASC HYPERTENSION .....	36
40599	SECOND HYPERTENSION NEC .....	36
41000	AMI ANTEROLATERAL, UNSPEC .....	36
41001	AMI ANTEROLATERAL, INIT .....	36
41002	AMI ANTEROLATERAL, SUBSEQ .....	36
41010	AMI ANTERIOR WALL, UNSPEC .....	36
41011	AMI ANTERIOR WALL, INIT .....	36
41012	AMI ANTERIOR WALL, SUBSEQ .....	36
41020	AMI INFEROLATERAL, UNSPEC .....	36
41021	AMI INFEROLATERAL, INIT .....	36
41022	AMI INFEROLATERAL, SUBSEQ .....	36
41030	AMI INFEROPOST, UNSPEC .....	36
41031	AMI INFEROPOST, INITIAL .....	36
41032	AMI INFEROPOST, SUBSEQ .....	36
41040	AMI INFERIOR WALL, UNSPEC .....	36
41041	AMI INFERIOR WALL, INIT .....	36
41042	AMI INFERIOR WALL, SUBSEQ .....	36
41050	AMI LATERAL NEC, UNSPEC .....	36
41051	AMI LATERAL NEC, INITIAL .....	36
41052	AMI LATERAL NEC, SUBSEQ .....	36
41060	TRUE POST INFARCT, UNSPEC .....	36
41061	TRUE POST INFARCT, INIT .....	36
41062	TRUE POST INFARCT, SUBSEQ .....	36
41070	SUBENDO INFARCT, UNSPEC .....	36
41071	SUBENDO INFARCT, INITIAL .....	36
41072	SUBENDO INFARCT, SUBSEQ .....	36
41080	AMI NEC, UNSPECIFIED .....	36
41081	AMI NEC, INITIAL .....	36
41082	AMI NEC, SUBSEQUENT .....	36
41090	AMI NOS, UNSPECIFIED .....	36
41091	AMI NOS, INITIAL .....	36
41092	AMI NOS, SUBSEQUENT .....	36
4110	POST MI SYNDROME .....	36
4111	INTERMED CORONARY SYND .....	36
41181	CORONARY OCCLSN W/O MI .....	36
41189	AC ISCHEMIC HRT DIS NEC .....	36
412	OLD MYOCARDIAL INFARCT .....	36
4130	ANGINA DECUBITUS .....	36
4131	PRINZMETAL ANGINA .....	36
4139	ANGINA PECTORIS NEC/NOS .....	36
41400	COR ATH UNSP VSL NTV/GFT .....	36
41401	CRNRY ATHRSCL NATVE VSSL .....	36
41402	CRN ATH ATLG VN BPS GRFT .....	36
41403	CRN ATH NONATLG BLG GRFT .....	36
41410	ANEURYSM, HEART (WALL) .....	36
41411	CORONARY VESSEL ANEURYSM .....	36
41419	ANEURYSM OF HEART NEC .....	36
4148	CHR ISCHEMIC HRT DIS NEC .....	36
4149	CHR ISCHEMIC HRT DIS NOS .....	36
4150	ACUTE COR PULMONALE .....	36
41511	IATROGEN PULM EMB/INFARC .....	33
41519	PULM EMBOL/INFARCT NEC .....	33
4160	PRIM PULM HYPERTENSION .....	36
4161	KYPHOSCOLIOTIC HEART DIS .....	36
4168	CHR PULMON HEART DIS NEC .....	36
4169	CHR PULMON HEART DIS NOS .....	36
4170	ARTERIOVEN FISTU PUL VES .....	36
4171	PULMON ARTERY ANEURYSM .....	36
4178	PULMON CIRCULAT DIS NEC .....	36

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
4179	PULMON CIRCULAT DIS NOS .....	36
4200	AC PERICARDIT IN OTH DIS .....	36
42090	ACUTE PERICARDITIS NOS .....	36
42091	AC IDIOPATH PERICARDITIS .....	36
42099	ACUTE PERICARDITIS NEC .....	36
4210	AC/SUBAC BACT ENDOCARD .....	36
4211	AC ENDOCARDIT IN OTH DIS .....	36
4219	AC/SUBAC ENDOCARDIT NOS .....	36
4220	AC MYOCARDIT IN OTH DIS .....	36
42290	ACUTE MYOCARDITIS NOS .....	36
42291	IDIOPATHIC MYOCARDITIS .....	36
42292	SEPTIC MYOCARDITIS .....	36
42293	TOXIC MYOCARDITIS .....	36
42299	ACUTE MYOCARDITIS NEC .....	36
4230	HEMOPERICARDIUM .....	36
4231	ADHESIVE PERICARDITIS .....	36
4232	CONSTRUCTIV PERICARDITIS .....	36
4238	PERICARDIAL DISEASE NEC .....	36
4239	PERICARDIAL DISEASE NOS .....	36
4240	MITRAL VALVE DISORDER .....	36
4241	AORTIC VALVE DISORDER .....	36
4242	NONRHEUM TRICUSP VAL DIS .....	36
4243	PULMONARY VALVE DISORDER .....	36
42490	ENDOCARDITIS NOS .....	36
42491	ENDOCARDITIS IN OTH DIS .....	36
42499	ENDOCARDITIS NEC .....	36
4250	ENDOMYOCARDIAL FIBROSIS .....	36
4251	HYPERTR OBSTR CARDIOMYOP .....	36
4252	OBSC AFRIC CARDIOMYOPATH .....	36
4253	ENDOCARD FIBROELASTOSIS .....	36
4254	PRIM CARDIOMYOPATHY NEC .....	36
4255	ALCOHOLIC CARDIOMYOPATHY .....	36
4257	METABOLIC CARDIOMYOPATHY .....	36
4258	CARDIOMYOPATH IN OTH DIS .....	36
4259	SECOND CARDIOMYOPATH NOS .....	36
4260	ATRIOVENT BLOCK COMPLETE .....	36
42610	ATRIOVENT BLOCK NOS .....	36
42611	ATRIOVENT BLOCK-1ST DEGR .....	36
42612	ATRIOVEN BLOCK-MOBITZ II .....	36
42613	AV BLOCK-2ND DEGREE NEC .....	36
4262	LEFT BB HEMIBLOCK .....	36
4263	LEFT BB BLOCK NEC .....	36
4264	RT BUNDLE BRANCH BLOCK .....	36
42650	BUNDLE BRANCH BLOCK NOS .....	36
42651	RT BBB/LFT POST FASC BLK .....	36
42652	RT BBB/LFT ANT FASC BLK .....	36
42653	BILAT BB BLOCK NEC .....	36
42654	TRIFASCICULAR BLOCK .....	36
4266	OTHER HEART BLOCK .....	36
4267	ANOMALOUS AV EXCITATION .....	36
42681	LOWN-GANONG-LEVINE SYND .....	36
42689	CONDUCTION DISORDER NEC .....	36
4269	CONDUCTION DISORDER NOS .....	36
4270	PAROX ATRIAL TACHYCARDIA .....	36
4271	PAROX VENTRIC TACHYCARD .....	78
4272	PAROX TACHYCARDIA NOS .....	36
42731	ATRIAL FIBRILLATION .....	36
42732	ATRIAL FLUTTER .....	36
42741	VENTRICULAR FIBRILLATION .....	78
42742	VENTRICULAR FLUTTER .....	78
4275	CARDIAC ARREST .....	78
42760	PREMATURE BEATS NOS .....	36
42761	ATRIAL PREMATURE BEATS .....	36
42769	PREMATURE BEATS NEC .....	36
42781	SINOATRIAL NODE DYSFUNCT .....	36
42789	CARDIAC DYSRHYTHMIAS NEC .....	36
4279	CARDIAC DYSRHYTHMIA NOS .....	36
4280	CONGESTIVE HEART FAILURE .....	36
4281	LEFT HEART FAILURE .....	36
4289	HEART FAILURE NOS .....	36
4290	MYOCARDITIS NOS .....	36
4291	MYOCARDIAL DEGENERATION .....	36
4292	ASCVD .....	36
4293	CARDIOMEGALY .....	36
4294	HRT DIS POSTCARDIAC SURG .....	36
4295	CHORDAE TENDINAE RUPTURE .....	36

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
4296	PAPILLARY MUSCLE RUPTURE .....	36
42971	ACQ CARDIAC SEPTL DEFECT .....	36
42979	OTHER SEQUELAE OF MI NEC .....	36
42981	PAPILLARY MUSCLE DIS NEC .....	36
42982	HYPERKINETIC HEART DIS .....	36
42989	ILL-DEFINED HRT DIS NEC .....	36
4299	HEART DISEASE NOS .....	36
430	SUBARACHNOID HEMORRHAGE .....	63
431	INTRACEREBRAL HEMORRHAGE .....	63
4320	NONTRAUM EXTRADURAL HEM .....	63
4321	SUBDURAL HEMORRHAGE .....	63
4329	INTRACRANIAL HEMORR NOS .....	63
43300	OCL BSLR ART WO INFRCT .....	63
43301	OCL BSLR ART W INFRCT .....	63
43310	OCL CRTD ART WO INFRCT .....	63
43311	OCL CRTD ART W INFRCT .....	63
43320	OCL VRTB ART WO INFRCT .....	63
43321	OCL VRTB ART W INFRCT .....	63
43330	OCL MLT BI ART WO INFRCT .....	63
43331	OCL MLT BI ART W INFRCT .....	63
43380	OCL SPCF ART WO INFRCT .....	63
43381	OCL SPCF ART W INFRCT .....	63
43390	OCL ART NOS WO INFRCT .....	63
43391	OCL ART NOS W INFRCT .....	63
43400	CRBL THRMBS WO INFRCT .....	63
43401	CRBL THRMBS W INFRCT .....	63
43410	CRBL EMBLSM WO INFRCT .....	63
43411	CRBL EMBLSM W INFRCT .....	63
43490	CRBL ART OC NOS WO INFRC .....	63
43491	CRBL ART OCL NOS W INFRC .....	63
4350	BASILAR ARTERY SYNDROME .....	63
4351	VERTEBRAL ARTERY SYNDROM .....	63
4352	SUBCLAVIAN STEAL SYNDROM .....	63
4353	VERTBROBASLR ARTERY SYND .....	63
4358	TRANS CEREB ISCHEMIA NEC .....	63
4359	TRANS CEREB ISCHEMIA NOS .....	63
436	CVA .....	63
4370	CEREBRAL ATHEROSCLEROSIS .....	63
4371	AC CEREBROVASC INSUF NOS .....	63
4372	HYPERTENS ENCEPHALOPATHY .....	63
4373	NONRUPT CEREBRAL ANEURYM .....	63
4374	CEREBRAL ARTERITIS .....	63
4375	MOYAMOYA DISEASE .....	63
4376	NONPYOGEN THROMBOS SINUS .....	63
4377	TRANSIENT GLOBAL AMNESIA .....	11
4378	CEREBROVASC DISEASE NEC .....	63
4379	CEREBROVASC DISEASE NOS .....	63
4400	AORTIC ATHEROSCLEROSIS .....	36
4401	RENAL ARTERY ATHEROSCLER .....	53
44020	ATHSCL EXTRM NTV ART NOS .....	36
44021	ATH EXT NTV AT W CLAUDCT .....	36
44022	ATH EXT NTV AT W RST PN .....	36
44023	ATH EXT NTV ART ULCRTION .....	36
44024	ATH EXT NTV ART GNGRENE .....	36
44029	ATHRSC EXTRM NTV ART OTH .....	36
44030	ATHSCL EXTRM BPS GFT NOS .....	36
44031	ATH EXT AUTOLOGS BPS GFT .....	36
44032	ATH EXT NONAUTLG BPS GFT .....	36
4408	ATHEROSCLEROSIS NEC .....	36
4409	ATHEROSCLEROSIS NOS .....	36
44100	DSCT OF AORTA UNSP SITE .....	78
44101	DSCT OF THORACIC AORTA .....	78
44102	DSCT OF ABDOMINAL AORTA .....	78
44103	DSCT OF THORACOABD AORTA .....	78
4411	RUPTUR THORACIC ANEURYSM .....	78
4412	THORACIC AORTIC ANEURYSM .....	36
4413	RUPT ABD AORTIC ANEURYSM .....	78
4414	ABDOM AORTIC ANEURYSM .....	36
4415	RUPT AORTIC ANEURYSM NOS .....	78
4416	THORACOABD ANEURYSM RUPT .....	78
4417	THRACABD ANURYSM WO RUPT .....	36
4419	AORTIC ANEURYSM NOS .....	36
4420	UPPER EXTREMITY ANEURYSM .....	36
4421	RENAL ARTERY ANEURYSM .....	53
4422	ILIAC ARTERY ANEURYSM .....	36
4423	LOWER EXTREMITY ANEURYSM .....	36

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
44281	ANEURYSM OF NECK .....	36
44282	SUBCLAVIAN ANEURYSM .....	36
44283	SPLenic ARTERY ANEURYSM .....	36
44284	VISCERAL ANEURYSM NEC .....	36
44289	ANEURYSM NEC .....	36
4429	ANEURYSM NOS .....	36
4430	RAYNAUD'S SYNDROME .....	86
4431	THROMBOANGIIT OBLITERANS .....	36
44381	ANGIOPATHY IN OTHER DIS .....	36
44389	PERIPH VASCULAR DIS NEC .....	36
4439	PERIPH VASCULAR DIS NOS .....	36
4440	ABD AORTIC EMBOLISM .....	36
4441	THORACIC AORTIC EMBOLISM .....	36
44421	UPPER EXTREMITY EMBOLISM .....	36
44422	LOWER EXTREMITY EMBOLISM .....	36
44481	ILIAC ARTERY EMBOLISM .....	36
44489	ARTERIAL EMBOLISM NEC .....	36
4449	ARTERIAL EMBOLISM NOS .....	36
4460	POLYARTERITIS NODOSA .....	86
4461	MUCOCUTAN LYMPH NODE SYN .....	86
4462	HYPERSENSITIV ANGIITIS* .....	86
44620	HYPERSENSIT ANGIITIS NOS .....	86
44621	GOODPASTURE'S SYNDROME .....	86
44629	HYPERSENSIT ANGIITIS NEC .....	86
4463	LETHAL MIDLINE GRANULOMA .....	86
4464	WEGENER'S GRANULOMATOSIS .....	86
4465	GIANT CELL ARTERITIS .....	86
4466	THROMBOT MICROANGIOPATHY .....	86
4467	TAKAYASU'S DISEASE .....	86
4470	ACQ ARTERIOVEN FISTULA .....	36
4471	STRICTURE OF ARTERY .....	36
4472	RUPTURE OF ARTERY .....	78
4473	RENAL ARTERY HYPERPLASIA .....	53
4474	CELIAC ART COMPRESS SYN .....	41
4475	NECROSIS OF ARTERY .....	36
4476	ARTERITIS NOS .....	24
4478	ARTERIAL DISEASE NEC .....	36
4479	ARTERIAL DISEASE NOS .....	36
4480	HEREDIT HEMORR TELANGIEC .....	36
4481	NEVUS, NON-NEOPLASTIC .....	18
4489	CAPILLARY DIS NEC/NOS .....	36
4510	SUPERFIC PHLEBITIS-LEG .....	36
45111	FEMORAL VEIN PHLEBITIS .....	36
45119	DEEP PHLEBITIS-LEG NEC .....	36
4512	THROMBOPHLEBITIS LEG NOS .....	36
45181	ILIAC THROMBOPHLEBITIS .....	36
45182	PHLBTS SPRFC VN UP EXTRM .....	36
45183	PHLBTS DEEP VN UP EXTRM .....	36
45184	PHLBTS VN NOS UP EXTRM .....	36
45189	THROMBOPHLEBITIS NEC .....	36
4519	THROMBOPHLEBITIS NOS .....	36
452	PORTAL VEIN THROMBOSIS .....	41
4530	BUDD-CHIARI SYNDROME .....	41
4531	THROMBOPHLEBITIS MIGRANS .....	36
4532	VENA CAVA THROMBOSIS .....	36
4533	RENAL VEIN THROMBOSIS .....	53
4538	VENOUS THROMBOSIS NEC .....	36
4539	VENOUS THROMBOSIS NOS .....	36
4540	LEG VARICOSITY W ULCER .....	36
4541	LEG VARICOSITY W INFLAM .....	36
4542	VARICOS LEG ULCER/INFLAM .....	36
4549	VARICOSE VEIN OF LEG NOS .....	36
4550	INT HEMORRHOID W/O COMPL .....	41
4551	INT THROMBOS HEMORRHOID .....	41
4552	INT HEMORRHOID W COMP NEC .....	41
4553	EXT HEMORRHOID W/O COMPL .....	41
4554	EXT THROMBOS HEMORRHOID .....	41
4555	EXT HEMORRHOID W COMP NEC .....	41
4556	HEMORRHOIDS NOS .....	41
4557	THROMBOS HEMORRHOIDS NOS .....	41
4558	HEMORRHOID NOS W COMP NEC .....	41
4559	RESIDUAL HEMORRHOID TAGS .....	41
4560	ESOPHAG VARICES W BLEED .....	41
4561	ESOPH VARICES W/O BLEED .....	41
45620	BLEED ESOPH VAR OTH DIS .....	41
45621	ESOPH VARICE OTH DIS NOS .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
4563	SUBLINGUAL VARICES .....	36
4564	SCROTAL VARICES .....	53
4565	PELVIC VARICES .....	53
4566	VULVAL VARICES .....	56
4568	VARICES OF OTHER SITES .....	36
4570	POSTMASTECT LYMPHEDEMA .....	18
4571	OTHER LYMPHEDEMA .....	18
4572	LYMPHANGITIS .....	18
4578	NONINFECT LYMPH DIS NEC .....	86
4579	NONINFECT LYMPH DIS NOS .....	86
4580	ORTHOSTATIC HYPOTENSION .....	36
4581	CHRONIC HYPOTENSION .....	36
4582	IATROGENIC HYPOTENSION .....	82
4589	HYPOTENSION NOS .....	36
4590	HEMORRHAGE NOS .....	11
4591	POSTPHLEBITIC SYNDROME .....	36
4592	COMPRESSION OF VEIN .....	36
45981	VENOUS INSUFFICIENCY NOS .....	36
45989	CIRCULATORY DISEASE NEC .....	36
4599	CIRCULATORY DISEASE NOS .....	36
460	ACUTE NASOPHARYNGITIS .....	31
4610	AC MAXILLARY SINUSITIS .....	31
4611	AC FRONTAL SINUSITIS .....	31
4612	AC ETHMOIDAL SINUSITIS .....	31
4613	AC SPHENOIDAL SINUSITIS .....	31
4618	OTHER ACUTE SINUSITIS .....	31
4619	ACUTE SINUSITIS NOS .....	31
462	ACUTE PHARYNGITIS .....	31
463	ACUTE TONSILLITIS .....	31
4640	ACUTE LARYNGITIS .....	31
46410	AC TRACHEITIS NO OBSTRUC .....	31
46411	AC TRACHEITIS W OBSTRUCT .....	31
46420	AC LARYNGOTRACH NO OBSTR .....	31
46421	AC LARYNGOTRACH W OBSTR .....	31
46430	AC EPIGLOTTITIS NO OBSTR .....	31
46431	AC EPIGLOTTITIS W OBSTR .....	78
4644	CROUP .....	31
4650	ACUTE LARYNGOPHARYNGITIS .....	31
4658	ACUTE URI MULT SITES NEC .....	31
4659	ACUTE URI NOS .....	31
4660	ACUTE BRONCHITIS .....	33
470	DEVIATED NASAL SEPTUM .....	31
4710	POLYP OF NASAL CAVITY .....	31
4711	POLYPOID SINUS DEGEN .....	31
4718	NASAL SINUS POLYP NEC .....	31
4719	NASAL POLYP NOS .....	31
4720	CHRONIC RHINITIS .....	31
4721	CHRONIC PHARYNGITIS .....	31
4722	CHRONIC NASOPHARYNGITIS .....	31
4730	CHR MAXILLARY SINUSITIS .....	31
4731	CHR FRONTAL SINUSITIS .....	31
4732	CHR ETHMOIDAL SINUSITIS .....	31
4733	CHR SPHENOIDAL SINUSITIS .....	31
4738	CHRONIC SINUSITIS NEC .....	31
4739	CHRONIC SINUSITIS NOS .....	31
4740	CHRONIC TONSILLITIS* .....	31
47410	HYPERTROPHY T AND A .....	31
47411	HYPERTROPHY TONSILS .....	31
47412	HYPERTROPHY ADENOIDS .....	31
4742	ADENOID VEGETATIONS .....	31
4748	CHR T & A DIS NEC .....	31
4749	CHR T & A DIS NOS .....	31
475	PERITONSILLAR ABSCESS .....	31
4760	CHRONIC LARYNGITIS .....	31
4761	CHR LARYNGOTRACHEITIS .....	31
4770	RHINITIS DUE TO POLLEN .....	31
4778	ALLERGIC RHINITIS NEC .....	31
4779	ALLERGIC RHINITIS NOS .....	31
4780	HYPERTRPH NASAL TURBINAT .....	31
4781	NASAL & SINUS DIS NEC .....	31
47820	DISEASE OF PHARYNX NOS .....	31
47821	CELLULITIS OF PHARYNX .....	31
47822	PARAPHARYNGEAL ABSCESS .....	31
47824	RETROPHARYNGEAL ABSCESS .....	31
47825	EDEMA PHARYNX/NASOPHARYX .....	31
47826	CYST PHARYNX/NASOPHARYNX .....	31

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
47829	DISEASE OF PHARYNX NEC .....	31
47830	VOCAL CORD PARALYSIS NOS .....	31
47831	VOCAL PARAL UNILAT PART .....	31
47832	VOCAL PARAL UNILAT TOTAL .....	31
47833	VOCAL PARAL BILAT PART .....	31
47834	VOCAL PARAL BILAT TOTAL .....	31
4784	VOCAL CORD/LARYNX POLYP .....	31
4785	VOCAL CORD DISEASE NEC .....	31
4786	EDEMA OF LARYNX .....	31
47870	DISEASE OF LARYNX NOS .....	31
47871	LARYNGEAL CELLULITIS .....	31
47874	STENOSIS OF LARYNX .....	31
47875	LARYNGEAL SPASM .....	31
47879	DISEASE OF LARYNX NEC .....	31
4788	URT HYPERSENS REACT NOS .....	31
4789	UPPER RESP DIS NEC/NOS .....	31
4800	ADENOVIRAL PNEUMONIA .....	33
4801	RESP SYNCYT VIRAL PNEUM .....	33
4802	PARINFLUENZA VIRAL PNEUM .....	33
4808	VIRAL PNEUMONIA NEC .....	33
4809	VIRAL PNEUMONIA NOS .....	33
481	PNEUMOCOCCAL PNEUMONIA .....	33
4820	K. PNEUMONIAE PNEUMONIA .....	33
4821	PSEUDOMONAL PNEUMONIA .....	33
4822	H. INFLUENZAE PNEUMONIA .....	33
48230	STREPTOCOCCAL PNEUMN NOS .....	33
48231	PNEUMONIA STRPTOCOCCUS A .....	33
48232	PNEUMONIA STRPTOCOCCUS B .....	33
48239	PNEUMONIA OTH STREP .....	33
4824	STAPHYLOCOCCAL PNEUMONIA .....	33
48281	PNEUMONIA ANAEROBES .....	33
48282	PNEUMONIA E COLI .....	33
48283	PNEUMO OTH GRM-NEG BACT .....	33
48289	PNEUMONIA OTH SPCF BACT .....	33
4829	BACTERIAL PNEUMONIA NOS .....	33
4830	PNEU MYCPLSM PNEUMONIAE .....	33
4838	PNEUMON OTH SPEC ORGNM .....	33
4841	PNEUM W CYTOMEG INCL DIS .....	33
4843	PNEUMONIA IN WHOOP COUGH .....	33
4845	PNEUMONIA IN ANTHRAX .....	33
4846	PNEUM IN ASPERGILLOSIS .....	33
4847	PNEUM IN OTH SYS MYCOSES .....	33
4848	PNEUM IN INFECT DIS NEC .....	33
485	BRONCHOPNEUMONIA ORG NOS .....	33
486	PNEUMONIA, ORGANISM NOS .....	33
4870	INFLUENZA WITH PNEUMONIA .....	33
4871	FLU W RESP MANIFEST NEC .....	31
4878	FLU W MANIFESTATION NEC .....	31
490	BRONCHITIS NOS .....	33
4910	SIMPLE CHR BRONCHITIS .....	33
4911	MUCOPURUL CHR BRONCHITIS .....	33
4912	OBSTRUCT CHR BRONCHITIS* .....	33
49120	OBS CHR BRNC W/O ACT EXA .....	33
49121	OBS CHR BRNC W ACT EXA .....	33
4918	CHRONIC BRONCHITIS NEC .....	33
4919	CHRONIC BRONCHITIS NOS .....	33
4920	EMPHYSEMATOUS BLEB .....	33
4928	EMPHYSEMA NEC .....	33
49300	EXT ASTHMA W/O STAT ASTH .....	33
49301	EXT ASTHMA W STATUS ASTH .....	78
49310	INT ASTHMA W/O STAT ASTH .....	33
49311	INT ASTHMA W STATUS ASTH .....	78
49320	CH OB ASTH W/O STAT ASTH .....	33
49321	CH OB ASTHMA W STAT ASTH .....	78
49390	ASTHMA W/O STATUS ASTHM .....	33
49391	ASTHMA W STATUS ASTHMA .....	78
494	BRONCHIECTASIS .....	33
4950	FARMERS' LUNG .....	33
4951	BAGASSOSIS .....	33
4952	BIRD-FANCIERS' LUNG .....	33
4953	SUBEROSIS .....	33
4954	MALT WORKERS' LUNG .....	33
4955	MUSHROOM WORKERS' LUNG .....	33
4956	MAPL BARK-STRIPPRS' LUNG .....	33
4957	"VENTILATION" PNEUMONIT .....	33
4958	ALLERG ALVEOL/PNEUM NEC .....	33

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
4959	ALLERG ALVEOL/PNEUM NOS .....	33
496	CHR AIRWAY OBSTRUCT NEC .....	33
500	COAL WORKERS' PNEUMOCON .....	33
501	ASBESTOSIS .....	33
502	SILICA PNEUMOCON NEC .....	33
503	INORG DUST PNEUMOCON NEC .....	33
504	DUST PNEUMONOPATHY NEC .....	33
505	PNEUMOCONIOSIS NOS .....	33
5060	FUM/VAPOR BRONC/PNEUMON .....	33
5061	FUM/VAPOR AC PULM EDEMA .....	33
5062	FUM/VAPOR UP RESP INFLAM .....	33
5063	FUM/VAP AC RESP COND NEC .....	33
5064	FUM/VAPOR CHR RESP COND .....	33
5069	FUM/VAPOR RESP COND NOS .....	33
5070	FOOD/VOMIT PNEUMONITIS .....	33
5071	OIL/ESSENCE PNEUMONITIS .....	33
5078	SOLID/LIQ PNEUMONIT NEC .....	33
5080	AC PUL MANIF D/T RADIAT .....	33
5081	CHR PUL MANIF D/T RADIAT .....	33
5088	RESP COND: EXT AGENT NEC .....	33
5089	RESP COND: EXT AGENT NOS .....	33
5100	EMPYEMA WITH FISTULA .....	33
5109	EMPYEMA W/O FISTULA .....	33
5110	PLEURISY W/O EFFUS OR TB .....	33
5111	BACT PLEUR/EFFUS NOT TB .....	33
5118	PLEURAL EFFUS NEC NOT TB .....	33
5119	PLEURAL EFFUSION NOS .....	33
5120	SPONT TENS PNEUMOTHORAX .....	33
5121	IATROGENIC PNEUMOTHORAX .....	78
5128	SPONT PNEUMOTHORAX NEC .....	33
5130	ABSCESS OF LUNG .....	33
5131	ABSCESS OF MEDIASTINUM .....	33
514	PULM CONGEST/HYPOSTASIS .....	33
515	POSTINFLAM PULM FIBROSIS .....	33
5160	PUL ALVEOLAR PROTEINOSIS .....	33
5161	IDIO PULM HEMOSIDEROSIS .....	33
5162	PULM ALVEOLAR MICROLITH .....	33
5163	IDIO FIBROS ALVEOLITIS .....	33
5168	ALVEOL PNEUMONOPATHY NEC .....	33
5169	ALVEOL PNEUMONOPATHY NOS .....	33
5171	RHEUMATIC PNEUMONIA .....	33
5172	SYST SCLEROSIS LUNG DIS .....	33
5178	LUNG INVOLV IN OTH DIS .....	33
5180	PULMONARY COLLAPSE .....	33
5181	INTERSTITIAL EMPHYSEMA .....	33
5182	COMPENSATORY EMPHYSEMA .....	33
5183	PULMONARY EOSINOPHILIA .....	33
5184	ACUTE LUNG EDEMA NOS .....	33
5185	POST TRAUM PULM INSUFFIC .....	33
51881	RESPIRATORY FAILURE .....	33
51882	OTHER PULMONARY INSUFF .....	33
51889	OTHER LUNG DISEASE NEC .....	33
5190	TRACHEOSTOMY COMPLIC .....	33
5191	TRACHEA/BRONCHUS DIS NEC .....	33
5192	MEDIASTINITIS .....	33
5193	MEDIASTINUM DISEASE NEC .....	33
5194	DISORDERS OF DIAPHRAGM .....	33
5198	RESP SYSTEM DISEASE NEC .....	11
5199	RESP SYSTEM DISEASE NOS .....	11
5200	ANODONTIA .....	31
5201	SUPERNUMERARY TEETH .....	31
5202	ABNORMAL TOOTH SIZE/Form .....	31
5203	MOTTLED TEETH .....	31
5204	TOOTH FORMATION DISTURB .....	31
5205	HEREDIT TOOTH STRUCT NEC .....	31
5206	TOOTH ERUPTION DISTURB .....	31
5207	TEETHING SYNDROME .....	31
5208	TOOTH DEVEL/ERUP DIS NEC .....	31
5209	TOOTH DEVEL/ERUP DIS NOS .....	31
5210	DENTAL CARIES .....	31
5211	EXCESS ATTRITION-TEETH .....	31
5212	ABRASION OF TEETH .....	31
5213	EROSION OF TEETH .....	31
5214	RESORPTION OF TEETH .....	31
5215	HYPERCEMENTOSIS .....	31
5216	ANKYLOSIS OF TEETH .....	31

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
5217	POSTERUPT COLOR CHANGE .....	31
5218	HARD TISS DIS TEETH NEC .....	31
5219	HARD TISS DIS TEETH NOS .....	31
5220	PULPITIS .....	31
5221	NECROSIS OF TOOTH PULP .....	31
5222	TOOTH PULP DEGENERATION .....	31
5223	ABN HARD TISS-TOOTH PULP .....	31
5224	AC APICAL PERIODONTITIS .....	31
5225	PERIAPICAL ABSCESS .....	31
5226	CHR APICAL PERIODONTITIS .....	31
5227	PERIAPICAL ABSC W SINUS .....	31
5228	RADICULAR CYST .....	31
5229	PULP/PERIAPICAL DIS NEC .....	31
5230	ACUTE GINGIVITIS .....	31
5231	CHRONIC GINGIVITIS .....	31
5232	GINGIVAL RECESSION .....	31
5233	ACUTE PERIODONTITIS .....	31
5234	CHRONIC PERIODONTITIS .....	31
5235	PERIODONTOSIS .....	31
5236	ACCRETIONS ON TEETH .....	31
5238	PERIODONTAL DISEASE NEC .....	31
5239	GINGIV/PERIODONT DIS NOS .....	31
52400	UNSPCF ANOMALY JAW SIZE .....	31
52401	MAXILLARY HYPERPLASIA .....	31
52402	MANDIBULAR HYPERPLASIA .....	31
52403	MAXILLARY HYPOPLASIA .....	31
52404	MANDIBULAR HYPOPLASIA .....	31
52405	MACROGENIA .....	31
52406	MICROGENIA .....	31
52409	OTH SPCF ANMLY JAW SIZE .....	31
52410	UNSPCF ANM JAW CRANL BSE .....	31
52411	MAXILLARY ASYMMETRY .....	31
52412	OTHER JAW ASYMMETRY .....	31
52419	SPCFD ANOM JAW CRANL BSE .....	31
5242	DENTAL ARCH ANOMALY .....	31
5243	TOOTH POSITION ANOMALY .....	31
5244	MALOCCLUSION NOS .....	31
5245	ABN DENTOFACIAL FUNCTION .....	31
52460	TMJ DISORDERS NOS .....	24
52461	ADHESNS/ANKYLOSIS—TMJ .....	24
52462	ARTHRALGIA TMJ .....	24
52463	ARTICULAR DISC DISORDER .....	24
52469	OTHER SPECIF TMJ DISORDRS .....	24
52470	UNSPF DENT ALVELR ANMALY .....	31
52471	ALVEOLAR MAXIL HYPRPLSIA .....	31
52472	ALVEOLAR MANDIB HYPRPLAS .....	31
52473	ALVEOLAR MAXIL HYPOPLSIA .....	31
52474	ALVEOLAR MANDB HYPOPLSIA .....	31
52479	OTH SPCF ALVEOLAR ANMALY .....	31
5248	DENTOFACIAL ANOMALY NEC .....	31
5249	DENTOFACIAL ANOMALY NOS .....	31
5250	EXFOLIATION OF TEETH .....	31
5251	LOSS OF TEETH, ACQUIRED .....	31
5252	ATROPHY ALVEOLAR RIDGE .....	31
5253	RETAINED DENTAL ROOT .....	31
5258	DENTAL DISORDER NEC .....	31
5259	DENTAL DISORDER NOS .....	31
5260	DEVEL ODONTOGENIC CYSTS .....	31
5261	FISSURAL CYSTS OF JAW .....	31
5262	CYSTS OF JAWS NEC .....	31
5263	CENT GIANT CELL GRANULOM .....	31
5264	INFLAMMATION OF JAW .....	31
5265	ALVEOLITIS OF JAW .....	31
52681	EXOSTOSIS OF JAW .....	31
52689	JAW DISEASE NEC .....	31
5269	JAW DISEASE NOS .....	31
5270	SALIVARY GLAND ATROPHY .....	31
5271	SALIVARY GLND HYPRTROPHY .....	31
5272	SIALOADENITIS .....	31
5273	SALIVARY GLAND ABSCESS .....	31
5274	SALIVARY GLAND FISTULA .....	31
5275	SIALOLITHIASIS .....	31
5276	SALIVARY GLAND MUCOCELE .....	31
5277	SALIVARY SECRETION DIS .....	31
5278	SALIVARY GLAND DIS NEC .....	31
5279	SALIVARY GLAND DIS NOS .....	31

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
5280	STOMATITIS .....	31
5281	CANCRUM ORIS .....	31
5282	ORAL APHTHAE .....	31
5283	CELLULITIS/ABSCESS MOUTH .....	31
5284	ORAL SOFT TISSUE CYST .....	31
5285	DISEASES OF LIPS .....	31
5286	LEUKOPLAKIA ORAL MUCOSA .....	31
5287	ORAL EPITHELIUM DIS NEC .....	31
5288	ORAL SUBMUCOSAL FIBROSIS .....	31
5289	ORAL SOFT TISSUE DIS NEC .....	31
5290	GLOSSITIS .....	31
5291	GEOGRAPHIC TONGUE .....	31
5292	MED RHOMBOID GLOSSITIS .....	31
5293	HYPERTROPH TONGUE PAPILL .....	31
5294	ATROPHY TONGUE PAPILLAE .....	31
5295	PLICATED TONGUE .....	31
5296	GLOSSODYNIA .....	31
5298	TONGUE DISORDER NEC .....	31
5299	TONGUE DISORDER NOS .....	31
5300	ACHALASIA & CARDIOSPASM .....	41
53010	ESOPHAGITIS, UNSPECIFIED .....	41
53011	REFLUX ESOPHAGITIS .....	41
53019	OTHER ESOPHAGITIS .....	41
5302	ULCER OF ESOPHAGUS .....	41
5303	ESOPHAGEAL STRICTURE .....	41
5304	PERFORATION OF ESOPHAGUS .....	41
5305	DYSKINESIA OF ESOPHAGUS .....	41
5306	ACQ ESOPHAG DIVERTICULUM .....	41
5307	MALLORY-WEISS SYNDROME .....	41
53081	ESOPHAGEAL REFLUX .....	41
53082	ESOPHAGEAL HEMORRHAGE .....	41
53083	ESOPHAGEAL LEUKOPLAKIA .....	41
53084	TRACHEOESOPHAGEAL FSTULA .....	41
53089	OTHER DSRDERS ESOPHAGUS .....	41
5309	ESOPHAGEAL DISORDER NOS .....	41
53100	AC STOMACH ULCER W HEM .....	41
53101	AC STOMAC ULC W HEM-OBST .....	41
53110	AC STOMACH ULCER W PERF .....	78
53111	AC STOM ULC W PERF-OBST .....	78
53120	AC STOMACH ULC W HEM/PERF .....	78
53121	AC STOM ULC HEM/PERF-OBS .....	78
53130	ACUTE STOMACH ULCER NOS .....	41
53131	AC STOMACH ULC NOS-OBSTR .....	41
53140	CHR STOMACH ULC W HEM .....	41
53141	CHR STOM ULC W HEM-OBSTR .....	41
53150	CHR STOMACH ULCER W PERF .....	78
53151	CHR STOM ULC W PERF-OBST .....	78
53160	CHR STOMACH ULC HEM/PERF .....	78
53161	CHR STOM ULC HEM/PERF-OB .....	78
53170	CHR STOMACH ULCER NOS .....	41
53171	CHR STOMACH ULC NOS-OBST .....	41
53190	STOMACH ULCER NOS .....	41
53191	STOMACH ULCER NOS-OBSTR .....	41
53200	AC DUODENAL ULCER W HEM .....	41
53201	AC DUODEN ULC W HEM-OBST .....	41
53210	AC DUODENAL ULCER W PERF .....	78
53211	AC DUODEN ULC PERF-OBSTR .....	78
53220	AC DUODEN ULC W HEM/PERF .....	78
53221	AC DUOD ULC HEM/PERF-OBS .....	78
53230	ACUTE DUODENAL ULCER NOS .....	41
53231	AC DUODENAL ULC NOS-OBST .....	41
53240	CHR DUODEN ULCER W HEM .....	41
53241	CHR DUODEN ULC HEM-OBSTR .....	41
53250	CHR DUODEN ULCER W PERF .....	78
53251	CHR DUODEN ULC PERF-OBST .....	78
53260	CHR DUODEN ULC HEM/PERF .....	78
53261	CHR DUOD ULC HEM/PERF-OB .....	78
53270	CHR DUODENAL ULCER NOS .....	41
53271	CHR DUODEN ULC NOS-OBSTR .....	41
53290	DUODENAL ULCER NOS .....	41
53291	DUODENAL ULCER NOS-OBSTR .....	41
53300	AC PEPTIC ULCER W HEMORR .....	41
53301	AC PEPTIC ULC W HEM-OBST .....	41
53310	AC PEPTIC ULCER W PERFOR .....	78
53311	AC PEPTIC ULC W PERF-OBS .....	78
53320	AC PEPTIC ULC W HEM/PERF .....	78

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
53321	AC PEPT ULC HEM/PERF-OBS .....	78
53330	ACUTE PEPTIC ULCER NOS .....	41
53331	AC PEPTIC ULCER NOS-OBST .....	41
53340	CHR PEPTIC ULCER W HEM .....	41
53341	CHR PEPTIC ULC W HEM-OBS .....	41
53350	CHR PEPTIC ULCER W PERF .....	78
53351	CHR PEPTIC ULC PERF-OBST .....	78
53360	CHR PEPT ULC W HEM/PERF .....	78
53361	CHR PEPT ULC HEM/PERF-OB .....	78
53370	CHRONIC PEPTIC ULCER NOS .....	41
53371	CHR PEPTIC ULCER NOS-OBS .....	41
53390	PEPTIC ULCER NOS .....	41
53391	PEPTIC ULCER NOS-OBSTRUC .....	41
53400	AC MARGINAL ULCER W HEM .....	41
53401	AC MARGIN ULC W HEM-OBST .....	41
53410	AC MARGINAL ULCER W PERF .....	78
53411	AC MARGIN ULC W PERF-OBS .....	78
53420	AC MARGIN ULC W HEM/PERF .....	78
53421	AC MARG ULC HEM/PERF-OBS .....	78
53430	AC MARGINAL ULCER NOS .....	41
53431	AC MARGINAL ULC NOS-OBST .....	41
53440	CHR MARGINAL ULCER W HEM .....	41
53441	CHR MARGIN ULC W HEM-OBS .....	41
53450	CHR MARGINAL ULC W PERF .....	78
53451	CHR MARGIN ULC PERF-OBST .....	78
53460	CHR MARGIN ULC HEM/PERF .....	78
53461	CHR MARG ULC HEM/PERF-OB .....	78
53470	CHR MARGINAL ULCER NOS .....	41
53471	CHR MARGINAL ULC NOS-OBS .....	41
53490	GASTROJEJUNAL ULCER NOS .....	41
53491	GASTROJEJUN ULC NOS-OBST .....	41
53500	ACUTE GASTRITIS W/O HMRHG .....	41
53501	ACUTE GASTRITIS W HMRHG .....	41
53510	ATRPH GASTRITIS W/O HMRHG .....	41
53511	ATRPH GASTRITIS W HMRHG .....	41
53520	GSTR MCSL HYPRT W/O HMRG .....	41
53521	GSTR MCSL HYPRT W HMRG .....	41
53530	ALCHL GASTRITIS W/O HMRHG .....	41
53531	ALCHL GSTRITIS W HMRHG .....	41
53540	OTH SPF GSTRT W/O HMRHG .....	41
53541	OTH SPF GASTRT W HMRHG .....	41
53550	GSTR/DDNTS NOS W/O HMRHG .....	41
53551	GSTR/DDNTS NOS W HMRHG .....	41
53560	DUODENITIS W/O HMRHG .....	41
53561	DUODENITIS W HMRHG .....	41
5360	ACHLORHYDRIA .....	41
5361	AC DILATION OF STOMACH .....	41
5362	PERSISTENT VOMITING .....	41
5363	GASTROPARESIS .....	41
5368	STOMACH FUNCTION DIS NEC .....	41
5369	STOMACH FUNCTION DIS NOS .....	41
5370	ACQ PYLORIC STENOSIS .....	41
5371	GASTRIC DIVERTICULUM .....	41
5372	CHRONIC DUODENAL ILEUS .....	41
5373	DUODENAL OBSTRUCTION NEC .....	41
5374	GASTRIC/DUODENAL FISTULA .....	41
5375	GASTROPTOSIS .....	41
5376	HOURLASS STRICTURE STOM .....	41
53781	PYLOROSPASM .....	41
53782	ANGIO STM/DUDN W/O HMRHG .....	41
53783	ANGIO STM/DUDN W HMRHG .....	41
53789	GASTRODUODENAL DIS NEC .....	41
5379	GASTRODUODENAL DIS NOS .....	41
5400	AC APPEND W PERITONITIS .....	41
5401	ABSCESS OF APPENDIX .....	41
5409	ACUTE APPENDICITIS NOS .....	41
541	APPENDICITIS NOS .....	41
542	OTHER APPENDICITIS .....	41
5430	HYPERPLASIA OF APPENDIX .....	41
5439	DISEASES OF APPENDIX NEC .....	41
55000	UNILAT ING HERNIA W GANG .....	41
55001	RECUR UNIL ING HERN-GANG .....	41
55002	BILAT ING HERNIA W GANG .....	41
55003	RECUR BIL ING HERN-GANG .....	41
55010	UNILAT ING HERNIA W OBST .....	41
55011	RECUR UNIL ING HERN-OBST .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
55012	BILAT ING HERNIA W OBST .....	41
55013	RECUR BIL ING HERN-OBSTR .....	41
55090	UNILAT INGUINAL HERNIA .....	41
55091	RECUR UNILAT INGUIN HERN .....	41
55092	BILAT INGUINAL HERNIA .....	41
55093	RECUR BILAT INGUIN HERN .....	41
55100	UNIL FEMORAL HERN W GANG .....	41
55101	REC UNIL FEM HERN W GANG .....	41
55102	BILAT FEM HERN W GANG .....	41
55103	RECUR BIL FEM HERN-GANG .....	41
5511	UMBILICAL HERNIA W GANGR .....	41
55120	GANGR VENTRAL HERNIA NOS .....	41
55121	GANGR INCISIONAL HERNIA .....	41
55129	GANG VENTRAL HERNIA NEC .....	41
5513	DIAPHRAGM HERNIA W GANGR .....	78
5518	HERNIA, SITE NEC W GANGR .....	78
5519	HERNIA, SITE NOS W GANGR .....	78
55200	UNIL FEMORAL HERN W OBST .....	41
55201	REC UNIL FEM HERN W OBST .....	41
55202	BIL FEMORAL HERN W OBSTR .....	41
55203	REC BIL FEM HERN W OBSTR .....	41
5521	UMBILICAL HERNIA W OBSTR .....	41
55220	OBSTR VENTRAL HERNIA NOS .....	41
55221	OBSTR INCISIONAL HERNIA .....	41
55229	OBSTR VENTRAL HERNIA NEC .....	41
5523	DIAPHRAGM HERNIA W OBSTR .....	41
5528	HERNIA, SITE NEC W OBSTR .....	41
5529	HERNIA, SITE NOS W OBSTR .....	41
55300	UNILAT FEMORAL HERNIA .....	41
55301	RECUR UNIL FEMORAL HERN .....	41
55302	BILATERAL FEMORAL HERNIA .....	41
55303	RECUR BILAT FEMORAL HERN .....	41
5531	UMBILICAL HERNIA .....	41
55320	VENTRAL HERNIA NOS .....	41
55321	INCISIONAL HERNIA .....	41
55329	VENTRAL HERNIA NEC .....	41
5533	DIAPHRAGMATIC HERNIA .....	41
5538	HERNIA NEC .....	41
5539	HERNIA NOS .....	41
5550	REG ENTERITIS, SM INTEST .....	41
5551	REG ENTERITIS, LG INTEST .....	41
5552	REG ENTERIT SM/LG INTEST .....	41
5559	REGIONAL ENTERITIS NOS .....	41
5560	ULCERATIVE ENTEROCOLITIS .....	41
5561	ULCERATIVE ILEOCOLITIS .....	41
5562	ULCERATIVE PROCTITIS .....	41
5563	ULCERVTE PRCTOSIGMOIDITIS .....	41
5564	PSEUDOPOLYPOSI COLON .....	41
5565	LFTSDED ULCERVTE COLITIS .....	41
5566	UNIVRSL ULCERVTE COLITIS .....	41
5568	OTHER ULCERATIVE COLITIS .....	41
5569	ULCERATVE COLITIS UNSPCF .....	41
5570	AC VASC INSUFF INTESTINE .....	41
5571	CHR VASC INSUFF INTEST .....	41
5579	VASC INSUFF INTEST NOS .....	41
5581	RADIATION GASTROENTERIT .....	41
5582	TOXIC GASTROENTERITIS .....	41
5589	NONINF GASTROENTERIT NEC .....	41
5600	INTUSSUSCEPTION .....	41
5601	PARALYTIC ILEUS .....	41
5602	VOLVULUS OF INTESTINE .....	41
56030	IMPACTION INTESTINE NOS .....	41
56031	GALLSTONE ILEUS .....	41
56039	IMPACTION INTESTINE NEC .....	41
56081	INTESTINAL ADHES W OBSTR .....	41
56089	INTESTINAL OBSTRUCT NEC .....	41
5609	INTESTINAL OBSTRUCT NOS .....	41
56200	DVRTCLO SML INT W/O HMRG .....	41
56201	DVRTCLI SML INT W/O HMRG .....	41
56202	DVRTCLO SML INT W HMRHG .....	41
56203	DVRTCLI SML INT W HMRHG .....	41
56210	DVRTCLO COLON W/O HMRHG .....	41
56211	DVRTCLI COLON W/O HMRHG .....	41
56212	DVRTCLO COLON W HMRHG .....	41
56213	DVRTCLI COLON W HMRHG .....	41
5640	CONSTIPATION .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
5641	IRRITABLE COLON .....	41
5642	POSTGASTRIC SURGERY SYND .....	41
5643	VOMITING POST-GI SURGERY .....	41
5644	POSTOP GI FUNCT DIS NEC .....	41
5645	FUNCTIONAL DIARRHEA .....	41
5646	ANAL SPASM .....	41
5647	MEGACOLON NEC .....	41
5648	FUNCT DIS INTESTINE NEC .....	41
5649	FUNCT DIS INTESTINE NOS .....	41
5650	ANAL FISSURE .....	41
5651	ANAL FISTULA .....	41
566	ANAL & RECTAL ABSCESS .....	41
5670	PERITONITIS IN INFEC DIS .....	41
5671	PNEUMOCOCCAL PERITONITIS .....	41
5672	SUPPURAT PERITONITIS NEC .....	41
5678	PERITONITIS NEC .....	41
5679	PERITONITIS NOS .....	41
5680	PERITONEAL ADHESIONS .....	41
56881	HEMOPERITONEUM .....	78
56882	PERITONEAL EFFUSION .....	41
56889	PERITONEAL DISORDER NEC .....	41
5689	PERITONEAL DISORDER NOS .....	41
5690	ANAL & RECTAL POLYP .....	41
5691	RECTAL PROLAPSE .....	41
5692	RECTAL & ANAL STENOSIS .....	41
5693	RECTAL & ANAL HEMORRHAGE .....	41
56941	RECTAL & ANAL ULCER .....	41
56942	ANAL OR RECTAL PAIN .....	41
56949	RECTAL & ANAL DIS NEC .....	41
5695	INTESTINAL ABSCESS .....	41
56960	COLSTOMY/ENTER COMP NOS .....	41
56961	COLOSTY/ENTEROST INFECTN .....	41
56969	COLSTMY/ENTEROS COMP NEC .....	41
56981	INTESTINAL FISTULA .....	41
56982	ULCERATION OF INTESTINE .....	41
56983	PERFORATION OF INTESTINE .....	41
56984	ANGIO INTES W/O HMRHG .....	41
56985	ANGIO INTES W HMRHG .....	41
56989	INTESTINAL DISORDERS NEC .....	41
5699	INTESTINAL DISORDER NOS .....	41
570	ACUTE NECROSIS OF LIVER .....	41
5710	ALCOHOLIC FATTY LIVER .....	41
5711	AC ALCOHOLIC HEPATITIS .....	41
5712	ALCOHOL CIRRHOSIS LIVER .....	41
5713	ALCOHOL LIVER DAMAGE NOS .....	41
57140	CHRONIC HEPATITIS NOS .....	41
57141	CHR PERSISTENT HEPATITIS .....	41
57149	CHRONIC HEPATITIS NEC .....	41
5715	CIRRHOSIS OF LIVER NOS .....	41
5716	BILIARY CIRRHOSIS .....	41
5718	CHRONIC LIVER DIS NEC .....	41
5719	CHRONIC LIVER DIS NOS .....	41
5720	ABSCESS OF LIVER .....	41
5721	PORTAL PYEMIA .....	41
5722	HEPATIC COMA .....	78
5723	PORTAL HYPERTENSION .....	41
5724	HEPATORENAL SYNDROME .....	41
5728	OTH SEQUELA, CHR LIV DIS .....	41
5730	CHR PASSIV CONGEST LIVER .....	41
5731	HEPATITIS IN VIRAL DIS .....	41
5732	HEPATITIS IN OTH INF DIS .....	41
5733	HEPATITIS NOS .....	41
5734	HEPATIC INFARCTION .....	41
5738	LIVER DISORDERS NEC .....	41
5739	LIVER DISORDER NOS .....	41
57400	CHOLELITH W AC CHOLECYST .....	41
57401	CHOLELITH/AC GB INF-OBST .....	41
57410	CHOLELITH W CHOLECYS NEC .....	41
57411	CHOLELITH/GB INF NEC-OBS .....	41
57420	CHOLELITHIASIS NOS .....	41
57421	CHOLELITHIAS NOS W OBSTR .....	41
57430	CHOLEDOCHOLITH/AC GB INF .....	41
57431	CHOLEDOCHLITH/AC GB-OBST .....	41
57440	CHOLEDOCHLITH/GB INF NEC .....	41
57441	CHOLEDOCHLITH/GB NEC-OBS .....	41
57450	CHOLEDOCHOLITHIASIS NOS .....	41

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
57451	CHOLEDOCHLITH NOS W OBST .....	41
5750	ACUTE CHOLECYSTITIS .....	41
5752	OBSTRUCTION GALLBLADDER .....	41
5753	HYDROPS OF GALLBLADDER .....	41
5754	PERFORATION GALLBLADDER .....	41
5755	FISTULA OF GALLBLADDER .....	41
5756	GB CHOLESTEROSIS .....	41
5758	DIS OF GALLBLADDER NEC .....	41
5759	DIS OF GALLBLADDER NOS .....	41
5760	POSTCHOLECYSTECTOMY SYND .....	41
5761	CHOLANGITIS .....	41
5762	OBSTRUCTION OF BILE DUCT .....	41
5763	PERFORATION OF BILE DUCT .....	41
5764	FISTULA OF BILE DUCT .....	41
5765	SPASM SPHINCTER OF ODDI .....	41
5768	DIS OF BILIARY TRACT NEC .....	41
5769	DIS OF BILIARY TRACT NOS .....	41
5770	ACUTE PANCREATITIS .....	41
5771	CHRONIC PANCREATITIS .....	41
5772	PANCREAT CYST/PSEUDOCYST .....	41
5778	PANCREATIC DISEASE NEC .....	41
5779	PANCREATIC DISEASE NOS .....	41
5780	HEMATEMESIS .....	41
5781	BLOOD IN STOOL .....	41
5789	GASTROINTEST HEMORR NOS .....	41
5790	CELIAC DISEASE .....	41
5791	TROPICAL SPRUE .....	41
5792	BLIND LOOP SYNDROME .....	41
5793	INTEST POSTOP NONABSORB .....	41
5794	PANCREATIC STEATORRHEA .....	41
5798	INTEST MALABSORPTION NEC .....	41
5799	INTEST MALABSORPTION NOS .....	41
5800	AC PROLIFERAT NEPHRITIS .....	53
5804	AC RAPIDLY PROGR NEPHRIT .....	53
58081	AC NEPHRITIS IN OTH DIS .....	53
58089	ACUTE NEPHRITIS NEC .....	53
5809	ACUTE NEPHRITIS NOS .....	53
5810	NEPHROTIC SYN, PROLIFER .....	53
5811	EPIMEMBRANOUS NEPHRITIS .....	53
5812	MEMBRANOPROLIF NEPHROSIS .....	53
5813	MINIMAL CHANGE NEPHROSIS .....	53
58181	NEPHROTIC SYN IN OTH DIS .....	53
58189	NEPHROTIC SYNDROME NEC .....	53
5819	NEPHROTIC SYNDROME NOS .....	53
5820	CHR PROLIFERAT NEPHRITIS .....	53
5821	CHR MEMBRANOUS NEPHRITIS .....	53
5822	CHR MEMBRANOPROLIF NEPHR .....	53
5824	CHR RAPID PROGR NEPHRIT .....	53
58281	CHR NEPHRITIS IN OTH DIS .....	53
58289	CHRONIC NEPHRITIS NEC .....	53
5829	CHRONIC NEPHRITIS NOS .....	53
5830	PROLIFERAT NEPHRITIS NOS .....	53
5831	MEMBRANOUS NEPHRITIS NOS .....	53
5832	MEMBRANOPROLIF NEPHR NOS .....	53
5834	RAPIDLY PROG NEPHRIT NOS .....	53
5836	RENAL CORT NECROSIS NOS .....	53
5837	NEPHR NOS/MEDULL NECROS .....	53
58381	NEPHRITIS NOS IN OTH DIS .....	53
58389	NEPHRITIS NEC .....	53
5839	NEPHRITIS NOS .....	53
5845	LOWER NEPHRON NEPHROSIS .....	53
5846	AC RENAL FAIL, CORT NECR .....	53
5847	AC REN FAIL, MEDULL NECR .....	53
5848	AC RENAL FAILURE NEC .....	53
5849	ACUTE RENAL FAILURE NOS .....	53
585	CHRONIC RENAL FAILURE .....	53
586	RENAL FAILURE NOS .....	53
587	RENAL SCLEROSIS NOS .....	53
5880	RENAL OSTEODYSTROPHY .....	53
5881	NEPHROGEN DIABETES INSIP .....	53
5888	IMPAIRED RENAL FUNCT NEC .....	53
5889	IMPAIRED RENAL FUNCT NOS .....	53
5890	UNILATERAL SMALL KIDNEY .....	53
5891	BILATERAL SMALL KIDNEYS .....	53
5899	SMALL KIDNEY NOS .....	53
59000	CHR PYELONEPHRITIS NOS .....	53

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
59001	CHR PYELONEPH W MED NECR .....	53
59010	AC PYELONEPHRITIS NOS .....	53
59011	AC PYELONEPHR W MED NECR .....	53
5902	RENAL/PERIRENAL ABSCESS .....	53
5903	PYELOURETERITIS CYSTICA .....	53
59080	PYELONEPHRITIS NOS .....	53
59081	PYELONEPHRIT IN OTH DIS .....	53
5909	INFECTION OF KIDNEY NOS .....	53
591	HYDRONEPHROSIS .....	53
5920	CALCULUS OF KIDNEY .....	53
5921	CALCULUS OF URETER .....	53
5929	URINARY CALCULUS NOS .....	53
5930	NEPHROPTOSIS .....	53
5931	HYPERTROPHY OF KIDNEY .....	53
5932	CYST OF KIDNEY, ACQUIRED .....	53
5933	STRICTURE OF URETER .....	53
5934	URETERIC OBSTRUCTION NEC .....	53
5935	HYDROURETER .....	53
5936	POSTURAL PROTEINURIA .....	53
59370	VESCOURETRL RFLUX UNSPCF .....	53
59371	VSCURT RFLX NPHT UNILTRL .....	53
59372	VSCOURTL RFLX NPHT BLTRL .....	53
59373	VSCOURTL RFLX W NPHT NOS .....	53
59381	RENAL VASCULAR DISORDER .....	53
59382	URETERAL FISTULA .....	53
59389	RENAL & URETERAL DIS NEC .....	53
5939	RENAL & URETERAL DIS NOS .....	53
5940	BLAD DIVERTICULUM CALCUL .....	53
5941	BLADDER CALCULUS NEC .....	53
5942	URETHRAL CALCULUS .....	53
5948	LOWER URIN CALCUL NEC .....	53
5949	LOWER URIN CALCUL NOS .....	53
5950	ACUTE CYSTITIS .....	53
5951	CHR INTERSTIT CYSTITIS .....	53
5952	CHRONIC CYSTITIS NEC .....	53
5953	TRIGONITIS .....	53
5954	CYSTITIS IN OTH DIS .....	53
59581	CYSTITIS CYSTICA .....	53
59582	IRRADIATION CYSTITIS .....	53
59589	CYSTITIS NEC .....	53
5959	CYSTITIS NOS .....	53
5960	BLADDER NECK OBSTRUCTION .....	53
5961	INTESTINOVESICAL FISTULA .....	53
5962	VESICAL FISTULA NEC .....	53
5963	DIVERTICULUM OF BLADDER .....	53
5964	ATONY OF BLADDER .....	53
59651	HYPERTONICITY OF BLADDER .....	53
59652	LOW BLADDER COMPLIANCE .....	53
59653	PARALYSIS OF BLADDER .....	53
59654	NEUROGENIC BLADDER NOS .....	53
59655	DETRUSR SPHINC DYSSNRGIA .....	53
59659	OTH FUNC DSDR BLADDER .....	53
5966	BLADDER RUPT, NONTRAUM .....	53
5967	BLADDER WALL HEMORRHAGE .....	53
5968	BLADDER DISORDER NEC .....	53
5969	BLADDER DISORDER NOS .....	53
5970	URETHRAL ABSCESS .....	53
59780	URETHRITIS NOS .....	53
59781	URETHRAL SYNDROME NOS .....	53
59789	URETHRITIS NEC .....	53
59800	URETHR STRICT:INFECT NOS .....	53
59801	URETH STRICT:OTH INFECT .....	53
5981	TRAUM URETHRAL STRICTURE .....	53
5982	POSTOP URETHRAL STRICTUR .....	53
5988	URETHRAL STRICTURE NEC .....	53
5989	URETHRAL STRICTURE NOS .....	53
5990	URIN TRACT INFECTION NOS .....	53
5991	URETHRAL FISTULA .....	53
5992	URETHRAL DIVERTICULUM .....	53
5993	URETHRAL CARUNCLE .....	53
5994	URETHRAL FALSE PASSAGE .....	53
5995	PROLAPSE URETHRAL MUCOSA .....	53
5996	URINARY OBSTRUCTION NOS .....	53
5997	HEMATURIA .....	53
5998	URINARY TRACT DIS NEC* .....	53
59981	URETHRAL HYPERMOBILITY .....	53

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
59982	INTRINSIC SPHNCTR DFCNCT	53
59983	URETHRAL INSTABILITY	53
59984	OTH SPCF DSDR URETHRA	53
59989	OTH SPCF DSDR URNRY TRCT	53
5999	URINARY TRACT DIS NOS	53
600	HYPERPLASIA OF PROSTATE	53
6010	ACUTE PROSTATITIS	53
6011	CHRONIC PROSTATITIS	53
6012	ABSCESS OF PROSTATE	53
6013	PROSTATOCYSTITIS	53
6014	PROSTATITIS IN OTH DIS	53
6018	PROSTATIC INFLAM DIS NEC	53
6019	PROSTATITIS NOS	53
6020	CALCULUS OF PROSTATE	53
6021	PROSTATIC CONGEST/HEMORR	53
6022	ATROPHY OF PROSTATE	53
6028	PROSTATIC DISORDERS NEC	53
6029	PROSTATIC DISORDER NOS	53
6030	ENCYSTED HYDROCELE	53
6031	INFECTED HYDROCELE	53
6038	HYDROCELE NEC	53
6039	HYDROCELE NOS	53
6040	ORCHITIS WITH ABSCESS	53
60490	ORCHITIS/EPIDIDYMIT NOS	53
60491	ORCHITIS IN OTH DISEASE	53
60499	ORCHITIS/EPIDIDYMIT NEC	53
605	REDUN PREPUCE & PHIMOSIS	53
6060	AZOOSPERMIA	53
6061	OLIGOSPERMIA	53
6068	MALE INFERTILITY NEC	53
6069	MALE INFERTILITY NOS	53
6070	LEUKOPLAKIA OF PENIS	53
6071	BALANOPOSTHITIS	53
6072	INFLAM DIS, PENIS NEC	53
6073	PRIAPISM	53
60781	BALANITIS XEROTICA OBLIT	53
60782	VASCULAR DISORDER, PENIS	53
60783	EDEMA OF PENIS	53
60784	IMPOTENCE, ORGANIC ORIGN	53
60789	DISORDER OF PENIS NEC	53
6079	DISORDER OF PENIS NOS	53
6080	SEMINAL VESICULITIS	97
6081	SPERMATOCELE	53
6082	TORSION OF TESTIS	53
6083	ATROPHY OF TESTIS	53
6084	MALE GEN INFLAM DIS NEC	53
60881	MALE GEN DIS IN OTH DIS	53
60883	MALE GEN VASCUL DIS NEC	53
60884	CHYLOCELE, TUNIC VAGINAL	53
60885	STRICTURE, MALE GEN ORGN	53
60886	EDEMA, MALE GENITAL ORGN	53
60889	MALE GENITAL DIS NEC	53
6089	MALE GENITAL DIS NOS	53
6100	SOLITARY CYST OF BREAST	18
6101	DIFFUS CYSTIC MASTOPATHY	18
6102	FIBROADENOSIS OF BREAST	18
6103	FIBROSCLEROSIS OF BREAST	18
6104	MAMMARY DUCT ECTASIA	18
6108	BENIGN MAMM DYSPLAS NEC	18
6109	BENIGN MAMM DYSPLAS NOS	18
6110	INFLAM DISEASE OF BREAST	18
6111	HYPERTROPHY OF BREAST	18
6112	FISSURE OF NIPPLE	18
6113	FAT NECROSIS OF BREAST	18
6114	ATROPHY OF BREAST	18
6115	GALACTOCELE	18
6116	GALACTORRHEA-NONOBSTET	18
61171	MASTODYNIA	18
61172	LUMP OR MASS IN BREAST	18
61179	SYMPTOMS IN BREAST NEC	18
6118	BREAST DISORDERS NEC	18
6119	BREAST DISORDER NOS	18
6140	AC SALPINGO-OOPHORITIS	97
6141	CHR SALPINGO-OOPHORITIS	97
6142	SALPINGO-OOPHORITIS NOS	97
6143	ACUTE PARAMETRITIS	56

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
6144	CHRONIC PARAMETRITIS .....	56
6145	AC PELV PERITONITIS-FEM .....	56
6146	FEM PELVIC PERITON ADHES .....	56
6147	CHR PELV PERITON NEC-FEM .....	56
6148	FEM PELV INFLAM DIS NEC .....	97
6149	FEM PELV INFLAM DIS NOS .....	97
6150	AC UTERINE INFLAMMATION .....	56
6151	CHR UTERINE INFLAMMATION .....	56
6159	UTERINE INFLAM DIS NOS .....	56
6160	CERVICITIS .....	97
61610	VAGINITIS NOS .....	97
61611	VAGINITIS IN OTH DISEASE .....	97
6162	BARTHOLIN'S GLAND CYST .....	56
6163	BARTHOLIN'S GLND ABSCESS .....	56
6164	ABSCESS OF VULVA NEC .....	56
61650	ULCERATION OF VULVA NOS .....	56
61651	VULVAR ULCER IN OTH DIS .....	56
6168	FEMALE GEN INFLAM NEC .....	56
6169	FEMALE GEN INFLAM NOS .....	56
6170	UTERINE ENDOMETRIOSIS .....	56
6171	OVARIAN ENDOMETRIOSIS .....	56
6172	TUBAL ENDOMETRIOSIS .....	56
6173	PELV PERIT ENDOMETRIOSIS .....	56
6174	VAGINAL ENDOMETRIOSIS .....	56
6175	INTESTINAL ENDOMETRIOSIS .....	41
6176	ENDOMETRIOSIS IN SCAR .....	18
6178	ENDOMETRIOSIS NEC .....	56
6179	ENDOMETRIOSIS NOS .....	56
6180	PROLAPSE OF VAGINAL WALL .....	56
6181	UTERINE PROLAPSE .....	56
6182	UTEROVAG PROLAPS-INCOMPL .....	56
6183	UTEROVAG PROLAPS-COMPLET .....	56
6184	UTERVAGINAL PROLAPSE NOS .....	56
6185	POSTOP VAGINAL PROLAPSE .....	56
6186	VAGINAL ENTEROCELE .....	56
6187	OLD LACER PELVIC MUSCLE .....	56
6188	GENITAL PROLAPSE NEC .....	56
6189	GENITAL PROLAPSE NOS .....	56
6190	URIN-GENITAL FISTUL, FEM .....	56
6191	DIGEST-GENIT FISTUL, FEM .....	41
6192	GENITAL-SKIN FISTUL, FEM .....	56
6198	FEM GENITAL FISTULA NEC .....	56
6199	FEM GENITAL FISTULA NOS .....	56
6200	FOLLICULAR CYST OF OVARY .....	56
6201	CORPUS LUTEUM CYST .....	56
6202	OVARIAN CYST NEC/NOS .....	56
6203	ACQ ATROPHY OVARY & TUBE .....	56
6204	PROLAPSE OF OVARY & TUBE .....	56
6205	TORSION OF OVARY OR TUBE .....	56
6206	BROAD LIGAMENT LACER SYN .....	56
6207	BROAD LIGAMENT HEMATOMA .....	56
6208	NONINFL DIS OVA/ADNX NEC .....	56
6209	NONINFL DIS OVA/ADNX NOS .....	56
6210	POLYP OF CORPUS UTERI .....	56
6211	CHR UTERINE SUBINVOLUTN .....	56
6212	HYPERTROPHY OF UTERUS .....	56
6213	ENDOMETRIAL HYPERPLASIA .....	56
6214	HEMATOMETRA .....	56
6215	INTRAUTERINE SYNECHIAE .....	56
6216	MALPOSITION OF UTERUS .....	56
6217	CHR INVERSION OF UTERUS .....	56
6218	DISORDERS OF UTERUS NEC .....	56
6219	DISORDER OF UTERUS NOS .....	56
6220	EROSION/ECTROPION CERVIX .....	56
6221	DYSPLASIA OF CERVIX .....	56
6222	LEUKOPLAKIA OF CERVIX .....	56
6223	OLD LACERATION OF CERVIX .....	56
6224	STRICTURE OF CERVIX .....	56
6225	INCOMPETENCE OF CERVIX .....	56
6226	HYPERTROPHIC ELONG CERVX .....	56
6227	MUCOUS POLYP OF CERVIX .....	56
6228	NONINFLAM DIS CERVIX NEC .....	56
6229	NONINFLAM DIS CERVIX NOS .....	56
6230	DYSPLASIA OF VAGINA .....	56
6231	LEUKOPLAKIA OF VAGINA .....	56
6232	STRICTURE OF VAGINA .....	56

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
6233	TIGHT HYMENAL RING .....	56
6234	OLD VAGINAL LACERATION .....	56
6235	NONINFECT VAG LEUKORRHEA .....	56
6236	VAGINAL HEMATOMA .....	56
6237	POLYP OF VAGINA .....	56
6238	NONINFLAM DIS VAGINA NEC .....	56
6239	NONINFLAM DIS VAGINA NOS .....	56
6240	DYSTROPHY OF VULVA .....	56
6241	ATROPHY OF VULVA .....	56
6242	HYPERTROPHY OF CLITORIS .....	56
6243	HYPERTROPHY OF LABIA .....	56
6244	OLD LACERATION OF VULVA .....	56
6245	HEMATOMA OF VULVA .....	56
6246	POLYP OF LABIA AND VULVA .....	56
6248	NONINFLAM DIS VULVA NEC .....	56
6249	NONINFLAM DIS VULVA NOS .....	56
6250	DYSPAREUNIA .....	56
6251	VAGINISMUS .....	56
6252	MITTELSCHMERZ .....	56
6253	DYSMENORRHEA .....	56
6254	PREMENSTRUAL TENSION .....	56
6255	PELVIC CONGESTION SYND .....	56
6256	FEM STRESS INCONTINENCE .....	56
6258	FEM GENITAL SYMPTOMS NEC .....	56
6259	FEM GENITAL SYMPTOMS NOS .....	56
6260	ABSENCE OF MENSTRUATION .....	56
6261	SCANTY MENSTRUATION .....	56
6262	EXCESSIVE MENSTRUATION .....	56
6263	PUBERTAL MENORRHAGIA .....	56
6264	IRREGULAR MENSTRUATION .....	56
6265	OVULATION BLEEDING .....	56
6266	METORRHAGIA .....	56
6267	POSTCOITAL BLEEDING .....	56
6268	MENSTRUAL DISORDER NEC .....	56
6269	MENSTRUAL DISORDER NOS .....	56
6270	PREMENOPAUSE MENORRHAGIA .....	56
6271	POSTMENOPAUSAL BLEEDING .....	56
6272	FEMALE CLIMACTERIC STATE .....	56
6273	ATROPHIC VAGINITIS .....	56
6274	ARTIFIC MENOPAUSE STATES .....	56
6278	MENOPAUSAL DISORDER NEC .....	56
6279	MENOPAUSAL DISORDER NOS .....	56
6280	INFERTILITY-ANOVULATION .....	56
6281	INFERTIL-PITUITARY ORIG .....	56
6282	INFERTILITY-TUBAL ORIGIN .....	56
6283	INFERTILITY-UTERINE ORIG .....	56
6284	INFERTIL-CERVICAL ORIG .....	56
6288	FEMALE INFERTILITY NEC .....	56
6289	FEMALE INFERTILITY NOS .....	56
6290	HEMATOCELE, FEMALE NEC .....	56
6291	HYDROCELE CANAL NUCK-FEM .....	56
6298	FEMALE GENITAL DIS NEC .....	56
6299	FEMALE GENITAL DIS NOS .....	56
630	HYDATIDIFORM MOLE .....	57
631	OTH ABN PROD CONCEPTION .....	57
632	MISSED ABORTION .....	57
6330	ABDOMINAL PREGNANCY .....	57
6331	TUBAL PREGNANCY .....	57
6332	OVARIAN PREGNANCY .....	57
6338	ECTOPIC PREGNANCY NEC .....	57
6339	ECTOPIC PREGNANCY NOS .....	57
63400	SPON ABOR W PEL INF-UNSP .....	57
63401	SPON ABOR W PELV INF-INC .....	57
63402	SPON ABOR W PEL INF-COMP .....	57
63410	SPON ABORT W HEMORR-UNSP .....	57
63411	SPON ABORT W HEMORR-INC .....	57
63412	SPON ABORT W HEMORR-COMP .....	57
63420	SPON AB W PEL DAMAG-UNSP .....	57
63421	SPON AB W PELV DAMAG-INC .....	57
63422	SPON AB W PEL DAMAG-COMP .....	57
63430	SPON AB W REN FAIL-UNSP .....	57
63431	SPON AB W REN FAIL-INC .....	57
63432	SPON AB W REN FAIL-COMP .....	57
63440	SPON AB W METAB DIS-UNSP .....	57
63441	SPON AB W METAB DIS-INC .....	57
63442	SPON AB W METAB DIS-COMP .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
63450	SPON ABORT W SHOCK-UNSP .....	57
63451	SPON ABORT W SHOCK-INC .....	57
63452	SPON ABORT W SHOCK-COMP .....	57
63460	SPON ABORT W EMBOL-UNSP .....	57
63461	SPON ABORT W EMBOL-INC .....	57
63462	SPON ABORT W EMBOL-COMP .....	57
63470	SPON AB W COMPL NEC-UNSP .....	57
63471	SPON AB W COMPL NEC-INC .....	57
63472	SPON AB W COMPL NEC-COMP .....	57
63480	SPON AB W COMPL NOS-UNSP .....	57
63481	SPON AB W COMPL NOS-INC .....	57
63482	SPON AB W COMPL NOS-COMP .....	57
63490	SPON ABORT UNCOMPL-UNSP .....	57
63491	SPON ABORT UNCOMPL-INC .....	57
63492	SPON ABORT UNCOMPL-COMP .....	57
63500	LEG ABOR W PELV INF-UNSP .....	57
63501	LEG ABOR W PELV INF-INC .....	57
63502	LEG ABOR W PELV INF-COMP .....	57
63510	LEGAL ABOR W HEMORR-UNSP .....	57
63511	LEGAL ABORT W HEMORR-INC .....	57
63512	LEGAL ABOR W HEMORR-COMP .....	57
63520	LEG AB W PELV DAMAG-UNSP .....	57
63521	LEG AB W PELV DAMAG-INC .....	57
63522	LEG AB W PELV DAMAG-COMP .....	57
63530	LEG ABOR W REN FAIL-UNSP .....	57
63531	LEG ABOR W REN FAIL-INC .....	57
63532	LEG ABOR W REN FAIL-COMP .....	57
63540	LEG AB W METAB DIS-UNSP .....	57
63541	LEG AB W METAB DIS-INC .....	57
63542	LEG AB W METAB DIS-COMP .....	57
63550	LEGAL ABORT W SHOCK-UNSP .....	57
63551	LEGAL ABORT W SHOCK-INC .....	57
63552	LEGAL ABORT W SHOCK-COMP .....	57
63560	LEGAL ABORT W EMBOL-UNSP .....	57
63561	LEGAL ABORT W EMBOL-INC .....	57
63562	LEGAL ABORT W EMBOL-COMP .....	57
63570	LEG AB W COMPL NEC-UNSP .....	57
63571	LEG AB W COMPL NEC-INC .....	57
63572	LEG AB W COMPL NEC-COMP .....	57
63580	LEG AB W COMPL NOS-UNSP .....	57
63581	LEG AB W COMPL NOS-INC .....	57
63582	LEG AB W COMPL NOS-COMP .....	57
63590	LEGAL ABORT UNCOMPL-UNSP .....	57
63591	LEGAL ABORT UNCOMPL-INC .....	57
63592	LEGAL ABORT UNCOMPL-COMP .....	57
63600	ILLEG AB W PELV INF-UNSP .....	57
63601	ILLEG AB W PELV INF-INC .....	57
63602	ILLEG AB W PELV INF-COMP .....	57
63610	ILLEG AB W HEMORR-UNSPEC .....	57
63611	ILLEG AB W HEMORR-INC .....	57
63612	ILLEG AB W HEMORR-COMP .....	57
63620	ILLEG AB W PEL DAMG-UNSP .....	57
63621	ILLEG AB W PEL DAMAG-INC .....	57
63622	ILLEG AB W PEL DAMG-COMP .....	57
63630	ILLEG AB W REN FAIL-UNSP .....	57
63631	ILLEG AB W REN FAIL-INC .....	57
63632	ILLEG AB W REN FAIL-COMP .....	57
63640	ILLEG AB W MET DIS-UNSP .....	57
63641	ILLEG AB W METAB DIS-INC .....	57
63642	ILLEG AB W MET DIS-COMP .....	57
63650	ILLEG ABORT W SHOCK-UNSP .....	57
63651	ILLEG ABORT W SHOCK-INC .....	57
63652	ILLEG ABORT W SHOCK-COMP .....	57
63660	ILLEG AB W EMBOLISM-UNSP .....	57
63661	ILLEG AB W EMBOLISM-INC .....	57
63662	ILLEG AB W EMBOLISM-COMP .....	57
63670	ILLG AB W COMPL NEC-UNSP .....	57
63671	ILLEG AB W COMPL NEC-INC .....	57
63672	ILLG AB W COMPL NEC-COMP .....	57
63680	ILLG AB W COMPL NOS-UNSP .....	57
63681	ILLEG AB W COMPL NOS-INC .....	57
63682	ILLG AB W COMPL NOS-COMP .....	57
63690	ILLEG ABORT UNCOMPL-UNSP .....	57
63691	ILLEG ABORT UNCOMPL-INC .....	57
63692	ILLEG ABORT UNCOMPL-COMP .....	57
63700	ABORT NOS W PEL INF-UNSP .....	57

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
63701	ABORT NOS W PEL INF-INC .....	57
63702	ABORT NOS W PEL INF-COMP .....	57
63710	ABORT NOS W HEMORR-UNSP .....	57
63711	ABORT NOS W HEMORR-INC .....	57
63712	ABORT NOS W HEMORR-COMP .....	57
63720	AB NOS W PELV DAMAG-UNSP .....	57
63721	AB NOS W PELV DAMAG-INC .....	57
63722	AB NOS W PELV DAMAG-COMP .....	57
63730	AB NOS W RENAL FAIL-UNSP .....	57
63731	AB NOS W RENAL FAIL-INC .....	57
63732	AB NOS W RENAL FAIL-COMP .....	57
63740	AB NOS W METAB DIS-UNSP .....	57
63741	AB NOS W METAB DIS-INC .....	57
63742	AB NOS W METAB DIS-COMP .....	57
63750	ABORT NOS W SHOCK-UNSP .....	57
63751	ABORT NOS W SHOCK-INC .....	57
63752	ABORT NOS W SHOCK-COMP .....	57
63760	AB NOS W EMBOLISM-UNSP .....	57
63761	AB NOS W EMBOLISM-INC .....	57
63762	AB NOS W EMBOLISM-COMP .....	57
63770	AB NOS W COMPL NEC-UNSP .....	57
63771	AB NOS W COMPL NEC-INC .....	57
63772	AB NOS W COMPL NEC-COMP .....	57
63780	AB NOS W COMPL NOS-UNSP .....	57
63781	AB NOS W COMPL NOS-INC .....	57
63782	AB NOS W COMPL NOS-COMP .....	57
63790	AB NOS UNCOMPLICAT-UNSP .....	57
63791	AB NOS UNCOMPLICAT-INC .....	57
63792	AB NOS UNCOMPLICAT-COMP .....	57
6380	ATTEM ABORT W PELVIC INF .....	57
6381	ATTEM ABORT W HEMORRHAGE .....	57
6382	ATTEM ABORT W PELV DAMAG .....	57
6383	ATTEM ABORT W RENAL FAIL .....	57
6384	ATTEM ABOR W METABOL DIS .....	57
6385	ATTEM ABORTION W SHOCK .....	57
6386	ATTEMP ABORT W EMBOLISM .....	57
6387	ATTEMP ABORT W COMPL NEC .....	57
6388	ATTEMP ABORT W COMPL NOS .....	57
6389	ATTEMPTED ABORT UNCOMPL .....	57
6390	POSTABORTION GU INFECT .....	57
6391	POSTABORTION HEMORRHAGE .....	57
6392	POSTABORT PELVIC DAMAGE .....	57
6393	POSTABORT RENAL FAILURE .....	57
6394	POSTABORT METABOLIC DIS .....	57
6395	POSTABORTION SHOCK .....	57
6396	POSTABORTION EMBOLISM .....	57
6398	POSTABORTION COMPL NEC .....	57
6399	POSTABORTION COMPL NOS .....	57
64000	THREATENED ABORT-UNSPEC .....	57
*64001	THREATENED ABORT-DELIVER .....	.....
64003	THREATEN ABORT-ANTEPART .....	57
64080	HEM EARLY PREG NEC-UNSP .....	57
*64081	HEM EARLY PREG NEC-DELIV .....	.....
64083	HEM EARLY PG NEC-ANTEPAR .....	57
64090	HEMORR EARLY PREG-UNSPEC .....	57
*64091	HEM EARLY PREG-DELIVERED .....	.....
64093	HEM EARLY PREG-ANTEPART .....	57
64100	PLACENTA PREVIA-UNSPEC .....	57
*64101	PLACENTA PREVIA-DELIVER .....	.....
64103	PLACENTA PREVIA-ANTEPART .....	57
64110	PLACENTA PREV HEM-UNSPEC .....	57
*64111	PLACENTA PREV HEM-DELIV .....	.....
64113	PLACEN PREV HEM-ANTEPART .....	57
64120	PREM SEPAR PLACEN-UNSPEC .....	57
64121	PREM SEPAR PLACEN-DELIV .....	57
64123	PREM SEPAR PLAC-ANTEPART .....	57
64130	COAG DEF HEMORR-UNSPEC .....	57
64131	COAG DEF HEMORR-DELIVER .....	57
64133	COAG DEF HEMORR-ANTEPART .....	57
64180	ANTEPART HEM NEC-UNSPEC .....	57
*64181	ANTEPARTUM HEM NEC-DELIV .....	.....
64183	ANTEPART HEM NEC-ANTEPAR .....	57
64190	ANTEPART HEM NOS-UNSPEC .....	57
*64191	ANTEPARTUM HEM NOS-DELIV .....	.....
64193	ANTEPART HEM NOS-ANTEPAR .....	57
64200	ESSEN HYPERTEN PREG-UNSP .....	57

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*64201	ESSEN HYPERTEN-DELIVERED .....	
*64202	ESSEN HYPERTEN-DEL W P/P .....	
64203	ESSEN HYPERTEN-ANTEPART .....	57
64204	ESSEN HYPERTEN-POSTPART .....	57
64210	RENAL HYPERTEN PREG-UNSP .....	57
*64211	RENAL HYPERTEN PG-DELIV .....	
*64212	RENAL HYPERTEN-DEL P/P .....	
64213	RENAL HYPERTEN-ANTEPART .....	57
64214	RENAL HYPERTEN-POSTPART .....	57
64220	OLD HYPERTEN PREG-UNSPEC .....	57
*64221	OLD HYPERTEN NEC-DELIVER .....	
*64222	OLD HYPERTEN-DELIV W P/P .....	
64223	OLD HYPERTEN NEC-ANTEPAR .....	57
64224	OLD HYPERTEN NEC-POSTPAR .....	57
64230	TRANS HYPERTEN PREG-UNSP .....	57
*64231	TRANS HYPERTEN-DELIVERED .....	
*64232	TRANS HYPERTEN-DEL W P/P .....	
64233	TRANS HYPERTEN-ANTEPART .....	57
64234	TRANS HYPERTEN-POSTPART .....	57
64240	MILD/NOS PREECLAMP-UNSP .....	57
*64241	MILD/NOS PREECLAMP-DELIV .....	
*64242	MILD PREECLAMP-DEL W P/P .....	
64243	MILD/NOS PREECLAMP-ANTEP .....	57
64244	MILD/NOS PREECLAMP-P/P .....	57
64250	SEVERE PREECLAMP-UNSPEC .....	57
*64251	SEVERE PREECLAMP-DELIVER .....	
*64252	SEV PREECLAMP-DEL W P/P .....	
64253	SEV PREECLAMP-ANTEPARTUM .....	57
64254	SEV PREECLAMP-POSTPARTUM .....	57
64260	ECLAMPSIA-UNSPECIFIED .....	57
*64261	ECLAMPSIA-DELIVERED .....	
*64262	ECLAMPSIA-DELIV W P/P .....	
64263	ECLAMPSIA-ANTEPARTUM .....	57
64264	ECLAMPSIA-POSTPARTUM .....	57
64270	TOX W OLD HYPERTEN-UNSP .....	57
*64271	TOX W OLD HYPERTEN-DELIV .....	
*64272	TOX W OLD HYP-DEL W P/P .....	
64273	TOX W OLD HYPER-ANTEPART .....	57
64274	TOX W OLD HYPER-POSTPART .....	57
64290	HYPERTEN PREG NOS-UNSPEC .....	57
*64291	HYPERTENS NOS-DELIVERED .....	
*64292	HYPERTENS NOS-DEL W P/P .....	
64293	HYPERTENS NOS-ANTEPARTUM .....	57
64294	HYPERTENS NOS-POSTPARTUM .....	57
64300	MILD HYPEREM GRAV-UNSPEC .....	57
*64301	MILD HYPEREM GRAV-DELIV .....	
64303	MILD HYPEREMESIS-ANTEPAR .....	57
64310	HYPEREM W METAB DIS-UNSP .....	57
*64311	HYPEREM W METAB DIS-DEL .....	
64313	HYPEREM W METAB-ANTEPART .....	57
64320	LATE VOMIT OF PREG-UNSP .....	57
*64321	LATE VOMIT OF PREG-DELIV .....	
64323	LATE VOMIT PREG-ANTEPART .....	57
64380	VOMIT COMPL PREG-UNSPEC .....	57
*64381	VOMIT COMPL PREG-DELIVER .....	
*64383	VOMIT COMPL PREG-ANTEPAR .....	57
64390	VOMIT OF PREG NOS-UNSPEC .....	57
*64391	VOMIT OF PREG NOS-DELIV .....	
*64393	VOMIT OF PG NOS-ANTEPART .....	57
64400	THREAT PREM LABOR-UNSPEC .....	57
64403	THRT PREM LABOR-ANTEPART .....	57
*64410	THREAT LABOR NEC-UNSPEC .....	
64413	THREAT LABOR NEC-ANTEPAR .....	57
64420	EARLY ONSET DELIV-UNSPEC .....	57
*64421	EARLY ONSET DELIVERY-DEL .....	
64500	PROLONGED PREG-UNSPEC .....	57
*64501	PROLONGED PREG-DELIVERED .....	
64503	PROLONGED PREG-ANTEPART .....	57
64600	PAPYRACEOUS FETUS-UNSPEC .....	57
*64601	PAPYRACEOUS FETUS-DELIV .....	
64603	PAPYRACEOUS FET-ANTEPAR .....	57
64610	EDEMA IN PREG-UNSPEC .....	57
*64611	EDEMA IN PREG-DELIVERED .....	
*64612	EDEMA IN PREG-DEL W P/P .....	
64613	EDEMA IN PREG-ANTEPARTUM .....	57
64614	EDEMA IN PREG-POSTPARTUM .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
64620	RENAL DIS PREG NOS-UNSP .....	57
*64621	RENAL DIS NOS-DELIVERED .....	
*64622	RENAL DIS NOS-DEL W P/P .....	
*64623	RENAL DIS NOS-ANTEPARTUM .....	57
64624	RENAL DIS NOS-POSTPARTUM .....	57
64630	HABITUAL ABORTER-UNSPEC .....	57
*64631	HABITUAL ABORTER-DELIVER .....	
64633	HABITUAL ABORT-ANTEPART .....	57
64640	NEURITIS OF PREG-UNSPEC .....	57
*64641	NEURITIS-DELIVERED .....	
*64642	NEURITIS-DELIVERED W P/P .....	
64643	NEURITIS OF PREG-ANTEPAR .....	57
64644	NEURITIS OF PREG-POSTPAR .....	57
64650	BACTERIURIA PREG-UNSPEC .....	57
*64651	ASYM BACTERIURIA-DELIVER .....	
*64652	ASY BACTERURIA-DEL W P/P .....	
64653	ASY BACTERIURIA-ANTEPART .....	57
64654	ASY BACTERIURIA-POSTPART .....	57
64660	GU INFECT IN PREG-UNSPEC .....	57
*64661	GU INFECTION-DELIVERED .....	
*64662	GU INFECTION-DELIV W P/P .....	
64663	GU INFECTION-ANTEPARTUM .....	57
64664	GU INFECTION-POSTPARTUM .....	57
64670	LIVER DIS IN PREG-UNSPEC .....	57
*64671	LIVER DISORDER-DELIVERED .....	
64673	LIVER DISORDER-ANTEPART .....	57
64680	PREG COMPL NEC-UNSPEC .....	57
*64681	PREG COMPL NEC-DELIVERED .....	
*64682	PREG COMPL NEC-DEL W P/P .....	
64683	PREG COMPL NEC-ANTEPART .....	57
64684	PREG COMPL NEC-POSTPART .....	57
64690	PREG COMPL NOS-UNSPEC .....	57
*64691	PREG COMPL NOS-DELIVERED .....	
64693	PREG COMPL NOS-ANTEPART .....	57
64700	SYPHILIS IN PREG-UNSPEC .....	57
*64701	SYPHILIS-DELIVERED .....	
*64702	SYPHILIS-DELIVERED W P/P .....	
64703	SYPHILIS-ANTEPARTUM .....	57
64704	SYPHILIS-POSTPARTUM .....	57
64710	GONORRHEA IN PREG-UNSPEC .....	57
*64711	GONORRHEA-DELIVERED .....	
*64712	GONORRHEA-DELIVER W P/P .....	
64713	GONORRHEA-ANTEPARTUM .....	57
64714	GONORRHEA-POSTPARTUM .....	57
64720	OTHER VD IN PREG-UNSPEC .....	57
*64721	OTHER VD-DELIVERED .....	
*64722	OTHER VD-DELIVERED W P/P .....	
64723	OTHER VD-ANTEPARTUM .....	57
64724	OTHER VD-POSTPARTUM .....	57
64730	TB IN PREG-UNSPECIFIED .....	57
*64731	TUBERCULOSIS-DELIVERED .....	
*64732	TUBERCULOSIS-DELIV W P/P .....	
64733	TUBERCULOSIS-ANTEPARTUM .....	57
64734	TUBERCULOSIS-POSTPARTUM .....	57
64740	MALARIA IN PREG-UNSPEC .....	57
*64741	MALARIA-DELIVERED .....	
*64742	MALARIA-DELIVERED W P/P .....	
64743	MALARIA-ANTEPARTUM .....	57
64744	MALARIA-POSTPARTUM .....	57
64750	RUBELLA IN PREG-UNSPEC .....	57
*64751	RUBELLA-DELIVERED .....	
*64752	RUBELLA-DELIVERED W P/P .....	
64753	RUBELLA-ANTEPARTUM .....	57
64754	RUBELLA-POSTPARTUM .....	57
64760	OTH VIRUS IN PREG-UNSPEC .....	57
*64761	OTH VIRAL DIS-DELIVERED .....	
*64762	OTH VIRAL DIS-DEL W P/P .....	
64763	OTH VIRAL DIS-ANTEPARTUM .....	57
64764	OTH VIRAL DIS-POSTPARTUM .....	57
64780	INF DIS IN PREG NEC-UNSP .....	57
*64781	INFECT DIS NEC-DELIVERED .....	
*64782	INFECT DIS NEC-DEL W P/P .....	
64783	INFECT DIS NEC-ANTEPART .....	57
64784	INFECT DIS NEC-POSTPART .....	57
64790	INFECT IN PREG NOS-UNSP .....	57
*64791	INFECT NOS-DELIVERED .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*64792	INFECT NOS-DELIVER W P/P .....	.....
64793	INFECT NOS-ANTEPARTUM .....	57
64794	INFECT NOS-POSTPARTUM .....	57
64800	DIABETES IN PREG-UNSPEC .....	57
*64801	DIABETES-DELIVERED .....	.....
*64802	DIABETES-DELIVERED W P/P .....	.....
64803	DIABETES-ANTEPARTUM .....	57
64804	DIABETES-POSTPARTUM .....	57
64810	THYROID DYSFUN PREG-UNSP .....	57
*64811	THYROID DYSFUNC-DELIVER .....	.....
*64812	THYROID DYSFUN-DEL W P/P .....	.....
64813	THYROID DYSFUNC-ANTEPART .....	57
64814	THYROID DYSFUNC-POSTPART .....	57
64820	ANEMIA IN PREG-UNSPEC .....	57
*64821	ANEMIA-DELIVERED .....	.....
*64822	ANEMIA-DELIVERED W P/P .....	.....
64823	ANEMIA-ANTEPARTUM .....	57
64824	ANEMIA-POSTPARTUM .....	57
64830	DRUG DEPEND PREG-UNSPEC .....	57
*64831	DRUG DEPENDENCE-DELIVER .....	.....
*64832	DRUG DEPENDEN-DEL W P/P .....	.....
64833	DRUG DEPENDENCE-ANTEPART .....	57
64834	DRUG DEPENDENCE-POSTPART .....	57
64840	MENTAL DIS PREG-UNSPEC .....	57
*64841	MENTAL DISORDER-DELIVER .....	.....
*64842	MENTAL DIS-DELIV W P/P .....	.....
64843	MENTAL DISORDER-ANTEPART .....	57
64844	MENTAL DISORDER-POSTPART .....	57
64850	CONGEN CV DIS PREG-UNSP .....	57
*64851	CONGEN CV DIS-DELIVERED .....	.....
*64852	CONGEN CV DIS-DEL W P/P .....	.....
64853	CONGEN CV DIS-ANTEPARTUM .....	57
64854	CONGEN CV DIS-POSTPARTUM .....	57
64860	CV DIS NEC PREG-UNSPEC .....	57
*64861	CV DIS NEC PREG-DELIVER .....	.....
*64862	CV DIS NEC-DELIVER W P/P .....	.....
64863	CV DIS NEC-ANTEPARTUM .....	57
64864	CV DIS NEC-POSTPARTUM .....	57
64870	BONE DISORD IN PREG-UNSP .....	57
*64871	BONE DISORDER-DELIVERED .....	.....
*64872	BONE DISORDER-DEL W P/P .....	.....
64873	BONE DISORDER-ANTEPARTUM .....	57
64874	BONE DISORDER-POSTPARTUM .....	57
64880	ABN GLUCOSE IN PREG-UNSP .....	57
*64881	ABN GLUCOSE TOLER-DELIV .....	.....
*64882	ABN GLUCOSE-DELIV W P/P .....	.....
64883	ABN GLUCOSE-ANTEPARTUM .....	57
64884	ABN GLUCOSE-POSTPARTUM .....	57
64890	OTH CURR COND PREG-UNSP .....	57
*64891	OTH CURR COND-DELIVERED .....	.....
*64892	OTH CURR COND-DEL W P/P .....	.....
64893	OTH CURR COND-ANTEPARTUM .....	57
64894	OTH CURR COND-POSTPARTUM .....	57
*650	NORMAL DELIVERY .....	.....
65100	TWIN PREGNANCY-UNSPEC .....	57
*65101	TWIN PREGNANCY-DELIVERED .....	.....
65103	TWIN PREGNANCY-ANTEPART .....	57
65110	TRIPLET PREGNANCY-UNSPEC .....	57
*65111	TRIPLET PREGNANCY-DELIV .....	.....
65113	TRIPLET PREG-ANTEPARTUM .....	57
65120	QUADRUPLET PREG-UNSPEC .....	57
*65121	QUADRUPLET PREG-DELIVER .....	.....
65123	QUADRUPLET PREG-ANTEPART .....	57
65130	TWINS W FETAL LOSS-UNSP .....	57
*65131	TWINS W FETAL LOSS-DEL .....	.....
65133	TWINS W FETAL LOSS-ANTE .....	57
65140	TRIPLETS W FET LOSS-UNSP .....	57
*65141	TRIPLETS W FET LOSS-DEL .....	.....
65143	TRIPLETS W FET LOSS-ANTE .....	57
65150	QUADS W FETAL LOSS-UNSP .....	57
*65151	QUADS W FETAL LOSS-DEL .....	.....
65153	QUADS W FETAL LOSS-ANTE .....	57
65160	MULT GES W FET LOSS-UNSP .....	57
*65161	MULT GES W FET LOSS-DEL .....	.....
65163	MULT GES W FET LOSS-ANTE .....	57
65180	MULTI GESTAT NEC-UNSPEC .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*65181	MULTI GESTAT NEC-DELIVER .....	57
65183	MULTI GEST NEC-ANTEPART .....	57
65190	MULTI GESTAT NOS-UNSPEC .....	57
*65191	MULT GESTATION NOS-DELIV .....	57
65193	MULTI GEST NOS-ANTEPART .....	57
65200	UNSTABLE LIE-UNSPECIFIED .....	57
*65201	UNSTABLE LIE-DELIVERED .....	57
65203	UNSTABLE LIE-ANTEPARTUM .....	57
65210	CEPHALIC VERS NOS-UNSPEC .....	57
*65211	CEPHALIC VERS NOS-DELIV .....	57
65213	CEPHAL VERS NOS-ANTEPART .....	57
65220	BREECH PRESENTAT-UNSPEC .....	57
*65221	BREECH PRESENTAT-DELIVER .....	57
65223	BREECH PRESENT-ANTEPART .....	57
65230	TRANSV/OBLIQ LIE-UNSPEC .....	57
*65231	TRANSVER/OBLIQ LIE-DELIV .....	57
65233	TRANSV/OBLIQ LIE-ANTEPAR .....	57
65240	FACE/BROW PRESENT-UNSPEC .....	57
*65241	FACE/BROW PRESENT-DELIV .....	57
65243	FACE/BROW PRES-ANTEPART .....	57
65250	HIGH HEAD AT TERM-UNSPEC .....	57
*65251	HIGH HEAD AT TERM-DELIV .....	57
65253	HIGH HEAD TERM-ANTEPART .....	57
65260	MULT GEST MALPRESEN-UNSP .....	57
*65261	MULT GEST MALPRES-DELIV .....	57
65263	MULT GES MALPRES-ANTEPAR .....	57
65270	PROLAPSED ARM-UNSPEC .....	57
*65271	PROLAPSED ARM-DELIVERED .....	57
65273	PROLAPSED ARM-ANTEPART .....	57
65280	MALPOSITION NEC-UNSPEC .....	57
*65281	MALPOSITION NEC-DELIVER .....	57
65283	MALPOSITION NEC-ANTEPART .....	57
65290	MALPOSITION NOS-UNSPEC .....	57
*65291	MALPOSITION NOS-DELIVER .....	57
65293	MALPOSITION NOS-ANTEPART .....	57
65300	PELVIC DEFORM NOS-UNSPEC .....	57
*65301	PELVIC DEFORM NOS-DELIV .....	57
65303	PELV DEFORM NOS-ANTEPART .....	57
65310	CONTRACT PELV NOS-UNSPEC .....	57
*65311	CONTRACT PELV NOS-DELIV .....	57
65313	CONTRAC PELV NOS-ANTEPAR .....	57
65320	INLET CONTRACTION-UNSPEC .....	57
*65321	INLET CONTRACTION-DELIV .....	57
65323	INLET CONTRACT-ANTEPART .....	57
65330	OUTLET CONTRACTION-UNSP .....	57
*65331	OUTLET CONTRACTION-DELIV .....	57
65333	OUTLET CONTRACT-ANTEPART .....	57
65340	FETOPELV DISPROP-UNSPEC .....	57
*65341	FETOPELV DISPROPOR-DELIV .....	57
65343	FETOPELV DISPROP-ANTEPART .....	57
65350	FETAL DISPROP NOS-UNSPEC .....	57
*65351	FETAL DISPROP NOS-DELIV .....	57
65353	FETAL DISPRO NOS-ANTEPAR .....	57
65360	HYDROCEPHAL FETUS-UNSPEC .....	57
*65361	HYDROCEPH FETUS-DELIVER .....	57
65363	HYDROCEPH FETUS-ANTEPART .....	57
65370	OTH ABN FET DISPROP-UNSP .....	57
*65371	OTH ABN FET DISPRO-DELIV .....	57
65373	OTH ABN FET DISPRO-ANTEP .....	57
65380	DISPROPORTION NEC-UNSPEC .....	57
*65381	DISPROPORTION NEC-DELIV .....	57
65383	DISPROPOR NEC-ANTEPARTUM .....	57
*65390	DISPROPORTION NOS-UNSPEC .....	57
*65391	DISPROPORTION NOS-DELIV .....	57
65393	DISPROPOR NOS-ANTEPARTUM .....	57
65400	CONG ABN UTER PREG-UNSP .....	57
*65401	CONGEN ABN UTERUS-DELIV .....	57
*65402	CONG ABN UTER-DEL W P/P .....	57
65403	CONGEN ABN UTER-ANTEPART .....	57
65404	CONGEN ABN UTER-POSTPART .....	57
65410	UTER TUMOR IN PREG-UNSP .....	57
*65411	UTERINE TUMOR-DELIVERED .....	57
*65412	UTERINE TUMOR-DEL W P/P .....	57
65413	UTERINE TUMOR-ANTEPARTUM .....	57
65414	UTERINE TUMOR-POSTPARTUM .....	57
65420	PREV C-DELIVERY UNSPEC .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*65421	PREV C-DELIVERY-DELIVRD .....	.....
65423	PREV C-DELIVERY-ANTEPART .....	57
65430	RETROVERT UTERUS-UNSPEC .....	57
*65431	RETROVERT UTERUS-DELIVER .....	.....
*65432	RETROVERT UTER-DEL W P/P .....	.....
65433	RETROVERT UTER-ANTEPART .....	57
65434	RETROVERT UTER-POSTPART .....	57
65440	ABN GRAV UTERUS NEC-UNSP .....	57
*65441	ABN UTERUS NEC-DELIVERED .....	.....
*65442	ABN UTERUS NEC-DEL W P/P .....	.....
65443	ABN UTERUS NEC-ANTEPART .....	57
65444	ABN UTERUS NEC-POSTPART .....	57
65450	CERV INCOMPET PREG-UNSP .....	57
*65451	CERVICAL INCOMPET-DELIV .....	.....
*65452	CERV INCOMPET-DEL W P/P .....	.....
65453	CERV INCOMPET-ANTEPARTUM .....	57
65454	CERV INCOMPET-POSTPARTUM .....	57
65460	ABN CERVIX NEC PREG-UNSP .....	57
*65461	ABN CERVIX NEC-DELIVERED .....	.....
*65462	ABN CERVIX NEC-DEL W P/P .....	.....
65463	ABN CERVIX NEC-ANTEPART .....	57
65464	ABN CERVIX NEC-POSTPART .....	57
65470	ABN VAGINA IN PREG-UNSP .....	57
*65471	ABNORM VAGINA-DELIVERED .....	.....
*65472	ABNORM VAGINA-DEL W P/P .....	.....
65473	ABNORM VAGINA-ANTEPARTUM .....	57
65474	ABNORM VAGINA-POSTPARTUM .....	57
65480	ABN VULVA IN PREG-UNSPEC .....	57
*65481	ABNORMAL VULVA-DELIVERED .....	.....
*65482	ABNORMAL VULVA-DEL W P/P .....	.....
65483	ABNORMAL VULVA-ANTEPART .....	57
65484	ABNORMAL VULVA-POSTPART .....	57
65490	ABN PEL NEC IN PREG-UNSP .....	57
*65491	ABN PELV ORG NEC-DELIVER .....	.....
*65492	ABN PELV NEC-DELIV W P/P .....	.....
65493	ABN PELV ORG NEC-ANTEPAR .....	57
65494	ABN PELV ORG NEC-POSTPAR .....	57
65500	FETAL CNS MALFORM-UNSPEC .....	57
*65501	FETAL CNS MALFORM-DELIV .....	.....
65503	FETAL CNS MALFOR-ANTEPAR .....	57
65510	FETAL CHROMOS ABN-UNSPEC .....	57
*65511	FETAL CHROMOSO ABN-DELIV .....	.....
65513	FET CHROMO ABN-ANTEPART .....	57
65520	FAMIL HEREDIT DIS-UNSPEC .....	57
*65521	FAMIL HEREDIT DIS-DELIV .....	.....
65523	FAMIL HERED DIS-ANTEPART .....	57
65530	FET DAMG D/T VIRUS-UNSP .....	57
*65531	FET DAMG D/T VIRUS-DELIV .....	.....
65533	FET DAMG D/T VIRUS-ANTEP .....	57
65540	FET DAMG D/T DIS-UNSPEC .....	57
*65541	FET DAMG D/T DIS-DELIVER .....	.....
65543	FET DAMG D/T DIS-ANTEPAR .....	57
65550	FETAL DAMG D/T DRUG-UNSP .....	57
*65551	FET DAMAG D/T DRUG-DELIV .....	.....
65553	FET DAMG D/T DRUG-ANTEPA .....	57
65560	RADIAT FETAL DAMAG-UNSP .....	57
*65561	RADIAT FETAL DAMAG-DELIV .....	.....
65563	RADIAT FET DAMAG-ANTEPAR .....	57
65580	FETAL ABNORM NEC-UNSPEC .....	57
*65581	FETAL ABNORM NEC-DELIVER .....	.....
65583	FETAL ABNORM NEC-ANTEPAR .....	57
65590	FETAL ABNORM NOS-UNSPEC .....	57
*65591	FETAL ABNORM NOS-DELIVER .....	.....
65593	FETAL ABNORM NOS-ANTEPAR .....	57
65600	FETAL-MATERNAL HEM-UNSP .....	57
*65601	FETAL-MATERNAL HEM-DELIV .....	.....
65603	FETAL-MATERN HEM-ANTEPAR .....	57
65610	RH ISOIMMUNIZATION-UNSP .....	57
*65611	RH ISOIMMUNIZAT-DELIVER .....	.....
65613	RH ISOIMMUNIZAT-ANTEPART .....	57
65620	ABO ISOIMMUNIZATION-UNSP .....	57
*65621	ABO ISOIMMUNIZAT-DELIVER .....	.....
65623	ABO ISOIMMUNIZAT-ANTEPAR .....	57
65630	FETAL DISTRESS-UNSPEC .....	57
*65631	FETAL DISTRESS-DELIVERED .....	.....
65633	FETAL DISTRESS-ANTEPART .....	57

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
65640	INTRAUTERINE DEATH-UNSP .....	57
*65641	INTRAUTER DEATH-DELIVER .....	57
65643	INTRAUTER DEATH-ANTEPART .....	57
65650	POOR FETAL GROWTH-UNSPEC .....	57
*65651	POOR FETAL GROWTH-DELIV .....	57
65653	POOR FETAL GRTH-ANTEPART .....	57
65660	EXCESS FETAL GRTH-UNSPEC .....	57
*65661	EXCESS FETAL GRTH-DELIV .....	57
65663	EXCESS FET GRTH-ANTEPART .....	57
65670	OTH PLACENT COND-UNSPEC .....	57
*65671	OTH PLACENT COND-DELIVER .....	57
65673	OTH PLACENT COND-ANTEPART .....	57
65680	FET/PLAC PROB NEC-UNSPEC .....	57
*65681	FET/PLAC PROB NEC-DELIV .....	57
65683	FET/PLAC PROB NEC-ANTEPART .....	57
65690	FET/PLAC PROB NOS-UNSPEC .....	57
*65691	FET/PLAC PROB NOS-DELIV .....	57
65693	FET/PLAC PROB NOS-ANTEPART .....	57
65700	POLYHYDRAMNIOS-UNSPEC .....	57
*65701	POLYHYDRAMNIOS-DELIVERED .....	57
65703	POLYHYDRAMNIOS-ANTEPART .....	57
65800	OLIGOHYDRAMNIOS-UNSPEC .....	57
*65801	OLIGOHYDRAMNIOS-DELIVER .....	57
65803	OLIGOHYDRAMNIOS-ANTEPART .....	57
65810	PREM RUPT MEMBRAN-UNSPEC .....	57
*65811	PREM RUPT MEMBRAN-DELIV .....	57
65813	PREM RUPT MEMB-ANTEPART .....	57
65820	PROLONG RUPT MEMB-UNSPEC .....	57
65821	PROLONG RUPT MEMB-DELIV .....	57
65823	PROLONG RUP MEMB-ANTEPART .....	57
65830	ARTIFIC RUPT MEMBR-UNSP .....	57
*65831	ARTIFIC RUPT MEMBR-DELIV .....	57
65833	ARTIF RUPT MEMB-ANTEPART .....	57
65840	AMNIOTIC INFECTION-UNSP .....	57
*65841	AMNIOTIC INFECTION-DELIV .....	57
65843	AMNIOTIC INFECT-ANTEPART .....	57
65880	AMNIOTIC PROB NEC-UNSPEC .....	57
*65881	AMNIOTIC PROB NEC-DELIV .....	57
65883	AMNION PROB NEC-ANTEPART .....	57
65890	AMNIOTIC PROB NOS-UNSPEC .....	57
65891	AMNIOTIC PROB NOS-DELIV .....	57
65893	AMNION PROB NOS-ANTEPART .....	57
65900	FAIL MECHAN INDUCT-UNSP .....	57
*65901	FAIL MECH INDUCT-DELIVER .....	57
65903	FAIL MECH INDUCT-ANTEPART .....	57
65910	FAIL INDUCTION NOS-UNSP .....	57
*65911	FAIL INDUCTION NOS-DELIV .....	57
65913	FAIL INDUCT NOS-ANTEPART .....	57
65920	PYREXIA IN LABOR-UNSPEC .....	57
*65921	PYREXIA IN LABOR-DELIVER .....	57
65923	PYREXIA IN LABOR-ANTEPART .....	57
65930	SEPTICEMIA IN LABOR-UNSP .....	57
*65931	SEPTICEM IN LABOR-DELIV .....	57
65933	SEPTICEM IN LABOR-ANTEPART .....	57
65940	GRAND MULTIPARITY-UNSPEC .....	57
*65941	GRAND MULTIPARITY-DELIV .....	57
65943	GRAND MULTIPARITY-ANTEPART .....	57
65950	ELDERLY PRIMIGRAVID-UNSP .....	57
*65951	ELDERLY PRIMIGRAVIDA-DEL .....	57
65953	ELDER PRIMIGRAVID-ANTEPART .....	57
65960	OTH ADVNCD MTRNL AGE UNS .....	57
*65961	OTH ADVNCD MTRNL AGE DEL .....	57
65963	OTH ADVNCD MTRNL AGE ANT .....	57
65980	COMPLIC LABOR NEC-UNSP .....	57
*65981	COMPLIC LABOR NEC-DELIV .....	57
65983	COMPL LABOR NEC-ANTEPART .....	57
65990	COMPLIC LABOR NOS-UNSP .....	57
*65991	COMPLIC LABOR NOS-DELIV .....	57
65993	COMPL LABOR NOS-ANTEPART .....	57
66000	OBSTRUCT/FET MALPOS-UNSP .....	57
*66001	OBSTRUC/FET MALPOS-DELIV .....	57
66003	OBSTRUC/FET MALPOS-ANTEPART .....	57
66010	BONY PELV OBSTRUC-UNSPEC .....	57
*66011	BONY PELV OBSTRUC-DELIV .....	57
66013	BONY PELV OBSTRUC-ANTEPART .....	57
66020	ABN PELV TISS OBSTR-UNSP .....	57

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
66021	ABN PELV TIS OBSTR-DELIV .....	57
66023	ABN PELV TIS OBSTR-ANTEP .....	57
66030	PERSIST OCCIPITPOST-UNSP .....	57
*66031	PERSIST OCCIPITPOST-DELIV .....	57
66033	PERSIST OCCIPITPOST-ANTEP .....	57
66040	SHOULDER DYSTOCIA-UNSPEC .....	57
*66041	SHOULDER DYSTOCIA-DELIV .....	57
66043	SHOULDER DYSTOCIA-ANTEPA .....	57
66050	LOCKED TWINS-UNSPECIFIED .....	57
*66051	LOCKED TWINS-DELIVERED .....	57
66053	LOCKED TWINS-ANTEPARTUM .....	57
66060	FAIL TRIAL LAB NOS-UNSP .....	57
*66061	FAIL TRIAL LAB NOS-DELIV .....	57
66063	FAIL TRIAL LAB NOS-ANTEP .....	57
66070	FAILED FORCEP NOS-UNSPEC .....	57
*66071	FAILED FORCEPS NOS-DELIV .....	57
66073	FAIL FORCEPS NOS-ANTEPAR .....	57
66080	OBSTRUC LABOR NEC-UNSPEC .....	57
*66081	OBSTRUCT LABOR NEC-DELIV .....	57
66083	OBSTRUC LABOR NEC-ANTEPA .....	57
66090	OBSTRUC LABOR NOS-UNSPEC .....	57
*66091	OBSTRUCT LABOR NOS-DELIV .....	57
66093	OBSTRUC LABOR NOS-ANTEPA .....	57
66100	PRIM UTERINE INERT-UNSP .....	57
*66101	PRIM UTERINE INERT-DELIV .....	57
66103	PRIM UTER INERT-ANTEPART .....	57
66110	SEC UTERINE INERT-UNSPEC .....	57
*66111	SEC UTERINE INERT-DELIV .....	57
66113	SEC UTERINE INERT-ANTEPA .....	57
66120	UTERINE INERTIA NEC-UNSP .....	57
*66121	UTERINE INERT NEC-DELIV .....	57
66123	UTERINE INERT NEC-ANTEPA .....	57
66130	PRECIPITATE LABOR-UNSPEC .....	57
*66131	PRECIPITATE LABOR-DELIV .....	57
66133	PRECIPITATE LABOR-ANTEPA .....	57
66140	UTER DYSTOCIA NOS-UNSPEC .....	57
*66141	UTER DYSTOCIA NOS-DELIV .....	57
66143	UTER DYSTOCIA NOS-ANTEPA .....	57
66190	ABNORMAL LABOR NOS-UNSP .....	57
*66191	ABNORMAL LABOR NOS-DELIV .....	57
66193	ABNORM LABOR NOS-ANTEPAR .....	57
66200	PROLONGED 1ST STAGE-UNSP .....	57
*66201	PROLONG 1ST STAGE-DELIV .....	57
66203	PROLONG 1ST STAGE-ANTEPA .....	57
66210	PROLONGED LABOR NOS-UNSP .....	57
*66211	PROLONG LABOR NOS-DELIV .....	57
66213	PROLONG LABOR NOS-ANTEPA .....	57
66220	PROLONGED 2ND STAGE-UNSP .....	57
*66221	PROLONG 2ND STAGE-DELIV .....	57
66223	PROLONG 2ND STAGE-ANTEPA .....	57
66230	DELAY DEL 2ND TWIN-UNSP .....	57
*66231	DELAY DEL 2ND TWIN-DELIV .....	57
66233	DELAY DEL 2 TWIN-ANTEPAR .....	57
66300	CORD PROLAPSE-UNSPEC .....	57
*66301	CORD PROLAPSE-DELIVERED .....	57
66303	CORD PROLAPSE-ANTEPARTUM .....	57
66310	CORD AROUND NECK-UNSPEC .....	57
*66311	CORD AROUND NECK-DELIVER .....	57
66313	CORD AROUND NECK-ANTEPAR .....	57
66320	CORD COMPRESS NEC-UNSPEC .....	57
*66321	CORD COMPRESS NEC-DELIV .....	57
66323	CORD COMPRES NEC-ANTEPAR .....	57
66330	CORD ENTANGLE NEC-UNSPEC .....	57
*66331	CORD ENTANGLE NEC-DELIV .....	57
66333	CORD ENTANGL NEC-ANTEPAR .....	57
66340	SHORT CORD-UNSPECIFIED .....	57
*66341	SHORT CORD-DELIVERED .....	57
66343	SHORT CORD-ANTEPARTUM .....	57
66350	VASA PREVIA-UNSPECIFIED .....	57
*66351	VASA PREVIA-DELIVERED .....	57
66353	VASA PREVIA-ANTEPARTUM .....	57
66360	VASC LESION CORD-UNSPEC .....	57
*66361	VASC LESION CORD-DELIVER .....	57
66363	VASC LESION CORD-ANTEPAR .....	57
66380	CORD COMPLICAT NEC-UNSP .....	57
*66381	CORD COMPLICAT NEC-DELIV .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
66383	CORD COMPL NEC-ANTEPART .....	57
66390	CORD COMPLICAT NOS-UNSP .....	57
*66391	CORD COMPLICAT NOS-DELIV .....	57
66393	CORD COMPL NOS-ANTEPART .....	57
66400	DEL W 1 DEG LACERAT-UNSP .....	57
*66401	DEL W 1 DEG LACERAT-DEL .....	57
66404	DEL W 1 DEG LAC-POSTPART .....	57
66410	DEL W 2 DEG LACERAT-UNSP .....	57
*66411	DEL W 2 DEG LACERAT-DEL .....	57
66414	DEL W 2 DEG LAC-POSTPART .....	57
66420	DEL W 3 DEG LACERAT-UNSP .....	57
*66421	DEL W 3 DEG LACERAT-DEL .....	57
66424	DEL W 3 DEG LAC-POSTPART .....	57
66430	DEL W 4 DEG LACERAT-UNSP .....	57
*66431	DEL W 4 DEG LACERAT-DEL .....	57
66434	DEL W 4 DEG LAC-POSTPART .....	57
66440	OB PERINEAL LAC NOS-UNSP .....	57
*66441	OB PERINEAL LAC NOS-DEL .....	57
66444	PERINEAL LAC NOS-POSTPAR .....	57
66450	OB PERINEAL HEMATOM-UNSP .....	57
*66451	OB PERINEAL HEMATOMA-DEL .....	57
66454	PERIN HEMATOMA-POSTPART .....	57
66480	OB PERIN TRAUM NEC-UNSP .....	57
*66481	OB PERINEAL TRAU NEC-DEL .....	57
66484	PERIN TRAUM NEC-POSTPART .....	57
66490	OB PERIN TRAUM NOS-UNSP .....	57
*66491	OB PERINEAL TRAU NOS-DEL .....	57
66494	PERIN TRAUM NOS-POSTPART .....	57
66500	PRELABOR RUPT UTER-UNSP .....	57
*66501	PRELABOR RUPT UTERUS-DEL .....	57
66503	PRELAB RUPT UTER-ANTEPAR .....	57
66510	RUPTURE UTERUS NOS-UNSP .....	57
*66511	RUPTURE UTERUS NOS-DELIV .....	57
66520	INVERSION OF UTERUS-UNSP .....	57
*66522	INVERS UTERUS-DEL W P/P .....	57
66524	INVERS UTERUS-POSTPART .....	57
66530	LACERAT OF CERVIX-UNSPEC .....	57
*66531	LACERAT OF CERVIX-DELIV .....	57
66534	LACER OF CERVIX-POSTPART .....	57
66540	HIGH VAGINAL LACER-UNSP .....	57
*66541	HIGH VAGINAL LACER-DELIV .....	57
66544	HIGH VAGINAL LAC-POSTPAR .....	57
66550	OB INJ PELV ORG NEC-UNSP .....	57
*66551	OB INJ PELV ORG NEC-DEL .....	57
66554	INJ PELV ORG NEC-POSTPAR .....	57
66560	DAMAGE TO PELVIC JT-UNSP .....	57
*66561	DAMAGE TO PELVIC JT-DEL .....	57
66564	DAMAGE PELVIC JT-POSTPAR .....	57
66570	OB PELVIC HEMATOMA-UNSP .....	57
*66571	OB PELVIC HEMATOMA-DELIV .....	57
*66572	PELVIC HEMATOM-DEL W PP .....	57
66574	PELVIC HEMATOMA-POSTPART .....	57
66580	OB TRAUMA NEC-UNSPEC .....	57
*66581	OB TRAUMA NEC-DELIVERED .....	57
*66582	OB TRAUMA NEC-DEL W P/P .....	57
66583	OB TRAUMA NEC-ANTEPARTUM .....	57
66584	OB TRAUMA NEC-POSTPARTUM .....	57
66590	OB TRAUMA NOS-UNSPEC .....	57
*66591	OB TRAUMA NOS-DELIVERED .....	57
*66592	OB TRAUMA NOS-DEL W P/P .....	57
66593	OB TRAUMA NOS-ANTEPARTUM .....	57
66594	OB TRAUMA NOS-POSTPARTUM .....	57
66600	THIRD-STAGE HEM-UNSPEC .....	57
*66602	THRD-STAGE HEM-DEL W P/P .....	57
66604	THIRD-STAGE HEM-POSTPART .....	57
66610	POSTPARTUM HEM NEC-UNSP .....	57
*66612	POSTPA HEM NEC-DEL W P/P .....	57
66614	POSTPART HEM NEC-POSTPAR .....	57
66620	DELAY P/PART HEM-UNSPEC .....	57
*66622	DELAY P/P HEM-DEL W P/P .....	57
66624	DELAY P/PART HEM-POSTPAR .....	57
66630	POSTPART COAGUL DEF-UNSP .....	57
*66632	P/P COAG DEF-DEL W P/P .....	57
66634	POSTPART COAG DEF-POSTPA .....	57
66700	RETAIN PLACENTA NOS-UNSP .....	57
*66702	RETND PLAC NOS-DEL W P/P .....	57

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
66704	RETAIN PLAC NOS-POSTPART .....	57
66710	RETAIN PROD CONCEPT-UNSP .....	57
*66712	RET PROD CONC-DEL W P/P .....	57
66714	RET PROD CONCEPT-POSTPAR .....	57
66800	PULM COMPL IN DEL-UNSPEC .....	57
*66801	PULM COMPL IN DEL-DELIV .....	57
*66802	PULM COMPLIC-DEL W P/P .....	57
66803	PULM COMPLICAT-ANTEPART .....	57
66804	PULM COMPLICAT-POSTPART .....	57
66810	HEART COMPL IN DEL-UNSP .....	57
*66811	HEART COMPL IN DEL-DELIV .....	57
*66812	HEART COMPL-DEL W P/P .....	57
66813	HEART COMPLIC-ANTEPART .....	57
66814	HEART COMPLIC-POSTPART .....	57
66820	CNS COMPL LABOR/DEL-UNSP .....	57
*66821	CNS COMPL LAB/DEL-DELIV .....	57
*66822	CNS COMPLIC-DEL W P/P .....	57
66823	CNS COMPL IN DEL-ANTEPAR .....	57
66824	CNS COMPL IN DEL-POSTPAR .....	57
66880	ANESTH COMP DEL NEC-UNSP .....	57
*66881	ANESTH COMPL NEC-DELIVER .....	57
*66882	ANESTH COMPL NEC-DEL P/P .....	57
66883	ANESTH COMPL ANTEPARTUM .....	57
66884	ANESTH COMPL-POSTPARTUM .....	57
66890	ANESTH COMP DEL NOS-UNSP .....	57
*66891	ANESTH COMPL NOS-DELIVER .....	57
*66892	ANESTH COMPL NOS-DEL P/P .....	57
66893	ANESTH COMPL-ANTEPARTUM .....	57
66894	ANESTH COMPL-POSTPARTUM .....	57
66900	MATERNAL DISTRESS-UNSPEC .....	57
*66901	MATERNAL DISTRESS-DELIV .....	57
*66902	MATERN DISTRES-DEL W P/P .....	57
66903	MATERN DISTRESS-ANTEPAR .....	57
66904	MATERN DISTRESS-POSTPART .....	57
66910	OBSTETRIC SHOCK-UNSPEC .....	57
*66911	OBSTETRIC SHOCK-DELIVER .....	57
*66912	OBSTET SHOCK-DELIV W P/P .....	57
66913	OBSTETRIC SHOCK-ANTEPAR .....	57
66914	OBSTETRIC SHOCK-POSTPART .....	57
66920	MATERN HYPOTENS SYN-UNSP .....	57
*66921	MATERN HYPOTEN SYN-DELIV .....	57
*66922	MATERN HYPOTEN-DEL W P/P .....	57
66923	MATERN HYPOTENS-ANTEPAR .....	57
66924	MATERN HYPOTENS-POSTPART .....	57
66930	AC REN FAIL W DELIV-UNSP .....	57
*66932	AC REN FAIL-DELIV W P/P .....	57
66934	AC RENAL FAILURE-POSTPAR .....	57
66940	OTH OB SURG COMPL-UNSPEC .....	57
*66941	OTH OB COMPL-DELIVERED .....	57
*66942	OTH OB COMPL-DELIV W P/P .....	57
66943	COMPLC OB SURG ANTEPRM .....	56
66944	OTH OB SURG COMPL-POSTPA .....	57
66950	FORCEP DELIV NOS-UNSPEC .....	57
*66951	FORCEP DELIV NOS-DELIVER .....	57
66960	BREECH EXTR NOS-UNSPEC .....	57
*66961	BREECH EXTR NOS-DELIVER .....	57
66970	CESAREAN DELIV NOS-UNSP .....	57
*66971	CESAREAN DELIVERY NOS .....	57
*66980	COMPL LAB/DELIV NEC-UNSP .....	57
*66981	COMP LAB/DELIV NEC-DELIV .....	57
*66982	COMPL DEL NEC-DEL W P/P .....	57
66983	COMPL DELIV NEC-ANTEPAR .....	57
66984	COMPL DELIV NEC-POSTPART .....	57
66990	COMPL LAB/DELIV NOS-UNSP .....	57
*66991	COMP LAB/DELIV NOS-DELIV .....	57
*66992	COMPL DEL NOS-DEL W P/P .....	57
66993	COMPL DELIV NOS-ANTEPAR .....	57
66994	COMPL DELIV NOS-POSTPART .....	57
67000	MAJOR PUERP INFECT-UNSP .....	57
*67002	MAJOR PUERP INF-DEL P/P .....	57
67004	MAJOR PUERP INF-POSTPART .....	57
67100	VARIC VEIN LEG PREG-UNSP .....	57
*67101	VARICOSE VEIN LEG-DELIV .....	57
*67102	VARIC VEIN LEG-DEL W P/P .....	57
67103	VARIC VEIN LEG-ANTEPART .....	57
67104	VARIC VEIN LEG-POSTPART .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
67110	VARIC VULVA PREG-UNSPEC .....	57
*67111	VARICOSE VULVA-DELIVERED .....	
*67112	VARICOSE VULVA-DEL W P/P .....	
67113	VARICOSE VULVA-ANTEPART .....	57
67114	VARICOSE VULVA-POSTPART .....	57
67120	THROMBOPHLEB PREG-UNSPEC .....	57
*67121	THROMBOPHLEBITIS-DELIVER .....	
*67122	THROMBOPHLEB-DELIV W P/P .....	
67123	THROMBOPHLEBIT-ANTEPART .....	57
67124	THROMBOPHLEBIT-POSTPART .....	57
67130	DEEP THROMB ANTEPAR-UNSP .....	57
*67131	DEEP THROM ANTEPAR-DELIV .....	
67133	DEEP VEIN THROMB-ANTEPAR .....	57
67140	DEEP THROMB POSTPAR-UNSP .....	57
*67142	THROMB POSTPAR-DEL W P/P .....	
67144	DEEP VEIN THROMB-POSTPAR .....	57
67150	THROMBOSIS NEC PREG-UNSP .....	57
*67151	THROMBOSIS NEC-DELIVERED .....	
*67152	THROMB NEC-DELIV W P/P .....	
67153	THROMBOSIS NEC-ANTEPART .....	57
67154	THROMBOSIS NEC-POSTPART .....	57
67180	VEN COMPL PREG NEC-UNSP .....	57
*67181	VENOUS COMPL NEC-DELIVER .....	
*67182	VEN COMP NEC-DELIV W P/P .....	
67183	VENOUS COMPL NEC-ANTEPAR .....	57
67184	VENOUS COMPL NEC-POSTPAR .....	57
67190	VEN COMPL PREG NOS-UNSP .....	57
*67191	VENOUS COMPL NOS-DELIVER .....	
*67192	VEN COMP NOS-DELIV W P/P .....	
67193	VENOUS COMPL NOS-ANTEPAR .....	57
67194	VENOUS COMPL NOS-POSTPAR .....	57
67200	PUERPERAL PYREXIA-UNSPEC .....	57
*67202	PUERP PYREXIA-DEL W P/P .....	
67204	PUERP PYREXIA-POSTPARTUM .....	57
67300	OB AIR EMBOLISM-UNSPEC .....	57
*67301	OB AIR EMBOLISM-DELIVER .....	
*67302	OB AIR EMBOL-DELIV W P/P .....	
67303	OB AIR EMBOLISM-ANTEPART .....	57
67304	OB AIR EMBOLISM-POSTPART .....	57
67310	AMNIOTIC EMBOLISM-UNSPEC .....	57
*67311	AMNIOTIC EMBOLISM-DELIV .....	
*67312	AMNIOT EMBOL-DELIV W P/P .....	
67313	AMNIOTIC EMBOL-ANTEPART .....	57
67314	AMNIOTIC EMBOL-POSTPART .....	57
67320	OB PULM EMBOL NOS-UNSPEC .....	57
*67321	PULM EMBOL NOS-DELIVERED .....	
*67322	PULM EMBOL NOS-DEL W P/P .....	
67323	PULM EMBOL NOS-ANTEPART .....	57
67324	PULM EMBOL NOS-POSTPART .....	57
67330	OB PYEMIC EMBOL-UNSPEC .....	57
*67331	OB PYEMIC EMBOL-DELIVER .....	
*67332	OB PYEM EMBOL-DEL W P/P .....	
67333	OB PYEMIC EMBOL-ANTEPART .....	57
67334	OB PYEMIC EMBOL-POSTPART .....	57
67380	OB PULMON EMBOL NEC-UNSP .....	57
*67381	PULMON EMBOL NEC-DELIVER .....	
*67382	PULM EMBOL NEC-DEL W P/P .....	
67383	PULMON EMBOL NEC-ANTEPAR .....	57
67384	PULMON EMBOL NEC-POSTPAR .....	57
67400	PUERP CEREBVASC DIS-UNSP .....	57
*67401	PUERP CEREBVAS DIS-DELIV .....	
*67402	CEREBVAS DIS-DELIV W P/P .....	
67403	CEREBROVASC DIS-ANTEPART .....	57
67404	CEREBROVASC DIS-POSTPART .....	57
67410	DISRUPT C-SECT WND-UNSP .....	57
*67412	DISRUPT C-SECT-DEL W P/P .....	
67414	DISRUPT C-SECT-POSTPART .....	57
67420	DISRUPT PERINEUM-UNSPEC .....	57
*67422	DISRUPT PERIN-DEL W P/P .....	
67424	DISRUPT PERINEUM-POSTPAR .....	57
67430	OB SURG COMPL NEC-UNSPEC .....	57
*67432	OB SURG COMPL-DEL W P/P .....	
67434	OB SURG COMP NEC-POSTPAR .....	57
67440	PLACENTAL POLYP-UNSPEC .....	57
67442	PLACENT POLYP-DEL W P/P .....	
67444	PLACENTAL POLYP-POSTPART .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
67480	PUERP COMPL NEC-UNSPEC .....	57
*67482	PUERP COMP NEC-DEL W P/P .....	57
67484	PUERP COMPL NEC-POSTPART .....	57
67490	PUERP COMPL NOS-UNSPEC .....	57
*67492	PUERP COMP NOS-DEL W P/P .....	57
67494	PUERP COMPL NOS-POSTPART .....	57
67500	INFECT NIPPLE PREG-UNSP .....	57
67501	INFECT NIPPLE-DELIVERED .....	57
67502	INFECT NIPPLE-DEL W P/P .....	57
67503	INFECT NIPPLE-ANTEPARTUM .....	57
67504	INFECT NIPPLE-POSTPARTUM .....	57
67510	BREAST ABSCESS PREG-UNSP .....	57
67511	BREAST ABSCESS-DELIVERED .....	57
67512	BREAST ABSCESS-DEL W P/P .....	57
67513	BREAST ABSCESS-ANTEPART .....	57
67514	BREAST ABSCESS-POSTPART .....	57
67520	MASTITIS IN PREG-UNSPEC .....	57
67521	MASTITIS-DELIVERED .....	57
67522	MASTITIS-DELIV W P/P .....	57
67523	MASTITIS-ANTEPARTUM .....	57
67524	MASTITIS-POSTPARTUM .....	57
67580	BREAST INF PREG NEC-UNSP .....	57
67581	BREAST INFECT NEC-DELIV .....	57
67582	BREAST INF NEC-DEL W P/P .....	57
67583	BREAST INF NEC-ANTEPART .....	57
67584	BREAST INF NEC-POSTPART .....	57
67590	BREAST INF PREG NOS-UNSP .....	57
67591	BREAST INFECT NOS-DELIV .....	57
67592	BREAST INF NOS-DEL W P/P .....	57
67593	BREAST INF NOS-ANTEPART .....	57
67594	BREAST INF NOS-POSTPART .....	57
67600	RETRACT NIPPLE PREG-UNSP .....	57
67601	RETRACTED NIPPLE-DELIVER .....	57
67602	RETRACT NIPPLE-DEL W P/P .....	57
67603	RETRACT NIPPLE-ANTEPART .....	57
67604	RETRACT NIPPLE-POSTPART .....	57
67610	CRACKED NIPPLE PREG-UNSP .....	57
67611	CRACKED NIPPLE-DELIVERED .....	57
67612	CRACKED NIPPLE-DEL W P/P .....	57
67613	CRACKED NIPPLE-ANTEPART .....	57
67614	CRACKED NIPPLE-POSTPART .....	57
67620	BREAST ENGORGE-UNSPEC .....	57
67621	BREAST ENGORGE-DELIVERED .....	57
67622	BREAST ENGORGE-DEL W P/P .....	57
67623	BREAST ENGORGE-ANTEPART .....	57
67624	BREAST ENGORGE-POSTPART .....	57
67630	BREAST DIS PREG NEC-UNSP .....	57
67631	BREAST DIS NEC-DELIVERED .....	57
67632	BREAST DIS NEC-DEL W P/P .....	57
67633	BREAST DIS NEC-ANTEPART .....	57
67634	BREAST DIS NEC-POSTPART .....	57
67640	LACTATION FAIL-UNSPEC .....	57
67641	LACTATION FAIL-DELIVERED .....	57
67642	LACTATION FAIL-DEL W P/P .....	57
67643	LACTATION FAIL-ANTEPART .....	57
67644	LACTATION FAIL-POSTPART .....	57
67650	SUPPR LACTATION-UNSPEC .....	57
67651	SUPPR LACTATION-DELIVER .....	57
67652	SUPPR LACTAT-DEL W P/P .....	57
67653	SUPPR LACTATION-ANTEPAR .....	57
67654	SUPPR LACTATION-POSTPART .....	57
67660	GALACTORRHEA PREG-UNSPEC .....	57
67661	GALACTORRHEA-DELIVERED .....	57
67662	GALACTORRHEA-DEL W P/P .....	57
67663	GALACTORRHEA-ANTEPARTUM .....	57
67664	GALACTORRHEA-POSTPARTUM .....	57
67680	LACTATION DIS NEC-UNSPEC .....	57
67681	LACTATION DIS NEC-DELIV .....	57
67682	LACTAT DIS NEC-DEL W P/P .....	57
67683	LACTAT DIS NEC-ANTEPART .....	57
67684	LACTAT DIS NEC-POSTPART .....	57
67690	LACTATION DIS NOS-UNSPEC .....	57
67691	LACTATION DIS NOS-DELIV .....	57
67692	LACTAT DIS NOS-DEL W P/P .....	57
67693	LACTAT DIS NOS-ANTEPART .....	57
67694	LACTAT DIS NOS-POSTPART .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
677	LATE EFFCT CMPLCATN PREG .....	11
6800	CARBUNCLE OF FACE .....	18
6801	CARBUNCLE OF NECK .....	18
6802	CARBUNCLE OF TRUNK .....	18
6803	CARBUNCLE OF ARM .....	18
6804	CARBUNCLE OF HAND .....	18
6805	CARBUNCLE OF BUTTOCK .....	18
6806	CARBUNCLE OF LEG .....	18
6807	CARBUNCLE OF FOOT .....	18
6808	CARBUNCLE, SITE NEC .....	18
6809	CARBUNCLE NOS .....	18
68100	CELLULITIS, FINGER NOS .....	18
68101	FELON .....	18
68102	ONYCHIA OF FINGER .....	18
68110	CELLULITIS, TOE NOS .....	18
68111	ONYCHIA OF TOE .....	18
6819	CELLULITIS OF DIGIT NOS .....	18
6820	CELLULITIS OF FACE .....	18
6821	CELLULITIS OF NECK .....	18
6822	CELLULITIS OF TRUNK .....	18
6823	CELLULITIS OF ARM .....	18
6824	CELLULITIS OF HAND .....	18
6825	CELLULITIS OF BUTTOCK .....	18
6826	CELLULITIS OF LEG .....	18
6827	CELLULITIS OF FOOT .....	18
6828	CELLULITIS, SITE NEC .....	18
6829	CELLULITIS NOS .....	18
683	ACUTE LYMPHADENITIS .....	86
684	IMPETIGO .....	18
6850	PILONIDAL CYST W ABSCESS .....	18
6851	PILONIDAL CYST W/O ABSC .....	18
6861	PYOGENIC GRANULOMA .....	18
6868	LOCAL SKIN INFECTION NEC .....	18
6869	LOCAL SKIN INFECTION NOS .....	18
69010	SEBRRHEIC DERMATITIS NOS .....	18
69011	SEBORRHEA CAPITIS .....	18
69012	SBRHEIC INFANTL DRMTITIS .....	18
69018	SEBRRHEIC DERMATITIS NEC .....	18
6908	ERYTHMSQUAMOUS DERM NEC .....	18
6910	DIAPER OR NAPKIN RASH .....	18
6918	OTHER ATOPIC DERMATITIS .....	18
6920	DETERGENT DERMATITIS .....	18
6921	OIL & GREASE DERMATITIS .....	18
6922	SOLVENT DERMATITIS .....	18
6923	TOPICAL MED DERMATITIS .....	18
6924	CHEMICAL DERMATITIS NEC .....	18
6925	TOPICAL FOOD DERMATITIS .....	18
6926	DERMATITIS DUE TO PLANT .....	18
69270	SOLAR DERMATITIS NOS .....	18
69271	SUNBURN .....	18
69272	ACT DRMTITIS SOLAR RDIAT .....	18
69273	ACTNC RETIC ACTNC GRNLMA .....	18
69274	OTH CHR DRMTIT SOLAR RAD .....	18
69279	OTH DERMATITIS SOLAR RAD .....	18
69281	COSMETIC DERMATITIS .....	18
69282	DERMATITIS OTH RADIATION .....	18
69283	DERMATITIS METALS .....	18
69289	DERMATITIS NEC .....	18
6929	DERMATITIS NOS .....	18
6930	DRUG DERMATITIS NOS .....	18
6931	DERMAT D/T FOOD INGEST .....	18
6938	DERMAT D/T INT AGENT NEC .....	18
6939	DERMAT D/T INT AGENT NOS .....	18
6940	DERMATITIS HERPETIFORMIS .....	18
6941	SUBCORNEAL PUST DERMATOS .....	68
6942	JUVEN DERMAT HERPETIFORM .....	18
6943	IMPETIGO HERPETIFORMIS .....	18
6944	PEMPHIGUS .....	18
6945	PEMPHIGOID .....	18
69460	BN MUCOUS MEMB PEMPH NOS .....	18
69461	OCULAR PEMPHIGUS .....	68
6948	BULLOUS DERMATOSES NEC .....	18
6949	BULLOUS DERMATOSES NOS .....	18
6950	TOXIC ERYTHEMA .....	18
6951	ERYTHEMA MULTIFORME .....	18
6952	ERYTHEMA NODOSUM .....	18

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
6953	ROSACEA .....	18
6954	LUPUS ERYTHEMATOSUS .....	18
69581	RITTER'S DISEASE .....	18
69589	ERYTHEMATOUS COND NEC .....	18
6959	ERYTHEMATOUS COND NOS .....	18
6960	PSORIATIC ARTHROPATHY .....	24
6961	OTHER PSORIASIS .....	18
6962	PARAPSORIASIS .....	18
6963	PITYRIASIS ROSEA .....	18
6964	PITYRIASIS RUBRA PILARIS .....	18
6965	PITYRIASIS NEC & NOS .....	18
6968	PSORIAS RELATED DIS NEC .....	18
6970	LICHEN PLANUS .....	18
6971	LICHEN NITIDUS .....	18
6978	LICHEN NEC .....	18
6979	LICHEN NOS .....	18
6980	PRURITUS ANI .....	18
6981	PRURITUS OF GENITALIA .....	53
6982	PRURIGO .....	18
6983	LICHENIFICATION .....	18
6984	DERMATITIS FACTITIA .....	18
6988	PRURITIC CONDITIONS NEC .....	18
6989	PRURITIC DISORDER NOS .....	18
700	CORNS AND CALLOSITIES .....	18
7010	CIRCUMSCRIBE SCLERODERMA .....	18
7011	KERATODERMA, ACQUIRED .....	18
7012	ACQ ACANTHOSIS NIGRICANS .....	18
7013	STRIAE ATROPHICAE .....	18
7014	KELOID SCAR .....	18
7015	ABNORMAL GRANULATION NEC .....	18
7018	SKIN HYPERTRO/ATROPH NEC .....	18
7019	SKIN HYPERTRO/ATROPH NOS .....	18
7020	ACTINIC KERATOSIS .....	18
70211	INFLAMED SBRHEIC KERATOS .....	18
70219	OTHER SBORHEIC KERATOSIS .....	18
7028	OTHER SPECF DERMATOSES .....	18
7030	INGROWING NAIL .....	18
7038	DISEASES OF NAIL NEC .....	18
7039	DISEASE OF NAIL NOS .....	18
70400	ALOPECIA NOS .....	18
70401	ALOPECIA AREATA .....	18
70402	TELOGEN EFFLUVIUM .....	18
70409	ALOPECIA NEC .....	18
7041	HIRSUTISM .....	18
7042	ABNORMALITIES OF HAIR .....	18
7043	VARIATIONS IN HAIR COLOR .....	18
7048	HAIR DISEASES NEC .....	18
7049	HAIR DISEASE NOS .....	18
7050	ANHIDROSIS .....	18
7051	PRICKLY HEAT .....	18
70581	DYSHIDROSIS .....	18
70582	FOX-FORDYCE DISEASE .....	18
70583	HIDRADENITIS .....	18
70589	SWEAT GLAND DISORDER NEC .....	18
7059	SWEAT GLAND DISORDER NOS .....	18
7060	ACNE VARIOLIFORMIS .....	18
7061	ACNE NEC .....	18
7062	SEBACEOUS CYST .....	18
7063	SEBORRHEA .....	18
7068	SEBACEOUS GLAND DIS NEC .....	18
7069	SEBACEOUS GLAND DIS NOS .....	18
7070	DECUBITUS ULCER .....	18
7071	CHRONIC ULCER OF LEG .....	18
7078	CHRONIC SKIN ULCER NEC .....	18
7079	CHRONIC SKIN ULCER NOS .....	18
7080	ALLERGIC URTICARIA .....	18
7081	IDIOPATHIC URTICARIA .....	18
7082	URTICARIA FROM COLD/HEAT .....	18
7083	DERMATOGRAPHIC URTICARIA .....	18
7084	VIBRATORY URTICARIA .....	18
7085	CHOLINERGIC URTICARIA .....	18
7088	URTICARIA NEC .....	18
7089	URTICARIA NOS .....	18
70900	DYSCHROMIA, UNSPECIFIED .....	18
70901	VITILIGO .....	18
70909	OTHER DYSCHROMIA .....	18

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
7091	VASCULAR DISORD OF SKIN .....	18
7092	SCAR & FIBROSIS OF SKIN .....	18
7093	DEGENERATIVE SKIN DISORD .....	18
7094	FOREIGN BODY GRANUL-SKIN .....	18
7098	SKIN DISORDERS NEC .....	18
7099	SKIN DISORDER NOS .....	18
7100	SYST LUPUS ERYTHEMATOSUS .....	86
7101	SYSTEMIC SCLEROSIS .....	86
7102	SICCA SYNDROME .....	86
7103	DERMATOMYOSITIS .....	86
7104	POLYMYOSITIS .....	86
7105	EOSINOPHILIA MYALGIA SND .....	24
7108	DIFF CONNECT TIS DIS NEC .....	24
7109	DIFF CONNECT TIS DIS NOS .....	24
71100	PYOGEN ARTHRITIS-UNSPEC .....	24
71101	PYOGEN ARTHRITIS-SHLDER .....	24
71102	PYOGEN ARTHRITIS-UP/ARM .....	24
71103	PYOGEN ARTHRITIS-FOREARM .....	24
71104	PYOGEN ARTHRITIS-HAND .....	24
71105	PYOGEN ARTHRITIS-PELVIS .....	24
71106	PYOGEN ARTHRITIS-L/LEG .....	24
71107	PYOGEN ARTHRITIS-ANKLE .....	24
71108	PYOGEN ARTHRITIS NEC .....	24
71109	PYOGEN ARTHRITIS-MULT .....	24
71110	REITER ARTHRITIS-UNSPEC .....	24
71111	REITER ARTHRITIS-SHLDER .....	24
71112	REITER ARTHRITIS-UP/ARM .....	24
71113	REITER ARTHRITIS-FOREARM .....	24
71114	REITER ARTHRITIS-HAND .....	24
71115	REITER ARTHRITIS-PELVIS .....	24
71116	REITER ARTHRITIS-L/LEG .....	24
71117	REITER ARTHRITIS-ANKLE .....	24
71118	REITER ARTHRITIS NEC .....	24
71119	REITER ARTHRITIS-MULT .....	24
71120	BEHCET ARTHRITIS-UNSPEC .....	24
71121	BEHCET ARTHRITIS-SHLDER .....	24
71122	BEHCET ARTHRITIS-UP/ARM .....	24
71123	BEHCET ARTHRITIS-FOREARM .....	24
71124	BEHCET ARTHRITIS-HAND .....	24
71125	BEHCET ARTHRITIS-PELVIS .....	24
71126	BEHCET ARTHRITIS-L/LEG .....	24
71127	BEHCET ARTHRITIS-ANKLE .....	24
71128	BEHCET ARTHRITIS NEC .....	24
71129	BEHCET ARTHRITIS-MULT .....	24
71130	DYSENTER ARTHRIT-UNSPEC .....	24
71131	DYSENTER ARTHRIT-SHLDER .....	24
71132	DYSENTER ARTHRIT-UP/ARM .....	24
71133	DYSENTER ARTHRIT-FOREARM .....	24
71134	DYSENTER ARTHRIT-HAND .....	24
71135	DYSENTER ARTHRIT-PELVIS .....	24
71136	DYSENTER ARTHRIT-L/LEG .....	24
71137	DYSENTER ARTHRIT-ANKLE .....	24
71138	DYSENTER ARTHRIT NEC .....	24
71139	DYSENTER ARTHRIT-MULT .....	24
71140	BACT ARTHRITIS-UNSPEC .....	24
71141	BACT ARTHRITIS-SHLDER .....	24
71142	BACT ARTHRITIS-UP/ARM .....	24
71143	BACT ARTHRITIS-FOREARM .....	24
71144	BACT ARTHRITIS-HAND .....	24
71145	BACT ARTHRITIS-PELVIS .....	24
71146	BACT ARTHRITIS-L/LEG .....	24
71147	BACT ARTHRITIS-ANKLE .....	24
71148	BACT ARTHRITIS NEC .....	24
71149	BACT ARTHRITIS-MULT .....	24
71150	VIRAL ARTHRITIS-UNSPEC .....	24
71151	VIRAL ARTHRITIS-SHLDER .....	24
71152	VIRAL ARTHRITIS-UP/ARM .....	24
71153	VIRAL ARTHRITIS-FOREARM .....	24
71154	VIRAL ARTHRITIS-HAND .....	24
71155	VIRAL ARTHRITIS-PELVIS .....	24
71156	VIRAL ARTHRITIS-L/LEG .....	24
71157	VIRAL ARTHRITIS-ANKLE .....	24
71158	VIRAL ARTHRITIS NEC .....	24
71159	VIRAL ARTHRITIS-MULT .....	24
71160	MYCOTIC ARTHRITIS-UNSPEC .....	24
71161	MYCOTIC ARTHRITIS-SHLDER .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
71162	MYCOTIC ARTHRITIS-UP/ARM .....	24
71163	MYCOTIC ARTHRIT-FOREARM .....	24
71164	MYCOTIC ARTHRITIS-HAND .....	24
71165	MYCOTIC ARTHRITIS-PELVIS .....	24
71166	MYCOTIC ARTHRITIS-L/LEG .....	24
71167	MYCOTIC ARTHRITIS-ANKLE .....	24
71168	MYCOTIC ARTHRITIS NEC .....	24
71169	MYCOTIC ARTHRITIS-MULT .....	24
71170	HELMINTH ARTHRIT-UNSPEC .....	24
71171	HELMINTH ARTHRIT-SHLDER .....	24
71172	HELMINTH ARTHRIT-UP/ARM .....	24
71173	HELMINTH ARTHRIT-FOREARM .....	24
71174	HELMINTH ARTHRIT-HAND .....	24
71175	HELMINTH ARTHRIT-PELVIS .....	24
71176	HELMINTH ARTHRIT-L/LEG .....	24
71177	HELMINTH ARTHRIT-ANKLE .....	24
71178	HELMINTH ARTHRIT NEC .....	24
71179	HELMINTH ARTHRIT-MULT .....	24
71180	INF ARTHRITIS NEC-UNSPEC .....	24
71181	INF ARTHRITIS NEC-SHLDER .....	24
71182	INF ARTHRITIS NEC-UP/ARM .....	24
71183	INF ARTHRIT NEC-FOREARM .....	24
71184	INF ARTHRITIS NEC-HAND .....	24
71185	INF ARTHRITIS NEC-PELVIS .....	24
71186	INF ARTHRITIS NEC-L/LEG .....	24
71187	INF ARTHRITIS NEC-ANKLE .....	24
71188	INF ARTHRIT NEC-OTH SITE .....	24
71189	INF ARTHRITIS NEC-MULT .....	24
71190	INF ARTHRITIS NOS-UNSPEC .....	24
71191	INF ARTHRITIS NOS-SHLDER .....	24
71192	INF ARTHRITIS NOS-UP/ARM .....	24
71193	INF ARTHRIT NOS-FOREARM .....	24
71194	INF ARTHRIT NOS-HAND .....	24
71195	INF ARTHRIT NOS-PELVIS .....	24
71196	INF ARTHRIT NOS-L/LEG .....	24
71197	INF ARTHRIT NOS-ANKLE .....	24
71198	INF ARTHRIT NOS-OTH SITE .....	24
71199	INF ARTHRITIS NOS-MULT .....	24
71210	DICALC PHOS CRYST-UNSPEC .....	24
71211	DICALC PHOS CRYST-SHLDER .....	24
71212	DICALC PHOS CRYST-UP/ARM .....	24
71213	DICALC PHOS CRYST-FOREARM .....	24
71214	DICALC PHOS CRYST-HAND .....	24
71215	DICALC PHOS CRYST-PELVIS .....	24
71216	DICALC PHOS CRYST-L/LEG .....	24
71217	DICALC PHOS CRYST-ANKLE .....	24
71218	DICALC PHOS CRY-SITE NEC .....	24
71219	DICALC PHOS CRYST-MULT .....	24
71220	PYROPHOSPH CRYST-UNSPEC .....	24
71221	PYROPHOSPH CRYST-SHLDER .....	24
71222	PYROPHOSPH CRYST-UP/ARM .....	24
71223	PYROPHOSPH CRYST-FOREARM .....	24
71224	PYROPHOSPH CRYST-HAND .....	24
71225	PYROPHOSPH CRYST-PELVIS .....	24
71226	PYROPHOSPH CRYST-L/LEG .....	24
71227	PYROPHOSPH CRYST-ANKLE .....	24
71228	PYROPHOS CRYST-SITE NEC .....	24
71229	PYROPHOS CRYST-MULT .....	24
71230	CHONDROCALCIN NOS-UNSPEC .....	24
71231	CHONDROCALCIN NOS-SHLDER .....	24
71232	CHONDROCALCIN NOS-UP/ARM .....	24
71233	CHONDROCALC NOS-FOREARM .....	24
71234	CHONDROCALCIN NOS-HAND .....	24
71235	CHONDROCALCIN NOS-PELVIS .....	24
71236	CHONDROCALCIN NOS-L/LEG .....	24
71237	CHONDROCALCIN NOS-ANKLE .....	24
71238	CHONDROCALC NOS-OTH SITE .....	24
71239	CHONDROCALCIN NOS-MULT .....	24
71280	CRYST ARTHROP NEC-UNSPEC .....	24
71281	CRYST ARTHROP NEC-SHLDER .....	24
71282	CRYST ARTHROP NEC-UP/ARM .....	24
71283	CRYS ARTHROP NEC-FOREARM .....	24
71284	CRYST ARTHROP NEC-HAND .....	24
71285	CRYST ARTHROP NEC-PELVIS .....	24
71286	CRYST ARTHROP NEC-L/LEG .....	24
71287	CRYST ARTHROP NEC-ANKLE .....	24

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
71288	CRY ARTHROP NEC-OTH SITE .....	24
71289	CRYST ARTHROP NEC-MULT .....	24
71290	CRYST ARTHROP NOS-UNSPEC .....	24
71291	CRYST ARTHROP NOS-SHLDR .....	24
71292	CRYST ARTHROP NOS-UP/ARM .....	24
71293	CRYST ARTHROP NOS-FOREARM .....	24
71294	CRYST ARTHROP NOS-HAND .....	24
71295	CRYST ARTHROP NOS-PELVIS .....	24
71296	CRYST ARTHROP NOS-L/LEG .....	24
71297	CRYST ARTHROP NOS-ANKLE .....	24
71298	CRY ARTHROP NOS-OTH SITE .....	24
71299	CRYST ARTHROP NOS-MULT .....	24
7130	ARTHROP W ENDOCR/MET DIS .....	24
7131	ARTHROP W NONINF GI DIS .....	24
7132	ARTHROPATH W HEMATOL DIS .....	24
7133	ARTHROPATHY W SKIN DIS .....	24
7134	ARTHROPATHY W RESP DIS .....	24
7135	ARTHROPATHY W NERVE DIS .....	24
7136	ARTHROP W HYPERSEN REACT .....	24
7137	ARTHROP W SYSTEM DIS NEC .....	24
7138	ARTHROP W OTH DIS NEC .....	24
7140	RHEUMATOID ARTHRITIS .....	24
7141	FELTY'S SYNDROME .....	24
7142	SYST RHEUM ARTHRITIS NEC .....	24
71430	JUV RHEUM ARTHRITIS NOS .....	24
71431	POLYART JUV RHEUM ARTHR .....	24
71432	PAUCIART JUV RHEUM ARTHR .....	24
71433	MONOART JUV RHEUM ARTHR .....	24
7144	CHR POSTRHEUM ARTHRITIS .....	24
71481	RHEUMATOID LUNG .....	33
71489	INFLAMM POLYARTHROP NEC .....	24
7149	INFLAMM POLYARTHROP NOS .....	24
71500	GENERAL OSTEOARTHROSIS .....	24
71504	GEN OSTEOARTHROS-HAND .....	24
71509	GENERAL OSTEOARTHROSIS .....	24
71510	LOC PRIM OSTEOART-UNSPEC .....	24
71511	LOC PRIM OSTEOART-SHLDER .....	24
71512	LOC PRIM OSTEOART-UP/ARM .....	24
71513	LOC PRIM OSTEOART-FORARM .....	24
71514	LOC PRIM OSTEOARTH-HAND .....	24
71515	LOC PRIM OSTEOART-PELVIS .....	24
71516	LOC PRIM OSTEOART-L/LEG .....	24
71517	LOC PRIM OSTEOARTH-ANKLE .....	24
71518	LOC PRIM OSTEOARTH NEC .....	24
71520	LOC 2ND OSTEOARTH-UNSPEC .....	24
71521	LOC 2ND OSTEOARTH-SHLDER .....	24
71522	LOC 2ND OSTEOARTH-UP/ARM .....	24
71523	LOC 2ND OSTEOART-FOREARM .....	24
71524	LOC 2ND OSTEOARTHRO-HAND .....	24
71525	LOC 2ND OSTEOARTH-PELVIS .....	24
71526	LOC 2ND OSTEOARTH-L/LEG .....	24
71527	LOC 2ND OSTEOARTH-ANKLE .....	24
71528	LOC 2ND OSTEOARTHROS NEC .....	24
71530	LOC OSTEOARTH NOS-UNSPEC .....	24
71531	LOC OSTEOARTH NOS-SHLDER .....	24
71532	LOC OSTEOARTH NOS-UP/ARM .....	24
71533	LOC OSTEOART NOS-FOREARM .....	24
71534	LOC OSTEOARTH NOS-HAND .....	24
71535	LOC OSTEOARTH NOS-PELVIS .....	24
71536	LOC OSTEOARTH NOS-L/LEG .....	24
71537	LOC OSTEOARTH NOS-ANKLE .....	24
71538	LOC OSTEOAR NOS-SITE NEC .....	24
71580	OSTEOARTHROSIS-MULT SITE .....	24
71589	OSTEOARTHROSIS-MULT SITE .....	24
71590	OSTEOARTHROS NOS-UNSPEC .....	24
71591	OSTEOARTHROS NOS-SHLDER .....	24
71592	OSTEOARTHROS NOS-UP/ARM .....	24
71593	OSTEOARTHROS NOS-FOREARM .....	24
71594	OSTEOARTHROS NOS-HAND .....	24
71595	OSTEOARTHROS NOS-PELVIS .....	24
71596	OSTEOARTHROS NOS-L/LEG .....	24
71597	OSTEOARTHROS NOS-ANKLE .....	24
71598	OSTEOARTHRO NOS-OTH SITE .....	24
71600	KASCHIN-BECK DIS-UNSPEC .....	24
71601	KASCHIN-BECK DIS-SHLDER .....	24
71602	KASCHIN-BECK DIS-UP/ARM .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
71603	KASCHIN-BECK DIS-FOREARM .....	24
71604	KASCHIN-BECK DIS-HAND .....	24
71605	KASCHIN-BECK DIS-PELVIS .....	24
71606	KASCHIN-BECK DIS-L/LEG .....	24
71607	KASCHIN-BECK DIS-ANKLE .....	24
71608	KASCHIN-BECK DIS NEC .....	24
71609	KASCHIN-BECK DIS-MULT .....	24
71610	TRAUM ARTHROPATHY-UNSPEC .....	24
71611	TRAUM ARTHROPATHY-SHLDER .....	24
71612	TRAUM ARTHROPATHY-UP/ARM .....	24
71613	TRAUM ARTHROPATH-FOREARM .....	24
71614	TRAUM ARTHROPATHY-HAND .....	24
71615	TRAUM ARTHROPATHY-PELVIS .....	24
71616	TRAUM ARTHROPATHY-L/LEG .....	24
71617	TRAUM ARTHROPATHY-ANKLE .....	24
71618	TRAUM ARTHROPATHY NEC .....	24
71619	TRAUM ARTHROPATHY-MULT .....	24
71620	ALLERG ARTHRITIS-UNSPEC .....	24
71621	ALLERG ARTHRITIS-SHLDER .....	24
71622	ALLERG ARTHRITIS-UP/ARM .....	24
71623	ALLERG ARTHRITIS-FOREARM .....	24
71624	ALLERG ARTHRITIS-HAND .....	24
71625	ALLERG ARTHRITIS-PELVIS .....	24
71626	ALLERG ARTHRITIS-L/LEG .....	24
71627	ALLERG ARTHRITIS-ANKLE .....	24
71628	ALLERG ARTHRITIS NEC .....	24
71629	ALLERG ARTHRITIS-MULT .....	24
71630	CLIMACT ARTHRITIS-UNSPEC .....	24
71631	CLIMACT ARTHRITIS-SHLDER .....	24
71632	CLIMACT ARTHRITIS-UP/ARM .....	24
71633	CLIMACT ARTHRIT-FOREARM .....	24
71634	CLIMACT ARTHRITIS-HAND .....	24
71635	CLIMACT ARTHRITIS-PELVIS .....	24
71636	CLIMACT ARTHRITIS-L/LEG .....	24
71637	CLIMACT ARTHRITIS-ANKLE .....	24
71638	CLIMACT ARTHRITIS NEC .....	24
71639	CLIMACT ARTHRITIS-MULT .....	24
71640	TRANS ARTHROPATHY-UNSPEC .....	24
71641	TRANS ARTHROPATHY-SHLDER .....	24
71642	TRANS ARTHROPATHY-UP/ARM .....	24
71643	TRANS ARTHROPATH-FOREARM .....	24
71644	TRANS ARTHROPATHY-HAND .....	24
71645	TRANS ARTHROPATHY-PELVIS .....	24
71646	TRANS ARTHROPATHY-L/LEG .....	24
71647	TRANS ARTHROPATHY-ANKLE .....	24
71648	TRANS ARTHROPATHY NEC .....	24
71649	TRANS ARTHROPATHY-MULT .....	24
71650	POLYARTHRITIS NOS-UNSPEC .....	24
71651	POLYARTHRITIS NOS-SHLDER .....	24
71652	POLYARTHRITIS NOS-UP/ARM .....	24
71653	POLYARTHRIT NOS-FOREARM .....	24
71654	POLYARTHRITIS NOS-HAND .....	24
71655	POLYARTHRITIS NOS-PELVIS .....	24
71656	POLYARTHRITIS NOS-L/LEG .....	24
71657	POLYARTHRITIS NOS-ANKLE .....	24
71658	POLYARTHRIT NOS-OTH SITE .....	24
71659	POLYARTHRITIS NOS-MULT .....	24
71660	MONOARTHRITIS NOS-UNSPEC .....	24
71661	MONOARTHRITIS NOS-SHLDER .....	24
71662	MONOARTHRITIS NOS-UP/ARM .....	24
71663	MONOARTHRIT NOS-FOREARM .....	24
71664	MONOARTHRITIS NOS-HAND .....	24
71665	MONOARTHRITIS NOS-PELVIS .....	24
71666	MONOARTHRITIS NOS-L/LEG .....	24
71667	MONOARTHRITIS NOS-ANKLE .....	24
71668	MONOARTHRIT NOS-OTH SITE .....	24
71680	ARTHROPATHY NEC-UNSPEC .....	24
71681	ARTHROPATHY NEC-SHLDER .....	24
71682	ARTHROPATHY NEC-UP/ARM .....	24
71683	ARTHROPATHY NEC-FOREARM .....	24
71684	ARTHROPATHY NEC-HAND .....	24
71685	ARTHROPATHY NEC-PELVIS .....	24
71686	ARTHROPATHY NEC-L/LEG .....	24
71687	ARTHROPATHY NEC-ANKLE .....	24
71688	ARTHROPATHY NEC-OTH SITE .....	24
71689	ARTHROPATHY NEC-MULT .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
71690	ARTHROPATHY NOS-UNSPEC .....	24
71691	ARTHROPATHY NOS-SHLDER .....	24
71692	ARTHROPATHY NOS-UP/ARM .....	24
71693	ARTHROPATHY NOS-FOREARM .....	24
71694	ARTHROPATHY NOS-HAND .....	24
71695	ARTHROPATHY NOS-PELVIS .....	24
71696	ARTHROPATHY NOS-L/LEG .....	24
71697	ARTHROPATHY NOS-ANKLE .....	24
71698	ARTHROPATHY NOS-OTH SITE .....	24
71699	ARTHROPATHY NOS-MULT .....	24
7170	OLD BUCKET TEAR MED MEN .....	24
7171	DERANG ANT MED MENISCUS .....	24
7172	DERANG POST MED MENISCUS .....	24
7173	DERANG MED MENISCUS NEC .....	24
71740	DERANG LAT MENISCUS NOS .....	24
71741	OLD BUCKET TEAR LAT MEN .....	24
71742	DERANGE ANT LAT MENISCUS .....	24
71743	DERANG POST LAT MENISCUS .....	24
71749	DERANG LAT MENISCUS NEC .....	24
7175	DERANGEMENT MENISCUS NEC .....	24
7176	LOOSE BODY IN KNEE .....	24
7177	CHONDROMALACIA PATELLAE .....	24
71781	OLD DISRUPT LAT COLLAT .....	24
71782	OLD DISRUPT MED COLLAT .....	24
71783	OLD DISRUPT ANT CRUCIATE .....	24
71784	OLD DISRUPT POST CRUCIAT .....	24
71785	OLD DISRUPT KNEE LIG NEC .....	24
71789	INT DERANGEMENT KNEE NEC .....	24
7179	INT DERANGEMENT KNEE NOS .....	24
71800	ARTIC CARTIL DIS-UNSPEC .....	24
71801	ARTIC CARTIL DIS-SHLDER .....	24
71802	ARTIC CARTIL DIS-UP/ARM .....	24
71803	ARTIC CARTIL DIS-FOREARM .....	24
71804	ARTIC CARTIL DIS-HAND .....	24
71805	ARTIC CARTIL DIS-PELVIS .....	24
71807	ARTIC CARTIL DIS-ANKLE .....	24
71808	ARTIC CARTIL DIS-JT NEC .....	24
71809	ARTIC CARTIL DIS-MULT JT .....	24
71810	LOOSE BODY-UNSPEC .....	24
71811	LOOSE BODY-SHLDER .....	24
71812	LOOSE BODY-UP/ARM .....	24
71813	LOOSE BODY-FOREARM .....	24
71814	LOOSE BODY-HAND .....	24
71815	LOOSE BODY-PELVIS .....	24
71817	LOOSE BODY-ANKLE .....	24
71818	LOOSE BODY-JOINT NEC .....	24
71819	LOOSE BODY-MULT JOINTS .....	24
71820	PATHOL DISLOCAT-UNSPEC .....	24
71821	PATHOL DISLOCAT-SHLDER .....	24
71822	PATHOL DISLOCAT-UP/ARM .....	24
71823	PATHOL DISLOCAT-FOREARM .....	24
71824	PATHOL DISLOCAT-HAND .....	24
71825	PATHOL DISLOCAT-PELVIS .....	24
71826	PATHOL DISLOCAT-L/LEG .....	24
71827	PATHOL DISLOCAT-ANKLE .....	24
71828	PATHOL DISLOCAT-JT NEC .....	24
71829	PATHOL DISLOCAT-MULT JTS .....	24
71830	RECUR DISLOCAT-UNSPEC .....	24
71831	RECUR DISLOCAT-SHLDER .....	24
71832	RECUR DISLOCAT-UP/ARM .....	24
71833	RECUR DISLOCAT-FOREARM .....	24
71834	RECUR DISLOCAT-HAND .....	24
71835	RECUR DISLOCAT-PELVIS .....	24
71836	RECUR DISLOCAT-L/LEG .....	24
71837	RECUR DISLOCAT-ANKLE .....	24
71838	RECUR DISLOCAT-JT NEC .....	24
71839	RECUR DISLOCAT-MULT JTS .....	24
71840	JT CONTRACTURE-UNSPEC .....	24
71841	JT CONTRACTURE-SHLDER .....	24
71842	JT CONTRACTURE-UP/ARM .....	24
71843	JT CONTRACTURE-FOREARM .....	24
71844	JT CONTRACTURE-HAND .....	24
71845	JT CONTRACTURE-PELVIS .....	24
71846	JT CONTRACTURE-L/LEG .....	24
71847	JT CONTRACTURE-ANKLE .....	24
71848	JT CONTRACTURE-JT NEC .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
71849	JT CONTRACTURE-MULT JTS .....	24
71850	ANKYLOSIS-UNSPEC .....	24
71851	ANKYLOSIS-SHOULDER .....	24
71852	ANKYLOSIS-UPPER/ARM .....	24
71853	ANKYLOSIS-FOREARM .....	24
71854	ANKYLOSIS-HAND .....	24
71855	ANKYLOSIS-PELVIS .....	24
71856	ANKYLOSIS-LOWER/LEG .....	24
71857	ANKYLOSIS-ANKLE .....	24
71858	ANKYLOSIS-JOINT NEC .....	24
71859	ANKYLOSIS-MULT JOINTS .....	24
71860	PROTRUSIO ACETAB-UNSPEC .....	24
71865	PROTRUSIO ACETABULI NOS .....	24
71880	JT DERANGMNT NEC-UNSP JT .....	24
71881	JT DERANGMENT NEC-SHLDER .....	24
71882	JT DERANGMENT NEC-UP/ARM .....	24
71883	JT DERANGMNT NEC-FOREARM .....	24
71884	JT DERANGEMENT NEC-HAND .....	24
71885	JT DERANGMENT NEC-PELVIS .....	24
71886	JT DERANGEMENT NEC-L/LEG .....	24
71887	JT DERANGEMENT NEC-ANKLE .....	24
71888	JT DERANGMENT NEC-OTH JT .....	24
71889	JT DERANGEMENT NEC-MULT .....	24
71890	JT DERANGMNT NOS-UNSP JT .....	24
71891	JT DERANGMENT NOS-SHLDER .....	24
71892	JT DERANGMENT NOS-UP/ARM .....	24
71893	JT DERANGMNT NOS-FOREARM .....	24
71894	JT DERANGEMENT NOS-HAND .....	24
71895	JT DERANGMENT NOS-PELVIS .....	24
71897	JT DERANGEMENT NOS-ANKLE .....	24
71898	JT DERANGMENT NOS-OTH JT .....	24
71899	JT DERANGEMENT NOS-MULT .....	24
71900	JOINT EFFUSION-UNSPEC .....	24
71901	JOINT EFFUSION-SHLDER .....	24
71902	JOINT EFFUSION-UP/ARM .....	24
71903	JOINT EFFUSION-FOREARM .....	24
71904	JOINT EFFUSION-HAND .....	24
71905	JOINT EFFUSION-PELVIS .....	24
71906	JOINT EFFUSION-L/LEG .....	24
71907	JOINT EFFUSION-ANKLE .....	24
71908	JOINT EFFUSION-JT NEC .....	24
71909	JOINT EFFUSION-MULT JTS .....	24
71910	HEMARTHROSIS-UNSPEC .....	24
71911	HEMARTHROSIS-SHLDER .....	24
71912	HEMARTHROSIS-UP/ARM .....	24
71913	HEMARTHROSIS-FOREARM .....	24
71914	HEMARTHROSIS-HAND .....	24
71915	HEMARTHROSIS-PELVIS .....	24
71916	HEMARTHROSIS-L/LEG .....	24
71917	HEMARTHROSIS-ANKLE .....	24
71918	HEMARTHROSIS-JT NEC .....	24
71919	HEMARTHROSIS-MULT JTS .....	24
71920	VILLONOD SYNOVIT-UNSPEC .....	24
71921	VILLONOD SYNOVIT-SHLDER .....	24
71922	VILLONOD SYNOVIT-UP/ARM .....	24
71923	VILLONOD SYNOVIT-FOREARM .....	24
71924	VILLONOD SYNOVIT-HAND .....	24
71925	VILLONOD SYNOVIT-PELVIS .....	24
71926	VILLONOD SYNOVIT-L/LEG .....	24
71927	VILLONOD SYNOVIT-ANKLE .....	24
71928	VILLONOD SYNOVIT-JT NEC .....	24
71929	VILLONOD SYNOVIT-MULT JT .....	24
71930	PALINDROM RHEUM-UNSPEC .....	24
71931	PALINDROM RHEUM-SHLDER .....	24
71932	PALINDROM RHEUM-UP/ARM .....	24
71933	PALINDROM RHEUM-FOREARM .....	24
71934	PALINDROM RHEUM-HAND .....	24
71935	PALINDROM RHEUM-PELVIS .....	24
71936	PALINDROM RHEUM-L/LEG .....	24
71937	PALINDROM RHEUM-ANKLE .....	24
71938	PALINDROM RHEUM-JT NEC .....	24
71939	PALINDROM RHEUM-MULT JTS .....	24
71940	JOINT PAIN-UNSPEC .....	24
71941	JOINT PAIN-SHLDER .....	24
71942	JOINT PAIN-UP/ARM .....	24
71943	JOINT PAIN-FOREARM .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
71944	JOINT PAIN-HAND .....	24
71945	JOINT PAIN-PELVIS .....	24
71946	JOINT PAIN-L/LEG .....	24
71947	JOINT PAIN-ANKLE .....	24
71948	JOINT PAIN-JT NEC .....	24
71949	JOINT PAIN-MULT JTS .....	24
71950	JT STIFFNESS NEC-UNSPEC .....	24
71951	JT STIFFNESS NEC-SHLDER .....	24
71952	JT STIFFNESS NEC-UP/ARM .....	24
71953	JT STIFFNESS NEC-FOREARM .....	24
71954	JT STIFFNESS NEC-HAND .....	24
71955	JT STIFFNESS NEC-PELVIS .....	24
71956	JT STIFFNESS NEC-L/LEG .....	24
71957	JT STIFFNESS NEC-ANKLE .....	24
71958	JT STIFFNESS NEC-OTH JT .....	24
71959	JT STIFFNESS NEC-MULT JT .....	24
71960	JOINT SYMPT NEC-UNSP JT .....	24
71961	JOINT SYMPTOM NEC-SHLDER .....	24
71962	JOINT SYMPTOM NEC-UP/ARM .....	24
71963	JOINT SYMPT NEC-FOREARM .....	24
71964	JOINT SYMPTOM NEC-HAND .....	24
71965	JOINT SYMPTOM NEC-PELVIS .....	24
71966	JOINT SYMPTOM NEC-L/LEG .....	24
71967	JOINT SYMPTOM NEC-ANKLE .....	24
71968	JOINT SYMPTOM NEC-OTH JT .....	24
71969	JOINT SYMPT NEC-MULT JTS .....	24
71970	DIFFICULT WALK-UNSPEC .....	24
71975	DIFFICULT WALK-PELVIS .....	24
71976	DIFFICULT WALK-LO/LEG .....	24
71977	DIFFICULT WALK-FOOT .....	24
71978	DIFFICULT WALK NEC .....	24
71979	DIFFICULT WALK-MULT .....	24
71980	JOINT DIS NEC-UNSPEC .....	24
71981	JOINT DIS NEC-SHLDER .....	24
71982	JOINT DIS NEC-UP/ARM .....	24
71983	JOINT DIS NEC-FOREARM .....	24
71984	JOINT DIS NEC-HAND .....	24
71985	JOINT DIS NEC-PELVIS .....	24
71986	JOINT DIS NEC-L/LEG .....	24
71987	JOINT DIS NEC-ANKLE .....	24
71988	JOINT DIS NEC-OTH JT .....	24
71989	JOINT DIS NEC-MULT JTS .....	24
71990	JOINT DIS NOS-UNSPEC JT .....	24
71991	JOINT DIS NOS-SHLDER .....	24
71992	JOINT DIS NOS-UP/ARM .....	24
71993	JOINT DIS NOS-FOREARM .....	24
71994	JOINT DIS NOS-HAND .....	24
71995	JOINT DIS NOS-PELVIS .....	24
71996	JOINT DIS NOS-L/LEG .....	24
71997	JOINT DIS NOS-ANKLE .....	24
71998	JOINT DIS NOS-OTH JT .....	24
71999	JOINT DIS NOS-MULT JTS .....	24
7200	ANKYLOSING SPONDYLITIS .....	24
7201	SPINAL ENTHESOPATHY .....	24
7202	SACROILIITIS NEC .....	24
72081	SPONDYLOPATHY IN OTH DIS .....	24
72089	INFLAM SPONDYLOPATHY NEC .....	24
7209	INFLAM SPONDYLOPATHY NOS .....	24
7210	CERVICAL SPONDYLOSIS .....	24
7211	CERV SPONDYL W MYELOPATH .....	24
7212	THORACIC SPONDYLOSIS .....	24
7213	LUMBOSACRAL SPONDYLOSIS .....	24
72141	SPOND COMPR THOR SP CORD .....	24
72142	SPOND COMPR LUMB SP CORD .....	24
7215	KISSING SPINE .....	24
7216	ANKYL VERT HYPEROSTOSIS .....	24
7217	TRAUMATIC SPONDYLOPATHY .....	24
7218	SPINAL DISORDERS NEC .....	24
72190	SPONDYLOS NOS W/O MYELOP .....	24
72191	SPONDYLOSIS NOS W MYELOP .....	24
7220	CERVICAL DISC DISPLACMNT .....	24
72210	LUMBAR DISC DISPLACEMENT .....	24
72211	THORACIC DISC DISPLACMNT .....	24
7222	DISC DISPLACEMENT NOS .....	24
72230	SCHMORL'S NODES NOS .....	24
72231	SCHMORLS NODE-THORACIC .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
72232	SCHMORLS NODE-LUMBAR .....	24
72239	SCHMORLS NODE-REGION NEC .....	24
7224	CERVICAL DISC DEGEN .....	24
72251	THORACIC DISC DEGEN .....	24
72252	LUMB/LUMBOSAC DISC DEGEN .....	24
7226	DISC DEGENERATION NOS .....	24
72270	DISC DIS W MYELOPATH NOS .....	24
72271	CERV DISC DIS W MYELOPAT .....	24
72272	THOR DISC DIS W MYELOPAT .....	24
72273	LUMB DISC DIS W MYELOPAT .....	24
72280	POSTLAMINECTOMY SYND NOS .....	24
72281	POSTLAMINECT SYND-CERV .....	24
72282	POSTLAMINECT SYND-THORAC .....	24
72283	POSTLAMINECT SYND-LUMBAR .....	24
72290	DISC DIS NEC/NOS-UNSPEC .....	24
72291	DISC DIS NEC/NOS-CERV .....	24
72292	DISC DIS NEC/NOS-THORAC .....	24
72293	DISC DIS NEC/NOS-LUMBAR .....	24
7230	CERVICAL SPINAL STENOSIS .....	24
7231	CERVICALGIA .....	24
7232	CERVICOCRANIAL SYNDROME .....	63
7233	CERVICOBRACHIAL SYNDROME .....	63
7234	BRACHIAL NEURITIS NOS .....	63
7235	TORTICOLLIS NOS .....	24
7236	PANNICULITIS OF NECK .....	18
7237	OSSIFICATION CERV LIG .....	24
7238	CERVICAL SYNDROME NEC .....	24
7239	NECK DISORDER/SYMPT NOS .....	24
72400	SPINAL STENOSIS NOS .....	24
72401	SPINAL STENOSIS-THORACIC .....	24
72402	SPINAL STENOSIS-LUMBAR .....	24
72409	SPINAL STENOSIS-OTH SITE .....	24
7241	PAIN IN THORACIC SPINE .....	24
7242	LUMBAGO .....	24
7243	SCIATICA .....	24
7244	LUMBOSACRAL NEURITIS NOS .....	24
7245	BACKACHE NOS .....	24
7246	DISORDERS OF SACRUM .....	24
72470	DISORDER OF COCCYX NOS .....	24
72471	HYPERMOBILITY OF COCCYX .....	24
72479	DISORDER OF COCCYX NEC .....	24
7248	OTHER BACK SYMPTOMS .....	24
7249	BACK DISORDER NOS .....	24
725	POLYMYALGIA RHEUMATICA .....	24
7260	ADHESIVE CAPSULIT SHLDER .....	24
72610	ROTATOR CUFF SYND NOS .....	24
72611	CALCIF TENDINITIS SHLDER .....	24
72612	BICIPITAL TENOSYNOVITIS .....	24
72619	ROTATOR CUFF DIS NEC .....	24
7262	SHOULDER REGION DIS NEC .....	24
72630	ELBOW ENTHESOPATHY NOS .....	24
72631	MEDIAL EPICONDYLITIS .....	24
72632	LATERAL EPICONDYLITIS .....	24
72633	OLECRANON BURISITIS .....	24
72639	ELBOW ENTHESOPATHY NEC .....	24
7264	ENTHESOPATHY OF WRIST .....	24
7265	ENTHESOPATHY OF HIP .....	24
72660	ENTHESOPATHY OF KNEE NOS .....	24
72661	PES ANSERINUS TENDINITIS .....	24
72662	TIBIAL COLL LIG BURISITIS .....	24
72663	FIBULA COLL LIG BURISITIS .....	24
72664	PATELLAR TENDINITIS .....	24
72665	PREPATELLAR BURISITIS .....	24
72669	ENTHESOPATHY OF KNEE NEC .....	24
72670	ANKLE ENTHESOPATHY NOS .....	24
72671	ACHILLES TENDINITIS .....	24
72672	TIBIALIS TENDINITIS .....	24
72673	CALCANEAL SPUR .....	24
72679	ANKLE ENTHESOPATHY NEC .....	24
7268	PERIPH ENTHESOPATHY NEC .....	24
72690	ENTHESOPATHY, SITE NOS .....	24
72691	EXOSTOSIS, SITE NOS .....	24
72700	SYNOVITIS NOS .....	24
72701	SYNOVITIS IN OTH DIS .....	24
72702	GIANT CELL TUMOR TENDON .....	24
72703	TRIGGER FINGER .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
72704	RADIAL STYLOID TENOSYNOV .....	24
72705	TENOSYNOV HAND/WRIST NEC .....	24
72706	TENOSYNOVITIS FOOT/ANKLE .....	24
72709	SYNOVITIS NEC .....	24
7271	BUNION .....	24
7272	OCCUPATIONAL BURSITIS .....	24
7273	BURSITIS NEC .....	24
72740	SYNOVIAL CYST NOS .....	24
72741	GANGLION OF JOINT .....	24
72742	GANGLION OF TENDON .....	24
72743	GANGLION NOS .....	24
72749	BURSAL CYST NEC .....	24
72750	RUPTURE OF SYNOVIUM NOS .....	24
72751	POPLITEAL SYNOVIAL CYST .....	24
72759	RUPTURE OF SYNOVIUM NEC .....	24
72760	NONTRAUM TENDON RUPT NOS .....	24
72761	ROTATOR CUFF RUPTURE .....	24
72762	BICEPS TENDON RUPTURE .....	24
72763	RUPT EXTEN TENDON HAND .....	24
72764	RUPT FLEXOR TENDON HAND .....	24
72765	RUPTURE QUADRICEP TENDON .....	24
72766	RUPTURE PATELLAR TENDON .....	24
72767	RUPTURE ACHILLES TENDON .....	24
72768	RUPTURE TENDON FOOT NEC .....	24
72769	NONTRAUM TENDON RUPT NEC .....	24
72781	CONTRACTURE OF TENDON .....	24
72782	CALCIUM DEPOSIT TENDON .....	24
72789	SYNOV/TEND/BURSA DIS NEC .....	24
7279	SYNOV/TEND/BURSA DIS NOS .....	24
7280	INFECTIVE MYOSITIS .....	24
72810	MUSCULAR CALCIFICAT NOS .....	24
72811	PROG MYOSITIS OSSIFICANS .....	24
72812	TRAUM MYOSITIS OSSIFICAN .....	24
72813	POSTOP HETEROTOPIC CALC .....	24
72819	MUSCULAR CALCIFICAT NEC .....	24
7282	MUSC DISUSE ATROPHY NEC .....	24
7283	MUSCLE DISORDERS NEC .....	24
7284	LAXITY OF LIGAMENT .....	24
7285	HYPERMOBILITY SYNDROME .....	24
7286	CONTRACTED PALMAR FASCIA .....	24
72871	PLANTAR FIBROMATOSIS .....	24
72879	FIBROMATOSES NEC .....	24
72881	INTERSTITIAL MYOSITIS .....	24
72882	FB GRANULOMA OF MUSCLE .....	24
72883	NONTRAUM MUSCLE RUPTURE .....	24
72884	DIASTASIS OF MUSCLE .....	24
72885	SPASM OF MUSCLE .....	24
72886	NECROTIZING FASCIITIS .....	97
72889	MUSCLE/LIGAMENT DIS NEC .....	24
7289	MUSCLE/LIGAMENT DIS NOS .....	24
7290	RHEUMATISM NOS .....	24
7291	MYALGIA AND MYOSITIS NOS .....	24
7292	NEURALGIA/NEURITIS NOS .....	63
72930	PANNICULITIS, UNSP SITE .....	18
72931	HYPERTROPHY OF FAT PAD .....	18
72939	PANNICULITIS, SITE NEC .....	18
7294	FASCIITIS NOS .....	24
7295	PAIN IN LIMB .....	24
7296	OLD FB IN SOFT TISSUE .....	72
72981	SWELLING OF LIMB .....	24
72982	CRAMP IN LIMB .....	24
72989	MUSCSKEL SYMPT LIMB NEC .....	24
7299	SOFT TISSUE DIS NEC/NOS .....	24
73000	AC OSTEOMYELITIS-UNSPEC .....	24
73001	AC OSTEOMYELITIS-SHLDER .....	24
73002	AC OSTEOMYELITIS-UP/ARM .....	24
73003	AC OSTEOMYELITIS-FOREARM .....	24
73004	AC OSTEOMYELITIS-HAND .....	24
73005	AC OSTEOMYELITIS-PELVIS .....	24
73006	AC OSTEOMYELITIS-L/LEG .....	24
73007	AC OSTEOMYELITIS-ANKLE .....	24
73008	AC OSTEOMYELITIS NEC .....	24
73009	AC OSTEOMYELITIS-MULT .....	24
73010	CHR OSTEOMYELITIS-UNSP .....	24
73011	CHR OSTEOMYELIT-SHLDER .....	24
73012	CHR OSTEOMYELIT-UP/ARM .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
73013	CHR OSTEOMYELIT-FOREARM .....	24
73014	CHR OSTEOMYELIT-HAND .....	24
73015	CHR OSTEOMYELIT-PELVIS .....	24
73016	CHR OSTEOMYELIT-L/LEG .....	24
73017	CHR OSTEOMYELIT-ANKLE .....	24
73018	CHR OSTEOMYELIT NEC .....	24
73019	CHR OSTEOMYELIT-MULT .....	24
73020	OSTEOMYELITIS NOS-UNSPEC .....	24
73021	OSTEOMYELITIS NOS-SHLDER .....	24
73022	OSTEOMYELITIS NOS-UP/ARM .....	24
73023	OSTEOMYELIT NOS-FOREARM .....	24
73024	OSTEOMYELITIS NOS-HAND .....	24
73025	OSTEOMYELITIS NOS-PELVIS .....	24
73026	OSTEOMYELITIS NOS-L/LEG .....	24
73027	OSTEOMYELITIS NOS-ANKLE .....	24
73028	OSTEOMYELIT NOS-OTH SITE .....	24
73029	OSTEOMYELITIS NOS-MULT .....	24
73030	PERIOSTITIS-UNSPEC .....	24
73031	PERIOSTITIS-SHLDER .....	24
73032	PERIOSTITIS-UP/ARM .....	24
73033	PERIOSTITIS-FOREARM .....	24
73034	PERIOSTITIS-HAND .....	24
73035	PERIOSTITIS-PELVIS .....	24
73036	PERIOSTITIS-L/LEG .....	24
73037	PERIOSTITIS-ANKLE .....	24
73038	PERIOSTITIS NEC .....	24
73039	PERIOSTITIS-MULT .....	24
73070	POLIO OSTEOPATHY-UNSPEC .....	24
73071	POLIO OSTEOPATHY-SHLDER .....	24
73072	POLIO OSTEOPATHY-UP/ARM .....	24
73073	POLIO OSTEOPATHY-FOREARM .....	24
73074	POLIO OSTEOPATHY-HAND .....	24
73075	POLIO OSTEOPATHY-PELVIS .....	24
73076	POLIO OSTEOPATHY-L/LEG .....	24
73077	POLIO OSTEOPATHY-ANKLE .....	24
73078	POLIO OSTEOPATHY NEC .....	24
73079	POLIO OSTEOPATHY-MULT .....	24
73080	BONE INFECT NEC-UNSPEC .....	24
73081	BONE INFECT NEC-SHLDER .....	24
73082	BONE INFECT NEC-UP/ARM .....	24
73083	BONE INFECT NEC-FOREARM .....	24
73084	BONE INFECT NEC-HAND .....	24
73085	BONE INFECT NEC-PELVIS .....	24
73086	BONE INFECT NEC-L/LEG .....	24
73087	BONE INFECT NEC-ANKLE .....	24
73088	BONE INFECT NEC-OTH SITE .....	24
73089	BONE INFECT NEC-MULT .....	24
73090	BONE INFEC NOS-UNSP SITE .....	24
73091	BONE INFECT NOS-SHLDER .....	24
73092	BONE INFECT NOS-UP/ARM .....	24
73093	BONE INFECT NOS-FOREARM .....	24
73094	BONE INFECT NOS-HAND .....	24
73095	BONE INFECT NOS-PELVIS .....	24
73096	BONE INFECT NOS-L/LEG .....	24
73097	BONE INFECT NOS-ANKLE .....	24
73098	BONE INFECT NOS-OTH SITE .....	24
73099	BONE INFECT NOS-MULT .....	24
7310	OSTEITIS DEFORMANS NOS .....	24
7311	OSTEITIS DEF IN OTH DIS .....	24
7312	HYPERTROPH OSTEOARTHROP .....	24
7318	BONE INVOLV IN OTH DIS .....	24
7320	JUV OSTEOCHONDROS SPINE .....	24
7321	JUV OSTEOCHONDROS PELVIS .....	24
7322	FEMORAL EPIPHYSIOLYSIS .....	24
7323	JUV OSTEOCHONDROSIS ARM .....	24
7324	JUV OSTEOCHONDROSIS LEG .....	24
7325	JUV OSTEOCHONDROSIS FOOT .....	24
7326	JUV OSTEOCHONDROSIS NEC .....	24
7327	OSTEOCHONDRIT DISSECANS .....	24
7328	OSTEOCHONDROPATHY NEC .....	24
7329	OSTEOCHONDROPATHY NOS .....	24
73300	OSTEOPOROSIS NOS .....	24
73301	SENILE OSTEOPOROSIS .....	24
73302	IDIOPATHIC OSTEOPOROSIS .....	24
73303	DISUSE OSTEOPOROSIS .....	24
73309	OSTEOPOROSIS NEC .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
73310	PATH FX UNSPECIFIED SITE .....	72
73311	PATH FX HUMERUS .....	72
73312	PATH FX DSTL RADIUS ULNA .....	72
73313	PATH FX VERTEBRAE .....	72
73314	PATH FX NECK OF FEMUR .....	72
73315	PATH FX OTH SPCF PRT FMR .....	72
73316	PATH FX TIBIA FIBULA .....	72
73319	PATH FX OTH SPECIF SITE .....	72
73320	CYST OF BONE NOS .....	24
73321	SOLITARY BONE CYST .....	24
73322	ANEURYSMAL BONE CYST .....	24
73329	BONE CYST NEC .....	24
7333	HYPEROSTOSIS OF SKULL .....	24
73340	ASEPT NECROSIS BONE NOS .....	24
73341	ASEPTIC NECROSIS HUMERUS .....	24
73342	ASEPTIC NECROSIS FEMUR .....	24
73343	ASEPT NECRO FEMUR CONDYL .....	24
73344	ASEPTIC NECROSIS TALUS .....	24
73349	ASEPT NECROSIS BONE NEC .....	24
7335	OSTEITIS CONDENSANS .....	24
7336	TIETZE'S DISEASE .....	33
7337	ALGONEURODYSTROPHY .....	24
73381	MALUNION OF FRACTURE .....	72
73382	NONUNION OF FRACTURE .....	72
74742	PART ANOM PULM VEN CONN .....	36
74749	GREAT VEIN ANOMALY NEC .....	36
7475	UMBILICAL ARTERY ABSENCE .....	36
74760	UNSP PRPHERL VASC ANOMAL .....	36
74761	GSTRONTEST VESL ANOMALY .....	36
74762	RENAL VESSEL ANOMALY .....	36
74763	UPR LIMB VESSEL ANOMALY .....	36
74764	LWR LIMB VESSEL ANOMALY .....	36
74769	OTH SPCF PRPH VSCL ANOML .....	36
74781	CEREBROVASCULAR ANOMALY .....	11
74782	SPINAL VESSEL ANOMALY .....	36
74789	CIRCULATORY ANOMALY NEC .....	36
7479	CIRCULATORY ANOMALY NOS .....	11
7480	CHOANAL ATRESIA .....	31
7481	NOSE ANOMALY NEC .....	31
7482	LARYNGEAL WEB .....	31
7483	LARYNGOTRACH ANOMALY NEC .....	31
7484	CONGENITAL CYSTIC LUNG .....	33
7485	AGENESIS OF LUNG .....	33
74860	LUNG ANOMALY NOS .....	33
74861	CONGEN BRONCHIECTASIS .....	33
74869	LUNG ANOMALY NEC .....	33
7488	RESPIRATORY ANOMALY NEC .....	11
7489	RESPIRATORY ANOMALY NOS .....	11
74900	CLEFT PALATE NOS .....	31
74901	UNILAT CLEFT PALATE-COMP .....	31
74902	UNILAT CLEFT PALATE-INC .....	31
74903	BILAT CLEFT PALATE-COMPL .....	31
74904	BILAT CLEFT PALATE-INC .....	31
74910	CLEFT LIP NOS .....	31
74911	UNILAT CLEFT LIP-COMPL .....	31
74912	UNILAT CLEFT LIP-IMCOMPL .....	31
74913	BILAT CLEFT LIP-COMplete .....	31
74914	BILAT CLEFT LIP-INCOMPL .....	31
74920	CLEFT PALATE & LIP NOS .....	31
74921	UNIL CLEFT PALAT/LIP-COM .....	31
74922	UNIL CLEFT PALAT/LIP-INC .....	31
74923	BILAT CLFT PALAT/LIP-COM .....	31
74924	BILAT CLFT PALAT/LIP-INC .....	31
74925	CLEFT PALATE & LIP NEC .....	31
7500	TONGUE TIE .....	31
75010	TONGUE ANOMALY NOS .....	31
75011	AGLOSSIA .....	31
75012	CONG ADHESIONS OF TONGUE .....	31
75013	CONG FISSURE OF TONGUE .....	31
75015	CONG MACROGLOSSIA .....	31
75016	MICROGLOSSIA .....	31
75019	TONGUE ANOMALY NEC .....	31
75021	SALIVARY GLAND ABSENCE .....	31
75022	ACCESSORY SALIVARY GLAND .....	31
75023	CONG ATRESIA, SALIV DUCT .....	31
75024	CONG SALIVARY FISTULA .....	31

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
75025	CONGENITAL LIP FISTULA .....	31
75026	MOUTH ANOMALY NEC .....	11
75027	DIVERTICULUM OF PHARYNX .....	31
75029	PHARYNGEAL ANOMALY NEC .....	11
7503	CONG ESOPH FISTULA/ATRES .....	41
7504	ESOPHAGEAL ANOMALY NEC .....	41
7505	CONG PYLORIC STENOSIS .....	41
7506	CONGENITAL HIATUS HERNIA .....	41
7507	GASTRIC ANOMALY NEC .....	41
7508	UPPER GI ANOMALY NEC .....	41
7509	UPPER GI ANOMALY NOS .....	41
7510	MECKEL'S DIVERTICULUM .....	41
7511	ATRESIA SMALL INTESTINE .....	41
7512	ATRESIA LARGE INTESTINE .....	41
7513	HIRSCHSPRUNG'S DISEASE .....	41
7514	INTESTINAL FIXATION ANOM .....	41
7515	INTESTINAL ANOMALY NEC .....	41
75160	BILIARY & LIVER ANOM NOS .....	41
75161	BILIARY ATRESIA .....	41
75162	CONG CYSTIC LIVER DIS .....	41
75169	BILIARY & LIVER ANOM NEC .....	41
7517	PANCREAS ANOMALIES .....	41
7518	ANOM DIGESTIVE SYST NEC .....	41
7519	ANOM DIGESTIVE SYST NOS .....	41
7520	ANOMALIES OF OVARIES .....	56
75210	TUBAL/BROAD LIG ANOM NOS .....	56
75211	EMBRYONIC CYST OF ADNEXA .....	56
75219	TUBAL/BROAD LIG ANOM NEC .....	56
7522	DOUBLING OF UTERUS .....	56
7523	UTERINE ANOMALY NEC .....	56
75240	CERVIX/FEM GEN ANOM NOS .....	56
75241	EMBRYON CYST FEM GEN NEC .....	56
75242	IMPERFORATE HYMEN .....	56
75249	CERVIX/FEM GEN ANOM NEC .....	56
7527	INDETERMINATE SEX .....	53
7528	GENITAL ORGAN ANOM NEC .....	53
7529	GENITAL ORGAN ANOM NOS .....	53
7530	RENAL AGENESIS .....	53
75310	CYSTIC KIDNEY DISEAS NOS .....	53
75311	CONGENITAL RENAL CYST .....	53
75312	POLYCYSTIC KIDNEY NOS .....	53
75313	POLYCYST KID-AUTOSOM DOM .....	53
75314	POLYCYST KID-AUTOSOM REC .....	53
75315	RENAL DYSPLASIA .....	53
75316	MEDULLARY CYSTIC KIDNEY .....	53
75317	MEDULLARY SPONGE KIDNEY .....	53
75319	CYSTIC KIDNEY DISEAS NEC .....	53
7533	KIDNEY ANOMALY NEC .....	53
7534	URETERAL ANOMALY NEC .....	53
7535	BLADDER EXSTROPHY .....	53
7536	CONGEN URETHRAL STENOSIS .....	53
7537	ANOMALIES OF URACHUS .....	53
7538	CYSTOURETHRAL ANOM NEC .....	53
7539	URINARY ANOMALY NOS .....	53
7540	CONG SKULL/FACE/JAW DEF .....	24
7541	CONGENITAL TORTICOLLIS .....	24
7542	CONG POSTURAL DEFORMITY .....	24
75430	CONG HIP DISLOC, UNILAT .....	24
75431	CONGEN HIP DISLOC, BILAT .....	24
75432	CONG HIP SUBLUX, UNILAT .....	24
75433	CONG HIP SUBLUX, BILAT .....	24
75435	CONG HIP DISLOC W SUBLUX .....	24
75440	CONG GENU RECURVATUM .....	24
75441	CONG KNEE DISLOCATION .....	24
75442	CONGEN BOWING OF FEMUR .....	24
75443	CONG BOWING TIBIA/FIBULA .....	24
75444	CONG BOWING LEG NOS .....	24
75450	TALIPES VARUS .....	24
75451	TALIPES EQUINOVARUS .....	24
75452	METATARSUS PRIMUS VARUS .....	24
75453	METATARSUS VARUS .....	24
75459	CONG VARUS FOOT DEF NEC .....	24
75460	TALIPES VALGUS .....	24
75461	CONGENITAL PES PLANUS .....	24
75462	TALIPES CALCANEVALGUS .....	24
75469	CONG VALGUS FOOT DEF NEC .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
75470	TALIPES NOS .....	24
75471	TALIPES CAVUS .....	24
75479	CONG FOOT DEFORM NEC .....	24
75481	PECTUS EXCAVATUM .....	11
75482	PECTUS CARINATUM .....	11
75489	NONTERATOGENIC ANOM NEC .....	24
75500	POLYDACTYLY NOS .....	24
75501	POLYDACTYLY, FINGERS .....	24
75502	POLYDACTYLY, TOES .....	24
75510	SYNDACTYLY, MULTIPLE/NOS .....	24
75511	SYNDACTYL FING-NO FUSION .....	24
75512	SYNDACTYL FING W FUSION .....	24
75513	SYNDACTYL TOE-NO FUSION .....	24
75514	SYNDACTYL TOE W FUSION .....	24
75520	REDUC DEFORM UP LIMB NOS .....	24
75521	TRANSVERSE DEFIC ARM .....	24
75522	LONGITUD DEFIC ARM NEC .....	24
75523	COMBIN LONGIT DEFIC ARM .....	24
75524	LONGITUDIN DEFIC HUMERUS .....	24
75525	LONGITUD DEFIC RADIOULNA .....	24
75526	LONGITUD DEFIC RADIUS .....	24
75527	LONGITUDINAL DEFIC ULNA .....	24
75528	LONGITUDINAL DEFIC HAND .....	24
75529	LONGITUD DEFIC PHALANGES .....	24
75530	REDUCTION DEFORM LEG NOS .....	24
75531	TRANSVERSE DEFIC LEG .....	24
75532	LONGITUDIN DEFIC LEG NEC .....	24
75533	COMB LONGITUDIN DEF LEG .....	24
75534	LONGITUDINAL DEFIC FEMUR .....	24
75535	TIBIOFIBULA LONGIT DEFIC .....	24
75536	LONGITUDINAL DEFIC TIBIA .....	24
75537	LONGITUDIN DEFIC FIBULA .....	24
75538	LONGITUDINAL DEFIC FOOT .....	24
75539	LONGITUD DEFIC PHALANGES .....	24
7554	REDUCT DEFORM LIMB NOS .....	24
75550	UPPER LIMB ANOMALY NOS .....	24
75551	CONG DEFORMITY-CLAVICLE .....	24
75552	CONG ELEVATION-SCAPULA .....	24
75553	RADIOULNAR SYNOSTOSIS .....	24
75554	MADLUNG'S DEFORMITY .....	24
75555	ACROCEPHALOSYNDACTYLY .....	24
75556	ACCESSORY CARPAL BONES .....	24
75557	MACRODACTYLIA (FINGERS) .....	24
75558	CONGENITAL CLEFT HAND .....	24
75559	UPPER LIMB ANOMALY NEC .....	24
75560	LOWER LIMB ANOMALY NOS .....	24
75561	CONGENITAL COXA VALGA .....	24
75562	CONGENITAL COXA VARA .....	24
75563	CONG HIP DEFORMITY NEC .....	24
75564	CONG KNEE DEFORMITY .....	24
75565	MACRODACTYLIA OF TOES .....	24
75566	ANOMALIES OF TOES NEC .....	24
75567	ANOMALIES OF FOOT NEC .....	24
75569	LOWER LIMB ANOMALY NEC .....	24
7558	CONGEN LIMB ANOMALY NEC .....	24
7559	CONGEN LIMB ANOMALY NOS .....	24
7560	ANOMAL SKULL/FACE BONES .....	24
75610	ANOMALY OF SPINE NOS .....	24
75611	LUMBOSACR SPONDYLOLYSIS .....	24
75612	SPONDYLOLISTHESIS .....	24
75613	CONG ABSENCE OF VERTEBRA .....	24
75614	HEMIVERTEBRA .....	24
75615	CONGEN FUSION OF SPINE .....	24
75616	KLIPPEL-FEIL SYNDROME .....	24
75617	SPINA BIFIDA OCCULTA .....	63
75619	ANOMALY OF SPINE NEC .....	24
7562	CERVICAL RIB .....	24
7563	RIB & STERNUM ANOMAL NEC .....	11
7564	CHONDRODYSTROPHY .....	24
75650	OSTEODYSTROPHY NOS .....	24
75651	OSTEOGENESIS IMPERFECTA .....	24
75652	OSTEOPETROSIS .....	24
75653	OSTEOPOIKILOSIS .....	24
75654	POLYOSTOTIC FIBROS DYSPL .....	24
75655	CHONDROECTODERM DYSPLAS .....	24
75656	MULT EPIPHYSEAL DYSPLAS .....	24

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
75659	OSTEODYSTROPHY NEC .....	24
7566	ANOMALIES OF DIAPHRAGM .....	11
75681	ABSENCE OF MUSCLE/TENDON .....	24
75682	ACCESSORY MUSCLE .....	24
75683	EHLERS-DANLOS SYNDROME .....	24
75689	SOFT TISSUE ANOMALY NEC .....	24
7569	MUSCULOSKEL ANOM NEC/NOS .....	24
7570	HEREDITARY EDEMA OF LEGS .....	18
7571	ICHTHYOSIS CONGENITA .....	18
7572	DERMATOGLYPHIC ANOMALIES .....	18
75731	CONG ECTODERMAL DYSPLAS .....	18
75732	VASCULAR HAMARTOMAS .....	18
75733	CONG SKIN PIGMENT ANOMAL .....	18
75739	SKIN ANOMALY NEC .....	18
7574	HAIR ANOMALIES NEC .....	18
7575	NAIL ANOMALIES NEC .....	18
7576	BREAST ANOMALIES NEC .....	18
7578	OTH INTEGUMENT ANOMALIES .....	18
7579	INTEGUMENT ANOMALY NOS .....	18
7580	DOWN'S SYNDROME .....	91
7581	PATAU'S SYNDROME .....	91
7582	EDWARDS' SYNDROME .....	91
7583	AUTOSOMAL DELETION SYND .....	91
7584	BALANCE AUTOSOM TRANSLOC .....	11
7585	AUTOSOMAL ANOMALIES NEC .....	11
7586	GONADAL DYSGENESIS .....	53
7587	KLINEFELTER'S SYNDROME .....	53
7589	CHROMOSOME ANOMALY NOS .....	57
7590	ANOMALIES OF SPLEEN .....	86
7591	ADRENAL GLAND ANOMALY .....	82
7592	ENDOCRINE ANOMALY NEC .....	82
7593	SITUS INVERSUS .....	41
7594	CONJOINED TWINS .....	57
7595	TUBEROUS SCLEROSIS .....	63
7596	HAMARTOSES NEC .....	18
7597	MULT CONGEN ANOMAL NEC .....	57
75981	PRADER-WILLI SYNDROME .....	57
75982	MARFAN SYNDROME .....	57
75983	FRAGILE X SYNDROME .....	82
75989	SPECIFIED CONG ANOMAL NEC .....	57
7599	CONGENITAL ANOMALY NOS .....	57
7600	MATERN HYPERTEN AFF NB .....	57
7601	MATERN URINE DIS AFF NB .....	57
7602	MATERNAL INFEC AFF NB .....	57
7603	MATERN CARDIORESP AFF NB .....	57
7604	MATERN NUTRIT DIS AFF NB .....	57
7605	MATERNAL INJURY AFF NB .....	57
7606	SURG OP ON MOTHER AFF NB .....	57
76070	NOXIOUS SUBST NOS AFF NB .....	57
76071	MATERNAL ALCOHOL AFF NB .....	57
76072	MATERNAL NARCOTIC AFF NB .....	57
76073	MATERNAL HALLUCIN AFF NB .....	57
76074	MATERNAL ANTI-INF AFF NB .....	57
76075	COCAINE - NXS INFL FETUS .....	57
76076	FTS/NB AFCTD MTRNL DES .....	56
76079	NOXIOUS SUBST NEC AFF NB .....	57
7608	MATERNAL COND NEC AFF NB .....	57
7609	MATERNAL COND NOS AFF NB .....	57
7610	INCOMPETNT CERVIX AFF NB .....	57
7611	PREMAT RUPT MEMB AFF NB .....	57
7612	OLIGOHYDRAMNIOS AFF NB .....	57
7613	POLYHYDRAMNIOS AFF NB .....	57
7614	ECTOPIC PREGNANCY AFF NB .....	57
7615	MULT PREGNANCY AFF NB .....	57
7616	MATERNAL DEATH AFF NB .....	57
7617	ANTEPART MALPRES AFF NB .....	57
7618	MATERN COMPL NEC AFF NB .....	57
7619	MATERN COMPL NOS AFF NB .....	57
7620	PLACENTA PREVIA AFF NB .....	57
7621	PLACENTA HEM NEC AFF NB .....	57
7622	ABN PLAC NEC/NOS AFF NB .....	57
7623	PLACENT TRANSFUSION SYN .....	57
7624	PROLAPSED CORD AFF NB .....	57
7625	OTH UMBIL CORD COMPRESS .....	57
7626	UMBIL COND NEC AFF NB .....	57
7627	CHORIOAMNIONITIS AFF NB .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
7628	ABN AMNION NEC AFF NB .....	57
7629	ABN AMNION NOS AFF NB .....	57
7630	BREECH DEL/EXTRAC AFF NB .....	57
7631	MALPOS/DISPRO NEC AFF NB .....	57
7632	FORCEPS DELIVERY AFF NB .....	57
7633	VACUUM EXTRAC DEL AFF NB .....	57
7634	CESAREAN DELIVERY AFF NB .....	57
7635	MAT ANESTH/ANALG AFF NB .....	57
7636	PRECIPITATE DEL AFF NB .....	57
7637	ABN UTERINE CONTR AFF NB .....	57
7638	COMPL DELIV NEC AFF NB .....	57
7639	COMPL DELIV NOS AFF NB .....	57
76400	LIGHT-FOR-DATES WTNOS .....	57
76401	LIGHT-FOR-DATES <500G .....	57
76402	LT-FOR-DATES 500-749G .....	57
76403	LT-FOR-DATES 750-999G .....	57
76404	LT-FOR-DATES 1000-1249G .....	57
76405	LT-FOR-DATES 1250-1499G .....	57
76406	LT-FOR-DATES 1500-1749G .....	57
76407	LT-FOR-DATES 1750-1999G .....	57
76408	LT-FOR-DATES 2000-2499G .....	57
76409	LT-FOR-DATES 2500+G .....	57
76410	LT-FOR-DATE W/MAL WTNOS .....	57
76411	LT-FOR-DATE W/MAL <500G .....	57
76412	LT-DATE W/MAL 500-749G .....	57
76413	LT-DATE W/MAL 750-999G .....	57
76414	LT-DATE W/MAL 1000-1249G .....	57
76415	LT-DATE W/MAL 1250-1499G .....	57
76416	LT-DATE W/MAL 1500-1749G .....	57
76417	LT-DATE W/MAL 1750-1999G .....	57
76418	LT-DATE W/MAL 2000-2499G .....	57
76419	LT-FOR-DATE W/MAL 2500+G .....	57
76420	FETAL MALNUTRITION WTNOS .....	57
76421	FETAL MALNUTRITION <500G .....	57
76422	FETAL MALNUTR 500-749G .....	57
76423	FETAL MAL 750-999G .....	57
76424	FETAL MAL 1000-1249G .....	57
76425	FETAL MAL 1250-1499G .....	57
76426	FETAL MAL 1500-1749G .....	57
76427	FETAL MALNUTR 1750-1999G .....	57
76428	FETAL MALNUTR 2000-2499G .....	57
76429	FETAL MALNUTR 2500+G .....	57
76490	FET GROWTH RETARD WTNOS .....	57
76491	FET GROWTH RETARD <500G .....	57
76492	FET GROWTH RET 500-749G .....	57
76493	FET GROWTH RET 750-999G .....	57
76494	FET GRWTH RET 1000-1249G .....	57
76495	FET GRWTH RET 1250-1499G .....	57
76496	FET GRWTH RET 1500-1749G .....	57
76497	FET GRWTH RET 1750-1999G .....	57
76498	FET GRWTH RET 2000-2499G .....	57
76499	FET GROWTH RET 2500+G .....	57
76500	EXTREME IMMATUR WTNOS .....	57
76501	EXTREME IMMATUR <500G .....	57
76502	EXTREME IMMATUR 500-749G .....	57
76503	EXTREME IMMATUR 750-999G .....	57
76504	EXTREME IMMAT 1000-1249G .....	57
76505	EXTREME IMMAT 1250-1499G .....	57
76506	EXTREME IMMAT 1500-1749G .....	57
76507	EXTREME IMMAT 1750-1999G .....	57
76508	EXTREME IMMAT 2000-2499G .....	57
76509	EXTREME IMMAT 2500+G .....	57
76510	PRETERM INFANT NEC WTNOS .....	57
76511	PRETERM NEC <500G .....	57
76512	PRETERM NEC 500-749G .....	57
76513	PRETERM NEC 750-999G .....	57
76514	PRETERM NEC 1000-1249G .....	57
76515	PRETERM NEC 1250-1499G .....	57
76516	PRETERM NEC 1500-1749G .....	57
76517	PRETERM NEC 1750-1999G .....	57
76518	PRETERM NEC 2000-2499G .....	57
76519	PRETERM NEC 2500+G .....	57
7660	EXCEPTIONALLY LARGE BABY .....	57
7661	HEAVY-FOR-DATE INFAN NEC .....	57
7662	POST-TERM INFANT NOS .....	57
7670	CEREBRAL HEM AT BIRTH .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
7671	SCALP INJURY AT BIRTH .....	57
7672	CLAVICLE FX AT BIRTH .....	57
7673	BONE INJURY NEC AT BIRTH .....	57
7674	SPINAL CORD INJ AT BIRTH .....	57
7675	FACIAL NERVE INJ-BIRTH .....	57
7676	BRACH PLEXUS INJ-BIRTH .....	57
7677	NERVE INJ NEC AT BIRTH .....	57
7678	BIRTH TRAUMA NEC .....	57
7679	BIRTH TRAUMA NOS .....	57
7680	FETAL DEATH-ANOXIA NOS .....	57
7681	FET DEATH-ANOXIA DUR LAB .....	57
7682	FET DISTRESS BEFOR LABOR .....	57
7683	FETAL DISTRESS DUR LABOR .....	57
7684	FETAL DISTRESS NOS .....	57
7685	SEVERE BIRTH ASPHYXIA .....	57
7686	MILD/MOD BIRTH ASPHYXIA .....	57
7689	BIRTH ASPHYXIA NOS .....	57
769	RESPIRATORY DISTRESS SYN .....	57
7700	CONGENITAL PNEUMONIA .....	57
7701	MECONIUM ASPIRATN SYNDRM .....	57
7702	NB INTERSTIT EMPHYSEMA .....	57
7703	NB PULMONARY HEMORRHAGE .....	57
7704	PRIMARY ATELECTASIS .....	57
7705	NB ATELECTASIS NEC/NOS .....	57
7706	NB TRANSITORY TACHYPNEA .....	57
7707	PERINATAL CHR RESP DIS .....	57
7708	POST-BIRTH RESP PROB NEC .....	57
7709	NB RESPIRATORY COND NOS .....	57
7710	CONGENITAL RUBELLA .....	57
7711	CONG CYTOMEGALOVIRUS INF .....	57
7712	CONGENITAL INFEC NEC .....	57
7713	TETANUS NEONATORUM .....	57
7714	OMPHALITIS OF NEWBORN .....	57
7715	NEONATAL INFEC MASTITIS .....	57
7716	NEONATAL CONJUNCTIVITIS .....	57
7717	NEONATAL CANDIDA INFECT .....	57
7718	PERINATAL INFECTION NEC .....	57
7720	FETAL BLOOD LOSS NEC .....	57
7721	NB INTRAVENTRICULAR HEM .....	57
7722	NB SUBARACHNOID HEMORR .....	57
7723	POST-BIRTH UMBIL HEMORR .....	57
7724	NB GI HEMORRHAGE .....	57
7725	NB ADRENAL HEMORRHAGE .....	57
7726	NB CUTANEOUS HEMORRHAGE .....	57
7728	NEONATAL HEMORRHAGE NEC .....	57
7729	NEONATAL HEMORRHAGE NOS .....	57
7730	NB HEMOLYT DIS:RH ISOIMM .....	57
7731	NB HEMOLYT DIS-ABO ISOIM .....	57
7732	NB HEMOLYT DIS-ISOIM NEC .....	57
7733	HYDROPS FETALIS:ISOIMM .....	57
7734	NB KERNICTERUS:ISOIMMUN .....	57
7735	NB LATE ANEMIA:ISOIMMUN .....	57
7740	PERINAT JAUND-HERED ANEM .....	57
7741	PERINAT JAUND:HEMOLYSIS .....	57
7742	NEONAT JAUND PRETERM DEL .....	57
77430	DELAY CONJUGAT JAUND NOS .....	57
77431	NEONAT JAUND IN OTH DIS .....	57
77439	DELAY CONJUGAT JAUND NEC .....	57
7744	FETAL/NEONATAL HEPATITIS .....	57
7745	PERINATAL JAUNDICE NEC .....	57
7746	FETAL/NEONATAL JAUND NOS .....	57
7747	NB KERNICTERUS .....	57
7750	INFANT DIABET MOTHER SYN .....	57
7751	NEONAT DIABETES MELLITUS .....	57
7752	NEONAT MYASTHENIA GRAVIS .....	57
7753	NEONATAL THYROTOXICOSIS .....	57
7754	HYPOCALCEM/HYPOMAGNES NB .....	57
7755	NEONATAL DEHYDRATION .....	57
7756	NEONATAL HYPOGLYCEMIA .....	57
7757	LATE METAB ACIDOSIS NB .....	57
7758	TRANSIENT MET DIS NB NEC .....	57
7759	TRANSIENT MET DIS NB NOS .....	57
7760	NB HEMORRHAGIC DISEASE .....	57
7761	NEONATAL THROMBOCYTOPEN .....	57
7762	DISSEM INTRAVASC COAG NB .....	57
7763	OTH NEONATAL COAG DIS .....	57

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
7764	POLYCYTHEMIA NEONATORUM .....	57
7765	CONGENITAL ANEMIA .....	57
7766	ANEMIA OF PREMATURITY .....	57
7767	NEONATAL NEUTROPENIA .....	57
7768	TRANSIENT HEMAT DIS NEC .....	57
7769	NB HEMATOLOGICAL DIS NOS .....	57
7771	MECONIUM OBSTRUCTION .....	57
7772	INTEST OBST-INSPISS MILK .....	57
7773	SWALLOWED BLOOD SYNDROME .....	57
7774	TRANSITORY ILEUS OF NB .....	57
7775	NECROT ENTEROCOLITIS NB .....	57
7776	PERINATAL INTEST PERFOR .....	57
7778	PERINAT GI SYS DIS NEC .....	57
7779	PERINAT GI SYS DIS NOS .....	57
7780	HYDROPS FETALIS NO ISOIM .....	57
7781	SCLEREMA NEONATORUM .....	57
7782	NB COLD INJURY SYNDROME .....	57
7783	NB HYPOTHERMIA NEC .....	57
7784	NB TEMP REGULAT DIS NEC .....	57
7785	EDEMA OF NEWBORN NEC/NOS .....	57
7786	CONGENITAL HYDROCELE .....	57
7787	NB BREAST ENGORGEMENT .....	57
7788	NB INTEGUMENT COND NEC .....	57
7789	NB INTEGUMENT COND NOS .....	57
7790	CONVULSIONS IN NEWBORN .....	57
7791	NB CEREB IRRIT NEC/NOS .....	57
7792	CNS DYSFUNCTION SYN NB .....	57
7793	NB FEEDING PROBLEMS .....	57
7794	NB DRUG REACTION/INTOXIC .....	57
7795	NB DRUG WITHDRAWAL SYNDR .....	57
*7796	TERMINATION OF PREGNANCY .....	.....
7798	PERINATAL CONDITION NEC .....	57
7799	PERINATAL CONDITION NOS .....	57
78001	COMA .....	78
78002	TRANS ALTER AWARENESS .....	63
78003	PERSISTENT VEGTV STATE .....	78
78009	OTHER ALTER CONSCIOUSNES .....	63
7801	HALLUCINATIONS .....	91
7802	SYNCOPE AND COLLAPSE .....	63
7804	DIZZINESS AND GIDDINESS .....	11
78050	SLEEP DISTURBANCE NOS .....	91
78051	INSOMNIA W SLEEP APNEA .....	63
78052	INSOMNIA NEC .....	91
78053	HYPERMOMNI W SLEEP APNEA .....	63
78054	HYPERMOMNIA NEC .....	91
78055	IRREG SLEEP-WAKE RHY NOS .....	91
78056	SLEEP STAGE DYSFUNCTIONS .....	91
78057	OTH UNSPCF SLEEP APNEA .....	91
78059	SLEEP DISTURBANCES NEC .....	91
7806	FEVER .....	97
7807	MALAISE AND FATIGUE .....	11
7808	HYPERHIDROSIS .....	99
7809	GENERAL SYMPTOMS NEC .....	11
7810	ABN INVOLUN MOVEMENT NEC .....	63
7811	SMELL & TASTE DISTURB .....	63
7812	ABNORMALITY OF GAIT .....	63
7813	LACK OF COORDINATION .....	11
7814	TRANSIENT LIMB PARALYSIS .....	63
7815	CLUBBING OF FINGERS .....	33
7816	MENINGISMUS .....	78
7817	TETANY .....	82
7818	NEUROLOGIC NEGLECT SYNDR .....	63
7819	NERV/MUSCULSKEL SYM NEC .....	11
7820	SKIN SENSATION DISTURB .....	11
7821	NONSPECIF SKIN ERUPT NEC .....	18
7822	LOCAL SUPRFICIAL SWELLNG .....	11
7823	EDEMA .....	11
7824	JAUNDICE NOS .....	41
7825	CYANOSIS .....	36
78261	PALLOR .....	11
78262	FLUSHING .....	11
7827	SPONTANEOUS ECCHYMOSES .....	86
7828	CHANGES IN SKIN TEXTURE .....	11
7829	INTEGUMENT TISS SYMP NEC .....	11
7830	ANOREXIA .....	41
7831	ABNORMAL WEIGHT GAIN .....	82

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
7832	ABNORMAL LOSS OF WEIGHT .....	82
7833	FEEDING PROBLEM .....	41
7834	LACK NORM PHYSIOL DEVEL .....	82
7835	POLYDIPSIA .....	82
7836	POLYPHAGIA .....	82
7839	NUTR/METAB/DEVEL SYM NEC .....	82
7840	HEADACHE .....	63
7841	THROAT PAIN .....	11
7842	SWELLING IN HEAD & NECK .....	11
7843	APHASIA .....	63
78440	VOICE DISTURBANCE NOS .....	11
78441	APHONIA .....	11
78449	VOICE DISTURBANCE NEC .....	11
7845	SPEECH DISTURBANCE NEC .....	11
78460	SYMBOLIC DYSFUNCTION NOS .....	91
78461	ALEXIA AND DYSLEXIA .....	91
78469	SYMBOLIC DYSFUNCTION NEC .....	91
7847	EPISTAXIS .....	31
7848	HEMORRHAGE FROM THROAT .....	41
7849	SYMP INVOL HEAD/NECK NEC .....	11
7850	TACHYCARDIA NOS .....	36
7851	PALPITATIONS .....	36
7852	CARDIAC MURMURS NEC .....	36
7853	ABNORM HEART SOUNDS NEC .....	36
7854	GANGRENE .....	36
78550	SHOCK NOS .....	78
78551	CARDIOGENIC SHOCK .....	78
78559	SHOCK W/O TRAUMA NEC .....	97
7856	ENLARGEMENT LYMPH NODES .....	86
7859	CARDIOVAS SYS SYMP NEC .....	36
78600	RESPIRATORY ABNORM NOS .....	33
78601	HYPERVENTILATION .....	11
78602	ORTHOPNEA .....	36
78609	RESPIRATORY ABNORM NEC .....	33
7861	STRIDOR .....	33
7862	COUGH .....	31
7863	HEMOPTYSIS .....	33
7864	ABNORMAL SPUTUM .....	11
78650	CHEST PAIN NOS .....	36
78651	PRECARDIAL PAIN .....	36
78652	PAINFUL RESPIRATION .....	36
78659	CHEST PAIN NEC .....	36
7866	CHEST SWELLING/MASS/LUMP .....	24
7867	ABNORMAL CHEST SOUNDS .....	11
7868	HICCOUGH .....	11
7869	RESP SYS/CHEST SYMP NEC .....	11
7870	NAUSEA AND VOMITING* .....	41
78701	NAUSEA WITH VOMITING .....	41
78702	NAUSEA ALONE .....	41
78703	VOMITING ALONE .....	41
7871	HEARTBURN .....	41
7872	DYSPHAGIA .....	41
7873	FLATUL/ERUCTAT/GAS PAIN .....	41
7874	VISIBLE PERISTALSIS .....	41
7875	ABNORMAL BOWEL SOUNDS .....	41
7876	INCONTINENCE OF FECES .....	41
7877	ABNORMAL FECES .....	41
78791	DIARRHEA .....	41
78799	DIGESTVE SYST SYMPTM NEC .....	41
7880	RENAL COLIC .....	53
7881	DYSURIA .....	53
78820	RETENTION URINE NOS .....	53
78821	INCMPLET BLDDER EMPTYING .....	53
78829	OTH SPCF RETENTION URINE .....	53
7883	INCONTINENCE OF URINE* .....	53
78830	URINARY INCONTINENCE NOS .....	53
78831	URGE INCONTINENCE .....	53
78832	STRESS INCONTINENCE MALE .....	53
78833	MIXED INCONTINENCE .....	53
78834	INCONTNCE WO SENSR AWARE .....	53
78835	POST-VOID DRIBBLING .....	53
78836	NOCTURNAL ENURESIS .....	53
78837	CONTINUOUS LEAKAGE .....	53
78839	OTH URINRY INCONTINENCE .....	53
78841	URINARY FREQUENCY .....	53
78842	POLYURIA .....	53

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
78843	NOCTURIA .....	53
7885	OLIGURIA & ANURIA .....	53
78861	SPLITTING URINARY STREAM .....	53
78862	SLOWING URINARY STREAM .....	53
78869	OTH ABNORMALT URINATION .....	53
7887	URETHRAL DISCHARGE .....	97
7888	EXTRAVASATION OF URINE .....	53
7889	URINARY SYS SYMPTOM NEC .....	53
78900	ABDMNAL PAIN UNSPCF SITE .....	41
78901	ABDMNAL PAIN RT UPR QUAD .....	41
78902	ABDMNAL PAIN LFT UP QUAD .....	41
78903	ABDMNAL PAIN RT LWR QUAD .....	41
78904	ABDMNAL PAIN LT LWR QUAD .....	41
78905	ABDMNAL PAIN PERIUMBILIC .....	41
78906	ABDMNAL PAIN EPIGASTRIC .....	41
78907	ABDMNAL PAIN GENERALIZED .....	41
78909	ABDMNAL PAIN OTH SPCF ST .....	41
7891	HEPATOMEGALY .....	41
7892	SPLENOMEGALY .....	86
78930	ABDMNAL MASS UNSPCF SITE .....	41
78931	ABDMNAL MASS RT UPR QUAD .....	41
78932	ABDMNAL MASS LFT UP QUAD .....	41
78933	ABDMNAL MASS RT LWR QUAD .....	41
78934	ABDMNAL MASS LT LWR QUAD .....	41
78935	ABDMNAL MASS PERIUMBILIC .....	41
78936	ABDMNAL MASS EPIGASTRIC .....	41
78937	ABDMNAL MASS GENERALIZED .....	41
78939	ABDMNAL MASS OTH SPCF ST .....	41
78940	ABDMNAL RGDT UNSPCF SITE .....	41
78941	ABDMNAL RGDT RT UPR QUAD .....	41
78942	ABDMNAL RGDT LFT UP QUAD .....	41
78943	ABDMNAL RGDT RT LWR QUAD .....	41
78944	ABDMNAL RGDT LT LWR QUAD .....	41
78945	ABDMNAL RGDT PERIUMBILIC .....	41
78946	ABDMNAL RGDT EPIGASTRIC .....	41
78947	ABDMNAL RGDT GENERALIZED .....	41
78949	ABDMNAL RGDT OTH SPCF ST .....	41
7895	ASCITES .....	41
78960	ABDMNAL TNDR UNSPCF SITE .....	41
78961	ABDMNAL TNDR RT UPR QUAD .....	41
78962	ABDMNAL TNDR LFT UP QUAD .....	41
78963	ABDMNAL TNDR RT LWR QUAD .....	41
78964	ABDMNAL TNDR LT LWR QUAD .....	41
78965	ABDMNAL TNDR PERIUMBILIC .....	41
78966	ABDMNAL TNDR EPIGASTRIC .....	41
78967	ABDMNAL TNDR GENERALIZED .....	41
78969	ABDMNAL TNDR OTH SPCF ST .....	41
7899	ABDOMEN/PELVIS SYMP NEC .....	11
7900	ABNORM RED BLOOD CELL .....	86
7901	ELEVATED SEDIMENT RATE .....	11
7902	ABN GLUCOSE TOLERAN TEST .....	11
7903	EXCESS BLOOD-ALCOHOL LEV .....	91
7904	ELEV TRANSAMINASE/LDH .....	11
7905	ABN SERUM ENZY LEVEL NEC .....	11
7906	ABN BLOOD CHEMISTRY NEC .....	11
7907	BACTEREMIA .....	97
7908	VIREMIA NOS .....	97
79091	ABNRML ART BLOOD GASES .....	11
79092	ABNRML COAGULTION PRFILE .....	11
79093	ELVTD PRSTATE SPCF ANTGN .....	11
79099	OTH NSPCF FINDING BLOOD .....	11
7910	PROTEINURIA .....	53
7911	CHYLURIA .....	78
7912	HEMOGLOBINURIA .....	53
7913	MYOGLOBINURIA .....	53
7914	BILIURIA .....	53
7915	GLYCOSURIA .....	53
7916	ACETONURIA .....	53
7917	OTH CELLS/CASTS IN URINE .....	53
7919	ABN URINE FINDINGS NEC .....	53
7920	ABN FND-CEREBROSPINAL FL .....	11
7921	ABN FIND-STOOL CONTENTS .....	11
7922	ABN FINDINGS-SEMEN .....	53
7923	ABN FIND-AMNIOTIC FLUID .....	57
7924	ABN FINDINGS-SALIVA .....	11
7929	ABN FIND-BODY SUBST NEC .....	11

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
7930	ABN FINDING-SKULL & HEAD .....	11
7931	ABN FINDINGS-LUNG FIELD .....	11
7932	ABN FD-INTRATHOR ORG NEC .....	11
7933	ABN FIND-BILIARY TRACT .....	41
7934	ABN FINDINGS-GI TRACT .....	11
7935	ABN FINDINGS-GU ORGANS .....	53
7936	ABN FIND-ABDOMINAL AREA .....	11
7937	ABN FIND-MUSCULOSKEL SYS .....	11
7938	ABNORMAL FINDINGS-BREAST .....	18
7939	ABN FIND-BODY STRUCT NEC .....	11
79400	ABN CNS FUNCT STUDY NOS .....	11
79401	ABNORM ECHOENCEPHALOGRAM .....	11
79402	ABN ELECTROENCEPHALOGRAM .....	11
79409	ABN CNS FUNCT STUDY NEC .....	11
79410	ABN STIMUL RESPONSE NOS .....	11
79411	ABN RETINAL FUNCT STUDY .....	68
79412	ABNORM ELECTRO-OCULOGRAM .....	68
79413	ABNORMAL VEP .....	68
79414	ABN OCULOMOTOR STUDIES .....	68
79415	ABN AUDITORY FUNCT STUDY .....	31
79416	ABN VESTIBULAR FUNC STUD .....	11
79417	ABNORM ELECTROMYOGRAM .....	24
79419	ABN PERIPH NERV STUD NEC .....	11
7942	ABN PULMONARY FUNC STUDY .....	11
79430	ABN CARDIOVASC STUDY NOS .....	11
79431	ABNORM ELECTROCARDIOGRAM .....	11
79439	ABN CARDIOVASC STUDY NEC .....	11
7944	ABN KIDNEY FUNCT STUDY .....	53
7945	ABN THYROID FUNCT STUDY .....	82
7946	ABN ENDOCRINE STUDY NEC .....	82
7947	ABN BASAL METABOL STUDY .....	82
7948	ABN LIVER FUNCTION STUDY .....	41
7949	ABN FUNCTION STUDY NEC .....	53
7950	ABN PAP SMEAR-CERVIX .....	56
7951	ABN PAP SMEAR-OTH SITE .....	56
7952	ABN CHROMOSOMAL ANALYSIS .....	57
7953	POSITIVE CULTURE FINDING .....	97
7954	ABN HISTOLOGIC FIND NEC .....	11
7955	TUBERCULIN TEST REACTION .....	11
7956	FALSE POS SERO TEST-SYPH .....	11
79571	NONSPCF SERLGC EVDNC HIV .....	86
79579	OTH UNSPCF NSPF IMUN FND .....	86
7960	ABN TOXICOLOGIC FINDING .....	11
7961	ABNORMAL REFLEX .....	11
7962	ELEV BL PRES W/O HYPERTN .....	36
7963	LOW BLOOD PRESS READING .....	36
7964	ABN CLINICAL FINDING NEC .....	11
7969	ABNORMAL FINDINGS NEC .....	11
797	SENILITY W/O PSYCHOSIS .....	91
7980	SUDDEN INFANT DEATH SYND .....	99
7981	INSTANTANEOUS DEATH .....	99
7982	DEATH WITHIN 24 HR SYMPT .....	99
7989	UNATTENDED DEATH .....	99
7990	ASPHYXIA .....	78
7991	RESPIRATORY ARREST .....	78
7992	NERVOUSNESS .....	91
7993	DEBILITY NOS .....	11
7994	CACHEXIA .....	41
7998	ILL-DEFINE CONDITION NEC .....	11
7999	UNKN CAUSE MORB/MORT NEC .....	11
80000	CLOSED SKULL VAULT FX .....	72
80001	CL SKULL VLT FX W/O COMA .....	72
80002	CL SKULL VLT FX-BRF COMA .....	72
80003	CL SKULL VLT FX-MOD COMA .....	72
80004	CL SKL VLT FX-PROLN COMA .....	72
80005	CL SKUL VLT FX-DEEP COMA .....	72
80006	CL SKULL VLT FX-COMA NOS .....	72
80009	CL SKL VLT FX-CONCUS NOS .....	72
80010	CL SKL VLT FX/CEREBR LAC .....	72
80011	CL SKULL VLT FX W/O COMA .....	72
80012	CL SKULL VLT FX-BRF COMA .....	72
80013	CL SKULL VLT FX-MOD COMA .....	72
80014	CL SKL VLT FX-PROLN COMA .....	72
80015	CL SKUL VLT FX-DEEP COMA .....	72
80016	CL SKULL VLT FX-COMA NOS .....	72
80019	CL SKL VLT FX-CONCUS NOS .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
80020	CL SKL VLT FX/MENING HEM .....	72
80021	CL SKULL VLT FX W/O COMA .....	72
80022	CL SKULL VLT FX-BRF COMA .....	72
80023	CL SKULL VLT FX-MOD COMA .....	72
80024	CL SKL VLT FX-PROLN COMA .....	72
80025	CL SKUL VLT FX-DEEP COMA .....	72
80026	CL SKULL VLT FX-COMA NOS .....	72
80029	CL SKL VLT FX-CONCUS NOS .....	72
80030	CL SKULL VLT FX/HEM NEC .....	72
80031	CL SKULL VLT FX W/O COMA .....	72
80032	CL SKULL VLT FX-BRF COMA .....	72
80033	CL SKULL VLT FX-MOD COMA .....	72
80034	CL SKL VLT FX-PROLN COMA .....	72
80035	CL SKUL VLT FX-DEEP COMA .....	72
80036	CL SKULL VLT FX-COMA NOS .....	72
80039	CL SKL VLT FX-CONCUS NOS .....	72
80040	CL SKL VLT FX/BR INJ NEC .....	72
80041	CL SKULL VLT FX W/O COMA .....	72
80042	CL SKULL VLT FX-BRF COMA .....	72
80043	CL SKULL VLT FX-MOD COMA .....	72
80044	CL SKL VLT FX-PROLN COMA .....	72
80045	CL SKUL VLT FX-DEEP COMA .....	72
80046	CL SKULL VLT FX-COMA NOS .....	72
80049	CL SKL VLT FX-CONCUS NOS .....	72
80050	OPN SKULL VAULT FRACTURE .....	72
80051	OPN SKUL VLT FX W/O COMA .....	72
80052	OPN SKUL VLT FX-BRF COMA .....	72
80053	OPN SKUL VLT FX-MOD COMA .....	72
80054	OPN SKL VLT FX-PROLN COM .....	72
80055	OPN SKL VLT FX-DEEP COMA .....	72
80056	OPN SKUL VLT FX-COMA NOS .....	72
80059	OP SKL VLT FX-CONCUS NOS .....	72
80060	OPN SKL VLT FX/CEREB LAC .....	72
80061	OPN SKUL VLT FX W/O COMA .....	72
80062	OPN SKUL VLT FX-BRF COMA .....	72
80063	OPN SKUL VLT FX-MOD COMA .....	72
80064	OPN SKL VLT FX-PROLN COM .....	72
80065	OPN SKL VLT FX-DEEP COMA .....	72
80066	OPN SKUL VLT FX-COMA NOS .....	72
80069	OP SKL VLT FX-CONCUS NOS .....	72
80070	OPN SKL VLT FX/MENIN HEM .....	72
80071	OPN SKUL VLT FX W/O COMA .....	72
80072	OPN SKUL VLT FX-BRF COMA .....	72
80073	OPN SKUL VLT FX-MOD COMA .....	72
80074	OPN SKL VLT FX-PROLN COM .....	72
80075	OPN SKL VLT FX-DEEP COMA .....	72
80076	OPN SKUL VLT FX-COMA NOS .....	72
80079	OP SKL VLT FX-CONCUS NOS .....	72
80080	OPN SKULL VLT FX/HEM NEC .....	72
80081	OPN SKUL VLT FX W/O COMA .....	72
80082	OPN SKUL VLT FX-BRF COMA .....	72
80083	OPN SKUL VLT FX-MOD COMA .....	72
80084	OPN SKL VLT FX-PROLN COM .....	72
80085	OPN SKL VLT FX-DEEP COMA .....	72
80086	OPN SKUL VLT FX-COMA NOS .....	72
80089	OP SKL VLT FX-CONCUS NOS .....	72
80090	OP SKL VLT FX/BR INJ NEC .....	72
80091	OPN SKUL VLT FX W/O COMA .....	72
80092	OPN SKUL VLT FX-BRF COMA .....	72
80093	OPN SKUL VLT FX-MOD COMA .....	72
80094	OPN SKL VLT FX-PROLN COM .....	72
80095	OP SKUL VLT FX-DEEP COMA .....	72
80096	OPN SKUL VLT FX-COMA NOS .....	72
80099	OP SKL VLT FX-CONCUS NOS .....	72
80100	CLOS SKULL BASE FRACTURE .....	72
80101	CL SKUL BASE FX W/O COMA .....	72
80102	CL SKUL BASE FX-BRF COMA .....	72
80103	CL SKUL BASE FX-MOD COMA .....	72
80104	CL SKL BASE FX-PROL COMA .....	72
80105	CL SKL BASE FX-DEEP COMA .....	72
80106	CL SKUL BASE FX-COMA NOS .....	72
80109	CL SKULL BASE FX-CONCUSS .....	72
80110	CL SKL BASE FX/CEREB LAC .....	72
80111	CL SKUL BASE FX W/O COMA .....	72
80112	CL SKUL BASE FX-BRF COMA .....	72
80113	CL SKUL BASE FX-MOD COMA .....	72

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
80114	CL SKL BASE FX-PROL COMA .....	72
80115	CL SKL BASE FX-DEEP COMA .....	72
80116	CL SKUL BASE FX-COMA NOS .....	72
80119	CL SKULL BASE FX-CONCUSS .....	72
80120	CL SKL BASE FX/MENIN HEM .....	72
80121	CL SKUL BASE FX W/O COMA .....	72
80122	CL SKUL BASE FX/BRF COMA .....	72
80123	CL SKUL BASE FX-MOD COMA .....	72
80124	CL SKL BASE FX-PROL COMA .....	72
80125	CL SKL BASE FX-DEEP COMA .....	72
80126	CL SKUL BASE FX-COMA NOS .....	72
80129	CL SKULL BASE FX-CONCUSS .....	72
80130	CL SKULL BASE FX/HEM NEC .....	72
80131	CL SKUL BASE FX W/O COMA .....	72
80132	CL SKUL BASE FX-BRF COMA .....	72
80133	CL SKUL BASE FX-MOD COMA .....	72
80134	CL SKL BASE FX-PROL COMA .....	72
80135	CL SKL BASE FX-DEEP COMA .....	72
80136	CL SKUL BASE FX-COMA NOS .....	72
80139	CL SKULL BASE FX-CONCUSS .....	72
80140	CL SK BASE FX/BR INJ NEC .....	72
80141	CL SKUL BASE FX W/O COMA .....	72
80142	CL SKUL BASE FX-BRF COMA .....	72
80143	CL SKUL BASE FX-MOD COMA .....	72
80144	CL SKL BASE FX-PROL COMA .....	72
80145	CL SKL BASE FX-DEEP COMA .....	72
80146	CL SKUL BASE FX-COMA NOS .....	72
80149	CL SKULL BASE FX-CONCUSS .....	72
80150	OPEN SKULL BASE FRACTURE .....	72
80151	OPN SKL BASE FX W/O COMA .....	72
80152	OPN SKL BASE FX-BRF COMA .....	72
80153	OPN SKL BASE FX-MOD COMA .....	72
80154	OP SKL BASE FX-PROL COMA .....	72
80155	OP SKL BASE FX-DEEP COMA .....	72
80156	OPN SKL BASE FX-COMA NOS .....	72
80159	OPN SKUL BASE FX-CONCUSS .....	72
80160	OP SKL BASE FX/CEREB LAC .....	72
80161	OPN SKL BASE FX W/O COMA .....	72
80162	OPN SKL BASE FX-BRF COMA .....	72
80163	OPN SKL BASE FX-MOD COMA .....	72
80164	OP SKL BASE FX-PROL COMA .....	72
80165	OP SKL BASE FX-DEEP COMA .....	72
80166	OPN SKL BASE FX-COMA NOS .....	72
80169	OPN SKUL BASE FX-CONCUSS .....	72
80170	OP SKL BASE FX/MENIN HEM .....	72
80171	OPN SKL BASE FX W/O COMA .....	72
80172	OPN SKL BASE FX-BRF COMA .....	72
80173	OPN SKL BASE FX-MOD COMA .....	72
80174	OP SKL BASE FX-PROL COMA .....	72
80175	OP SKL BASE FX-DEEP COMA .....	72
80176	OPN SKL BASE FX-COMA NOS .....	72
80179	OPN SKUL BASE FX-CONCUSS .....	72
80180	OPN SKUL BASE FX/HEM NEC .....	72
80181	OPN SKL BASE FX W/O COMA .....	72
80182	OPN SKL BASE FX-BRF COMA .....	72
80183	OPN SKL BASE FX-MOD COMA .....	72
80184	OP SKL BASE FX-PROL COMA .....	72
80185	OP SKL BASE FX-DEEP COMA .....	72
80186	OPN SKL BASE FX-COMA NOS .....	72
80189	OPN SKUL BASE FX-CONCUSS .....	72
80190	OP SK BASE FX/BR INJ NEC .....	72
80191	OP SKUL BASE FX W/O COMA .....	72
80192	OPN SKL BASE FX-BRF COMA .....	72
80193	OPN SKL BASE FX-MOD COMA .....	72
80194	OP SKL BASE FX-PROL COMA .....	72
80195	OP SKL BASE FX-DEEP COMA .....	72
80196	OPN SKL BASE FX-COMA NOS .....	72
80199	OPN SKUL BASE FX-CONCUSS .....	72
8020	NASAL BONE FX-CLOSED .....	72
8021	NASAL BONE FX-OPEN .....	72
80220	MANDIBLE FX NOS-CLOSED .....	72
80221	FX CONDYL PROC MANDIB-CL .....	72
80222	SUBCONDYLAR FX MANDIB-CL .....	72
80223	FX CORON PROC MANDIB-CL .....	72
80224	FX RAMUS NOS-CLOSED .....	72
80225	FX ANGLE OF JAW-CLOSED .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
80226	FX SYMPHY MANDIB BODY-CL .....	72
80227	FX ALVEOLAR BORD MAND-CL .....	72
80228	FX MANDIBLE BODY NEC-CL .....	72
80229	MULT FX MANDIBLE-CLOSED .....	72
80230	MANDIBLE FX NOS-OPEN .....	72
80231	FX CONDYL PROC MAND-OPEN .....	72
80232	SUBCONDYL FX MANDIB-OPEN .....	72
80233	FX CORON PROC MANDIB-OPN .....	72
80234	FX RAMUS NOS-OPEN .....	72
80235	FX ANGLE OF JAW-OPEN .....	72
80236	FX SYMPHY MANDIB BDY-OPN .....	72
80237	FX ALV BORD MAND BDY-OPN .....	72
80238	FX MANDIBLE BODY NEC-OPN .....	72
80239	MULT FX MANDIBLE-OPEN .....	72
8024	FX MALAR/MAXILLARY-CLOSE .....	72
8025	FX MALAR/MAXILLARY-OPEN .....	72
8026	FX ORBITAL FLOOR-CLOSED .....	72
8027	FX ORBITAL FLOOR-OPEN .....	72
8028	FX FACIAL BONE NEC-CLOSE .....	72
8029	FX FACIAL BONE NEC-OPEN .....	72
80300	CLOSE SKULL FRACTURE NEC .....	72
80301	CL SKULL FX NEC W/O COMA .....	72
80302	CL SKULL FX NEC-BRF COMA .....	72
80303	CL SKULL FX NEC-MOD COMA .....	72
80304	CL SKL FX NEC-PROLN COMA .....	72
80305	CL SKUL FX NEC-DEEP COMA .....	72
80306	CL SKULL FX NEC-COMA NOS .....	72
80309	CL SKULL FX NEC-CONCUSS .....	72
80310	CL SKL FX NEC/CEREBR LAC .....	72
80311	CL SKULL FX NEC W/O COMA .....	72
80312	CL SKULL FX NEC-BRF COMA .....	72
80313	CL SKULL FX NEC-MOD COMA .....	72
80314	CL SKL FX NEC-PROLN COMA .....	72
80315	CL SKUL FX NEC-DEEP COMA .....	72
80316	CL SKULL FX NEC-COMA NOS .....	72
80319	CL SKULL FX NEC-CONCUSS .....	72
80320	CL SKL FX NEC/MENING HEM .....	72
80321	CL SKULL FX NEC W/O COMA .....	72
80322	CL SKULL FX NEC-BRF COMA .....	72
80323	CL SKULL FX NEC-MOD COMA .....	72
80324	CL SKL FX NEC-PROLN COMA .....	72
80325	CL SKUL FX NEC-DEEP COMA .....	72
80326	CL SKULL FX NEC-COMA NOS .....	72
80329	CL SKULL FX NEC-CONCUSS .....	72
80330	CL SKULL FX NEC/HEM NEC .....	72
80331	CL SKULL FX NEC W/O COMA .....	72
80332	CL SKULL FX NEC-BRF COMA .....	72
80333	CL SKULL FX NEC-MOD COMA .....	72
80334	CL SKL FX NEC-PROLN COMA .....	72
80335	CL SKUL FX NEC-DEEP COMA .....	72
80336	CL SKULL FX NEC-COMA NOS .....	72
80339	CL SKULL FX NEC-CONCUSS .....	72
80340	CL SKL FX NEC/BR INJ NEC .....	72
80341	CL SKULL FX NEC W/O COMA .....	72
80342	CL SKULL FX NEC-BRF COMA .....	72
80343	CL SKULL FX NEC-MOD COMA .....	72
80344	CL SKL FX NEC-PROLN COMA .....	72
80345	CL SKUL FX NEC-DEEP COMA .....	72
80346	CL SKULL FX NEC-COMA NOS .....	72
80349	CL SKULL FX NEC-CONCUSS .....	72
80350	OPEN SKULL FRACTURE NEC .....	72
80351	OPN SKUL FX NEC W/O COMA .....	72
80352	OPN SKUL FX NEC-BRF COMA .....	72
80353	OPN SKUL FX NEC-MOD COMA .....	72
80354	OPN SKL FX NEC-PROL COMA .....	72
80355	OPN SKL FX NEC-DEEP COMA .....	72
80356	OPN SKUL FX NEC-COMA NOS .....	72
80359	OPN SKULL FX NEC-CONCUSS .....	72
80360	OPN SKL FX NEC/CEREB LAC .....	72
80361	OPN SKUL FX NEC W/O COMA .....	72
80362	OPN SKUL FX NEC-BRF COMA .....	72
80363	OPN SKUL FX NEC-MOD COMA .....	72
80364	OPN SKL FX NEC-PROLN COM .....	72
80365	OPN SKL FX NEC-DEEP COMA .....	72
80366	OPN SKUL FX NEC-COMA NOS .....	72
80369	OPN SKULL FX NEC-CONCUSS .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
80370	OPN SKL FX NEC/MENIN HEM .....	72
80371	OPN SKUL FX NEC W/O COMA .....	72
80372	OPN SKUL FX NEC-BRF COMA .....	72
80373	OPN SKUL FX NEC-MOD COMA .....	72
80374	OPN SKL FX NEC-PROL COMA .....	72
80375	OPN SKL FX NEC-DEEP COMA .....	72
80376	OPN SKUL FX NEC-COMA NOS .....	72
80379	OPN SKULL FX NEC-CONCUSS .....	72
80380	OPN SKULL FX NEC/HEM NEC .....	72
80381	OPN SKUL FX NEC W/O COMA .....	72
80382	OPN SKUL FX NEC-BRF COMA .....	72
80383	OPN SKUL FX NEC-MOD COMA .....	72
80384	OPN SKL FX NEC-PROL COMA .....	72
80385	OPN SKL FX NEC-DEEP COMA .....	72
80386	OPN SKUL FX NEC-COMA NOS .....	72
80389	OPN SKULL FX NEC-CONCUSS .....	72
80390	OP SKL FX NEC/BR INJ NEC .....	72
80391	OPN SKUL FX NEC W/O COMA .....	72
80392	OPN SKUL FX NEC-BRF COMA .....	72
80393	OPN SKUL FX NEC-MOD COMA .....	72
80394	OPN SKL FX NEC-PROL COMA .....	72
80395	OPN SKL FX NEC-DEEP COMA .....	72
80396	OPN SKUL FX NEC-COMA NOS .....	72
80399	OPN SKULL FX NEC-CONCUSS .....	72
80400	CL SKUL FX W OTH BONE FX .....	72
80401	CL SKL W OTH FX W/O COMA .....	72
80402	CL SKL W OTH FX-BRF COMA .....	72
80403	CL SKL W OTH FX-MOD COMA .....	72
80404	CL SKL/OTH FX-PROLN COMA .....	72
80405	CL SKUL/OTH FX-DEEP COMA .....	72
80406	CL SKL W OTH FX-COMA NOS .....	72
80409	CL SKUL W OTH FX-CONCUSS .....	72
80410	CL SK W OTH FX/CEREB LAC .....	72
80411	CL SKL W OTH FX W/O COMA .....	72
80412	CL SKL W OTH FX-BRF COMA .....	72
80413	CL SKL W OTH FX-MOD COMA .....	72
80414	CL SKL/OTH FX-PROLN COMA .....	72
80415	CL SKUL/OTH FX-DEEP COMA .....	72
80416	CL SKL W OTH FX-COMA NOS .....	72
80419	CL SKUL W OTH FX-CONCUSS .....	72
80420	CL SKL/OTH FX/MENING HEM .....	72
80421	CL SKL W OTH FX W/O COMA .....	72
80422	CL SKL W OTH FX-BRF COMA .....	72
80423	CL SKL W OTH FX-MOD COMA .....	72
80424	CL SKL/OTH FX-PROLN COMA .....	72
80425	CL SKUL/OTH FX-DEEP COMA .....	72
80426	CL SKL W OTH FX-COMA NOS .....	72
80429	CL SKUL W OTH FX-CONCUSS .....	72
80430	CL SKUL W OTH FX/HEM NEC .....	72
80431	CL SKL W OTH FX W/O COMA .....	72
80432	CL SKL W OTH FX-BRF COMA .....	72
80433	CL SKL W OTH FX-MOD COMA .....	72
80434	CL SKL/OTH FX-PROLN COMA .....	72
80435	CL SKUL/OTH FX-DEEP COMA .....	72
80436	CL SKL W OTH FX-COMA NOS .....	72
80439	CL SKUL W OTH FX-CONCUSS .....	72
80440	CL SKL/OTH FX/BR INJ NEC .....	72
80441	CL SKL W OTH FX W/O COMA .....	72
80442	CL SKL W OTH FX-BRF COMA .....	72
80443	CL SKL W OTH FX-MOD COMA .....	72
80444	CL SKL/OTH FX-PROLN COMA .....	72
80445	CL SKUL/OTH FX-DEEP COMA .....	72
80446	CL SKL W OTH FX-COMA NOS .....	72
80449	CL SKUL W OTH FX-CONCUSS .....	72
80450	OPN SKULL FX/OTH BONE FX .....	72
80451	OPN SKUL/OTH FX W/O COMA .....	72
80452	OPN SKUL/OTH FX-BRF COMA .....	72
80453	OPN SKUL/OTH FX-MOD COMA .....	72
80454	OPN SKL/OTH FX-PROL COMA .....	72
80455	OPN SKL/OTH FX-DEEP COMA .....	72
80456	OPN SKUL/OTH FX-COMA NOS .....	72
80459	OPN SKULL/OTH FX-CONCUSS .....	72
80460	OPN SKL/OTH FX/CEREB LAC .....	72
80461	OPN SKUL/OTH FX W/O COMA .....	72
80462	OPN SKUL/OTH FX-BRF COMA .....	72
80463	OPN SKUL/OTH FX-MOD COMA .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
80464	OPN SKL/OTH FX-PROL COMA .....	72
80465	OPN SKL/OTH FX-DEEP COMA .....	72
80466	OPN SKUL/OTH FX-COMA NOS .....	72
80469	OPN SKULL/OTH FX-CONCUSS .....	72
80470	OPN SKL/OTH FX/MENIN HEM .....	72
80471	OPN SKUL/OTH FX W/O COMA .....	72
80472	OPN SKUL/OTH FX-BRF COMA .....	72
80473	OPN SKUL/OTH FX-MOD COMA .....	72
80474	OPN SKL/OTH FX-PROL COMA .....	72
80475	OPN SKL/OTH FX-DEEP COMA .....	72
80476	OPN SKUL/OTH FX-COMA NOS .....	72
80479	OPN SKULL/OTH FX-CONCUSS .....	72
80480	OPN SKL W OTH FX/HEM NEC .....	72
80481	OPN SKUL/OTH FX W/O COMA .....	72
80482	OPN SKUL/OTH FX-BRF COMA .....	72
80483	OPN SKUL/OTH FX-MOD COMA .....	72
80484	OPN SKL/OTH FX-PROL COMA .....	72
80485	OPN SKL/OTH FX-DEEP COMA .....	72
80486	OPN SKUL/OTH FX-COMA NOS .....	72
80489	OPN SKULL/OTH FX-CONCUSS .....	72
80490	OP SKL/OTH FX/BR INJ NEC .....	72
80491	OPN SKUL/OTH FX W/O COMA .....	72
80492	OPN SKUL/OTH FX-BRF COMA .....	72
80493	OPN SKUL/OTH FX-MOD COMA .....	72
80494	OPN SKL/OTH FX-PROL COMA .....	72
80495	OPN SKL/OTH FX-DEEP COMA .....	72
80496	OPN SKUL/OTH FX-COMA NOS .....	72
80499	OPN SKULL/OTH FX-CONCUSS .....	72
80500	FX CERVICAL VERT NOS-CL .....	72
80501	FX C1 VERTEBRA-CLOSED .....	72
80502	FX C2 VERTEBRA-CLOSED .....	72
80503	FX C3 VERTEBRA-CLOSED .....	72
80504	FX C4 VERTEBRA-CLOSED .....	72
80505	FX C5 VERTEBRA-CLOSED .....	72
80506	FX C6 VERTEBRA-CLOSED .....	72
80507	FX C7 VERTEBRA-CLOSED .....	72
80508	FX MULT CERVICAL VERT-CL .....	72
80510	FX CERVICAL VERT NOS-OPN .....	72
80511	FX C1 VERTEBRA-OPEN .....	72
80512	FX C2 VERTEBRA-OPEN .....	72
80513	FX C3 VERTEBRA-OPEN .....	72
80514	FX C4 VERTEBRA-OPEN .....	72
80515	FX C5 VERTEBRA-OPEN .....	72
80516	FX C6 VERTEBRA-OPEN .....	72
80517	FX C7 VERTEBRA-OPEN .....	72
80518	FX MLT CERVICAL VERT-OPN .....	72
8052	FX DORSAL VERTEBRA-CLOSE .....	72
8053	FX DORSAL VERTEBRA-OPEN .....	72
8054	FX LUMBAR VERTEBRA-CLOSE .....	72
8055	FX LUMBAR VERTEBRA-OPEN .....	72
8056	FX SACRUM/COCCYX-CLOSED .....	24
8057	FX SACRUM/COCCYX-OPEN .....	24
8058	VERTEBRAL FX NOS-CLOSED .....	72
8059	VERTEBRAL FX NOS-OPEN .....	72
80600	C1-C4 FX-CL/CORD INJ NOS .....	72
80601	C1-C4 FX-CL/COM CORD LES .....	72
80602	C1-C4 FX-CL/ANT CORD SYN .....	72
80603	C1-C4 FX-CL/CEN CORD SYN .....	72
80604	C1-C4 FX-CL/CORD INJ NEC .....	72
80605	C5-C7 FX-CL/CORD INJ NOS .....	72
80606	C5-C7 FX-CL/COM CORD LES .....	72
80607	C5-C7 FX-CL/ANT CORD SYN .....	72
80608	C5-C7 FX-CL/CEN CORD SYN .....	72
80609	C5-C7 FX-CL/CORD INJ NEC .....	72
80610	C1-C4 FX-OP/CORD INJ NOS .....	72
80611	C1-C4 FX-OP/COM CORD LES .....	72
80612	C1-C4 FX-OP/ANT CORD SYN .....	72
80613	C1-C4 FX-OP/CEN CORD SYN .....	72
80614	C1-C4 FX-OP/CORD INJ NEC .....	72
80615	C5-C7 FX-OP/CORD INJ NOS .....	72
80616	C5-C7 FX-OP/COM CORD LES .....	72
80617	C5-C7 FX-OP/ANT CORD SYN .....	72
80618	C5-C7 FX-OP/CEN CORD SYN .....	72
80619	C5-C7 FX-OP/CORD INJ NEC .....	72
80620	T1-T6 FX-CL/CORD INJ NOS .....	72
80621	T1-T6 FX-CL/COM CORD LES .....	72

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
80622	T1-T6 FX-CL/ANT CORD SYN .....	72
80623	T1-T6 FX-CL/CEN CORD SYN .....	72
80624	T1-T6 FX-CL/CORD INJ NEC .....	72
80625	T7-T12 FX-CL/CRD INJ NOS .....	72
80626	T7-T12 FX-CL/COM CRD LES .....	72
80627	T7-T12 FX-CL/ANT CRD SYN .....	72
80628	T7-T12 FX-CL/CEN CRD SYN .....	72
80629	T7-T12 FX-CL/CRD INJ NEC .....	72
80630	T1-T6 FX-OP/CORD INJ NOS .....	72
80631	T1-T6 FX-OP/COM CORD LES .....	72
80632	T1-T6 FX-OP/ANT CORD SYN .....	72
80633	T1-T6 FX-OP/CEN CORD SYN .....	72
80634	T1-T6 FX-OP/CORD INJ NEC .....	72
80635	T7-T12 FX-OP/CRD INJ NOS .....	72
80636	T7-T12 FX-OP/COM CRD LES .....	72
80637	T7-T12 FX-OP/ANT CRD SYN .....	72
80638	T7-T12 FX-OP/GEN CRD SYN .....	72
80639	T7-T12 FX-OP/CRD INJ NEC .....	72
8064	CL LUMBAR FX W CORD INJ .....	72
8065	OPN LUMBAR FX W CORD INJ .....	72
80660	FX SACRUM-CL/CRD INJ NOS .....	72
80661	FX SACR-CL/CAUDA EQU LES .....	72
80662	FX SACR-CL/CAUDA INJ NEC .....	72
80669	FX SACRUM-CL/CRD INJ NEC .....	72
80670	FX SACRUM-OP/CRD INJ NOS .....	72
80671	FX SACR-OP/CAUDA EQU LES .....	72
80672	FX SACR-OP/CAUDA INJ NEC .....	72
80679	FX SACRUM-OP/CRD INJ NEC .....	72
8068	VERT FX NOS-CL W CRD INJ .....	72
8069	VERT FX NOS-OP W CRD INJ .....	72
80700	FRACTURE RIB NOS-CLOSED .....	72
80701	FRACTURE ONE RIB-CLOSED .....	72
80702	FRACTURE TWO RIBS-CLOSED .....	72
80703	FRACTURE THREE RIBS-CLOS .....	72
80704	FRACTURE FOUR RIBS-CLOSE .....	72
80705	FRACTURE FIVE RIBS-CLOSE .....	72
80706	FRACTURE SIX RIBS-CLOSED .....	72
80707	FRACTURE SEVEN RIBS-CLOS .....	72
80708	FX EIGHT/MORE RIB-CLOSED .....	72
80709	FX MULT RIBS NOS-CLOSED .....	72
80710	FRACTURE RIB NOS-OPEN .....	72
80711	FRACTURE ONE RIB-OPEN .....	72
80712	FRACTURE TWO RIBS-OPEN .....	72
80713	FRACTURE THREE RIBS-OPEN .....	72
80714	FRACTURE FOUR RIBS-OPEN .....	72
80715	FRACTURE FIVE RIBS-OPEN .....	72
80716	FRACTURE SIX RIBS-OPEN .....	72
80717	FRACTURE SEVEN RIBS-OPEN .....	72
80718	FX EIGHT/MORE RIBS-OPEN .....	72
80719	FX MULT RIBS NOS-OPEN .....	72
8072	FRACTURE OF STERNUM-CLOS .....	72
8073	FRACTURE OF STERNUM-OPEN .....	72
8074	FLAIL CHEST .....	72
8075	FX LARYNX/TRACHEA-CLOSED .....	72
8076	FX LARYNX/TRACHEA-OPEN .....	72
8080	FRACTURE ACETABULUM-CLOS .....	72
8081	FRACTURE ACETABULUM-OPEN .....	72
8082	FRACTURE OF PUBIS-CLOSED .....	72
8083	FRACTURE OF PUBIS-OPEN .....	72
80841	FRACTURE OF ILIUM-CLOSED .....	72
80842	FRACTURE ISCHIUM-CLOSED .....	72
80843	PELV FX-CLOS/PELV DISRUP .....	72
80849	PELVIC FRACTURE NEC-CLOS .....	72
80851	FRACTURE OF ILIUM-OPEN .....	72
80852	FRACTURE OF ISCHIUM-OPEN .....	72
80853	PELV FX-OPEN/PELV DISRUP .....	72
80859	PELVIC FRACTURE NEC-OPEN .....	72
8088	PELVIC FRACTURE NOS-CLOS .....	72
8089	PELVIC FRACTURE NOS-OPEN .....	72
8090	FRACTURE TRUNK BONE-CLOS .....	72
8091	FRACTURE TRUNK BONE-OPEN .....	72
81000	FX CLAVICLE NOS-CLOSED .....	72
81001	FX CLAVICL, STERN END-CL .....	72
81002	FX CLAVICLE SHAFT-CLOSED .....	72
81003	FX CLAVICL, ACROM END-CL .....	72
81010	FX CLAVICLE NOS-OPEN .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
81011	FX CLAVIC, STERN END-OPN .....	72
81012	FX CLAVICLE SHAFT-OPEN .....	72
81013	FX CLAVIC, ACROM END-OPN .....	72
81100	FX SCAPULA NOS-CLOSED .....	72
81101	FX SCAPUL, ACROM PROC-CL .....	72
81102	FX SCAPUL, CORAC PROC-CL .....	72
81103	FX SCAP, GLEN CAV/NCK-CL .....	72
81109	FX SCAPULA NEC-CLOSED .....	72
81110	FX SCAPULA NOS-OPEN .....	72
81111	FX SCAPUL, ACROM PROC-OP .....	72
81112	FX SCAPUL, CORAC PROC-OP .....	72
81113	FX SCAP, GLEN CAV/NCK-OP .....	72
81119	FX SCAPULA NEC-OPEN .....	72
81200	FX UP END HUMERUS NOS-CL .....	72
81201	FX SURG NCK HUMERUS-CLOS .....	72
81202	FX ANATOM NCK HUMERUS-CL .....	72
81203	FX GR TUBEROS HUMERUS-CL .....	72
81209	FX UPPER HUMERUS NEC-CL .....	72
81210	FX UPPER HUMERUS NOS-OPN .....	72
81211	FX SURG NECK HUMERUS-OPN .....	72
81212	FX ANAT NECK HUMERUS-OPN .....	72
81213	FX GR TUBEROS HUMER-OPEN .....	72
81219	FX UPPER HUMERUS NEC-OPN .....	72
81220	FX HUMERUS NOS-CLOSED .....	72
81221	FX HUMERUS SHAFT-CLOSED .....	72
81230	FX HUMERUS NOS-OPEN .....	72
81231	FX HUMERUS SHAFT-OPEN .....	72
81240	FX LOWER HUMERUS NOS-CL .....	72
81241	SUPRCONDYL FX HUMERUS-CL .....	72
81242	FX HUMER, LAT CONDYL-CL .....	72
81243	FX HUMER, MED CONDYL-CL .....	72
81244	FX HUMER, CONDYL NOS-CL .....	72
81249	FX LOWER HUMERUS NEC-CL .....	72
81250	FX LOWER HUMER NOS-OPEN .....	72
81251	SUPRACONDYL FX HUMER-OPN .....	72
81252	FX HUMER, LAT CONDYL-OPN .....	72
81253	FX HUMER, MED CONDYL-OPN .....	72
81254	FX HUMER, CONDYL NOS-OPN .....	72
81259	FX LOWER HUMER NEC-OPEN .....	72
81300	FX UPPER FOREARM NOS-CL .....	72
81301	FX OLECRAN PROC ULNA-CL .....	72
81302	FX CORONOID PROC ULNA-CL .....	72
81303	MONTEGGIA'S FX-CLOSED .....	72
81304	FX UPPER ULNA NEC/NOS-CL .....	72
81305	FX RADIUS HEAD-CLOSED .....	72
81306	FX RADIUS NECK-CLOSED .....	72
81307	FX UP RADIUS NEC/NOS-CL .....	72
81308	FX UP RADIUS W ULNA-CLOS .....	72
81310	FX UPPER FOREARM NOS-OPN .....	72
81311	FX OLECRAN PROC ULNA-OPN .....	72
81312	FX CORONOID PRO ULNA-OPN .....	72
81313	MONTEGGIA'S FX-OPEN .....	72
81314	FX UP ULNA NEC/NOS-OPEN .....	72
81315	FX RADIUS HEAD-OPEN .....	72
81316	FX RADIUS NECK-OPEN .....	72
81317	FX UP RADIUS NEC/NOS-OPN .....	72
81318	FX UP RADIUS W ULNA-OPEN .....	72
81320	FX SHAFT FOREARM NOS-CL .....	72
81321	FX RADIUS SHAFT-CLOSED .....	72
81322	FX ULNA SHAFT-CLOSED .....	72
81323	FX SHAFT RAD W ULNA-CLOS .....	72
81330	FX SHAFT FOREARM NOS-OPN .....	72
81331	FX RADIUS SHAFT-OPEN .....	72
81332	FX ULNA SHAFT-OPEN .....	72
81333	FX SHAFT RAD W ULNA-OPEN .....	72
81340	FX LOWER FOREARM NOS-CL .....	72
81341	COLLES' FRACTURE-CLOSED .....	72
81342	FX DISTAL RADIUS NEC-CL .....	72
81343	FX DISTAL ULNA-CLOSED .....	72
81344	FX LOW RADIUS W ULNA-CL .....	72
81350	FX LOWER FOREARM NOS-OPN .....	72
81351	COLLES' FRACTURE-OPEN .....	72
81352	FX DISTAL RADIUS NEC-OPN .....	72
81353	FX DISTAL ULNA-OPEN .....	72
81354	FX LOW RADIUS W ULNA-OPN .....	72
81380	FX FOREARM NOS-CLOSED .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
81381	FX RADIUS NOS-CLOSED .....	72
81382	FRACTURE ULNA NOS-CLOSED .....	72
81383	FX RADIUS W ULNA NOS-CL .....	72
81390	FX FOREARM NOS-OPEN .....	72
81391	FRACTURE RADIUS NOS-OPEN .....	72
81392	FRACTURE ULNA NOS-OPEN .....	72
81393	FX RADIUS W ULNA NOS-OPN .....	72
81400	FX CARPAL BONE NOS-CLOSE .....	72
81401	FX NAVICULAR, WRIST-CLOS .....	72
81402	FX LUNATE, WRIST-CLOSED .....	72
81403	FX TRIQUETRAL, WRIST-CL .....	72
81404	FX PISIFORM-CLOSED .....	72
81405	FX TRAPEZIUM BONE-CLOSED .....	72
81406	FX TRAPEZOID BONE-CLOSED .....	72
81407	FX CAPITATE BONE-CLOSED .....	72
81408	FX HAMATE BONE-CLOSED .....	72
81409	FX CARPAL BONE NEC-CLOSE .....	72
81410	FX CARPAL BONE NOS-OPEN .....	72
81411	FX NAVICULAR, WRIST-OPEN .....	72
81412	FX LUNATE, WRIST-OPEN .....	72
81413	FX TRIQUETRAL, WRIST-OPN .....	72
81414	FX PISIFORM-OPEN .....	72
81415	FX TRAPEZIUM BONE-OPEN .....	72
81416	FX TRAPEZOID BONE-OPEN .....	72
81417	FX CAPITATE BONE-OPEN .....	72
81418	FX HAMATE BONE-OPEN .....	72
81419	FX CARPAL BONE NEC-OPEN .....	72
81500	FX METACARPAL NOS-CLOSED .....	72
81501	FX 1ST METACARP BASE-CL .....	72
81502	FX METACARP BASE NEC-CL .....	72
81503	FX METACARPAL SHAFT-CLOS .....	72
81504	FX METACARPAL NECK-CLOSE .....	72
81509	MULT FX METACARPUS-CLOSE .....	72
81510	FX METACARPAL NOS-OPEN .....	72
81511	FX 1ST METACARP BASE-OPN .....	72
81512	FX METACARP BASE NEC-OPN .....	72
81513	FX METACARPAL SHAFT-OPEN .....	72
81514	FX METACARPAL NECK-OPEN .....	72
81519	MULT FX METACARPUS-OPEN .....	72
81600	FX PHALANX, HAND NOS-CL .....	72
81601	FX MID/PRX PHAL, HAND-CL .....	72
81602	FX DIST PHALANX, HAND-CL .....	72
81603	FX MULT PHALAN, HAND-CL .....	72
81610	FX PHALANX, HAND NOS-OPN .....	72
81611	FX MID/PRX PHAL, HAND-OP .....	72
81612	FX DISTAL PHAL, HAND-OPN .....	72
81613	FX MULT PHALAN, HAND-OPN .....	72
8170	MULTIPLE FX HAND-CLOSED .....	72
8171	MULTIPLE FX HAND-OPEN .....	72
8180	FX ARM MULT/NOS-CLOSED .....	72
8181	FX ARM MULT/NOS-OPEN .....	72
8190	FX ARMS W RIB/STERNUM-CL .....	72
8191	FX ARMS W RIB/STERN-OPEN .....	72
82000	FX FEMUR INTRCAPS NOS-CL .....	72
82001	FX UP FEMUR EPIPHY-CLOS .....	72
82002	FX FEMUR, MIDCERVIC-CLOS .....	72
82003	FX BASE FEMORAL NCK-CLOS .....	72
82009	FX FEMUR INTRCAPS NEC-CL .....	72
82010	FX FEMUR INTRCAP NOS-OPN .....	72
82011	FX UP FEMUR EPIPHY-OPEN .....	72
82012	FX FEMUR, MIDCERVIC-OPEN .....	72
82013	FX BASE FEMORAL NCK-OPEN .....	72
82019	FX FEMUR INTRCAP NEC-OPN .....	72
82020	TROCHANTERIC FX NOS-CLOS .....	72
82021	INTERTROCHANTERIC FX-CL .....	72
82022	SUBTROCHANTERIC FX-CLOSE .....	72
82030	TROCHANTERIC FX NOS-OPEN .....	72
82031	INTERTROCHANTERIC FX-OPN .....	72
82032	SUBTROCHANTERIC FX-OPEN .....	72
8208	FX NECK OF FEMUR NOS-CL .....	72
8209	FX NECK OF FEMUR NOS-OPN .....	72
82100	FX FEMUR NOS-CLOSED .....	72
82101	FX FEMUR SHAFT-CLOSED .....	72
82110	FX FEMUR NOS-OPEN .....	72
82111	FX FEMUR SHAFT-OPEN .....	72
82120	FX LOW END FEMUR NOS-CL .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
82121	FX FEMORAL CONDYLE-CLOSE .....	72
82122	FX LOW FEMUR EPIPHY-CLOS .....	72
82123	SUPRACONDYL FX FEMUR-CL .....	72
82129	FX LOW END FEMUR NEC-CL .....	72
82130	FX LOW END FEMUR NOS-OPN .....	72
82131	FX FEMORAL CONDYLE-OPEN .....	72
82132	FX LOW FEMUR EPIPHY-OPEN .....	72
82133	SUPRACONDYL FX FEMUR-OPN .....	72
82139	FX LOW END FEMUR NEC-OPN .....	72
8220	FRACTURE PATELLA-CLOSED .....	72
8221	FRACTURE PATELLA-OPEN .....	72
82300	FX UPPER END TIBIA-CLOSE .....	72
82301	FX UPPER END FIBULA-CLOS .....	72
82302	FX UP TIBIA W FIBULA-CL .....	72
82310	FX UPPER END TIBIA-OPEN .....	72
82311	FX UPPER END FIBULA-OPEN .....	72
82312	FX UP TIBIA W FIBULA-OPN .....	72
82320	FX SHAFT TIBIA-CLOSED .....	72
82321	FX SHAFT FIBULA-CLOSED .....	72
82322	FX SHAFT FIB W TIB-CLOS .....	72
82330	FX TIBIA SHAFT-OPEN .....	72
82331	FX FIBULA SHAFT-OPEN .....	72
82332	FX SHAFT TIBIA W FIB-OPN .....	72
82380	FX TIBIA NOS-CLOSED .....	72
82381	FX FIBULA NOS-CLOSED .....	72
82382	FX TIBIA W FIBULA NOS-CL .....	72
82390	FX TIBIA NOS-OPEN .....	72
82391	FX FIBULA NOS-OPEN .....	72
82392	FX TIBIA W FIB NOS-OPEN .....	72
8240	FX MEDIAL MALLEOLUS-CLOS .....	72
8241	FX MEDIAL MALLEOLUS-OPEN .....	72
8242	FX LATERAL MALLEOLUS-CL .....	72
8243	FX LATERAL MALLEOLUS-OPN .....	72
8244	FX BIMALLEOLAR-CLOSED .....	72
8245	FX BIMALLEOLAR-OPEN .....	72
8246	FX TRIMALLEOLAR-CLOSED .....	72
8247	FX TRIMALLEOLAR-OPEN .....	72
8248	FX ANKLE NOS-CLOSED .....	72
8249	FX ANKLE NOS-OPEN .....	72
8250	FRACTURE CALCANEUS-CLOSE .....	72
8251	FRACTURE CALCANEUS-OPEN .....	72
82520	FX FOOT BONE NOS-CLOSED .....	72
82521	FX ASTRAGALUS-CLOSED .....	72
82522	FX NAVICULAR, FOOT-CLOS .....	72
82523	FX CUBOID-CLOSED .....	72
82524	FX CUNEIFORM, FOOT-CLOS .....	72
82525	FX METATARSAL-CLOSED .....	72
82529	FX FOOT BONE NEC-CLOSED .....	72
82530	FX FOOT BONE NOS-OPEN .....	72
82531	FX ASTRAGALUS-OPEN .....	72
82532	FX NAVICULAR, FOOT-OPEN .....	72
82533	FX CUBOID-OPEN .....	72
82534	FX CUNEIFORM, FOOT-OPEN .....	72
82535	FX METATARSAL-OPEN .....	72
82539	FX FOOT BONE NEC-OPEN .....	72
8260	FX PHALANX, FOOT-CLOSED .....	72
8261	FX PHALANX, FOOT-OPEN .....	72
8270	FX LOWER LIMB NEC-CLOSED .....	72
8271	FX LOWER LIMB NEC-OPEN .....	72
8280	FX LEGS W ARM/RIB-CLOSED .....	72
8281	FX LEGS W ARM/RIB-OPEN .....	72
8290	FRACTURE NOS-CLOSED .....	72
8291	FRACTURE NOS-OPEN .....	72
8300	DISLOCATION JAW-CLOSED .....	72
8301	DISLOCATION JAW-OPEN .....	72
83100	DISLOC SHOULDER NOS-CLOS .....	72
83101	ANT DISLOC HUMERUS-CLOSE .....	72
83102	POST DISLOC HUMERUS-CLOS .....	72
83103	INFER DISLOC HUMERUS-CL .....	72
83104	DISLOC ACROMIOCLAVIC-CL .....	72
83109	DISLOC SHOULDER NEC-CLOS .....	72
83110	DISLOC SHOULDER NOS-OPEN .....	72
83111	ANT DISLOC HUMERUS-OPEN .....	72
83112	POST DISLOC HUMERUS-OPEN .....	72
83113	INFER DISLOC HUMERUS-OPN .....	72
83114	DISLOC ACROMIOCLAVIC-OPN .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
83119	DISLOC SHOULDER NEC-OPEN .....	72
83200	DISLOCAT ELBOW NOS-CLOSE .....	72
83201	ANT DISLOC ELBOW-CLOSED .....	72
83202	POST DISLOC ELBOW-CLOSED .....	72
83203	MED DISLOC ELBOW-CLOSED .....	72
83204	LAT DISLOC ELBOW-CLOSED .....	72
83209	DISLOCAT ELBOW NEC-CLOSE .....	72
83210	DISLOCAT ELBOW NOS-OPEN .....	72
83211	ANT DISLOC ELBOW-OPEN .....	72
83212	POST DISLOC ELBOW-OPEN .....	72
83213	MED DISLOC ELBOW-OPEN .....	72
83214	LAT DISLOCAT ELBOW-OPEN .....	72
83219	DISLOCAT ELBOW NEC-OPEN .....	72
83300	DISLOC WRIST NOS-CLOSED .....	72
83301	DISLOC DIST RADIOULN-CL .....	72
83302	DISLOC RADIOCARPAL-CLOS .....	72
83303	DISLOCA MIDCARPAL-CLOSED .....	72
83304	DISLOC CARPOMETACARP-CL .....	72
83305	DISLOC METACARPAL-CLOSED .....	72
83309	DISLOC WRIST NEC-CLOSED .....	72
83310	DISLOCAT WRIST NOS-OPEN .....	72
83311	DISLOC DIST RADIOULN-OPN .....	72
83312	DISLOC RADIOCARPAL-OPEN .....	72
83313	DISLOCAT MIDCARPAL-OPEN .....	72
83314	DISLOC CARPOMETACARP-OPN .....	72
83315	DISLOCAT METACARPAL-OPEN .....	72
83319	DISLOCAT WRIST NEC-OPEN .....	72
83400	DISL FINGER NOS-CLOSED .....	72
83401	DISLOC METACARPOPHALN-CL .....	72
83402	DISL INTERPHALN HAND-CL .....	72
83410	DISLOC FINGER NOS-OPEN .....	72
83411	DISL METACARPOPHALAN-OPN .....	72
83412	DISL INTERPHALN HAND-OPN .....	72
83500	DISLOCAT HIP NOS-CLOSED .....	72
83501	POSTERIOR DISLOC HIP-CL .....	72
83502	OBTURATOR DISLOC HIP-CL .....	72
83503	ANT DISLOC HIP NEC-CLOS .....	72
83510	DISLOCATION HIP NOS-OPEN .....	72
83511	POSTERIOR DISLOC HIP-OPN .....	72
83512	OBTURATOR DISLOC HIP-OPN .....	72
83513	ANT DISLOC HIP NEC-OPEN .....	72
8360	TEAR MED MENISC KNEE-CUR .....	72
8361	TEAR LAT MENISC KNEE-CUR .....	72
8362	TEAR MENISCUS NEC-CURREN .....	72
8363	DISLOCAT PATELLA-CLOSED .....	72
8364	DISLOCATION PATELLA-OPEN .....	72
83650	DISLOCAT KNEE NOS-CLOSED .....	72
83651	ANT DISLOC PROX TIBIA-CL .....	72
83652	POST DISL PROX TIBIA-CL .....	72
83653	MED DISLOC PROX TIBIA-CL .....	72
83654	LAT DISLOC PROX TIBIA-CL .....	72
83659	DISLOCAT KNEE NEC-CLOSED .....	72
83660	DISLOCAT KNEE NOS-OPEN .....	72
83661	ANT DISL PROX TIBIA-OPEN .....	72
83662	POST DISL PROX TIBIA-OPN .....	72
83663	MED DISL PROX TIBIA-OPEN .....	72
83664	LAT DISL PROX TIBIA-OPEN .....	72
83669	DISLOCAT KNEE NEC-OPEN .....	72
8370	DISLOCATION ANKLE-CLOSED .....	72
8371	DISLOCATION ANKLE-OPEN .....	72
83800	DISLOCAT FOOT NOS-CLOSED .....	72
83801	DISLOC TARSAL NOS-CLOSED .....	72
83802	DISLOC MIDTARSAL-CLOSED .....	72
83803	DISLOC TARSOMETATARS-CL .....	72
83804	DISLOC METATARSAL NOS-CL .....	72
83805	DISL METATARSOPHALANG-CL .....	72
83806	DISL INTERPHALAN FOOT-CL .....	72
83809	DISLOCAT FOOT NEC-CLOSED .....	72
83810	DISLOCAT FOOT NOS-OPEN .....	72
83811	DISLOC TARSAL NOS-OPEN .....	72
83812	DISLOC MIDTARSAL-OPEN .....	72
83813	DISL TARSOMETATARSAL-OPN .....	72
83814	DISL METATARSAL NOS-OPEN .....	72
83815	DISLOC METATARSOPHAL-OPN .....	72
83816	DIS INTERPHALAN FOOT-OPN .....	72
83819	DISLOCAT FOOT NEC-OPEN .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
83900	DISLOC CERV VERT NOS-CL .....	72
83901	DISLOC 1ST CERV VERT-CL .....	72
83902	DISLOC 2ND CERV VERT-CL .....	72
83903	DISLOC 3RD CERV VERT-CL .....	72
83904	DISLOC 4TH CERV VERT-CL .....	72
83905	DISLOC 5TH CERV VERT-CL .....	72
83906	DISLOC 6TH CERV VERT-CL .....	72
83907	DISLOC 7TH CERV VERT-CL .....	72
83908	DISLOC MULT CERV VERT-CL .....	72
83910	DISLOC CERV VERT NOS-OPN .....	72
83911	DISLOC LST CERV VERT-OPN .....	72
83912	DISLOC 2ND CERV VERT-OPN .....	72
83913	DISLOC 3RD CERV VERT-OPN .....	72
83914	DISLOC 4TH CERV VERT-OPN .....	72
83915	DISLOC 5TH CERV VERT-OPN .....	72
83916	DISLOC 6TH CERV VERT-OPN .....	72
83917	DISLOC 7TH CERV VERT-OPN .....	72
83918	DISLOC MLT CERV VERT-OPN .....	72
83920	DISLOCAT LUMBAR VERT-CL .....	72
83921	DISLOC THORACIC VERT-CL .....	72
83930	DISLOCAT LUMBAR VERT-OPN .....	72
83931	DISLOC THORACIC VERT-OPN .....	72
83940	DISLOCAT VERTEBRA NOS-CL .....	72
83941	DISLOCAT COCCYX-CLOSED .....	72
83942	DISLOCAT SACRUM-CLOSED .....	72
83949	DISLOCAT VERTEBRA NEC-CL .....	72
83950	DISLOC VERTEBRA NOS-OPEN .....	72
83951	DISLOCAT COCCYX-OPEN .....	72
83952	DISLOCAT SACRUM-OPEN .....	72
83959	DISLOC VERTEBRA NEC-OPEN .....	72
83961	DISLOCAT STERNUM-CLOSED .....	72
83969	DISLOCAT SITE NEC-CLOSED .....	72
83971	DISLOCATION STERNUM-OPEN .....	72
83979	DISLOCAT SITE NEC-OPEN .....	72
8398	DISLOCATION NEC-CLOSED .....	72
8399	DISLOCATION NEC-OPEN .....	72
8400	SPRAIN ACROMIOCLAVICULAR .....	72
8401	SPRAIN CORACOCLAVICULAR .....	72
8402	SPRAIN CORACOHUMERAL .....	72
8403	SPRAIN INFRASPINATUS .....	72
8404	SPRAIN ROTATOR CUFF .....	72
8405	SPRAIN SUBSCAPULARIS .....	72
8406	SPRAIN SUPRASPINATUS .....	72
8408	SPRAIN SHOULDER/ARM NEC .....	72
8409	SPRAIN SHOULDER/ARM NOS .....	72
8410	SPRAIN RADIAL COLLAT LIG .....	72
8411	SPRAIN ULNAR COLLAT LIG .....	72
8412	SPRAIN RADIOHUMERAL .....	72
8413	SPRAIN ULNOHUMERAL .....	72
8418	SPRAIN ELBOW/FOREARM NEC .....	72
8419	SPRAIN ELBOW/FOREARM NOS .....	72
84200	SPRAIN OF WRIST NOS .....	72
84201	SPRAIN CARPAL .....	72
84202	SPRAIN RADIOCARPAL .....	72
84209	SPRAIN OF WRIST NEC .....	72
84210	SPRAIN OF HAND NOS .....	72
84211	SPRAIN CARPOMETACARPAL .....	72
84212	SPRAIN METACARPOPHALANG .....	72
84213	SPRAIN INTERPHALANGEAL .....	72
84219	SPRAIN OF HAND NEC .....	72
8430	SPRAIN ILIOFEMORAL .....	72
8431	SPRAIN ISCHIOCAPSULAR .....	72
8438	SPRAIN HIP & THIGH NEC .....	72
8439	SPRAIN HIP & THIGH NOS .....	72
8440	SPRAIN LATERAL COLL LIG .....	72
8441	SPRAIN MEDIAL COLLAT LIG .....	72
8442	SPRAIN CRUCIATE LIG KNEE .....	72
8443	SPRAIN SUPER TIBIOFIBULA .....	72
8448	SPRAIN OF KNEE & LEG NEC .....	72
8449	SPRAIN OF KNEE & LEG NOS .....	72
84500	SPRAIN OF ANKLE NOS .....	72
84501	SPRAIN OF ANKLE DELTOID .....	72
84502	SPRAIN CALCANEOFIBULAR .....	72
84503	SPRAIN DISTAL TIBIOFIBUL .....	72
84509	SPRAIN OF ANKLE NEC .....	72
84510	SPRAIN OF FOOT NOS .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
84511	SPRAIN TARSO METATARSAL .....	72
84512	SPRAIN METATARSOPHALANG .....	72
84513	SPRAIN INTERPHALANG TOE .....	72
84519	SPRAIN OF FOOT NEC .....	72
8460	SPRAIN LUMBOSACRAL .....	72
8461	SPRAIN SACROILIAC .....	72
8462	SPRAIN SACROSPINATUS .....	72
8463	SPRAIN SACROTUBEROUS .....	72
8468	SPRAIN SACROILIAC NEC .....	72
8469	SPRAIN SACROILIAC NOS .....	72
8470	SPRAIN OF NECK .....	72
8471	SPRAIN THORACIC REGION .....	72
8472	SPRAIN LUMBAR REGION .....	72
8473	SPRAIN OF SACRUM .....	72
8474	SPRAIN OF COCCYX .....	72
8479	SPRAIN OF BACK NOS .....	72
8480	SPRAIN OF NASAL SEPTUM .....	72
8481	SPRAIN OF JAW .....	72
8482	SPRAIN OF THYROID REGION .....	72
8483	SPRAIN OF RIBS .....	72
84840	SPRAIN OF STERNUM NOS .....	72
84841	SPRAIN STERNOCLAVICULAR .....	72
84842	SPRAIN CHONDROSTERNAL .....	72
84849	SPRAIN OF STERNUM NEC .....	72
8485	SPRAIN OF PELVIS .....	72
8488	SPRAIN NEC .....	72
8489	SPRAIN NOS .....	72
8500	CONCUSSION W/O COMA .....	72
8501	CONCUSSION-BRIEF COMA .....	72
8502	CONCUSSION-MODERATE COMA .....	72
8503	CONCUSSION-PROLONG COMA .....	72
8504	CONCUSSION-DEEP COMA .....	72
8505	CONCUSSION W COMA NOS .....	72
8509	CONCUSSION NOS .....	72
85100	CEREBRAL CORTX CONTUSION .....	72
85101	CORTEX CONTUSION-NO COMA .....	72
85102	CORTEX CONTUS-BRIEF COMA .....	72
85103	CORTEX CONTUS-MOD COMA .....	72
85104	CORTEX CONTUS-PROLONG COMA .....	72
85105	CORTEX CONTUS-DEEP COMA .....	72
85106	CORTEX CONTUS-COMA NOS .....	72
85109	CORTEX CONTUS-CONCUS NOS .....	72
85110	CORTEX CONTUSION/OPN WND .....	72
85111	OPN CORTX CONTUS-NO COMA .....	72
85112	OPN CORTX CONTUS-BRF COMA .....	72
85113	OPN CORTX CONTUS-MOD COMA .....	72
85114	OPN CORTX CONTUS-PROL COMA .....	72
85115	OPN CORTX CONTUS-DEEP COMA .....	72
85116	OPN CORTX CONTUS-COMA NOS .....	72
85119	OPN CORTX CONTUS-CONCUS .....	72
85120	CEREBRAL CORTEX LACERAT .....	72
85121	CORTEX LACERAT W/O COMA .....	72
85122	CORTEX LACERAT-BRIEF COMA .....	72
85123	CORTEX LACERAT-MOD COMA .....	72
85124	CORTEX LACERAT-PROL COMA .....	72
85125	CORTEX LACERAT-DEEP COMA .....	72
85126	CORTEX LACERAT-COMA NOS .....	72
85129	CORTEX LACERAT-CONCUS .....	72
85130	CORTEX LACER W OPN WOUND .....	72
85131	OPN CORTEX LACER-NO COMA .....	72
85132	OPN CORTX LAC-BRIEF COMA .....	72
85133	OPN CORTX LACER-MOD COMA .....	72
85134	OPN CORTX LAC-PROL COMA .....	72
85135	OPN CORTEX LAC-DEEP COMA .....	72
85136	OPN CORTX LACER-COMA NOS .....	72
85139	OPN CORTX LACER-CONCUS .....	72
85140	CEREBEL/BRAIN STM CONTUS .....	72
85141	CEREBELL CONTUS W/O COMA .....	72
85142	CEREBELL CONTUS-BRF COMA .....	72
85143	CEREBELL CONTUS-MOD COMA .....	72
85144	CEREBELL CONTUS-PROL COMA .....	72
85145	CEREBELL CONTUS-DEEP COMA .....	72
85146	CEREBELL CONTUS-COMA NOS .....	72
85149	CEREBELL CONTUS-CONCUS .....	72
85150	CEREBELL CONTUS W OPN WND .....	72
85151	OPN CEREBEL CONT W/O COMA .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
85152	OPN CEREBE CONT-BRF COMA .....	72
85153	OPN CEREBE CONT-MOD COMA .....	72
85154	OPN CEREBE CONT-PROL COM .....	72
85155	OPN CEREBE CONT-DEEP COM .....	72
85156	OPN CEREBE CONT-COMA NOS .....	72
85159	OPN CEREBEL CONT-CONCUSS .....	72
85160	CEREBEL/BRAIN STEM LACER .....	72
85161	CEREBEL LACERAT W/O COMA .....	72
85162	CEREBEL LACER-BRIEF COMA .....	72
85163	CEREBEL LACERAT-MOD COMA .....	72
85164	CEREBEL LACER-PROLN COMA .....	72
85165	CEREBELL LACER-DEEP COMA .....	72
85166	CEREBEL LACERAT-COMA NOS .....	72
85169	CEREBEL LACER-CONCUSSION .....	72
85170	CEREBEL LACER W OPEN WND .....	72
85171	OPN CEREBEL LAC W/O COMA .....	72
85172	OPN CEREBEL LAC-BRF COMA .....	72
85173	OPN CEREBEL LAC-MOD COMA .....	72
85174	OPN CEREBE LAC-PROL COMA .....	72
85175	OPN CEREBE LAC-DEEP COMA .....	72
85176	OPN CEREBEL LAC-COMA NOS .....	72
85179	OPN CEREBELL LAC-CONCUSS .....	72
85180	BRAIN LACERATION NEC .....	72
85181	BRAIN LACER NEC W/O COMA .....	72
85182	BRAIN LAC NEC-BRIEF COMA .....	72
85183	BRAIN LACER NEC-MOD COMA .....	72
85184	BRAIN LAC NEC-PROLN COMA .....	72
85185	BRAIN LAC NEC-DEEP COMA .....	72
85186	BRAIN LACER NEC-COMA NOS .....	72
85189	BRAIN LACER NEC-CONCUSS .....	72
85190	BRAIN LAC NEC W OPEN WND .....	72
85191	OPN BRAIN LACER W/O COMA .....	72
85192	OPN BRAIN LAC-BRIEF COMA .....	72
85193	OPN BRAIN LACER-MOD COMA .....	72
85194	OPN BRAIN LAC-PROLN COMA .....	72
85195	OPEN BRAIN LAC-DEEP COMA .....	72
85196	OPN BRAIN LACER-COMA NOS .....	72
85199	OPEN BRAIN LACER-CONCUSS .....	72
85200	TRAUM SUBARACHNOID HEM .....	72
85201	SUBARACHNOID HEM-NO COMA .....	72
85202	SUBARACH HEM-BRIEF COMA .....	72
85203	SUBARACH HEM-MOD COMA .....	72
85204	SUBARACH HEM-PROLNG COMA .....	72
85205	SUBARACH HEM-DEEP COMA .....	72
85206	SUBARACH HEM-COMA NOS .....	72
85209	SUBARACH HEM-CONCUSSION .....	72
85210	SUBARACH HEM W OPN WOUND .....	72
85211	OPN SUBARACH HEM-NO COMA .....	72
85212	OP SUBARACH HEM-BRF COMA .....	72
85213	OP SUBARACH HEM-MOD COMA .....	72
85214	OP SUBARACH HEM-PROL COM .....	72
85215	OP SUBARACH HEM-DEEP COM .....	72
85216	OP SUBARACH HEM-COMA NOS .....	72
85219	OPN SUBARACH HEM-CONCUSS .....	72
85220	TRAUMATIC SUBDURAL HEM .....	72
85221	SUBDURAL HEM W/O COMA .....	72
85222	SUBDURAL HEM-BRIEF COMA .....	72
85223	SUBDURAL HEMORR-MOD COMA .....	72
85224	SUBDURAL HEM-PROLNG COMA .....	72
85225	SUBDURAL HEM-DEEP COMA .....	72
85226	SUBDURAL HEMORR-COMA NOS .....	72
85229	SUBDURAL HEM-CONCUSSION .....	72
85230	SUBDURAL HEM W OPN WOUND .....	72
85231	OPEN SUBDUR HEM W/O COMA .....	72
85232	OPN SUBDUR HEM-BRF COMA .....	72
85233	OPN SUBDUR HEM-MOD COMA .....	72
85234	OPN SUBDUR HEM-PROL COMA .....	72
85235	OPN SUBDUR HEM-DEEP COMA .....	72
85236	OPN SUBDUR HEM-COMA NOS .....	72
85239	OPN SUBDUR HEM-CONCUSS .....	72
85240	TRAUMATIC EXTRADURAL HEM .....	72
85241	EXTRADURAL HEM W/O COMA .....	72
85242	EXTRADUR HEM-BRIEF COMA .....	72
85243	EXTRADURAL HEM-MOD COMA .....	72
85244	EXTRADUR HEM-PROLN COMA .....	72
85245	EXTRADURAL HEM-DEEP COMA .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
85246	EXTRADURAL HEM-COMA NOS .....	72
85249	EXTADURAL HEM-CONCUSS .....	72
85250	EXTRADURAL HEM W OPN WND .....	72
85251	EXTRADURAL HEMOR-NO COMA .....	72
85252	EXTRADUR HEM-BRIEF COMA .....	72
85253	EXTRADURAL HEM-MOD COMA .....	72
85254	EXTRADUR HEM-PROLN COMA .....	72
85255	EXTRADUR HEM-DEEP COMA .....	72
85256	EXTRADURAL HEM-COMA NOS .....	72
85259	EXTRADURAL HEM-CONCUSS .....	72
85300	TRAUMATIC BRAIN HEM NEC .....	72
85301	BRAIN HEM NEC W/O COMA .....	72
85302	BRAIN HEM NEC-BRIEF COMA .....	72
85303	BRAIN HEM NEC-MOD COMA .....	72
85304	BRAIN HEM NEC-PROLN COMA .....	72
85305	BRAIN HEM NEC-DEEP COMA .....	72
85306	BRAIN HEM NEC-COMA NOS .....	72
85309	BRAIN HEM NEC-CONCUSSION .....	72
85310	BRAIN HEM NEC W OPN WND .....	72
85311	BRAIN HEM OPN W/O COMA .....	72
85312	BRAIN HEM OPN-BRF COMA .....	72
85313	BRAIN HEM OPEN-MOD COMA .....	72
85314	BRAIN HEM OPN-PROLN COMA .....	72
85315	BRAIN HEM OPEN-DEEP COMA .....	72
85316	BRAIN HEM OPEN-COMA NOS .....	72
85319	BRAIN HEM OPN-CONCUSSION .....	72
85400	BRAIN INJURY NEC .....	72
85401	BRAIN INJURY NEC-NO COMA .....	72
85402	BRAIN INJ NEC-BRIEF COMA .....	72
85403	BRAIN INJ NEC-MOD COMA .....	72
85404	BRAIN INJ NEC-PROLN COMA .....	72
85405	BRAIN INJ NEC-DEEP COMA .....	72
85406	BRAIN INJ NEC-COMA NOS .....	72
85409	BRAIN INJ NEC-CONCUSSION .....	72
85410	BRAIN INJURY W OPN WND .....	72
85411	OPN BRAIN INJ W/O COMA .....	72
85412	OPN BRAIN INJ-BRIEF COMA .....	72
85413	OPN BRAIN INJ-MOD COMA .....	72
85414	OPN BRAIN INJ-PROLN COMA .....	72
85415	OPN BRAIN INJ-DEEP COMA .....	72
85416	OPEN BRAIN INJ-COMA NOS .....	72
85419	OPN BRAIN INJ-CONCUSSION .....	72
8600	TRAUM PNEUMOTHORAX-CLOSE .....	72
8601	TRAUM PNEUMOTHORAX-OPEN .....	72
8602	TRAUM HEMOTHORAX-CLOSED .....	72
8603	TRAUM HEMOTHORAX-OPEN .....	72
8604	TRAUM PNEUMOHEMOTHOR-CL .....	72
8605	TRAUM PNEUMOHEMOTHOR-OPN .....	72
86100	HEART INJURY NOS-CLOSED .....	72
86101	HEART CONTUSION-CLOSED .....	72
86102	HEART LACERATION-CLOSED .....	72
86103	HEART CHAMBER LACERAT-CL .....	72
86110	HEART INJURY NOS-OPEN .....	72
86111	HEART CONTUSION-OPEN .....	72
86112	HEART LACERATION-OPEN .....	72
86113	HEART CHAMBER LACER-OPN .....	72
86120	LUNG INJURY NOS-CLOSED .....	72
86121	LUNG CONTUSION-CLOSED .....	72
86122	LUNG LACERATION-CLOSED .....	72
86130	LUNG INJURY NOS-OPEN .....	72
86131	LUNG CONTUSION-OPEN .....	72
86132	LUNG LACERATION-OPEN .....	72
8620	DIAPHRAGM INJURY-CLOSED .....	72
8621	DIAPHRAGM INJURY-OPEN .....	72
86221	BRONCHUS INJURY-CLOSED .....	72
86222	ESOPHAGUS INJURY-CLOSED .....	72
86229	INTRATHORACIC INJ NEC-CL .....	72
86231	BRONCHUS INJURY-OPEN .....	72
86232	ESOPHAGUS INJURY-OPEN .....	72
86239	INTRATHORAC INJ NEC-OPEN .....	72
8628	INTRATHORACIC INJ NOS-CL .....	72
8629	INTRATHORAC INJ NOS-OPEN .....	72
8630	STOMACH INJURY-CLOSED .....	72
8631	STOMACH INJURY-OPEN .....	72
86320	SMALL INTEST INJ NOS-CL .....	72
86321	DUODENUM INJURY-CLOSED .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
86329	SMALL INTEST INJ NEC-CL .....	72
86330	SMALL INTEST INJ NOS-OPN .....	72
86331	DUODENUM INJURY-OPEN .....	72
86339	SMALL INTEST INJ NEC-OPN .....	72
86340	COLON INJURY NOS-CLOSED .....	72
86341	ASCENDING COLON INJ-CLOS .....	72
86342	TRANSVERSE COLON INJ-CL .....	72
86343	DESCENDING COLON INJ-CL .....	72
86344	SIGMOID COLON INJ-CLOSED .....	72
86345	RECTUM INJURY-CLOSED .....	72
86346	COLON INJ MULT SITE-CLOS .....	72
86349	COLON INJURY NEC-CLOSED .....	72
86350	COLON INJURY NOS-OPEN .....	72
86351	ASCENDING COLON INJ-OPEN .....	72
86352	TRANSVERSE COLON INJ-OPN .....	72
86353	DESCENDING COLON INJ-OPN .....	72
86354	SIGMOID COLON INJ-OPEN .....	72
86355	RECTUM INJURY-OPEN .....	72
86356	COLON INJ MULT SITE-OPEN .....	72
86359	COLON INJURY NEC-OPEN .....	72
86380	GI INJURY NOS-CLOSED .....	72
86381	PANCREAS, HEAD INJ-CLOSE .....	72
86382	PANCREAS, BODY INJ-CLOSE .....	72
86383	PANCREAS, TAIL INJ-CLOSE .....	72
86384	PANCREAS INJURY NOS-CLOS .....	72
86385	APPENDIX INJURY-CLOSED .....	72
86389	GI INJURY NEC-CLOSED .....	72
86390	GI INJURY NOS-OPEN .....	72
86391	PANCREAS, HEAD INJ-OPEN .....	72
86392	PANCREAS, BODY INJ-OPEN .....	72
86393	PANCREAS, TAIL INJ-OPEN .....	72
86394	PANCREAS INJURY NOS-OPEN .....	72
86395	APPENDIX INJURY-OPEN .....	72
86399	GI INJURY NEC-OPEN .....	72
86400	LIVER INJURY NOS-CLOSED .....	72
86401	LIVER HEMATOMA/CONTUSION .....	72
86402	LIVER LACERATION, MINOR .....	72
86403	LIVER LACERATION, MOD .....	72
86404	LIVER LACERATION, MAJOR .....	72
86405	LIVER LACERAT UNSPCF CLS .....	72
86409	LIVER INJURY NEC-CLOSED .....	72
86410	LIVER INJURY NOS-OPEN .....	72
86411	LIVER HEMATOM/CONTUS-OPN .....	72
86412	LIVER LACERAT, MINOR-OPN .....	72
86413	LIVER LACERAT, MOD-OPEN .....	72
86414	LIVER LACERAT, MAJOR-OPN .....	72
86415	LIVER LACERAT UNSPCF OPN .....	72
86419	LIVER INJURY NEC-OPEN .....	72
86500	SPLEEN INJURY NOS-CLOSED .....	72
86501	SPLEEN HEMATOMA-CLOSED .....	72
86502	SPLEEN CAPSULAR TEAR .....	72
86503	SPLEEN PARENCHYMA LACER .....	72
86504	SPLEEN DISRUPTION-CLOS .....	72
86509	SPLEEN INJURY NEC-CLOSED .....	72
86510	SPLEEN INJURY NOS-OPEN .....	72
86511	SPLEEN HEMATOMA-OPEN .....	72
86512	SPLEEN CAPSULAR TEAR-OPN .....	72
86513	SPLEEN PARNCHYM LAC-OPN .....	72
86514	SPLEEN DISRUPTION-OPEN .....	72
86519	SPLEEN INJURY NEC-OPEN .....	72
86600	KIDNEY INJURY NOS-CLOSED .....	72
86601	KIDNEY HEMATOMA-CLOSED .....	72
86602	KIDNEY LACERATION-CLOSED .....	72
86603	KIDNEY DISRUPTION-CLOSED .....	72
86610	KIDNEY INJURY NOS-OPEN .....	72
86611	KIDNEY HEMATOMA-OPEN .....	72
86612	KIDNEY LACERATION-OPEN .....	72
86613	KIDNEY DISRUPTION-OPEN .....	72
8670	BLADDER/URETHRA INJ-CLOS .....	72
8671	BLADDER/URETHRA INJ-OPEN .....	72
8672	URETER INJURY-CLOSED .....	72
8673	URETER INJURY-OPEN .....	72
8674	UTERUS INJURY-CLOSED .....	72
8675	UTERUS INJURY-OPEN .....	72
8676	PELVIC ORGAN INJ NEC-CL .....	72
8677	PELVIC ORGAN INJ NEC-OPN .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
8678	PELVIC ORGAN INJ NOS-CL .....	72
8679	PELVIC ORGAN INJ NOS-OPN .....	72
86800	INTRA-ABDOM INJ NOS-CLOS .....	72
86801	ADRENAL GLAND INJURY-CL .....	72
86802	BILIARY TRACT INJURY-CL .....	72
86803	PERITONEUM INJURY-CLOSED .....	72
86804	RETROPERITONEUM INJ-CL .....	72
86809	INTRA-ABDOM INJ NEC-CLOS .....	72
86810	INTRA-ABDOM INJ NOS-OPEN .....	72
86811	ADRENAL GLAND INJURY-OPN .....	72
86812	BILIARY TRACT INJURY-OPN .....	72
86813	PERITONEUM INJURY-OPEN .....	72
86814	RETROPERITONEUM INJ-OPEN .....	72
86819	INTRA-ABDOM INJ NEC-OPEN .....	72
8690	INTERNAL INJ NOS-CLOSED .....	72
8691	INTERNAL INJURY NOS-OPEN .....	72
8700	LAC EYELID SKN/PERIOCLUR .....	72
8701	FULL-THICKNES LAC EYELID .....	72
8702	LAC EYELID INV LACRM PAS .....	72
8703	PENETR WND ORBIT W/O FB .....	72
8704	PENETRAT WND ORBIT W FB .....	72
8708	OPN WND OCULAR ADNEX NEC .....	72
8709	OPN WND OCULAR ADNEX NOS .....	72
8710	OCULAR LAC W/O PROLAPSE .....	72
8711	OCULAR LACERA W PROLAPSE .....	72
8712	RUPTURE EYE W TISSU LOSS .....	72
8713	AVULSION OF EYE .....	72
8714	LACERATION OF EYE NOS .....	72
8715	PENETRAT MAGNET FB EYE .....	72
8716	PENETRAT FB NEC EYE .....	72
8717	OCULAR PENETRATION NOS .....	72
8719	OPN WOUND OF EYEBALL NOS .....	72
87200	OPN WOUND EXTERN EAR NOS .....	72
87201	OPEN WOUND OF AURICLE .....	72
87202	OPN WOUND AUDITORY CANAL .....	72
87210	OPN WND EX EAR NOS-COMPL .....	72
87211	OPEN WOUND AURICLE-COMPL .....	72
87212	OPEN WND AUD CANAL-COMPL .....	72
87261	OPEN WOUND OF EAR DRUM .....	72
87262	OPEN WOUND OF OSSICLES .....	72
87263	OPEN WND EUSTACHIAN TUBE .....	72
87264	OPEN WOUND OF COCHLEA .....	72
87269	OPEN WOUND OF EAR NEC .....	72
87271	OPEN WND EAR DRUM-COMPL .....	72
87272	OPEN WND OSSICLES-COMPL .....	72
87273	OPN WND EUSTACH TB-COMPL .....	72
87274	OPEN WOUND COCHLEA-COMPL .....	72
87279	OPEN WOUND EAR NEC-COMPL .....	72
8728	OPEN WOUND OF EAR NOS .....	72
8729	OPEN WOUND EAR NOS-COMPL .....	72
8730	OPEN WOUND OF SCALP .....	72
8731	OPEN WOUND SCALP-COMPL .....	72
87320	OPEN WOUND OF NOSE NOS .....	72
87321	OPEN WOUND NASAL SEPTUM .....	72
87322	OPEN WOUND NASAL CAVITY .....	72
87323	OPEN WOUND NASAL SINUS .....	72
87329	MULT OPEN WOUND NOSE .....	72
87330	OPEN WND NOSE NOS-COMPL .....	72
87331	OPN WND NAS SEPTUM-COMPL .....	72
87332	OPEN WND NASAL CAV-COMPL .....	72
87333	OPEN WND NAS SINUS-COMPL .....	72
87339	MULT OPEN WND NOSE-COMPL .....	72
87340	OPEN WOUND OF FACE NOS .....	72
87341	OPEN WOUND OF CHEEK .....	72
87342	OPEN WOUND OF FOREHEAD .....	72
87343	OPEN WOUND OF LIP .....	72
87344	OPEN WOUND OF JAW .....	72
87349	OPEN WOUND OF FACE NEC .....	72
87350	OPEN WND FACE NOS-COMPL .....	72
87351	OPEN WOUND CHEEK-COMPL .....	72
87352	OPEN WND FOREHEAD-COMPL .....	72
87353	OPEN WOUND LIP-COMPLICAT .....	72
87354	OPEN WOUND JAW-COMPLICAT .....	72
87359	OPEN WND FACE NEC-COMPL .....	72
87360	OPEN WOUND OF MOUTH NOS .....	72
87361	OPEN WOUND BUCCAL MUCOSA .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
87362	OPEN WOUND OF GUM .....	72
87363	BROKEN TOOTH .....	31
87364	OPN WND TONGUE/MOUTH FLR .....	72
87365	OPEN WOUND OF PALATE .....	72
87369	OPEN WOUND MOUTH NEC .....	72
87370	OPEN WND MOUTH NOS-COMPL .....	72
87371	OPN WND BUC MUCOSA-COMPL .....	72
87372	OPEN WOUND GUM-COMPL .....	72
87373	BROKEN TOOTH-COMPLICATED .....	31
87374	OPEN WOUND TONGUE-COMPL .....	72
87375	OPEN WOUND PALATE-COMPL .....	72
87379	OPEN WND MOUTH NOS-COMPL .....	72
8738	OPEN WOUND OF HEAD NEC .....	72
8739	OPEN WND HEAD NEC-COMPL .....	72
87400	OPN WND LARYNX W TRACHEA .....	72
87401	OPEN WOUND OF LARYNX .....	72
87402	OPEN WOUND OF TRACHEA .....	72
87410	OPN WND LARY W TRAC-COMP .....	72
87411	OPEN WOUND LARYNX-COMPL .....	72
87412	OPEN WOUND TRACHEA-COMPL .....	72
8742	OPEN WOUND THYROID GLAND .....	72
8743	OPEN WOUND THYROID-COMPL .....	72
8744	OPEN WOUND OF PHARYNX .....	72
8745	OPEN WOUND PHARYNX-COMPL .....	72
8748	OPEN WOUND OF NECK NEC .....	72
8749	OPN WOUND NECK NEC-COMPL .....	72
8750	OPEN WOUND OF CHEST .....	72
8751	OPEN WOUND CHEST-COMPL .....	72
8760	OPEN WOUND OF BACK .....	72
8761	OPEN WOUND BACK-COMPL .....	72
8770	OPEN WOUND OF BUTTOCK .....	72
8771	OPEN WOUND BUTTOCK-COMPL .....	72
8780	OPEN WOUND OF PENIS .....	72
8781	OPEN WOUND PENIS-COMPL .....	72
8782	OPN WOUND SCROTUM/TESTES .....	72
8783	OPN WND SCROT/TEST-COMPL .....	72
8784	OPEN WOUND OF VULVA .....	72
8785	OPEN WOUND VULVA-COMPL .....	72
8786	OPEN WOUND OF VAGINA .....	72
8787	OPEN WOUND VAGINA-COMPL .....	72
8788	OPEN WOUND GENITAL NEC .....	72
8789	OPN WND GENITAL NEC-COMP .....	72
8790	OPEN WOUND OF BREAST .....	72
8791	OPEN WOUND BREAST-COMPL .....	72
8792	OPN WND ANTERIOR ABDOMEN .....	72
8793	OPN WND ANT ABDOMEN-COMP .....	72
8794	OPN WND LATERAL ABDOMEN .....	72
8795	OPN WND LAT ABDOMEN-COMP .....	72
8796	OPEN WOUND OF TRUNK NEC .....	72
8797	OPEN WND TRUNK NEC-COMPL .....	72
8798	OPEN WOUND SITE NOS .....	72
8799	OPN WOUND SITE NOS-COMPL .....	72
88000	OPEN WOUND OF SHOULDER .....	72
88001	OPEN WOUND OF SCAPULA .....	72
88002	OPEN WOUND OF AXILLA .....	72
88003	OPEN WOUND OF UPPER ARM .....	72
88009	MULT OPEN WOUND SHOULDER .....	72
88010	OPEN WND SHOULDER-COMPL .....	72
88011	OPEN WOUND SCAPULA-COMPL .....	72
88012	OPEN WOUND AXILLA-COMPL .....	72
88013	OPEN WND UPPER ARM-COMPL .....	72
88019	MULT OPN WND SHOULD-COMP .....	72
88020	OPN WND SHOULD W TENDON .....	72
88021	OPN WND SCAPULA W TENDON .....	72
88022	OPEN WND AXILLA W TENDON .....	72
88023	OPEN WND UP ARM W TENDON .....	72
88029	MLT OPN WND SHLDR W TEND .....	72
88100	OPEN WOUND OF FOREARM .....	72
88101	OPEN WOUND OF ELBOW .....	72
88102	OPEN WOUND OF WRIST .....	72
88110	OPEN WOUND FOREARM-COMPL .....	72
88111	OPEN WOUND ELBOW-COMPLIC .....	72
88112	OPEN WOUND WRIST-COMPLIC .....	72
88120	OPEN WND FOREARM W TENDN .....	72
88121	OPN WOUND ELBOW W TENDON .....	72
88122	OPN WOUND WRIST W TENDON .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
8820	OPEN WOUND OF HAND .....	72
8821	OPN WOUND HAND-COMPLICAT .....	72
8822	OPEN WOUND HAND W TENDON .....	72
8830	OPEN WOUND OF FINGER .....	72
8831	OPEN WOUND FINGER-COMPL .....	72
8832	OPEN WND FINGER W TENDON .....	72
8840	OPEN WOUND ARM MULT/NOS .....	72
8841	OPEN WOUND ARM NOS-COMPL .....	72
8842	OPN WND ARM NOS W TENDON .....	72
8850	AMPUTATION THUMB .....	72
8851	AMPUTATION THUMB-COMPL .....	72
8860	AMPUTATION FINGER .....	72
8861	AMPUTATION FINGER-COMPL .....	72
8870	AMPUT BELOW ELB, UNILAT .....	72
8871	AMP BELOW ELB, UNIL-COMP .....	72
8872	AMPUT ABV ELBOW, UNILAT .....	72
8873	AMPUT ABV ELB, UNIL-COMP .....	72
8874	AMPUTAT ARM, UNILAT NOS .....	72
8875	AMPUT ARM, UNIL NOS-COMP .....	72
8876	AMPUTATION ARM, BILAT .....	72
8877	AMPUTAT ARM, BILAT-COMPL .....	72
8900	OPEN WOUND OF HIP/THIGH .....	72
8901	OPEN WND HIP/THIGH-COMPL .....	72
8902	OPN WND HIP/THIGH W TEND .....	72
8910	OPEN WND KNEE/LEG/ANKLE .....	72
8911	OPEN WND KNEE/LEG-COMPL .....	72
8912	OPN WND KNEE/LEG W TENDN .....	72
8920	OPEN WOUND OF FOOT .....	72
8921	OPEN WOUND FOOT-COMPL .....	72
8922	OPEN WOUND FOOT W TENDON .....	72
8930	OPEN WOUND OF TOE .....	72
8931	OPEN WOUND TOE-COMPL .....	72
8932	OPEN WOUND TOE W TENDON .....	72
8940	OPEN WOUND OF LEG NEC .....	72
8941	OPEN WOUND LEG NEC-COMPL .....	72
8942	OPN WND LEG NEC W TENDON .....	72
8950	AMPUTATION TOE .....	72
8951	AMPUTATION TOE-COMPLICAT .....	72
8960	AMPUTATION FOOT, UNILAT .....	72
8961	AMPUT FOOT, UNILAT-COMPL .....	72
8962	AMPUTATION FOOT, BILAT .....	72
8963	AMPUTAT FOOT, BILAT-COMP .....	72
8970	AMPUT BELOW KNEE, UNILAT .....	72
8971	AMPUTAT BK, UNILAT-COMPL .....	72
8972	AMPUT ABOVE KNEE, UNILAT .....	72
8973	AMPUT ABV KN, UNIL-COMPL .....	72
8974	AMPUTAT LEG, UNILAT NOS .....	72
8975	AMPUT LEG, UNIL NOS-COMP .....	72
8976	AMPUTATION LEG, BILAT .....	72
8977	AMPUTAT LEG, BILAT-COMPL .....	72
90000	INJUR CAROTID ARTERY NOS .....	72
90001	INJ COMMON CAROTID ARTER .....	72
90002	INJ EXTERNAL CAROTID ART .....	72
90003	INJ INTERNAL CAROTID ART .....	72
9001	INJ INTERNL JUGULAR VEIN .....	72
90081	INJ EXTERN JUGULAR VEIN .....	72
90082	INJ MLT HEAD/NECK VESSEL .....	72
90089	INJ HEAD/NECK VESSEL NEC .....	72
9009	INJ HEAD/NECK VESSEL NOS .....	72
9010	INJURY THORACIC AORTA .....	72
9011	INJ INNOMIN/SUBCLAV ART .....	72
9012	INJ SUPERIOR VENA CAVA .....	72
9013	INJ INNOMIN/SUBCLAV VEIN .....	72
90140	INJ PULMONARY VESSEL NOS .....	72
90141	INJURY PULMONARY ARTERY .....	72
90142	INJURY PULMONARY VEIN .....	72
90181	INJ INTERCOSTAL ART/VEIN .....	72
90182	INJ INT MAMMARY ART/VEIN .....	72
90183	INJ MULT THORACIC VESSEL .....	72
90189	INJ THORACIC VESSEL NEC .....	72
9019	INJ THORACIC VESSEL NOS .....	72
9020	INJURY ABDOMINAL AORTA .....	72
90210	INJ INFER VENA CAVA NOS .....	72
90211	INJURY HEPATIC VEINS .....	72
90219	INJ INFER VENA CAVA NEC .....	72
90220	INJ CELIAC/MESEN ART NOS .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
90221	INJURY GASTRIC ARTERY .....	72
90222	INJURY HEPATIC ARTERY .....	72
90223	INJURY SPLENIC ARTERY .....	72
90224	INJURY CELIAC AXIS NEC .....	72
90225	INJ SUPER MESENTERIC ART .....	72
90226	INJ BRNCH SUP MESENT ART .....	72
90227	INJ INFER MESENTERIC ART .....	72
90229	INJ MESENTERIC VESS NEC .....	72
90231	INJ SUPERIOR MESENT VEIN .....	72
90232	INJ INFERIOR MESENT VEIN .....	72
90233	INJURY PORTAL VEIN .....	72
90234	INJURY SPLENIC VEIN .....	72
90239	INJ PORT/SPLEN VESS NEC .....	72
90240	INJURY RENAL VESSEL NOS .....	72
90241	INJURY RENAL ARTERY .....	72
90242	INJURY RENAL VEIN .....	72
90249	INJURY RENAL VESSEL NEC .....	72
90250	INJURY ILIAC VESSEL NOS .....	72
90251	INJ HYPOGASTRIC ARTERY .....	72
90252	INJURY HYPOGASTRIC VEIN .....	72
90253	INJURY ILIAC ARTERY .....	72
90254	INJURY ILIAC VEIN .....	72
90255	INJURY UTERINE ARTERY .....	72
90256	INJURY UTERINE VEIN .....	72
90259	INJURY ILIAC VESSEL NEC .....	72
90281	INJURY OVARIAN ARTERY .....	72
90282	INJURY OVARIAN VEIN .....	72
90287	INJ MULT ABD/PELV VESSEL .....	72
90289	INJ ABDOMINAL VESSEL NEC .....	72
9029	INJ ABDOMINAL VESSEL NOS .....	72
90300	INJ AXILLARY VESSEL NOS .....	72
90301	INJURY AXILLARY ARTERY .....	72
90302	INJURY AXILLARY VEIN .....	72
9031	INJURY BRACHIAL VESSELS .....	72
9032	INJURY RADIAL VESSELS .....	72
9033	INJURY ULNAR VESSELS .....	72
9034	INJURY PALMAR ARTERY .....	72
9035	INJURY FINGER VESSELS .....	72
9038	INJURY ARM VESSELS NEC .....	72
9039	INJURY ARM VESSEL NOS .....	72
9040	INJ COMMON FEMORAL ARTER .....	72
9041	INJ SUPERFIC FEMORAL ART .....	72
9042	INJURY FEMORAL VEIN .....	72
9043	INJURY SAPHENOUS VEIN .....	72
90440	INJ POPLITEAL VESSEL NOS .....	72
90441	INJURY POPLITEAL ARTERY .....	72
90442	INJURY POPLITEAL VEIN .....	72
90450	INJURY TIBIAL VESSEL NOS .....	72
90451	INJ ANTER TIBIAL ARTERY .....	72
90452	INJ ANTERIOR TIBIAL VEIN .....	72
90453	INJ POST TIBIAL ARTERY .....	72
90454	INJ POST TIBIAL VEIN .....	72
9046	INJ DEEP PLANTAR VESSEL .....	72
9047	INJURY LEG VESSELS NEC .....	72
9048	INJURY LEG VESSEL NOS .....	72
9049	BLOOD VESSEL INJURY NOS .....	72
9050	LATE EFFEC SKULL/FACE FX .....	72
9051	LATE EFF SPINE/TRUNK FX .....	72
9052	LATE EFFECT ARM FX .....	72
9053	LATE EFF FEMORAL NECK FX .....	72
9054	LATE EFFECT LEG FX .....	72
9055	LATE EFFECT FRACTURE NEC .....	72
9056	LATE EFFECT DISLOCATION .....	72
9057	LATE EFFEC SPRAIN/STRAIN .....	72
9058	LATE EFFEC TENDON INJURY .....	72
9059	LATE EFF TRAUMAT AMPUTAT .....	72
9060	LT EFF OPN WND HEAD/TRNK .....	72
9061	LATE EFF OPEN WND EXTREM .....	72
9062	LATE EFF SUPERFICIAL INJ .....	72
9063	LATE EFFECT OF CONTUSION .....	72
9064	LATE EFFECT OF CRUSHING .....	72
9065	LATE EFF HEAD/NECK BURN .....	72
9066	LATE EFF WRIST/HAND BURN .....	72
9067	LATE EFF BURN EXTREM NEC .....	72
9068	LATE EFFECT OF BURNS NEC .....	72
9069	LATE EFFECT OF BURN NOS .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD–9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD–9	ICD–9 Description	MDC
9070	LT EFF INTRACRANIAL INJ .....	72
9071	LATE EFF CRAN NERVE INJ .....	72
9072	LATE EFF SPINAL CORD INJ .....	72
9073	LT EFF NERV INJ TRNK NEC .....	72
9074	LT EFF NERV INJ SHLD/ARM .....	72
9075	LT EFF NERV INJ PELV/LEG .....	72
9079	LATE EFF NERVE INJ NEC .....	72
9080	LATE EFF INT INJUR CHEST .....	72
9081	LATE EFF INT INJ ABDOMEN .....	72
9082	LATE EFF INT INJURY NEC .....	72
9083	LATE EFF INJ PERIPH VESS .....	72
9084	LT EFF INJ THOR/ABD VESS .....	72
9085	LATE EFF FB IN ORIFICE .....	72
9086	LATE EFF COMPLIC TRAUMA .....	72
9089	LATE EFFECT INJURY NOS .....	72
9090	LATE EFF DRUG POISONING .....	72
9091	LATE EFF NONMED SUBSTANC .....	72
9092	LATE EFFECT OF RADIATION .....	72
9093	LATE EFF SURG/MED COMPL .....	11
9094	LATE EFF CERT EXT CAUSE .....	72
9095	LTE EFCT ADVRS EFCT DRUG .....	11
9099	LATE EFF EXTER CAUSE NEC .....	72
9100	ABRASION HEAD .....	72
9101	ABRASION HEAD-INFECTED .....	72
9102	BLISTER HEAD .....	72
9103	BLISTER HEAD-INFECTED .....	72
9104	INSECT BITE HEAD .....	72
9105	INSECT BITE HEAD-INFECT .....	72
9106	FOREIGN BODY HEAD .....	72
9107	FOREIGN BODY HEAD-INFECT .....	72
9108	SUPERFIC INJ HEAD NEC .....	72
9109	SUPERF INJ HEAD NEC-INF .....	72
9110	ABRASION TRUNK .....	72
9111	ABRASION TRUNK-INFECTED .....	72
9112	BLISTER TRUNK .....	72
9113	BLISTER TRUNK-INFECTED .....	72
9114	INSECT BITE TRUNK .....	72
9115	INSECT BITE TRUNK-INFEC .....	72
9116	FOREIGN BODY TRUNK .....	72
9117	FOREIGN BODY TRUNK-INFEC .....	72
9118	SUPERFIC INJ TRUNK NEC .....	72
9119	SUPERF INJ TRNK NEC-INF .....	72
9120	ABRASION SHOULDER/ARM .....	72
9121	ABRASION SHLDR/ARM-INFEC .....	72
9122	BLISTER SHOULDER & ARM .....	72
9123	BLISTER SHOULDER/ARM-INF .....	72
9124	INSECT BITE SHOULDER/ARM .....	72
9125	INSECT BITE SHLD/ARM-INF .....	72
9126	FOREIGN BODY SHOULDR/ARM .....	72
9127	FB SHOULDER/ARM-INFECT .....	72
9128	SUPERF INJ SHLDR/ARM NEC .....	72
9129	SUPERF INJ SHLDR NEC-INF .....	72
9130	ABRASION FOREARM .....	72
9131	ABRASION FOREARM-INFECT .....	72
9132	BLISTER FOREARM .....	72
9133	BLISTER FOREARM-INFECTED .....	72
9134	INSECT BITE FOREARM .....	72
9135	INSECT BITE FOREARM-INF .....	72
9136	FOREIGN BODY FOREARM .....	72
9137	FOREIGN BODY FOREARM-INF .....	72
9138	SUPERF INJ FOREARM NEC .....	72
9139	SUPRF INJ FORARM NEC-INF .....	72
9140	ABRASION HAND .....	72
9141	ABRASION HAND-INFECTED .....	72
9142	BLISTER HAND .....	72
9143	BLISTER HAND-INFECTED .....	72
9144	INSECT BITE HAND .....	72
9145	INSECT BITE HAND-INFECT .....	72
9146	FOREIGN BODY HAND .....	72
9147	FOREIGN BODY HAND-INFECT .....	72
9148	SUPERFICIAL INJ HAND NEC .....	72
9149	SUPERF INJ HAND NEC-INF .....	72
9150	ABRASION FINGER .....	72
9151	ABRASION FINGER-INFECTED .....	72
9152	BLISTER FINGER .....	72
9153	BLISTER FINGER-INFECTED .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9154	INSECT BITE FINGER .....	72
9155	INSECT BITE FINGER-INFEC .....	72
9156	FOREIGN BODY FINGER .....	72
9157	FOREIGN BODY FINGER-INF .....	72
9158	SUPERFIC INJ FINGER-NEC .....	72
9159	SUPRF INJ FINGER NEC-INF .....	72
9160	ABRASION HIP & LEG .....	72
9161	ABRASION HIP/LEG-INFECT .....	72
9162	BLISTER HIP & LEG .....	72
9163	BLISTER HIP & LEG-INFECT .....	72
9164	INSECT BITE HIP & LEG .....	72
9165	INSECT BITE HIP/LEG-INF .....	72
9166	FOREIGN BODY HIP/LEG .....	72
9167	FOREIGN BDY HIP/LEG-INF .....	72
9168	SUPERFIC INJ HIP/LEG NEC .....	72
9169	SUPERF INJ LEG NEC-INFEC .....	72
9170	ABRASION FOOT & TOE .....	72
9171	ABRASION FOOT/TOE-INFEC .....	72
9172	BLISTER FOOT & TOE .....	72
9173	BLISTER FOOT & TOE-INFEC .....	72
9174	INSECT BITE FOOT/TOE .....	72
9175	INSECT BITE FOOT/TOE-INF .....	72
9176	FOREIGN BODY FOOT & TOE .....	72
9177	FOREIGN BDY FOOT/TOE-INF .....	72
9178	SUPERF INJ FOOT/TOE NEC .....	72
9179	SUPERF INJ FOOT NEC-INF .....	72
9180	SUPERFIC INJ PERIOCLAR .....	68
9181	SUPERFICIAL INJ CORNEA .....	68
9182	SUPERFIC INJ CONJUNCTIVA .....	68
9189	SUPERFICIAL INJ EYE NEC .....	68
9190	ABRASION NEC .....	72
9191	ABRASION NEC-INFECTED .....	72
9192	BLISTER NEC .....	72
9193	BLISTER NEC-INFECTED .....	72
9194	INSECT BITE NEC .....	72
9195	INSECT BITE NEC-INFECTED .....	72
9196	SUPERFIC FOREIGN BDY NEC .....	72
9197	SUPERFICIAL FB NEC-INFEC .....	72
9198	SUPERFICIAL INJURY NEC .....	72
9199	SUPERFIC INJ NEC-INFECT .....	72
920	CONTUSION FACE/SCALP/NCK .....	72
9210	BLACK EYE NOS .....	72
9211	CONTUSION PERIOCLAR .....	72
9212	CONTUSION ORBITAL TISSUE .....	72
9213	CONTUSION OF EYEBALL .....	72
9219	CONTUSION OF EYE NOS .....	68
9220	CONTUSION OF BREAST .....	72
9221	CONTUSION OF CHEST WALL .....	72
9222	CONTUSION ABDOMINAL WALL .....	72
9224	CONTUSION GENITAL ORGANS .....	72
9228	MULTIPLE CONTUSION TRUNK .....	72
9229	CONTUSION TRUNK NOS .....	72
92300	CONTUSION SHOULDER REG .....	72
92301	CONTUSION SCAPUL REGION .....	72
92302	CONTUSION AXILLARY REG .....	72
92303	CONTUSION OF UPPER ARM .....	72
92309	CONTUSION SHOULDER & ARM .....	72
92310	CONTUSION OF FOREARM .....	72
92311	CONTUSION OF ELBOW .....	72
92320	CONTUSION OF HAND(S) .....	72
92321	CONTUSION OF WRIST .....	72
9233	CONTUSION OF FINGER .....	72
9238	MULTIPLE CONTUSION ARM .....	72
9239	CONTUSION UPPER LIMB NOS .....	72
92400	CONTUSION OF THIGH .....	72
92401	CONTUSION OF HIP .....	72
92410	CONTUSION OF LOWER LEG .....	72
92411	CONTUSION OF KNEE .....	72
92420	CONTUSION OF FOOT .....	72
92421	CONTUSION OF ANKLE .....	72
9243	CONTUSION OF TOE .....	72
9244	MULTIPLE CONTUSION LEG .....	72
9245	CONTUSION LEG NOS .....	72
9248	MULTIPLE CONTUSIONS NEC .....	72
9249	CONTUSION NOS .....	72
9251	CRUSH INJ FACE SCALP .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9252	CRUSH INJ NECK .....	72
9260	CRUSH INJ EXT GENITALIA .....	72
92611	CRUSHING INJURY BACK .....	72
92612	CRUSHING INJURY BUTTOCK .....	72
92619	CRUSHING INJ TRUNK NEC .....	72
9268	MULT CRUSHING INJ TRUNK .....	72
9269	CRUSHING INJ TRUNK NOS .....	72
92700	CRUSH INJ SHOULDER REG .....	72
92701	CRUSH INJ SCAPUL REGION .....	72
92702	CRUSH INJ AXILLARY REG .....	72
92703	CRUSHING INJ UPPER ARM .....	72
92709	CRUSH INJ SHOULDER & ARM .....	72
92710	CRUSHING INJURY FOREARM .....	72
92711	CRUSHING INJURY ELBOW .....	72
92720	CRUSHING INJURY OF HAND .....	72
92721	CRUSHING INJURY OF WRIST .....	72
9273	CRUSHING INJURY FINGER .....	72
9278	MULT CRUSHING INJURY ARM .....	72
9279	CRUSHING INJURY ARM NOS .....	72
92800	CRUSHING INJURY THIGH .....	72
92801	CRUSHING INJURY HIP .....	72
92810	CRUSHING INJ LOWER LEG .....	72
92811	CRUSHING INJURY KNEE .....	72
92820	CRUSHING INJURY FOOT .....	72
92821	CRUSHING INJURY ANKLE .....	72
9283	CRUSHING INJURY TOE .....	72
9288	MULT CRUSHING INJURY LEG .....	72
9289	CRUSHING INJURY LEG NOS .....	72
9290	CRUSH INJ MULT SITE NEC .....	72
9299	CRUSHING INJURY NOS .....	72
9300	CORNEAL FOREIGN BODY .....	68
9301	FB IN CONJUNCTIVAL SAC .....	72
9302	FB IN LACRIMAL PUNCTUM .....	72
9308	FOREIGN BDY EXT EYE NEC .....	68
9309	FOREIGN BDY EXT EYE NOS .....	68
931	FOREIGN BODY IN EAR .....	72
932	FOREIGN BODY IN NOSE .....	72
9330	FOREIGN BODY IN PHARYNX .....	72
9331	FOREIGN BODY IN LARYNX .....	72
9340	FOREIGN BODY IN TRACHEA .....	72
9341	FOREIGN BODY BRONCHUS .....	72
9348	FB TRACH/BRONCH/LUNG NEC .....	72
9349	FB RESPIRATORY TREE NOS .....	72
9350	FOREIGN BODY IN MOUTH .....	72
9351	FOREIGN BODY ESOPHAGUS .....	72
9352	FOREIGN BODY IN STOMACH .....	72
936	FB IN INTESTINE & COLON .....	72
937	FOREIGN BODY ANUS/RECTUM .....	72
938	FOREIGN BODY GI NOS .....	72
9390	FB BLADDER & URETHRA .....	72
9391	FOREIGN BODY UTERUS .....	56
9392	FOREIGN BDY VULVA/VAGINA .....	72
9393	FOREIGN BODY PENIS .....	72
9399	FOREIGN BDY GU TRACT NOS .....	72
9400	CHEMICAL BURN PERIOCCULAR .....	72
9401	BURN PERIOCCULAR AREA NEC .....	72
9402	ALKAL BURN CORNEA/CONJUN .....	72
9403	ACID BURN CORNEA/CONJUNC .....	72
9404	BURN CORNEA/CONJUNCT NEC .....	72
9405	BURN W EYEBALL DESTRUCT .....	72
9409	BURN EYE & ADNEXA NOS .....	72
94100	BURN NOS HEAD-UNSPEC .....	72
94101	BURN NOS EAR .....	72
94102	BURN NOS EYE .....	72
94103	BURN NOS LIP .....	72
94104	BURN NOS CHIN .....	72
94105	BURN NOS NOSE .....	72
94106	BURN NOS SCALP .....	72
94107	BURN NOS FACE NEC .....	72
94108	BURN NOS NECK .....	72
94109	BURN NOS HEAD-MULT .....	72
94110	1ST DEG BURN HEAD NOS .....	72
94111	1ST DEG BURN EAR .....	72
94112	1ST DEG BURN EYE .....	72
94113	1ST DEG BURN LIP .....	72
94114	1ST DEG BURN CHIN .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
94115	1ST DEG BURN NOSE .....	72
94116	1ST DEG BURN SCALP .....	72
94117	1ST DEG BURN FACE NEC .....	72
94118	1ST DEG BURN NECK .....	72
94119	1ST DEG BURN HEAD-MULT .....	72
94120	2ND DEG BURN HEAD NOS .....	72
94121	2ND DEG BURN EAR .....	72
94122	2ND DEG BURN EYE .....	72
94123	2ND DEG BURN LIP .....	72
94124	2ND DEG BURN CHIN .....	72
94125	2ND DEG BURN NOSE .....	72
94126	2ND DEG BURN SCALP .....	72
94127	2ND DEG BURN FACE NEC .....	72
94128	2ND DEG BURN NECK .....	72
94129	2ND DEG BURN HEAD-MULT .....	72
94130	3RD DEG BURN HEAD NOS .....	72
94131	3RD DEG BURN EAR .....	72
94132	3RD DEG BURN EYE .....	72
94133	3RD DEG BURN LIP .....	72
94134	3RD DEG BURN CHIN .....	72
94135	3RD DEG BURN NOSE .....	72
94136	3RD DEG BURN SCALP .....	72
94137	3RD DEG BURN FACE NEC .....	72
94138	3RD DEG BURN NECK .....	72
94139	3RD DEG BURN HEAD-MULT .....	72
94140	DEEP 3 DEG BURN HEAD NOS .....	72
94141	DEEP 3RD DEG BURN EAR .....	72
94142	DEEP 3RD DEG BURN EYE .....	72
94143	DEEP 3RD DEG BURN LIP .....	72
94144	DEEP 3RD DEG BURN CHIN .....	72
94145	DEEP 3RD DEG BURN NOSE .....	72
94146	DEEP 3RD DEG BURN SCALP .....	72
94147	DEEP 3RD BURN FACE NEC .....	72
94148	DEEP 3RD DEG BURN NECK .....	72
94149	DEEP 3 DEG BRN HEAD-MULT .....	72
94150	3RD BURN W LOSS-HEAD NOS .....	72
94151	3RD DEG BURN W LOSS-EAR .....	72
94152	3RD DEG BURN W LOSS-EYE .....	72
94153	3RD DEG BURN W LOSS-LIP .....	72
94154	3RD DEG BURN W LOSS-CHIN .....	72
94155	3RD DEG BURN W LOSS-NOSE .....	72
94156	3RD DEG BRN W LOSS-SCALP .....	72
94157	3RD BURN W LOSS-FACE NEC .....	72
94158	3RD DEG BURN W LOSS-NECK .....	72
94159	3RD BRN W LOSS-HEAD MULT .....	72
94200	BURN NOS TRUNK-UNSPEC .....	72
94201	BURN NOS BREAST .....	72
94202	BURN NOS CHEST WALL .....	72
94203	BURN NOS ABDOMINAL WALL .....	72
94204	BURN NOS BACK .....	72
94205	BURN NOS GENITALIA .....	72
94209	BURN NOS TRUNK NEC .....	72
94210	1ST DEG BURN TRUNK NOS .....	72
94211	1ST DEG BURN BREAST .....	72
94212	1ST DEG BURN CHEST WALL .....	72
94213	1ST DEG BURN ABDOMN WALL .....	72
94214	1ST DEG BURN BACK .....	72
94215	1ST DEG BURN GENITALIA .....	72
94219	1ST DEG BURN TRUNK NEC .....	72
94220	2ND DEG BURN TRUNK NOS .....	72
94221	2ND DEG BURN BREAST .....	72
94222	2ND DEG BURN CHEST WALL .....	72
94223	2ND DEG BURN ABDOMN WALL .....	72
94224	2ND DEG BURN BACK .....	72
94225	2ND DEG BURN GENITALIA .....	72
94229	2ND DEG BURN TRUNK NEC .....	72
94230	3RD DEG BURN TRUNK NOS .....	72
94231	3RD DEG BURN BREAST .....	72
94232	3RD DEG BURN CHEST WALL .....	72
94233	3RD DEG BURN ABDOMN WALL .....	72
94234	3RD DEG BURN BACK .....	72
94235	3RD DEG BURN GENITALIA .....	72
94239	3RD DEG BURN TRUNK NEC .....	72
94240	DEEP 3RD BURN TRUNK NOS .....	72
94241	DEEP 3RD DEG BURN BREAST .....	72
94242	DEEP 3RD BURN CHEST WALL .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
94243	DEEP 3RD BURN ABDOM WALL .....	72
94244	DEEP 3RD DEG BURN BACK .....	72
94245	DEEP 3RD BURN GENITALIA .....	72
94249	DEEP 3RD BURN TRUNK NEC .....	72
94250	3RD BRN W LOSS-TRUNK NOS .....	72
94251	3RD BURN W LOSS-BREAST .....	72
94252	3RD BRN W LOSS-CHEST WLL .....	72
94253	3RD BRN W LOSS-ABDOM WLL .....	72
94254	3RD DEG BURN W LOSS-BACK .....	72
94255	3RD BRN W LOSS-GENITALIA .....	72
94259	3RD BRN W LOSS-TRUNK NEC .....	72
94300	BURN NOS ARM-UNSPEC .....	72
94301	BURN NOS FOREARM .....	72
94302	BURN NOS ELBOW .....	72
94303	BURN NOS UPPER ARM .....	72
94304	BURN NOS AXILLA .....	72
94305	BURN NOS SHOULDER .....	72
94306	BURN NOS SCAPULA .....	72
94309	BURN NOS ARM-MULTIPLE .....	72
94310	1ST DEG BURN ARM NOS .....	72
94311	1ST DEG BURN FOREARM .....	72
94312	1ST DEG BURN ELBOW .....	72
94313	1ST DEG BURN UPPER ARM .....	72
94314	1ST DEG BURN AXILLA .....	72
94315	1ST DEG BURN SHOULDER .....	72
94316	1ST DEG BURN SCAPULA .....	72
94319	1ST DEG BURN ARM-MULT .....	72
94320	2ND DEG BURN ARM NOS .....	72
94321	2ND DEG BURN FOREARM .....	72
94322	2ND DEG BURN ELBOW .....	72
94323	2ND DEG BURN UPPER ARM .....	72
94324	2ND DEG BURN AXILLA .....	72
94325	2ND DEG BURN SHOULDER .....	72
94326	2ND DEG BURN SCAPULA .....	72
94329	2ND DEG BURN ARM-MULT .....	72
94330	3RD DEG BURN ARM NOS .....	72
94331	3RD DEG BURN FOREARM .....	72
94332	3RD DEG BURN ELBOW .....	72
94333	3RD DEG BURN UPPER ARM .....	72
94334	3RD DEG BURN AXILLA .....	72
94335	3RD DEG BURN SHOULDER .....	72
94336	3RD DEG BURN SCAPULA .....	72
94339	3RD DEG BURN ARM-MULT .....	72
94340	DEEP 3 DEG BURN ARM NOS .....	72
94341	DEEP 3 DEG BURN FOREARM .....	72
94342	DEEP 3 DEG BURN ELBOW .....	72
94343	DEEP 3 DEG BRN UPPER ARM .....	72
94344	DEEP 3 DEG BURN AXILLA .....	72
94345	DEEP 3 DEG BURN SHOULDER .....	72
94346	DEEP 3 DEG BURN SCAPULA .....	72
94349	DEEP 3 DEG BURN ARM-MULT .....	72
94350	3RD BURN W LOSS-ARM NOS .....	72
94351	3RD BURN W LOSS-FOREARM .....	72
94352	3RD BURN W LOSS-ELBOW .....	72
94353	3RD BRN W LOSS-UPPER ARM .....	72
94354	3RD BURN W LOSS-AXILLA .....	72
94355	3RD BURN W LOSS-SHOULDER .....	72
94356	3RD BURN W LOSS-SCAPULA .....	72
94359	3RD BURN W LOSS ARM-MULT .....	72
94400	BURN NOS HAND-UNSPEC .....	72
94401	BURN NOS FINGER .....	72
94402	BURN NOS THUMB .....	72
94403	BURN NOS MULT FINGERS .....	72
94404	BURN NOS FINGER W THUMB .....	72
94405	BURN NOS PALM .....	72
94406	BURN NOS BACK OF HAND .....	72
94407	BURN NOS WRIST .....	72
94408	BURN NOS HAND-MULTIPLE .....	72
94410	1ST DEG BURN HAND NOS .....	72
94411	1ST DEG BURN FINGER .....	72
94412	1ST DEG BURN THUMB .....	72
94413	1ST DEG BURN MULT FINGER .....	72
94414	1 DEG BURN FINGR W THUMB .....	72
94415	1ST DEG BURN PALM .....	72
94416	1 DEG BURN BACK OF HAND .....	72
94417	1ST DEG BURN WRIST .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
94418	1ST DEG BURN HAND-MULT .....	72
94420	2ND DEG BURN HAND NOS .....	72
94421	2ND DEG BURN FINGER .....	72
94422	2ND DEG BURN THUMB .....	72
94423	2ND DEG BURN MULT FINGER .....	72
94424	2 DEG BURN FINGR W THUMB .....	72
94425	2ND DEG BURN PALM .....	72
94426	2 DEG BURN BACK OF HAND .....	72
94427	2ND DEG BURN WRIST .....	72
94428	2ND DEG BURN HAND-MULT .....	72
94430	3RD DEG BURN HAND NOS .....	72
94431	3RD DEG BURN FINGER .....	72
94432	3RD DEG BURN THUMB .....	72
94433	3RD DEG BURN MULT FINGER .....	72
94434	3 DEG BURN FINGR W THUMB .....	72
94435	3RD DEG BURN PALM .....	72
94436	3 DEG BURN BACK OF HAND .....	72
94437	3RD DEG BURN WRIST .....	72
94438	3RD DEG BURN HAND-MULT .....	72
94440	DEEP 3 DEG BRN HAND NOS .....	72
94441	DEEP 3 DEG BURN FINGER .....	72
94442	DEEP 3 DEG BURN THUMB .....	72
94443	DEEP 3RD BRN MULT FINGER .....	72
94444	DEEP 3RD BRN FNGR W THMB .....	72
94445	DEEP 3 DEG BURN PALM .....	72
94446	DEEP 3RD BRN BACK OF HND .....	72
94447	DEEP 3 DEG BURN WRIST .....	72
94448	DEEP 3 DEG BRN HAND-MULT .....	72
94450	3RD BRN W LOSS-HAND NOS .....	72
94451	3RD BURN W LOSS-FINGER .....	72
94452	3RD BURN W LOSS-THUMB .....	72
94453	3RD BRN W LOSS-MULT FNGR .....	72
94454	3RD BRN W LOSS-FNGR/THMB .....	72
94455	3RD BURN W LOSS-PALM .....	72
94456	3RD BRN W LOSS-BK OF HND .....	72
94457	3RD BURN W LOSS-WRIST .....	72
94458	3RD BRN W LOSS HAND-MULT .....	72
94500	BURN NOS LEG-UNSPEC .....	72
94501	BURN NOS TOE .....	72
94502	BURN NOS FOOT .....	72
94503	BURN NOS ANKLE .....	72
94504	BURN NOS LOWER LEG .....	72
94505	BURN NOS KNEE .....	72
94506	BURN NOS THIGH .....	72
94509	BURN NOS LEG-MULTIPLE .....	72
94510	1ST DEG BURN LEG NOS .....	72
94511	1ST DEG BURN TOE .....	72
94512	1ST DEG BURN FOOT .....	72
94513	1ST DEG BURN ANKLE .....	72
94514	1ST DEG BURN LOWER LEG .....	72
94515	1ST DEG BURN KNEE .....	72
94516	1ST DEG BURN THIGH .....	72
94519	1ST DEG BURN LEG-MULT .....	72
94520	2ND DEG BURN LEG NOS .....	72
94521	2ND DEG BURN TOE .....	72
94522	2ND DEG BURN FOOT .....	72
94523	2ND DEG BURN ANKLE .....	72
94524	2ND DEG BURN LOWER LEG .....	72
94525	2ND DEG BURN KNEE .....	72
94526	2ND DEG BURN THIGH .....	72
94529	2ND DEG BURN LEG-MULT .....	72
94530	3RD DEG BURN LEG NOS .....	72
94531	3RD DEG BURN TOE .....	72
94532	3RD DEG BURN FOOT .....	72
94533	3RD DEG BURN ANKLE .....	72
94534	3RD DEG BURN LOW LEG .....	72
94535	3RD DEG BURN KNEE .....	72
94536	3RD DEG BURN THIGH .....	72
94539	3RD DEG BURN LEG-MULT .....	72
94540	DEEP 3RD DEG BRN LEG NOS .....	72
94541	DEEP 3RD DEG BURN TOE .....	72
94542	DEEP 3RD DEG BURN FOOT .....	72
94543	DEEP 3RD DEG BURN ANKLE .....	72
94544	DEEP 3RD DEG BRN LOW LEG .....	72
94545	DEEP 3RD DEG BURN KNEE .....	72
94546	DEEP 3RD DEG BURN THIGH .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
94549	DEEP 3 DEG BURN LEG-MULT .....	72
94550	3 DEG BRN W LOSS-LEG NOS .....	72
94551	3 DEG BURN W LOSS-TOE .....	72
94552	3 DEG BURN W LOSS-FOOT .....	72
94553	3 DEG BURN W LOSS-ANKLE .....	72
94554	3 DEG BRN W LOSS-LOW LEG .....	72
94555	3 DEG BURN W LOSS-KNEE .....	72
94556	3 DEG BURN W LOSS-THIGH .....	72
94559	3 DEG BRN W LOSS LEG-MLT .....	72
9460	BURN NOS MULTIPLE SITE .....	72
9461	1ST DEG BURN MULT SITE .....	72
9462	2ND DEG BURN MULT SITE .....	72
9463	3RD DEG BURN MULT SITE .....	72
9464	DEEP 3 DEG BRN MULT SITE .....	72
9465	3RD BRN W LOSS-MULT SITE .....	72
9470	BURN OF MOUTH & PHARYNX .....	72
9471	BURN LARYNX/TRACHEA/LUNG .....	72
9472	BURN OF ESOPHAGUS .....	72
9473	BURN OF GI TRACT .....	72
9474	BURN OF VAGINA & UTERUS .....	72
9478	BURN INTERNAL ORGAN NEC .....	72
9479	BURN INTERNAL ORGAN NOS .....	72
94800	BDY BRN < 10%/3D DEG NOS .....	72
94810	10-19% BDY BRN/3 DEG NOS .....	72
94811	10-19% BDY BRN/10-19% 3D .....	72
94820	20-29% BDY BRN/3 DEG NOS .....	72
94821	20-29% BDY BRN/10-19% 3D .....	72
94822	20-29% BDY BRN/20-29% 3D .....	72
94830	30-39% BDY BRN/3 DEG NOS .....	72
94831	30-39% BDY BRN/10-19% 3D .....	72
94832	30-39% BDY BRN/20-29% 3D .....	72
94833	30-39% BDY BRN/30-39% 3D .....	72
94840	40-49% BDY BRN/3 DEG NOS .....	72
94841	40-49% BDY BRN/10-19% 3D .....	72
94842	40-49% BDY BRN/20-29% 3D .....	72
94843	40-49% BDY BRN/30-39% 3D .....	72
94844	40-49% BDY BRN/40-49% 3D .....	72
94850	50-59% BDY BRN/3 DEG NOS .....	72
94851	50-59% BDY BRN/10-19% 3D .....	72
94852	50-59% BDY BRN/20-29% 3D .....	72
94853	50-59% BDY BRN/30-39% 3D .....	72
94854	50-59% BDY BRN/40-49% 3D .....	72
94855	50-59% BDY BRN/50-59% 3D .....	72
94860	60-69% BDY BRN/3 DEG NOS .....	72
94861	60-69% BDY BRN/10-19% 3D .....	72
94862	60-69% BDY BRN/20-29% 3D .....	72
94863	60-69% BDY BRN/30-39% 3D .....	72
94864	60-69% BDY BRN/40-49% 3D .....	72
94865	60-69% BDY BRN/50-59% 3D .....	72
94866	60-69% BDY BRN/60-69% 3D .....	72
94870	70-79% BDY BRN/3 DEG NOS .....	72
94871	70-79% BDY BRN/10-19% 3D .....	72
94872	70-79% BDY BRN/20-29% 3D .....	72
94873	70-79% BDY BRN/30-39% 3D .....	72
94874	70-79% BDY BRN/40-49% 3D .....	72
94875	70-79% BDY BRN/50-59% 3D .....	72
94876	70-79% BDY BRN/60-69% 3D .....	72
94877	70-79% BDY BRN/70-79% 3D .....	72
94880	80-89% BDY BRN/3 DEG NOS .....	72
94881	80-89% BDY BRN/10-19% 3D .....	72
94882	80-89% BDY BRN/20-29% 3D .....	72
94883	80-89% BDY BRN/30-39% 3D .....	72
94884	80-89% BDY BRN/40-49% 3D .....	72
94885	80-89% BDY BRN/50-59% 3D .....	72
94886	80-89% BDY BRN/60-69% 3D .....	72
94887	80-89% BDY BRN/70-79% 3D .....	72
94888	80-89% BDY BRN/80-89% 3D .....	72
94890	90% + BDY BRN/3D DEG NOS .....	72
94891	90% + BDY BRN/10-19% 3RD .....	72
94892	90% + BDY BRN/20-29% 3RD .....	72
94893	90% + BDY BRN/30-39% 3RD .....	72
94894	90% + BDY BRN/40-49% 3RD .....	72
94895	90% + BDY BRN/50-59% 3RD .....	72
94896	90% + BDY BRN/60-69% 3RD .....	72
94897	90% + BDY BRN/70-79% 3RD .....	72
94898	90% + BDY BRN/80-89% 3RD .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
94899	90% + BDY BRN/90% + 3RD .....	72
9490	BURN NOS .....	72
9491	1ST DEGREE BURN NOS .....	72
9492	2ND DEGREE BURN NOS .....	72
9493	3RD DEGREE BURN NOS .....	72
9494	DEEP 3RD DEG BURN NOS .....	72
9495	3RD BURN W LOSS-SITE NOS .....	72
9500	OPTIC NERVE INJURY .....	72
9501	INJURY TO OPTIC CHIASM .....	72
9502	INJURY TO OPTIC PATHWAYS .....	72
9503	INJURY TO VISUAL CORTEX .....	72
9509	INJ OPTIC NERV/PATH NOS .....	72
9510	INJURY OCULOMOTOR NERVE .....	72
9511	INJURY TROCHLEAR NERVE .....	72
9512	INJURY TRIGEMINAL NERVE .....	72
9513	INJURY ABDUCENS NERVE .....	72
9514	INJURY TO FACIAL NERVE .....	72
9515	INJURY TO ACOUSTIC NERVE .....	72
9516	INJURY ACCESSORY NERVE .....	72
9517	INJURY HYPOGLOSSAL NERVE .....	72
9518	INJURY CRANIAL NERVE NEC .....	72
9519	INJURY CRANIAL NERVE NOS .....	72
95200	C1-C4 SPIN CORD INJ NOS .....	72
95201	COMPLETE LES CORD/C1-C4 .....	72
95202	ANTERIOR CORD SYND/C1-C4 .....	72
95203	CENTRAL CORD SYND/C1-C4 .....	72
95204	C1-C4 SPIN CORD INJ NEC .....	72
95205	C5-C7 SPIN CORD INJ NOS .....	72
95206	COMPLETE LES CORD/C5-C7 .....	72
95207	ANTERIOR CORD SYND/C5-C7 .....	72
95208	CENTRAL CORD SYND/C5-C7 .....	72
95209	C5-C7 SPIN CORD INJ NEC .....	72
95210	T1-T6 SPIN CORD INJ NOS .....	72
95211	COMPLETE LES CORD/T1-T6 .....	72
95212	ANTERIOR CORD SYND/T1-T6 .....	72
95213	CENTRAL CORD SYND/T1-T6 .....	72
95214	T1-T6 SPIN CORD INJ NEC .....	72
95215	T7-T12 SPIN CORD INJ NOS .....	72
95216	COMPLETE LES CORD/T7-T12 .....	72
95217	ANTERIOR CORD SYN/T7-T12 .....	72
95218	CENTRAL CORD SYN/T7-T12 .....	72
95219	T7-T12 SPIN CORD INJ NEC .....	72
9522	LUMBAR SPINAL CORD INJUR .....	72
9523	SACRAL SPINAL CORD INJUR .....	72
9524	CAUDA EQUINA INJURY .....	72
9528	SPIN CORD INJ-MULT SITE .....	72
9529	SPINAL CORD INJURY NOS .....	72
9530	CERVICAL ROOT INJURY .....	72
9531	DORSAL ROOT INJURY .....	72
9532	LUMBAR ROOT INJURY .....	72
9533	SACRAL ROOT INJURY .....	72
9534	BRACHIAL PLEXUS INJURY .....	72
9535	LUMBOSACRAL PLEX INJURY .....	72
9538	MULT NERVE ROOT/PLEX INJ .....	72
9539	INJ NERVE ROOT/PLEX NOS .....	72
9540	INJ CERV SYMPATH NERVE .....	72
9541	INJ SYMPATH NERVE NEC .....	72
9548	INJURY TRUNK NERVE NEC .....	72
9549	INJURY TRUNK NERVE NOS .....	72
9550	INJURY AXILLARY NERVE .....	72
9551	INJURY MEDIAN NERVE .....	72
9552	INJURY ULNAR NERVE .....	72
9553	INJURY RADIAL NERVE .....	72
9554	INJ MUSCULOCUTAN NERVE .....	72
9555	INJ CUTAN SENSO NERV/ARM .....	72
9556	INJURY DIGITAL NERVE .....	72
9557	INJ NERVE SHLDR/ARM NEC .....	72
9558	INJ MULT NERVE SHLDR/ARM .....	72
9559	INJ NERVE SHLDR/ARM NOS .....	72
9560	INJURY SCIATIC NERVE .....	72
9561	INJURY FEMORAL NERVE .....	72
9562	INJ POSTERIOR TIB NERVE .....	72
9563	INJURY PERONEAL NERVE .....	72
9564	INJ CUTAN SENSO NERV/LEG .....	72
9565	INJ NERVE PELV/LEG NEC .....	72
9568	INJ MULT NERVE PELV/LEG .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9569	INJ NERVE PELV/LEG NOS .....	72
9570	INJ SUPERF NERV HEAD/NCK .....	72
9571	INJURY TO NERVE NEC .....	72
9578	INJURY TO MULT NERVES .....	72
9579	INJURY TO NERVE NOS .....	72
9580	AIR EMBOLISM .....	72
9581	FAT EMBOLISM .....	72
9582	SECONDARY/RECUR HEMORR .....	72
9583	POSTTRAUM WND INFEC NEC .....	97
9584	TRAUMATIC SHOCK .....	72
9585	TRAUMATIC ANURIA .....	72
9586	VOLKMANN'S ISCH CONTRACT .....	72
9587	TRAUM SUBCUTAN EMPHYSEMA .....	11
9588	EARLY COMPLIC TRAUMA NEC .....	11
9591	TRUNK INJURY NOS .....	11
9592	SHLDR/UPPER ARM INJ NOS .....	11
9593	ELB/FOREARM/WRST INJ NOS .....	11
9594	HAND INJURY NOS .....	11
9595	FINGER INJURY NOS .....	11
9596	HIP & THIGH INJURY NOS .....	11
9597	LOWER LEG INJURY NOS .....	11
9598	INJURY MLT SITE/SITE NEC .....	11
9599	INJURY-SITE NOS .....	11
9600	POISONING-PENICILLINS .....	72
9601	POIS-ANTIFUNGAL ANTIBIOT .....	72
9602	POISON-CHLORAMPHENICOL .....	72
9603	POIS-ERYTHROMYC/MACROLID .....	72
9604	POISONING-TETRACYCLINE .....	72
9605	POIS-CEPHALOSPORIN GROUP .....	72
9606	POIS-ANTIMYCOBAC ANTIBIO .....	72
9607	POIS-ANTINEOP ANTIBIOTIC .....	72
9608	POISONING-ANTIBIOTIC NEC .....	72
9609	POISONING-ANTIBIOTIC NOS .....	72
9610	POISONING-SULFONAMIDES .....	72
9611	POIS-ARSENIC ANTI-INFEC .....	72
9612	POIS-HEAV MET ANTI-INFEC .....	72
9613	POIS-QUINOLINE/HYDROXYQU .....	72
9614	POISONING-ANTIMALARIALS .....	72
9615	POIS-ANTIPROTOZ DRUG NEC .....	72
9616	POISONING-ANTHELMINTICS .....	72
9617	POISONING-ANTIVIRAL DRUG .....	72
9618	POIS-ANTIMYCOBAC DRG NEC .....	72
9619	POIS-ANTI-INFECT NEC/NOS .....	72
9620	POIS-CORTICOSTEROIDS .....	72
9621	POISONING-ANDROGENS .....	72
9622	POISONING-OVARIAN HORMON .....	72
9623	POISON-INSULIN/ANTIDIAB .....	72
9624	POIS-ANT PITUITARY HORM .....	72
9625	POIS-POST PITUITARY HORM .....	72
9626	POISONING-PARATHYROIDS .....	72
9627	POISONING-THYROID/DERIV .....	72
9628	POISON-ANTITHYROID AGENT .....	72
9629	POISONING HORMON NEC/NOS .....	72
9630	POIS-ANTIALLRG/ANTIEMET .....	72
9631	POIS-ANTINEOPL/IMMUNOSUP .....	72
9632	POISONING-ACIDIFYING AGT .....	72
9633	POISONING-ALKALIZING AGT .....	72
9634	POISONING-ENZYMES NEC .....	72
9635	POISONING-VITAMINS NEC .....	72
9638	POISONING-SYSTEM AGT NEC .....	72
9639	POISONING-SYSTEM AGT NOS .....	72
9640	POISONING-IRON/COMPOUNDS .....	72
9641	POISON-LIVER/ANTIANEMICS .....	72
9642	POISONING-ANTICOAGULANTS .....	72
9643	POISONING-VITAMIN K .....	72
9644	POISON-FIBRINOLYSIS AGNT .....	72
9645	POISONING-COAGULANTS .....	72
9646	POISONING-GAMMA GLOBULIN .....	72
9647	POISONING-BLOOD PRODUCT .....	72
9648	POISONING-BLOOD AGT NEC .....	72
9649	POISONING-BLOOD AGT NOS .....	72
96500	POISONING-OPIUM NOS .....	72
96501	POISONING-HEROIN .....	72
96502	POISONING-METHADONE .....	72
96509	POISONING-OPIATES NEC .....	72
9651	POISONING-SALICYLATES .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9654	POIS-AROM ANALGESICS NEC .....	72
9655	POISONING-PYRAZOLE DERIV .....	72
9656	POISONING-ANTIRHEUMATICS .....	72
9657	POIS-NO-NARC ANALGES NEC .....	72
9658	POIS-ANALGES/ANTIPYR NEC .....	72
9659	POIS-ANALGES/ANTIPYR NOS .....	72
9660	POISON-OXAZOLIDINE DERIV .....	72
9661	POISON-HYDANTOIN DERIVAT .....	72
9662	POISONING-SUCCINIMIDES .....	72
9663	POIS-ANTICONVUL NEC/NOS .....	72
9664	POIS-ANTI-PARKINSON DRUG .....	72
9670	POISONING-BARBITURATES .....	72
9671	POISONING-CHLORAL HYDRAT .....	72
9672	POISONING-PARALDEHYDE .....	72
9673	POISONING-BROMINE COMPND .....	72
9674	POISONING-METHAQUALONE .....	72
9675	POISONING-GLUTETHIMIDE .....	72
9676	POISON-MIX SEDATIVE NEC .....	72
9678	POIS-SEDATIVE/HYPNOT NEC .....	72
9679	POIS-SEDATIVE/HYPNOT NOS .....	72
9680	POIS-CNS MUSCLE DEPRESS .....	72
9681	POISONING-HALOTHANE .....	72
9682	POISON-GAS ANESTHET NEC .....	72
9683	POISON-INTRAVEN ANESTHET .....	72
9684	POIS-GEN ANESTH NEC/NOS .....	72
9685	POIS-TOPIC/INFILT ANESTH .....	72
9686	POIS-NERVE/PLEX-BLK ANES .....	72
9687	POISON-SPINAL ANESTHETIC .....	72
9689	POIS-LOCAL ANEST NEC/NOS .....	72
9690	POISONING-ANTIDEPRESSANT .....	72
9691	POIS-PHENOTHIAZINE TRANQ .....	72
9692	POIS-BUTYROPHENONE TRANQ .....	72
9693	POISON-ANTIPSYCHOTIC NEC .....	72
9694	POIS-BENZODIAZEPINE TRAN .....	72
9695	POISON-TRANQUILIZER NEC .....	72
9696	POISONING-HALLUCINOGENS .....	72
9697	POISON-PSYCHOSTIMULANTS .....	72
9698	POISON-PSYCHOTROPIC NEC .....	72
9699	POISON-PSYCHOTROPIC NOS .....	72
9700	POISONING-ANALEPTICS .....	72
9701	POISON-OPIATE ANTAGONIST .....	72
9708	POIS-CNS STIMULANTS NEC .....	72
9709	POIS-CNS STIMULANT NOS .....	72
9710	POIS-PARASYMPATHOMIMETIC .....	72
9711	POIS-PARASYMPATHOLYTICS .....	72
9712	POISON-SYMPATHOMIMETICS .....	72
9713	POISONING-SYMPATHOLYTICS .....	72
9719	POIS-AUTONOMIC AGENT NOS .....	72
9720	POIS-CARD RHYTHM REGULAT .....	72
9721	POISONING-CARDIOTONICS .....	72
9722	POISONING-ANTILIPEMICS .....	72
9723	POIS-GANGLION BLOCK AGT .....	72
9724	POIS-CORONARY VASODILAT .....	72
9725	POISON-VASODILATOR NEC .....	72
9726	POIS-ANTIHYPERTEN AGENT .....	72
9727	POISON-ANTIVARICOSE DRUG .....	72
9728	POISON-CAPILLARY ACT AGT .....	72
9729	POIS-CARDIOVASC AGT NEC .....	72
9730	POIS-ANTACID/ANTIGASTRIC .....	72
9731	POIS-IRRITANT CATHARTICS .....	72
9732	POIS-EMOLLIENT CATHARTIC .....	72
9733	POISONING-CATHARTIC NEC .....	72
9734	POISONING-DIGESTANTS .....	72
9735	POISONING-ANTIDIARRH AGT .....	72
9736	POISONING-EMETICS .....	72
9738	POISONING-GI AGENTS NEC .....	72
9739	POISONING-GI AGENT NOS .....	72
9740	POIS-MERCURIAL DIURETICS .....	72
9741	POIS-PURINE DIURETICS .....	72
9742	POIS-H2CO3 ANHYDRA INHIB .....	72
9743	POISONING-SALURETICS .....	72
9744	POISONING-DIURETICS NEC .....	72
9745	POIS-ELECTRO/CAL/WAT AGT .....	72
9746	POIS-MINERAL SALTS NEC .....	72
9747	POIS-URIC ACID METABOL .....	72
9750	POISONING-OXYTOCIC AGENT .....	72

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9751	POIS-SMOOTH MUSCLE RELAX .....	72
9752	POIS-SKELET MUSCLE RELAX .....	72
9753	POISON-MUSCLE AGENT NEC .....	72
9754	POISONING-ANTITUSSIVES .....	72
9755	POISONING-EXPECTORANTS .....	72
9756	POIS-ANTI-COLD DRUGS .....	72
9757	POISONING-ANTIASTHMATICS .....	72
9758	POIS-RESPIR DRUG NEC/NOS .....	72
9760	POIS-LOCAL ANTI-INFECT .....	72
9761	POISONING-ANTI-PRURITICS .....	72
9762	POIS-LOC ASTRING/DETERG .....	72
9763	POIS-EMOL/DEMUL/PROTECT .....	72
9764	POISON-HAIR/SCALP PREP .....	72
9765	POIS-EYE ANTI-INFEC/DRUG .....	72
9766	POISON-ENT PREPARATION .....	72
9767	POIS-TOPICAL DENTAL DRUG .....	72
9768	POIS-SKIN/MEMBR AGNT NEC .....	72
9769	POIS-SKIN/MEMBR AGNT NOS .....	72
9770	POISONING-DIETETICS .....	72
9771	POISON-LIPOTROPIC DRUGS .....	72
9772	POISONING-ANTIDOTES NEC .....	72
9773	POISON-ALCOHOL DETERRENT .....	72
9774	POIS-PHARMACEUT EXCIPIEN .....	72
9778	POISON-MEDICINAL AGT NEC .....	72
9779	POISON-MEDICINAL AGT NOS .....	72
9780	POISONING-BCG VACCINE .....	72
9781	POIS-TYPH/PARATYPH VACC .....	72
9782	POISONING-CHOLERA VACCIN .....	72
9783	POISONING-PLAGUE VACCINE .....	72
9784	POISONING-TETANUS VACCIN .....	72
9785	POIS-DIPHThERIA VACCINE .....	72
9786	POIS-PERTUSSIS VACCINE .....	72
9788	POIS-BACT VACCIN NEC/NOS .....	72
9789	POIS-MIX BACTER VACCINES .....	72
9790	POISON-SMALLPOX VACCINE .....	72
9791	POISON-RABIES VACCINE .....	72
9792	POISON-TYPHUS VACCINE .....	72
9793	POIS-YELLOW FEVER VACCIN .....	72
9794	POISONING-MEASLES VACCIN .....	72
9795	POIS-POLIOMYELIT VACCINE .....	72
9796	POIS-VIRAL/RICK VACC NEC .....	72
9797	POISONING-MIXED VACCINE .....	72
9799	POIS-VACCINE/BIOLOG NEC .....	72
9800	TOXIC EFF ETHYL ALCOHOL .....	72
9801	TOXIC EFF METHYL ALCOHOL .....	72
9802	TOXIC EFF ISOPROPYL ALC .....	72
9803	TOXIC EFFECT FUSEL OIL .....	72
9808	TOXIC EFFECT ALCOHOL NEC .....	72
9809	TOXIC EFFECT ALCOHOL NOS .....	72
981	TOXIC EFF PETROLEUM PROD .....	72
9820	TOXIC EFFECT BENZENE .....	72
9821	TOXIC EFF CARBON TETRACH .....	72
9822	TOXIC EFF CARBON DISULFI .....	72
9823	TX EF CL-HYDCARB SLV NEC .....	72
9824	TOXIC EFFECT NITROGLYCOL .....	72
9828	TOXIC EFF NONPETROL SOLV .....	72
9830	TOX EFF CORROSIVE AROMAT .....	72
9831	TOXIC EFFECT ACIDS .....	72
9832	TOXIC EFF CAUSTIC ALKALI .....	72
9839	TOXIC EFFECT CAUSTIC NOS .....	72
9840	TX EFF INORG LEAD COMPND .....	72
9841	TOX EFF ORG LEAD COMPND .....	72
9848	TOX EFF LEAD COMPND NEC .....	72
9849	TOX EFF LEAD COMPND NOS .....	72
9850	TOXIC EFFECT MERCURY .....	72
9851	TOXIC EFFECT ARSENIC .....	72
9852	TOXIC EFFECT MANGANESE .....	72
9853	TOXIC EFFECT BERYLLIUM .....	72
9854	TOXIC EFFECT ANTIMONY .....	72
9855	TOXIC EFFECT CADMIUM .....	72
9856	TOXIC EFFECT CHROMIUM .....	72
9858	TOXIC EFFECT METALS NEC .....	72
9859	TOXIC EFFECT METAL NOS .....	72
986	TOX EFF CARBON MONOXIDE .....	72
9870	TOXIC EFF LIQ PETROL GAS .....	72
9871	TOX EF HYDROCARB GAS NEC .....	72

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9872	TOXIC EFF NITROGEN OXIDE .....	72
9873	TOXIC EFF SULFUR DIOXIDE .....	72
9874	TOXIC EFFECT FREON .....	72
9875	TOX EFF LACRIMOGENIC GAS .....	72
9876	TOXIC EFF CHLORINE GAS .....	72
9877	TOX EFF HYDROCYAN ACID GS .....	72
9878	TOXIC EFF GAS/VAPOR NEC .....	72
9879	TOXIC EFF GAS/VAPOR NOS .....	72
9880	TOXIC EFF FISH/SHELLFISH .....	72
9881	TOXIC EFFECT MUSHROOMS .....	72
9882	TOX EFF BERRY/PLANT NEC .....	72
9888	TOX EFF NOXIOUS FOOD NEC .....	72
9889	TOX EFF NOXIOUS FOOD NOS .....	72
9890	TOXIC EFFECT CYANIDES .....	72
9891	TOXIC EFFECT STRYCHNINE .....	72
9892	TOX EFF CHLOR HYDROCARB .....	72
9893	TOX EFF ORGANPHOS/CARBAM .....	72
9894	TOXIC EFF PESTICIDES NEC .....	72
9895	TOXIC EFFECT VENOM .....	72
9896	TOXIC EFF SOAP/DETERGENT .....	72
9897	TOX EFF AFLATOX/MYCOTOX .....	72
98981	TOXIC EFFECT OF ASBESTOS .....	72
98982	TOXIC EFFECT OF LATEX .....	72
98983	TOXIC EFFECT OF SILICONE .....	72
98984	TOXIC EFFECT OF TOBACCO .....	72
98989	TOX EFF NONMED SUBST NEC .....	72
9899	TOX EFF NONMED SUBST NOS .....	72
990	EFFECTS RADIATION NOS .....	72
9910	FROSTBITE OF FACE .....	72
9911	FROSTBITE OF HAND .....	72
9912	FROSTBITE OF FOOT .....	72
9913	FROSTBITE NEC/NOS .....	72
9914	IMMERSION FOOT .....	72
9915	CHILBLAINS .....	72
9916	HYPOTHERMIA .....	72
9918	EFFECT REDUCED TEMP NEC .....	72
9919	EFFECT REDUCED TEMP NOS .....	72
9920	HEAT STROKE & SUNSTROKE .....	72
9921	HEAT SYNCOPE .....	72
9922	HEAT CRAMPS .....	72
9923	HEAT EXHAUST-ANHYDROTIC .....	72
9924	HEAT EXHAUST-SALT DEPLE .....	72
9925	HEAT EXHAUSTION NOS .....	72
9926	HEAT FATIGUE, TRANSIENT .....	72
9927	HEAT EDEMA .....	72
9928	HEAT EFFECT NEC .....	72
9929	HEAT EFFECT NOS .....	72
9930	BAROTRAUMA, OTITIC .....	31
9931	BAROTRAUMA, SINUS .....	31
9932	EFF HIGH ALTITUD NEC/NOS .....	72
9933	CAISSON DISEASE .....	72
9934	EFF AIR PRESS BY EXPLOS .....	72
9938	EFFECT AIR PRESSURE NEC .....	72
9939	EFFECT AIR PRESSURE NOS .....	72
9940	EFFECTS OF LIGHTNING .....	72
9941	DROWNING/NONFATAL SUBMER .....	72
9942	EFFECTS OF HUNGER .....	72
9943	EFFECTS OF THIRST .....	72
9944	EXHAUSTION-EXPOSURE .....	72
9945	EXHAUSTION-EXCESS EXERT .....	72
9946	MOTION SICKNESS .....	11
9947	ASPHYXIATION/STRANGULAT .....	72
9948	EFFECTS ELECTRIC CURRENT .....	72
9949	EFFECT EXTERNAL CAUS NEC .....	72
9950	ANAPHYLACTIC SHOCK .....	78
9951	ANGIONEUROTIC EDEMA .....	72
9952	ADV EFF MED/BIOLOG SUB NOS .....	72
9953	ALLERGY, UNSPECIFIED .....	18
9954	SHOCK DUE TO ANESTHESIA .....	72
99560	ANPHYLCT SHK FOOD NOS .....	78
99561	ANPHYLCT SHK PEANUTS .....	78
99562	ANPHYLCT SHK CRSTACNS .....	78
99563	ANPHYLCT SHK FRSTS VEG .....	78
99564	ANPHYLCT SHK TR NTS SEED .....	78
99565	ANPHYLCT SHK FISH .....	78
99566	ANPHYLCT SHK FOOD ADDTV .....	78

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
99567	ANPHYLCT SHK MILK PROD .....	78
99568	ANPHYLCT SHK EGGS .....	78
99569	ANPHYLCT SHK OT SPF FOOD .....	78
99581	ADULT PHYSICAL ABUSE .....	91
99589	ADVERSE EFFECT NEC .....	63
99600	MALFUNC CARD DEV/GRF NOS .....	36
99601	MALFUNC CARDIAC PACEMAKE .....	36
99602	MALFUNC PROSTH HRT VALVE .....	36
99603	MALFUNC CORON BYPASS GRF .....	36
99604	MCH CMP AUTM MPLNT DFBRL .....	36
99609	MALFUNC CARD DEV/GRF NEC .....	36
9961	MALFUNC VASC DEVICE/GRAF .....	36
9962	MALFUN NEURO DEVICE/GRAF .....	63
99630	MALFUNC GU DEV/GRAFT NOS .....	53
99631	MALFUNC URETHRAL CATH .....	53
99632	MALFUNCTION IUD .....	56
99639	MALFUNC GU DEV/GRAFT NEC .....	53
9964	MALF INT ORTHPED DEV/GRF .....	24
99651	CORNEAL GRFT MALFUNCTION .....	68
99652	OTH TISSUE GRAFT MALFUNC .....	72
99653	LENS PROSTHESIS MALFUNC .....	68
99654	BREAST PROSTH MALFUNC .....	18
99659	MALFUNC OTH DEVICE/GRAFT .....	72
99660	REACTION-UNSP DEVIC/GRFT .....	72
99661	REACT-CARDIAC DEV/GRAFT .....	36
99662	REACT-OTH VASC DEV/GRAFT .....	36
99663	REACT-NERV SYS DEV/GRAFT .....	63
99664	REACT-INDWELL URIN CATH .....	53
99665	REACT-OTH GENITOURIN DEV .....	53
99666	REACT-INTER JOINT PROST .....	24
99667	REACT-OTH INT ORTHO DEV .....	24
99669	REACT-INT PROS DEVIC NEC .....	72
99670	COMP-UNSP DEVICE/GRAFT .....	72
99671	COMP-HEART VALVE PROSTH .....	36
99672	COMP-OTH CARDIAC DEVICE .....	36
99673	COMP-REN DIALYS DEV/GRFT .....	36
99674	COMP-OTH VASC DEV/GRAFT .....	36
99675	COMP-NERV SYS DEV/GRAFT .....	63
99676	COMP-GENITOURIN DEV/GRFT .....	53
99677	COMP-INTERNAL JOINT PROS .....	24
99678	COMP-OTH INT ORTHO DEVIC .....	24
99679	COMP-INT PROST DEVIC NEC .....	72
99680	COMP ORGAN TRANSPLNT NOS .....	72
99681	COMPL KIDNEY TRANSPLANT .....	53
99682	COMPL LIVER TRANSPLANT .....	41
99683	COMPL HEART TRANSPLANT .....	36
99684	COMPL LUNG TRANSPLANT .....	33
99685	COMPL MARROW TRANSPLANT .....	86
99686	COMPL PANCREAS TRANSPLNT .....	41
99689	COMP OTH ORGAN TRANSPLNT .....	72
99690	COMP REATTACH EXTREM NOS .....	24
99691	COMPL REATTACHED FOREARM .....	24
99692	COMPL REATTACHED HAND .....	24
99693	COMPL REATTACHED FINGER .....	24
99694	COMPL REATTACHED ARM NEC .....	24
99695	COMPL REATTACHED FOOT .....	24
99696	COMPL REATTACHED LEG NEC .....	24
99699	COMPL REATTACH PART NEC .....	24
99700	NERVOUS SYST COMPLC NOS .....	63
99701	SURG COMPLICATION - CNS .....	63
99702	IATROGEN CV INFARC/HMRHG .....	63
99709	SURG COMP NERV SYSTM NEC .....	63
9971	SURG COMPL-HEART .....	36
9972	SURG COMP-PERI VASC SYST .....	36
9973	SURG COMPLIC-RESPIR SYST .....	33
9974	SURG COMP-DIGESTV SYSTEM .....	41
9975	SURG COMPL-URINARY TRACT .....	53
99760	AMPUTAT STUMP COMPL NOS .....	24
99761	NEUROMA AMPUTATION STUMP .....	24
99762	INFECTION AMPUTAT STUMP .....	24
99769	AMPUTAT STUMP COMPL NEC .....	24
99791	SURG COMP - HYPERTENSION .....	36
99799	SURG COMPL-BODY SYST NEC .....	11
9980	POSTOPERATIVE SHOCK .....	72
9982	ACCIDENTAL OP LACERATION .....	72
9983	POSTOP WOUND DISRUPTION .....	11

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
9984	FB LEFT DURING PROCEDURE .....	72
9985	POSTOPERATIVE INFECTION* .....	97
9986	PERSIST POSTOP FISTULA .....	72
9987	POSTOP FORGN SUBST REACT .....	72
99881	EMPHYSEMA RESULT FRM PROC .....	33
99882	CTRCT FRGMT FRM CTR SURG .....	68
99889	OTH SPCF CMLPC PROCD NEC .....	11
9989	SURGICAL COMPLICAT NOS .....	11
9990	GENERALIZED VACCINIA .....	97
9991	AIR EMBOL COMP MED CARE .....	33
9992	VASC COMP MED CARE NEC .....	36
9993	INFEC COMPL MED CARE NEC .....	97
9994	ANAPHYLACTIC SHOCK-SERUM .....	78
9995	SERUM REACTION NEC .....	86
9996	ABO INCOMPATIBILITY REAC .....	86
9997	RH INCOMPATIBILITY REACT .....	86
9998	TRANSFUSION REACTION NEC .....	86
9999	COMPLIC MED CARE NEC/NOS .....	11
*E8000	RR COLLISION NOS-EMPLOY .....	
*E8001	RR COLL NOS-PASSENGER .....	
*E8002	RR COLL NOS-PEDESTRIAN .....	
*E8003	RR COLL NOS-PED CYCLIST .....	
*E8008	RR COLL NOS-PERSON NEC .....	
*E8009	RR COLL NOS-PERSON NOS .....	
*E8010	RR COLL W OTH OBJ-EMPLOY .....	
*E8011	RR COLL W OTH OBJ-PASNGR .....	
*E8012	RR COLL W OTH OBJ-PEDEST .....	
*E8013	RR COLL W OTH OBJ-CYCL .....	
*E8018	RR COL W OTH OBJ-PER NEC .....	
*E8019	RR COL W OTH OBJ-PER NOS .....	
*E8020	RR ACC W DERAILED-EMPLOYEE .....	
*E8021	RR ACC W DERAILED-PASSENG .....	
*E8022	RR ACC W DERAILED-PEDEST .....	
*E8023	RR ACC W DERAILED-PED CYCL .....	
*E8028	RR ACC W DERAILED-PERS NEC .....	
*E8029	RR ACC W DERAILED-PERS NOS .....	
*E8030	RR ACC W EXPLOSION-EMPL .....	
*E8031	RR ACC W EXPLOS-PASNGR .....	
*E8032	RR ACC W EXPLOS-PEDEST .....	
*E8033	RR ACC W EXPLOS-PED CYCL .....	
*E8038	RR ACC W EXPLOS-PERS NEC .....	
*E8039	RR ACC W EXPLOS-PERS NOS .....	
*E8040	FALL ON/FROM TRAIN-EMPL .....	
*E8041	FALL FROM TRAIN-PASSENGR .....	
*E8042	FALL FROM TRAIN-PEDEST .....	
*E8043	FALL FROM TRAIN-PED CYCL .....	
*E8048	FALL FROM TRAIN-PERS NEC .....	
*E8049	FALL FROM TRAIN-PERS NOS .....	
*E8050	HIT BY TRAIN-EMPLOYEE .....	
*E8051	HIT BY TRAIN-PASSENGER .....	
*E8052	HIT BY TRAIN-PEDESTRIAN .....	
*E8053	HIT BY TRAIN-PED CYCLIST .....	
*E8058	HIT BY TRAIN-PERSON NEC .....	
*E8059	HIT BY TRAIN-PERSON NOS .....	
*E8060	RR ACC NEC-EMPLOYEE .....	
*E8061	RR ACC NEC-PASSENGER .....	
*E8062	RR ACC NEC-PEDESTRIAN .....	
*E8063	RR ACC NEC-PED CYCLIST .....	
*E8068	RR ACC NEC-PERSON NEC .....	
*E8069	RR ACC NEC-PERSON NOS .....	
*E8070	RR ACCIDENT NOS-EMPLOYEE .....	
*E8071	RR ACC NOS-PASSENGER .....	
*E8072	RR ACC NOS-PEDESTRIAN .....	
*E8073	RR ACC NOS-PED CYCLIST .....	
*E8078	RR ACC NOS-PERSON NEC .....	
*E8079	RR ACC NOS-PERSON NOS .....	
*E8100	MV-TRAIN COLL-DRIVER .....	
*E8101	MV-TRAIN COLL-PASNGR .....	
*E8102	MV-TRAIN COLL-MOTORCYCL .....	
*E8103	MV-TRAIN COLL-MCYCL PSGR .....	
*E8104	MV-TRAIN COLL-ST CAR .....	
*E8105	MV-TRAIN COLL-ANIM RID .....	
*E8106	MV-TRAIN COLL-PED CYCL .....	
*E8107	MV-TRAIN COLL-PEDEST .....	
*E8108	MV-TRAIN COLL-PERS NEC .....	
*E8109	MV-TRAIN COLL-PERS NOS .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8110	REENTRANT MV COLL-DRIVER .....	
*E8111	REENTRANT MV COLL-PASNGR .....	
*E8112	REENTRANT COLL-MOTCYCL .....	
*E8113	REENTRANT COLL-MCYC PSGR .....	
*E8114	REENTRANT COLL-ST CAR .....	
*E8115	REENTRANT COLL-ANIM RID .....	
*E8116	REENTRANT COLL-PED CYCL .....	
*E8117	REENTRANT COLL-PEDEST .....	
*E8118	REENTRANT COLL-PERS NEC .....	
*E8119	REENTRANT COLL-PERS NOS .....	
*E8120	MV COLLISION NOS-DRIVER .....	
*E8121	MV COLLISION NOS-PASNGR .....	
*E8122	MV COLLIS NOS-MOTORCYCL .....	
*E8123	MV COLL NOS-MCYCL PSNGR .....	
*E8124	MV COLLISION NOS-ST CAR .....	
*E8125	MV COLL NOS-ANIM RID .....	
*E8126	MV COLL NOS-PED CYCL .....	
*E8127	MV COLLISION NOS-PEDEST .....	
*E8128	MV COLLIS NOS-PERS NEC .....	
*E8129	MV COLLIS NOS-PERS NOS .....	
*E8130	MV-OTH VEH COLL-DRIVER .....	
*E8131	MV-OTH VEH COLL-PASNGR .....	
*E8132	MV-OTH VEH COLL-MOTCYCL .....	
*E8133	MV-OTH VEH COLL-MCYC PSG .....	
*E8134	MV-OTH VEH COLL-ST CAR .....	
*E8135	MV-OTH VEH COLL-ANIM RID .....	
*E8136	MV-OTH VEH COLL-PED CYCL .....	
*E8137	MV-OTH VEH COLL-PEDEST .....	
*E8138	MV-OTH VEH COLL-PERS NEC .....	
*E8139	MV-OTH VEH COLL-PERS NOS .....	
*E8140	MV COLL W PEDEST-DRIVER .....	
*E8141	MV COLL W PEDEST-PASNGR .....	
*E8142	MV COLL W PEDEST-MOTCYCL .....	
*E8143	MV COLL W PED-MCYCL PSGR .....	
*E8144	MV COLL W PEDEST-ST CAR .....	
*E8145	MV COLL W PED-ANIM RID .....	
*E8146	MV COLL W PED-PED CYCL .....	
*E8147	MV COLL W PEDEST-PEDEST .....	
*E8148	MV COLL W PEDES-PERS NEC .....	
*E8149	MV COLL W PEDES-PERS NOS .....	
*E8150	MV COLL W OTH OBJ-DRIVER .....	
*E8151	MV COLL W OTH OBJ-PASNGR .....	
*E8152	MV COLL W OTH OBJ-MOCYCL .....	
*E8153	MV COLL W OBJ-MCYCL PSGR .....	
*E8154	MV COLL W OBJ-ST CAR .....	
*E8155	MV COLL W OBJ-ANIM RIDER .....	
*E8156	MV COLL W OBJ-PED CYCL .....	
*E8157	MV COLL W OBJ-PEDEST .....	
*E8158	MV COLL W OBJ-PERS NEC .....	
*E8159	MV COLL W OBJ-PERS NOS .....	
*E8160	LOSS CONTROL MV ACC-DRIV .....	
*E8161	LOSS CONTROL MV ACC-PSGR .....	
*E8162	LOSS CONTROL MV-MOCYCL .....	
*E8163	LOSS CONTROL MV-MCYC PSG .....	
*E8164	LOSS CONT MV ACC-ST CAR .....	
*E8165	LOSS CONT MV-ANIM RIDER .....	
*E8166	LOSS CONTROL MV-PED CYCL .....	
*E8167	LOSS CONTROL MV-PEDEST .....	
*E8168	LOSS CONTROL MV-PERS NEC .....	
*E8169	LOSS CONTROL MV-PERS NOS .....	
*E8170	MV ACC BOARD/ALIGHT-DRIV .....	
*E8171	MV ACC BOARD/ALIGHT-PSGR .....	
*E8172	MV BOARD/ALIGHT-MOTCYCL .....	
*E8173	MV BRD/ALIGHT-MCYCL PSGR .....	
*E8174	MV ACC BRD/ALIGHT-ST CAR .....	
*E8175	MV BRD/ALIGHT-ANIM RIDER .....	
*E8176	MV BRD/ALIGHT-PED CYCL .....	
*E8177	MV BRD/ALIGHT-PEDESTRIAN .....	
*E8178	MV BOARD/ALIGHT-PERS NEC .....	
*E8179	MV BOARD/ALIGHT-PERS NOS .....	
*E8180	MV TRAFF ACC NEC-DRIVER .....	
*E8181	MV TRAFF ACC NEC-PASNGR .....	
*E8182	MV TRAFF ACC NEC-MOCYCL .....	
*E8183	MV TRAFF ACC-MCYCL PSGR .....	
*E8184	MV TRAFF ACC NEC-ST CAR .....	
*E8185	MV TRAFF ACC-ANIM RIDER .....	

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8186	MV TRAFF ACC-PED CYC .....	
*E8187	MV TRAFF ACC NEC-PEDEST .....	
*E8188	MV TRAFF ACC-PERS NEC .....	
*E8189	MV TRAFF ACC-PERS NOS .....	
*E8190	TRAFFIC ACC NOS-DRIVER .....	
*E8191	TRAFFIC ACC NOS-PASNGR .....	
*E8192	TRAFFIC ACC NOS-MOTCYCL .....	
*E8193	TRAFF ACC NOS-MCYCL PSGR .....	
*E8194	TRAFFIC ACC NOS-ST CAR .....	
*E8195	TRAFF ACC NOS-ANIM RIDER .....	
*E8196	TRAFFIC ACC NOS-PED CYCL .....	
*E8197	TRAFFIC ACC NOS-PEDEST .....	
*E8198	TRAFFIC ACC NOS-PERS NEC .....	
*E8199	TRAFFIC ACC NOS-PERS NOS .....	
*E8200	SNOW VEH ACC-DRIVER .....	
*E8201	SNOW VEH ACC-PASNGR .....	
*E8202	SNOW VEH ACC-MOTORCYCL .....	
*E8203	SNOW VEH ACC-MCYCL PSGR .....	
*E8204	SNOW VEH ACC-ST CAR .....	
*E8205	SNOW VEH ACC-ANIM RIDER .....	
*E8206	SNOW VEH ACC-PED CYCL .....	
*E8207	SNOW VEH ACC-PEDEST .....	
*E8208	SNOW VEH ACC-PERS NEC .....	
*E8209	SNOW VEH ACC-PERS NOS .....	
*E8210	OTH OFF-ROAD MV ACC-DRIV .....	
*E8211	OTH OFF-ROAD MV ACC-PSGR .....	
*E8212	OTH OFF-ROAD MV-MOCYCL .....	
*E8213	OTH OFF-ROAD MV-MCYC PSG .....	
*E8214	OTH OFF-ROAD MV-ST CAR .....	
*E8215	OTH OFF-ROAD MV-ANIM RID .....	
*E8216	OTH OFF-ROAD MV-PED CYCL .....	
*E8217	OTH OFF-ROAD MV-PEDEST .....	
*E8218	OTH OFF-ROAD MV-PERS NEC .....	
*E8219	OTH OFF-ROAD MV-PERS NOS .....	
*E8220	OTH COLL W MOV OBJ-DRIV .....	
*E8221	OTH COLL W MOV OBJ-PSGR .....	
*E8222	OTH COLL MOV OBJ-MOCYCL .....	
*E8223	OTH COLL MOV OBJ-CYC PSG .....	
*E8224	OTH COLL MOV OBJ-ST CAR .....	
*E8225	OTH COLL MOV OBJ-RIDER .....	
*E8226	OTH COLL MOV OBJ-PED CYC .....	
*E8227	OTH COLL MOV OBJ-PEDEST .....	
*E8228	OTH COLL MOV OBJ-PER NEC .....	
*E8229	OTH COLL MOV OBJ-PER NOS .....	
*E8230	OTH COLL STNDNG OBJ-DRIV .....	
*E8231	OTH COLL STNDNG OBJ-PSGR .....	
*E8232	OTH COLL STND OBJ-MOCYCL .....	
*E8233	OTH COLL STN OBJ-CYC PSG .....	
*E8234	OTH COLL STND OBJ-ST CAR .....	
*E8235	OTH COLL STND OBJ-RIDER .....	
*E8236	OTH COLL STN OBJ-PED CYC .....	
*E8237	OTH COLL STND OBJ-PEDEST .....	
*E8238	OTH COLL STN OBJ-PER NEC .....	
*E8239	OTH COL-STND-OBJ-PER NOS .....	
*E8240	N-TRAF BOARD/ALIGHT-DRIV .....	
*E8241	N-TRAF BOARD/ALIGHT-PSGR .....	
*E8242	N-TRAF BRD/ALIGHT-MOCYCL .....	
*E8243	N-TRAF BRD/ALIT-MCYC PSG .....	
*E8244	N-TRAF BRD/ALIT-ST CAR .....	
*E8245	N-TRAF BRD/ALIT-ANIM RID .....	
*E8246	N-TRAF BRD/ALIT-PED CYCL .....	
*E8247	N-TRAF BRD/ALIT-PEDEST .....	
*E8248	N-TRAF BRD/ALIT-PERS NEC .....	
*E8249	N-TRAF BRD/ALIT-PERS NOS .....	
*E8250	MV N-TRAFF ACC NEC-DRIV .....	
*E8251	MV N-TRAFF NEC/NOS-PSGR .....	
*E8252	MV N-TRAF ACC NEC-MOCYCL .....	
*E8253	MV N-TRAFF NEC-MCYC PSGR .....	
*E8254	MV N-TRAFF NEC-ST CAR .....	
*E8255	MV N-TRAF NEC-ANIM RIDER .....	
*E8256	MV N-TRAFF NEC-PED CYCL .....	
*E8257	MV N-TRAFF NEC-PEDEST .....	
*E8258	MV N-TRAFF NEC-PERS NEC .....	
*E8259	MV N-TRAFF NEC-PERS NOS .....	
*E8260	PEDAL CYCLE ACC-PEDEST .....	
*E8261	PED CYCL ACC-PED CYCLIST .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8262	PED CYCLE ACC-ANIM RIDER .....	
*E8263	PED CYC ACC-OCC ANIM VEH .....	
*E8264	PED CYCLE ACC-OCC ST CAR .....	
*E8268	PED CYCLE ACC-PERS NEC .....	
*E8269	PED CYCLE ACC-PERS NOS .....	
*E8270	ANIMAL DRAWN VEH-PEDEST .....	
*E8272	ANIM DRAWN VEH-ANIM RID .....	
*E8273	ANIMAL DRAWN VEH-OCCUPAN .....	
*E8274	ANIM DRAWN-OCC ST CAR .....	
*E8278	ANIM DRAWN VEH-PERS NEC .....	
*E8279	ANIM DRAWN VEH-PERS NOS .....	
*E8280	RIDDEN ANIMAL ACC-PEDEST .....	
*E8282	RIDDEN ANIMAL ACC-RIDER .....	
*E8284	RIDDEN ANIMAL ACC-ST CAR .....	
*E8288	RIDDEN ANIM ACC-PERS NEC .....	
*E8289	RIDDEN ANIM ACC-PERS NOS .....	
*E8290	OTH ROAD VEH ACC-PEDEST .....	
*E8294	OTH RD VEH ACC-ST CAR .....	
*E8298	OTH RD VEH ACC-PERS NEC .....	
*E8299	OTH RD VEH ACC-PERS NOS .....	
*E8300	BOAT ACC W SUBMERS-UNPOW .....	
*E8301	BOAT ACC W SUBMERS-POWER .....	
*E8302	BOAT ACC W SUBMERS-CREW .....	
*E8303	BOAT ACC W SUBMERS-PSGR .....	
*E8304	BOAT SUBMERS-WATER SKIER .....	
*E8305	BOAT SUBMERS-SWIMMER .....	
*E8306	BOAT SUBMERS-DOCKERS .....	
*E8308	BOAT SUBMERS-PERS NEC .....	
*E8309	BOAT SUBMERS-PERS NOS .....	
*E8310	BOAT ACC INJ NEC-UNPOWER .....	
*E8311	BOAT ACC INJ NEC-POWER .....	
*E8312	BOAT ACC INJ NEC-CREW .....	
*E8313	BOAT ACC INJ NEC-PASSENG .....	
*E8314	BOAT ACC INJ NEC-SKIER .....	
*E8315	BOAT ACC INJ NEC-SWIM .....	
*E8316	BOAT ACC INJ NEC-DOCKER .....	
*E8318	BOAT INJ NEC-PERSON NEC .....	
*E8319	BOAT INJ NEC-PERSON NOS .....	
*E8320	SUBMERS NEC-UNPOW BOAT .....	
*E8321	SUBMERS NEC-POWER BOAT .....	
*E8322	SUBMERS NEC-CREW .....	
*E8323	SUBMERS NEC-PASSENGER .....	
*E8324	SUBMERS NEC-WATER SKIER .....	
*E8325	SUBMERS NEC-SWIMMER .....	
*E8326	SUBMERS NEC-DOCKER .....	
*E8328	SUBMERS NEC-PERSON NEC .....	
*E8329	SUBMERS NEC-PERSON NOS .....	
*E8330	W/CRAFT STAIR FALL-UNPOW .....	
*E8331	W/CRAFT STAIR FALL-POWER .....	
*E8332	WTRCRAFT STAIR FALL-CREW .....	
*E8333	WTRCRAFT STAIR FALL-PSGR .....	
*E8334	W/CRAFT STAIR FALL-SKIER .....	
*E8335	W/CRAFT STAIR FALL-SWIM .....	
*E8336	W/CRF STAIR FALL-DOCKER .....	
*E8338	W/CRF STAIR FALL-PER NEC .....	
*E8339	W/CRF STAIR FALL-PER NOS .....	
*E8340	W/CRAFT FALL NEC-UNPOW .....	
*E8341	W/CRAFT FALL NEC-POWER .....	
*E8342	WATERCRAFT FALL NEC-CREW .....	
*E8343	WTRCRAFT FALL NEC-PASNGR .....	
*E8344	W/CRAFT FALL NEC-SKIER .....	
*E8345	W/CRAFT FALL NEC-SWIM .....	
*E8346	WTRCRAFT FALL NEC-DOCKER .....	
*E8348	W/CRFT FALL NEC-PERS NEC .....	
*E8349	W/CRFT FALL NEC-PERS NOS .....	
*E8350	W/CRAFT FALL NOS-UNPOW .....	
*E8351	W/CRAFT FALL NOS-POWER .....	
*E8352	WTRCRAFT FALL NOS-CREW .....	
*E8353	WTRCRAFT FALL NOS-PASNGR .....	
*E8354	W/CRAFT FALL NOS-SKIER .....	
*E8355	W/CRAFT FALL NOS-SWIM .....	
*E8356	WTRCRAFT FALL NOS-DOCKER .....	
*E8358	W/CRFT FALL NOS-PERS NEC .....	
*E8359	W/CRFT FALL NOS-PERS NOS .....	
*E8360	MACHINE ACC-UNPOW BOAT .....	
*E8361	MACH ACC-OCC POWER BOAT .....	

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8362	MACHINERY ACCIDENT-CREW .....	
*E8363	MACHINERY ACC-PASNGR .....	
*E8364	MACHINE ACCIDENT-SKIER .....	
*E8365	MACHINE ACCIDENT-SWIM .....	
*E8366	MACHINERY ACC-DOCKER .....	
*E8368	MACHINERY ACC-PERS NEC .....	
*E8369	MACHINERY ACC-PERS NOS .....	
*E8370	EXPLOSION-OCC UNPOW BOAT .....	
*E8371	EXPLOSION-OCC POWER BOAT .....	
*E8372	WATERCRAFT EXPLOS-CREW .....	
*E8373	WATERCRAFT EXPLOS-PASNGR .....	
*E8374	WATERCRAFT EXPLOS-SKIER .....	
*E8375	WATERCRAFT EXPLOS-SWIM .....	
*E8376	WATERCRAFT EXPLOS-DOCKER .....	
*E8378	WATERCRAFT EXPL-PERS NEC .....	
*E8379	WATERCRAFT EXPL-PERS NOS .....	
*E8380	WATERCRAFT ACC NEC-UNPOW .....	
*E8381	WATERCRAFT ACC NEC-POWER .....	
*E8382	WATERCRAFT ACC NEC-CREW .....	
*E8383	WATERCRFT ACC NEC-PASNGR .....	
*E8384	WATERCRAFT ACC NEC-SKIER .....	
*E8385	WATRCRFT ACC NEC-SWIMMER .....	
*E8386	WATERCRFT ACC NEC-DOCKER .....	
*E8388	WTRCRFT ACC NEC-PERS NEC .....	
*E8389	WTRCRFT ACC NEC-PERS NOS .....	
*E8400	TK OFF/LAND-SPCRFT .....	
*E8401	TK OFF/LAND-MILIT CRAFT .....	
*E8402	TK OFF/LAND-CREW AIRCRFT .....	
*E8403	TK OFF/LAND-PSNG AIRCRFT .....	
*E8404	TK OFF/LAND-COMM CRF NEC .....	
*E8405	TK OFF/LAND-AIRCRAFT NEC .....	
*E8406	TK OFF/LAND-UNP AIRCRFT .....	
*E8407	TK OFF/LAND-PARACHUTIST .....	
*E8408	TK OFF/LAND-GROUND CREW .....	
*E8409	TK OFF/LAND-PERS NEC .....	
*E8410	POW AIRCRAFT ACC-SPCRFT .....	
*E8411	POWER AIRCRAFT ACC-MILIT .....	
*E8412	POWER AIRCRAFT ACC-CREW .....	
*E8413	POWER AIRCRAFT ACC-PSNGR .....	
*E8414	AIRCRAF ACC-OCC COMM NEC .....	
*E8415	OTH POWERED AIRCRAFT ACC .....	
*E8416	POW AIRC ACC-UNP AIRCR .....	
*E8417	AIRCRAFT ACC-PARACHUTIST .....	
*E8418	AIRCRAFT ACC-GROUND CREW .....	
*E8419	AIRCRAFT ACC NOS-PERS NEC .....	
*E8426	UNPOWER AIRCRAFT ACC-OCC .....	
*E8427	UNPOW AIRCRF ACC-CHUTIST .....	
*E8428	UNPOW AIRCRF ACC-GR CREW .....	
*E8429	UNPOW AIRCRF ACC-PER NEC .....	
*E8430	FALL-OCC SPACECRAFT .....	
*E8431	FALL-MILIT AIRCRAFT OCCP .....	
*E8432	FALL-CREW COMM AIRCRAFT .....	
*E8433	FALL-PSNG COMM AIRCRAFT .....	
*E8434	FALL-OCC COMM AIRCRF NEC .....	
*E8435	FALL-OCCUP OTH AIRCRAFT .....	
*E8436	FALL-OCC UNPOWER AIRCRAF .....	
*E8437	FALL-PARACHUTIST .....	
*E8438	AIRCRAFT FALL-GROUND CREW .....	
*E8439	AIRCRAFT FALL-PERSON NEC .....	
*E8440	AIRCRAFT ACC NEC-SPCRFT .....	
*E8441	AIRCRAFT ACC NEC-MILITARY .....	
*E8442	AIRCRAFT ACC NEC-CREW .....	
*E8443	AIRCRAFT ACC NEC-PASNGR .....	
*E8444	AIRCRAFT ACC NEC-COMM NEC .....	
*E8445	AIRCRAFT ACC NEC-OCCP NEC .....	
*E8446	AIRCRAFT ACC NEC-UNP AIRCR .....	
*E8447	AIRCRAFT ACC-PARACHUTIST .....	
*E8448	AIRCRAFT ACC NEC-GRD CREW .....	
*E8449	AIRCRAFT ACC NEC-PERS NEC .....	
*E8450	SPACECRAFT ACC-OCCUPANT .....	
*E8458	SPACECRAFT ACC-GRND CREW .....	
*E8459	SPACECRAFT ACC-PERS NEC .....	
*E846	INDUS VEH ACC ON PREMISE .....	
*E847	CABL CAR ACC NOT ON RAIL .....	
*E848	OTH VEHICLE ACC NEC .....	
*E8490	ACCIDENT IN HOME .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8491	ACCIDENT ON FARM .....	
*E8492	ACCIDENT IN MINE/QUARRY .....	
*E8493	ACC ON INDUSTR PREMISES .....	
*E8494	ACCID IN RECREATION AREA .....	
*E8495	ACCID ON STREET/HIGHWAY .....	
*E8496	ACCIDENT IN PUBLIC BLDG .....	
*E8497	ACCID IN RESIDENT INSTIT .....	
*E8498	ACCIDENT IN PLACE NEC .....	
*E8499	ACCIDENT IN PLACE NOS .....	
*E8500	ACC POISON-HEROIN .....	
*E8501	ACC POISON-METHADONE .....	
*E8502	ACC POISON-OPIATES NEC .....	
*E8503	ACC POISON-SALICYLATES .....	
*E8504	ACC POISON-AROM ANALGESC .....	
*E8505	ACC POISON-PYRAZOLE DERV .....	
*E8506	ACC POISON-ANTIRHEUMATIC .....	
*E8507	ACC POISON-NONNARC ANALG .....	
*E8508	ACC POISON-ANALGESIC NEC .....	
*E8509	ACC POISON-ANALGESIC NOS .....	
*E851	ACC POISON-BARBITURATES .....	
*E8520	ACC POISN-CHLORL HYDRATE .....	
*E8521	ACC POISON-PARALDEHYDE .....	
*E8522	ACC POISON-BROMINE CMPND .....	
*E8523	ACC POISON-METHAQUALONE .....	
*E8524	ACC POISON-GLUTETHIMIDE .....	
*E8525	ACC POISON-MIX SEDTV NEC .....	
*E8528	ACC POISON-SEDATIVES NEC .....	
*E8529	ACC POISON-SEDATIVES NOS .....	
*E8530	ACC POIS-PHENTHIAZ TRANQ .....	
*E8531	ACC POIS-BUTYRPHEN TRANQ .....	
*E8532	ACC POISN-BENZDIAZ TRANQ .....	
*E8538	ACC POISN-TRANQUILZR NEC .....	
*E8539	ACC POISN-TRANQUILZR NOS .....	
*E8540	ACC POISON-ANTIDEPRESSNT .....	
*E8541	ACC POISON-HALLUCINOGENS .....	
*E8542	ACC POISN-PSYCHSTIMULANT .....	
*E8543	ACC POISON-CNS STIMULANT .....	
*E8548	ACC POISN PSYCHOTROP NEC .....	
*E8550	ACC POISN-ANTICONVULSANT .....	
*E8551	ACC POISN-CNS DEPRES NEC .....	
*E8552	ACC POISN-LOCAL ANESTHET .....	
*E8553	ACC POISON-CHOLINERGICS .....	
*E8554	ACC POISN-ANTICHOLINERG .....	
*E8555	ACC POISON-ADRENERGICS .....	
*E8556	ACC POISN-SYMPATHOLYTICS .....	
*E8558	ACC POISON-CNS DRUG NEC .....	
*E8559	ACC POISON-CNS DRUG NOS .....	
*E856	ACC POISON-ANTIBIOTICS .....	
*E857	ACC POIS-OTH ANTI-INFECT .....	
*E8580	ACC POISON-HORMONES .....	
*E8581	ACC POISN-SYSTEMIC AGENT .....	
*E8582	ACC POISON-BLOOD AGENT .....	
*E8583	ACC POISN-CARDIOVASC AGT .....	
*E8584	ACC POISON-GI AGENT .....	
*E8585	ACC POISN-METABOL AGNT .....	
*E8586	ACC POISN-MUSCL/RESP AGT .....	
*E8587	ACC POISN-SKIN/EENT AGNT .....	
*E8588	ACC POISONING-DRUG NEC .....	
*E8589	ACC POISONING-DRUG NOS .....	
*E8600	ACC POISN-ALCOHOL BEVRAG .....	
*E8601	ACC POISON-ETHYL ALCOHOL .....	
*E8602	ACC POISN-METHYL ALCOHOL .....	
*E8603	ACC POISN-ISOPROPYL ALC .....	
*E8604	ACC POISON-FUSEL OIL .....	
*E8608	ACC POISON-ALCOHOL NEC .....	
*E8609	ACC POISON-ALCOHOL NOS .....	
*E8610	ACC POIS-SYNTH DETERGENT .....	
*E8611	ACC POISON-SOAP PRODUCTS .....	
*E8612	ACC POISON-POLISHES .....	
*E8613	ACC POISON-CLEANSER NEC .....	
*E8614	ACC POISON-DISINFECTANTS .....	
*E8615	ACC POISON-LEAD PAINTS .....	
*E8616	ACC POISON-PAINTS NEC .....	
*E8619	ACC POISON-CLEANSER NOS .....	
*E8620	ACC POISN-PETROL SOLVENT .....	
*E8621	ACC POISN-PETROLEUM FUEL .....	

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8622	ACC POIS-LUBRICATING OIL .....	
*E8623	ACC POIS-PETROLEUM SOLID .....	
*E8624	ACC POISN-SOLVENTS NEC .....	
*E8629	ACC POISN-SOLVENT NOS .....	
*E8630	ACC POIS-CHLORINE PESTIC .....	
*E8631	ACC POIS-PHOSPH PESTICID .....	
*E8632	ACC POISON-CARBAMATES .....	
*E8633	ACC POISN-MIXED PESTICID .....	
*E8634	ACC POISON-PESTICIDE NEC .....	
*E8635	ACC POISON-HERBICIDES .....	
*E8636	ACC POISON-FUNGICIDES .....	
*E8637	ACC POISON-RODENTICIDES .....	
*E8638	ACC POISON-FUMIGANTS .....	
*E8639	ACC POIS-AGRCULT NEC/NOS .....	
*E8640	ACC POIS-CORROSIV AROMAT .....	
*E8641	ACC POISON-ACIDS .....	
*E8642	ACC POISN-CAUSTIC ALKALI .....	
*E8643	ACC POISON-CAUSTIC NEC .....	
*E8644	ACC POISON-CAUSTIC NOS .....	
*E8650	ACC POISON-MEAT .....	
*E8651	ACC POISON-SHELLFISH .....	
*E8652	ACC POISON-FISH NEC .....	
*E8653	ACC POISON-BERRIES/SEEDS .....	
*E8654	ACC POISON-PLANTS NEC .....	
*E8655	ACC POISON-MUSHROOMS .....	
*E8658	ACC POISON-FOOD NEC .....	
*E8659	ACC POISN-FOOD/PLANT NOS .....	
*E8660	ACC POISONING-LEAD .....	
*E8661	ACC POISONING-MERCURY .....	
*E8662	ACC POISONING-ANTIMONY .....	
*E8663	ACC POISONING-ARSENIC .....	
*E8664	ACC POISON-METALS NEC .....	
*E8665	ACC POISON-PLANT FOOD .....	
*E8666	ACC POISON-GLUES .....	
*E8667	ACC POISON-COSMETICS .....	
*E8668	ACC POIS-SOLID/LIQ NEC .....	
*E8669	ACC POIS-SOLID/LIQ NOS .....	
*E867	ACC POISON-PIPED GAS .....	
*E8680	ACC POIS-LIQ PETROL GAS .....	
*E8681	ACC POIS-UTL GAS NEC/NOS .....	
*E8682	ACC POISON-EXHAUST GAS .....	
*E8683	ACC POIS-CO/DOMESTC FUEL .....	
*E8688	ACC POIS-CARBN MONOX NEC .....	
*E8689	ACC POIS-CARBN MONOX NOS .....	
*E8690	ACC POISN-NITROGEN OXIDE .....	
*E8691	ACC POISN-SULFUR DIOXIDE .....	
*E8692	ACC POISON-FREON .....	
*E8693	ACC POISON-TEAR GAS .....	
*E8694	SCNDHND TBCCO SMOKE .....	
*E8698	ACC POISON-GAS/VAPOR NEC .....	
*E8699	ACC POISON-GAS/VAPOR NOS .....	
*E8700	ACC CUT/HEM IN SURGERY .....	
*E8701	ACC CUT/HEM IN INFUSION .....	
*E8702	ACC CUT/HEM-PERFUSN NEC .....	
*E8703	ACC CUT/HEM IN INJECTION .....	
*E8704	ACC CUT/HEM W SCOPE EXAM .....	
*E8705	ACC CUT/HEM W CATHETERIZ .....	
*E8706	ACC CUT/HEM W HEART CATH .....	
*E8707	ACC CUT/HEM W ENEMA .....	
*E8708	ACC CUT IN MED CARE NEC .....	
*E8709	ACC CUT IN MED CARE NOS .....	
*E8710	POST-SURGICAL FORGN BODY .....	
*E8711	POSTINFUSION FOREIGN BDY .....	
*E8712	POSTPERFUSION FORGN BODY .....	
*E8713	POSTINJECTION FORGN BODY .....	
*E8714	POSTENDOSCOPY FORGN BODY .....	
*E8715	POSTCATHETER FORGN BODY .....	
*E8716	FB POST HEART CATHETER .....	
*E8717	FB POST-CATHETER REMOVAL .....	
*E8718	POST-OP FOREIGN BODY NEC .....	
*E8719	POST-OP FOREIGN BODY NOS .....	
*E8720	FAILURE STERILE SURGERY .....	
*E8721	FAILURE STERILE INFUSION .....	
*E8722	FAIL STERILE PERFUSN NEC .....	
*E8723	FAIL STERILE INJECTION .....	
*E8724	FAIL STERILE ENDOSCOPY .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8725	FAIL STERILE CATHETER .....	
*E8726	FAIL STERILE HEART CATH .....	
*E8728	FAIL STERILE PROCED NEC .....	
*E8729	FAIL STERILE PROCED NOS .....	
*E8730	EXCESS FLUID IN INFUSION .....	
*E8731	INCOR DILUT INFUSN FLUID .....	
*E8732	THERAP RADIATION OVERDOS .....	
*E8733	INADV RADIAT EXP-MEDICAL .....	
*E8734	DOSAG FAIL-SHOCK THERAPY .....	
*E8735	WRNG TEMP IN APPLIC/PACK .....	
*E8736	NONADMIN NECESS MEDICINE .....	
*E8738	FAILURE IN DOSAGE NEC .....	
*E8739	FAILURE IN DOSAGE NOS .....	
*E8740	INSTRMNT FAIL IN SURGERY .....	
*E8741	INSTRUMNT FAIL-INFUSION .....	
*E8742	INSTRMNT FAIL-PERFUS NEC .....	
*E8743	INSTRUMNT FAIL-ENDOSCOPY .....	
*E8744	INSTRMNT FAIL-CATHETERIZ .....	
*E8745	INSTRMNT FAIL-HEART CATH .....	
*E8748	INSTRMNT FAIL-PROCED NEC .....	
*E8749	INSTRMNT FAIL-PROCED NOS .....	
*E8750	CONTAMINATED TRANSFUSION .....	
*E8751	CONTAMINATED INJECTION .....	
*E8752	CONTAMINATED DRUG NEC .....	
*E8758	CONTAMINATION NEC .....	
*E8759	CONTAMINATION NOS .....	
*E8760	MISMATCH BLOOD-TRANSFUSN .....	
*E8761	WRONG FLUID IN INFUSION .....	
*E8762	FAILURE IN SUTURE .....	
*E8763	MISPLACED ENDOTRACH TUBE .....	
*E8764	FAIL INTROD/REMOVE TUBE .....	
*E8765	PERFORMANCE-INAPPROP OP .....	
*E8768	MEDICAL MISADVENTURE NEC .....	
*E8769	MEDICAL MISADVENTURE NOS .....	
*E8780	ABN REACT-ORG TRANSPLANT .....	
*E8781	ABN REACT-ARTIF IMPLANT .....	
*E8782	ABN REACT-ANASTOM/GRAFT .....	
*E8783	ABN REACT-EXTERNAL STOMA .....	
*E8784	ABN REACT-PLAST SURG NEC .....	
*E8785	ABN REACT-LIMB AMPUTAT .....	
*E8786	ABN REAC-ORGAN REM NEC .....	
*E8788	ABN REACT-SURG PROC NEC .....	
*E8789	ABN REACT-SURG PROC NOS .....	
*E8790	ABN REACT-CARDIAC CATH .....	
*E8791	ABN REACT-RENAL DIALYSIS .....	
*E8792	ABN REACT-RADIOTHERAPY .....	
*E8793	ABN REACT-SHOCK THERAPY .....	
*E8794	ABN REACT-FLUID ASPIRAT .....	
*E8795	ABN REACT-GASTRIC SOUND .....	
*E8796	ABN REACT-URINARY CATH .....	
*E8797	ABN REACT-BLOOD SAMPLING .....	
*E8798	ABN REACT-PROCEDURE NEC .....	
*E8799	ABN REACT-PROCEDURE NOS .....	
*E8800	FALL ON ESCALATOR .....	
*E8801	FALL ON SIDEWALK CURB .....	
*E8809	FALL ON STAIR/STEP NEC .....	
*E8810	FALL FROM LADDER .....	
*E8811	FALL FROM SCAFFOLDING .....	
*E882	FALL FROM BUILDING .....	
*E8830	DIVING ACCIDENT .....	
*E8831	FALL INTO WELL .....	
*E8832	FALL INTO STORM DRAIN .....	
*E8839	FALL INTO OTHER HOLE .....	
*E8840	FALL FROM PLAYGRND EQUIP .....	
*E8841	FALL FROM CLIFF .....	
*E8842	FALL FROM CHAIR .....	
*E8843	FALL FROM WHEELCHAIR .....	
*E8844	FALL FROM BED .....	
*E8845	FALL FROM FURNITURE NEC .....	
*E8846	FALL FROM COMMODOE .....	
*E8849	FALL-1 LEVEL TO OTH NEC .....	
*E885	FALL ON LEVEL-TRIPPING .....	
*E8860	FALL IN SPORTS .....	
*E8869	FALL ON LEVEL NEC/NOS .....	
*E887	FRACTURE, CAUSE NOS .....	
*E888	FALL NEC & NOS .....	

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E8900	PRIVAT DWELL FIRE-EXPLOS .....	
*E8901	PRIV DWEL FIRE-PVC FUMES .....	
*E8902	PRIV DWEL FIRE-FUMES NOS .....	
*E8903	PRIV DWEL FIRE-BURNING .....	
*E8908	PRIV DWEL FIRE-ACCID NEC .....	
*E8909	PRIV DWEL FIRE-ACCID NOS .....	
*E8910	FIRE IN BLDG-EXPLOSION .....	
*E8911	FIRE IN BLDG-PVC FUMES .....	
*E8912	FIRE IN BLDG-FUMES NOS .....	
*E8913	FIRE IN BLDG-BURNING .....	
*E8918	FIRE IN BLDG-ACCID NEC .....	
*E8919	FIRE IN BLDG-ACCID NOS .....	
*E892	FIRE NOT IN BUILDING .....	
*E8930	CLOTHING FIRE-PRIV DWELL .....	
*E8931	CLOTHING FIRE-BLDG NEC .....	
*E8932	CLOTHING FIRE NOT IN BLD .....	
*E8938	CLOTHING FIRE NEC .....	
*E8939	CLOTHING FIRE NOS .....	
*E894	FIRE-HIGHLY INFLAM MATER .....	
*E895	BURN ACC IN PRIVAT DWELL .....	
*E896	BURN ACC IN BLDG NEC .....	
*E897	BURN ACC NOT IN BLDG .....	
*E8980	BURNING BEDCLOTHES .....	
*E8981	FIRE ACCIDENT NEC .....	
*E899	FIRE ACCIDENT NOS .....	
*E9000	EXCESSIVE HEAT: WEATHER .....	
*E9001	EXCESSIVE HEAT, MAN-MADE .....	
*E9009	EXCESSIVE HEAT NOS .....	
*E9010	EXCESSIVE COLD: WEATHER .....	
*E9011	EXCESSIVE COLD, MAN-MADE .....	
*E9018	EXCESSIVE COLD NEC .....	
*E9019	EXCESSIVE COLD NOS .....	
*E9020	HIGH ALTITUDE RESIDENCE .....	
*E9021	AIR PRESS CHNGE: AIRCRFT .....	
*E9022	AIR PRESS CHANGE: DIVING .....	
*E9028	AIR PRESSURE CHANGE NEC .....	
*E9029	AIR PRESSURE CHANGE NOS .....	
*E903	TRAVEL AND MOTION .....	
*E9040	ABANDONMENT/LACK OF CARE .....	
*E9041	LACK OF FOOD .....	
*E9042	LACK OF WATER .....	
*E9043	EXPOSURE NEC .....	
*E9049	PRIVATION NOS .....	
*E9050	VENOMOUS SNAKE BITE .....	
*E9051	VENOMOUS SPIDER BITE .....	
*E9052	SCORPION STING .....	
*E9053	HORNET/WASP/BEE STING .....	
*E9054	CENTIPEDE BITE .....	
*E9055	VENOMOUS ARTHROPODS NEC .....	
*E9056	VENOM SEA ANIMALS/PLANTS .....	
*E9057	POISONING BY OTHER PLANT .....	
*E9058	VENOMOUS BITE/STING NEC .....	
*E9059	VENOMOUS BITE/STING NOS .....	
*E9060	DOG BITE .....	
*E9061	RAT BITE .....	
*E9062	NONVENOMOUS SNAKE BITE .....	
*E9063	ANIMAL BITE NEC .....	
*E9064	NONVENOM ARTHROPOD BITE .....	
*E9065	ANIMAL BITE NOS .....	
*E9068	INJ NEC CAUSED BY ANIMAL .....	
*E9069	INJ NOS CAUSED BY ANIMAL .....	
*E907	ACC DUE TO LIGHTNING .....	
*E908	CATACLYSMIC STORM/FLOOD* .....	
*E9080	ACCIDENT D/T HURRICANE .....	
*E9081	ACCIDENT D/T TORNADO .....	
*E9082	ACCIDENT D/T FLOODS .....	
*E9083	ACC D/T SNOW BLIZZARD .....	
*E9084	ACCIDENT D/T DUST STORM .....	
*E9088	ACCIDENT D/T STORM NEC .....	
*E9089	ACC D/T STORM/FLOOD NOS .....	
*E909	ACC D/T AVALANCH/EARTHQU* .....	
*E9090	ACC D/T EARTHQUAKES .....	
*E9091	ACC D/T VOLCANIC ERUPT .....	
*E9092	ACC D/T AVALANCHE .....	
*E9093	ACC D/T DAM COLLAPSE .....	
*E9094	ACC D/T TIDALWAVE NOS .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E9098	ACC D/T ERUPTIONS NEC .....	
*E9099	ACC D/T ERUPTIONS NOS .....	
*E9100	WATER-SKIING ACCIDENT .....	
*E9101	SKIN/SCUBA DIVING ACC .....	
*E9102	SWIMMING ACCIDENT NOS .....	
*E9103	SWIMMING/DIVING ACC NEC .....	
*E9104	DROWNING IN BATHTUB .....	
*E9108	ACCIDENTAL DROWNING NEC .....	
*E9109	ACCIDENTAL DROWNING NOS .....	
*E911	RESP OBSTR-FOOD INHAL .....	
*E912	RESP OBSTR-INHAL OBJ NEC .....	
*E9130	SUFFOCAT IN BED/CRADLE .....	
*E9131	SUFFOCATION-PLASTIC BAG .....	
*E9132	SUFFOCATION-LACK OF AIR .....	
*E9133	CAVE-IN NOS .....	
*E9138	SUFFOCATION NEC .....	
*E9139	SUFFOCATION NOS .....	
*E914	FB ENTERING EYE .....	
*E915	FB ENTERING OTH ORIFICE .....	
*E916	STRUCK BY FALLING OBJECT .....	
*E9170	STRUCK IN SPORTS .....	
*E9171	CROWD ACCIDENT .....	
*E9172	STRUCK IN RUNNING WATER .....	
*E9179	STRUCK BY OBJ/PERSON NEC .....	
*E918	CAUGHT BETWEEN OBJECTS .....	
*E9190	MACHINE ACCID-AGRICULT .....	
*E9191	MACHINE ACCID-MINING .....	
*E9192	LIFTING MACHINE ACCIDENT .....	
*E9193	METALWORKING MACHINE ACC .....	
*E9194	WOODWORKING MACHINE ACC .....	
*E9195	PRIME MOVER MACHINE ACC .....	
*E9196	TRANSMISSION MACHINE ACC .....	
*E9197	EARTH MOVING MACHINE ACC .....	
*E9198	MACHINERY ACCIDENT NEC .....	
*E9199	MACHINERY ACCIDENT NOS .....	
*E9200	ACC-POWERED LAWN MOWER .....	
*E9201	ACC-POWER HAND TOOL NEC .....	
*E9202	ACC-POWER HOUSE APPLIANC .....	
*E9203	KNIFE/SWORD/DAGGER ACC .....	
*E9204	ACCID-OTHER HAND TOOLS .....	
*E9205	ACC-HYPODERMIC NEEDLE .....	
*E9208	ACC-CUTTING INSTRUM NEC .....	
*E9209	ACC-CUTTING INSTRUM NOS .....	
*E9210	BOILER EXPLOSION .....	
*E9211	GAS CYLINDER EXPLOSION .....	
*E9218	PRESS VESSEL EXPLOS NEC .....	
*E9219	PRESS VESSEL EXPLOS NOS .....	
*E9220	HANDGUN ACCIDENT .....	
*E9221	SHOTGUN ACCIDENT .....	
*E9222	HUNTING RIFLE ACCIDENT .....	
*E9223	MILITARY FIREARM ACCID .....	
*E9228	FIREARM ACCIDENT NEC .....	
*E9229	FIREARM ACCIDENT NOS .....	
*E9230	FIREWORKS ACCIDENT .....	
*E9231	BLASTING MATERIALS ACCID .....	
*E9232	EXPLOSIVE GASES ACCIDENT .....	
*E9238	EXPLOSIVES ACCIDENT NEC .....	
*E9239	EXPLOSIVES ACCIDENT NOS .....	
*E9240	ACC-HOT LIQUID & STEAM .....	
*E9241	ACCID-CAUSTIC SUBSTANCE .....	
*E9242	ACC-HOT TAP WATER .....	
*E9248	HOT SUBSTANCE ACCID NEC .....	
*E9249	HOT SUBSTANCE ACCID NOS .....	
*E9250	DOMESTIC WIRING ACCIDENT .....	
*E9251	ELECTR POWER GENERAT ACC .....	
*E9252	INDUST WIRING/MACHIN ACC .....	
*E9258	ELECTRIC CURRENT ACC NEC .....	
*E9259	ELECTRIC CURRENT ACC NOS .....	
*E9260	RADIOFREQ RADIAT EXPOSUR .....	
*E9261	INFRA-RED APPL RAD EXOS .....	
*E9262	VIS/ULTRAVIOL LGHT EXPOS .....	
*E9263	X-RAY/GAMMA RAY EXPOSURE .....	
*E9264	LASER EXPOSURE .....	
*E9265	RADIOACT ISOTOPE EXPOSUR .....	
*E9268	RADIATION EXPOSURE NEC .....	
*E9269	RADIATION EXPOSURE NOS .....	

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E927	ACCID FROM OVEREXERTION .....	
*E9280	ACC D/T WEIGHTLESS ENVIR .....	
*E9281	EXPOSURE TO NOISE .....	
*E9282	EXPOSURE TO VIBRATION .....	
*E9288	ACCIDENT NEC .....	
*E9289	ACCIDENT NOS .....	
*E9290	LATE EFF MOTOR VEHIC ACC .....	
*E9291	LATE EFF TRANSPORT ACC .....	
*E9292	LATE EFF ACC POISONING .....	
*E9293	LATE EFF ACCIDENTAL FALL .....	
*E9294	LATE EFF FIRE ACC .....	
*E9295	LATE EFF ENVIRONMENT ACC .....	
*E9298	LATE EFF ACCIDENT NEC .....	
*E9299	LATE EFF ACCIDENT NOS .....	
*E9300	ADV EFF PENICILLINS .....	
*E9301	ADV EFF ANTIFUNG ANTBOT .....	
*E9302	ADV EFF CHLORAMPHENICOL .....	
*E9303	ADV EFF ERYTHROMYCIN .....	
*E9304	ADV EFF TETRACYCLINE .....	
*E9305	ADV EFF CEPHALOSPORIN .....	
*E9306	ADV EFF ANTMYCOB ANTBOT .....	
*E9307	ADV EFF ANTINEOP ANTBOT .....	
*E9308	ADV EFF ANTIBIOTICS NEC .....	
*E9309	ADV EFF ANTIBIOTIC NOS .....	
*E9310	ADV EFF SULFONAMIDES .....	
*E9311	ADV EFF ARSENIC ANTI-INF .....	
*E9312	ADV EFF METAL ANTI-INF .....	
*E9313	ADV EFF QUINOLINE .....	
*E9314	ADV EFF ANTIMALARIALS .....	
*E9315	ADV EFF ANTPROTAZOAL NEC .....	
*E9316	ADV EFF ANTHELMINTICS .....	
*E9317	ADV EFF ANTIVIRAL DRUGS .....	
*E9318	ADV EFF ANTIMYCOBAC NEC .....	
*E9319	ADV EFF ANTINFCT NEC/NOS .....	
*E9320	ADV EFF CORTICOSTEROIDS .....	
*E9321	ADV EFF ANDROGENS .....	
*E9322	ADV EFF OVARIAN HORMONES .....	
*E9323	ADV EFF INSULIN/ANTIDIAB .....	
*E9324	ADV EFF ANT PITUITARY .....	
*E9325	ADV EFF POST PITUITARY .....	
*E9326	ADV EFF PARATHYROID .....	
*E9327	ADV EFF THYROID & DERIV .....	
*E9328	ADV EFF ANTITHYROID AGNT .....	
*E9329	ADV EFF HORMONES NEC/NOS .....	
*E9330	ADV EFF ANALLRG/ANTEMET .....	
*E9331	ADV EFF ANTINEOPLASTIC .....	
*E9332	ADV EFF ACIDIFYING AGENT .....	
*E9333	ADV EFF ALKALIZING AGENT .....	
*E9334	ADV EFF ENZYMES NEC .....	
*E9335	ADV EFF VITAMINS NEC .....	
*E9338	ADV EFF SYSTEMIC AGT NEC .....	
*E9339	ADV EFF SYSTEMIC AGT NOS .....	
*E9340	ADV EFF IRON & COMPOUNDS .....	
*E9341	ADV EFF LIVER/ANTIANEMIC .....	
*E9342	ADV EFF ANTICOAGULANTS .....	
*E9343	ADV EFF VITAMIN K .....	
*E9344	ADV EFF FIBRINOLYSIS AGT .....	
*E9345	ADV EFF COAGULANTS .....	
*E9346	ADV EFF GAMMA GLOBULIN .....	
*E9347	ADV EFF BLOOD PRODUCTS .....	
*E9348	ADV EFF BLOOD AGENT NEC .....	
*E9349	ADV EFF BLOOD AGENT NOS .....	
*E9350	ADV EFF HEROIN .....	
*E9351	ADV EFF METHADONE .....	
*E9352	ADV EFF OPIATES .....	
*E9353	ADV EFF SALICYLATES .....	
*E9354	ADV EFF AROM ANALGSC NEC .....	
*E9355	ADV EFF PYRAZOLE DERIV .....	
*E9356	ADV EFF ANTIRHEUMATICS .....	
*E9357	ADV EFF NON-NARC ANALGSC .....	
*E9358	ADV EFF ANALGESICS NEC .....	
*E9359	ADV EFF ANALGESIC NOS .....	
*E9360	ADV EFF OXAZOLIDIN DERIV .....	
*E9361	ADV EFF HYDANTOIN DERIV .....	
*E9362	ADV EFF SUCCINIMIDES .....	
*E9363	ADV EFF ANTCONVL NEC/NOS .....	

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E9364	ADV EFF ANTI-PARKINSON .....	
*E9370	ADV EFF BARBITURATES .....	
*E9371	ADV EFF CHLORAL HYDRATE .....	
*E9372	ADV EFF PARALDEHYDE .....	
*E9373	ADV EFF BROMINE COMPNDS .....	
*E9374	ADV EFF METHAQUALONE .....	
*E9375	ADV EFF GLUTETHIMIDE .....	
*E9376	ADV EFF MIX SEDATIVE .....	
*E9378	ADV EFF SEDAT/HYPNOT NEC .....	
*E9379	ADV EFF SEDAT/HYPNOT NOS .....	
*E9380	ADV EFF CNS MUSCL DEPRES .....	
*E9381	ADV EFF HALOTHANE .....	
*E9382	ADV EFF GAS ANESTHET NEC .....	
*E9383	ADV EFF INTRAVEN ANESTH .....	
*E9384	ADV EFF GEN ANES NEC/NOS .....	
*E9385	ADV EFF TOPIC/INFIL ANES .....	
*E9386	ADV EFF NERVE-BLOCK ANES .....	
*E9387	ADV EFF SPINAL ANESTHET .....	
*E9389	ADV EFF LOC ANES NEC/NOS .....	
*E9390	ADV EFF ANTIDEPRESSANTS .....	
*E9391	ADV EFF PHENOTHIAZ TRANQ .....	
*E9392	ADV EFF BUTYROPHEN TRANQ .....	
*E9393	ADV EFF ANTIPSYCHOTC NEC .....	
*E9394	ADV EFF BENZODIAZ TRANQ .....	
*E9395	ADV EFF TRANQUILIZER NEC .....	
*E9396	ADV EFF HALLUCINOGENS .....	
*E9397	ADV EFF PSYCHOSTIMULANTS .....	
*E9398	ADV EFF PSYCHOTROPIC NEC .....	
*E9399	ADV EFF PSYCHOTROPIC NOS .....	
*E9400	ADV EFF ANALEPTICS .....	
*E9401	ADV EFF OPIAT ANTAGONIST .....	
*E9408	ADV EFF CNS STIMULNT NEC .....	
*E9409	ADV EFF CNS STIMULNT NOS .....	
*E9410	ADV EFF CHOLINERGICS .....	
*E9411	ADV EFF PARASYMPATHOLYTC .....	
*E9412	ADV EFF SYMPATHOMIMETICS .....	
*E9413	ADV EFF SYMPATHOLYTICS .....	
*E9419	ADV EFF AUTONOM AGNT NOS .....	
*E9420	ADV EFF CARD RHYTH REGUL .....	
*E9421	ADV EFF CARDIOTONICS .....	
*E9422	ADV EFF ANTILPEMICS .....	
*E9423	ADV EFF GANGLION-BLOCK .....	
*E9424	ADV EFF CORONARY VASODIL .....	
*E9425	ADV EFF VASODILATORS NEC .....	
*E9426	ADV EFF ANTIHYPERTEN AGT .....	
*E9427	ADV EFF ANTIVARICOSE .....	
*E9428	ADV EFF CAPILLARY-ACT .....	
*E9429	ADV EFF CARDIOVASC NEC .....	
*E9430	ADV EFF ANTACIDS .....	
*E9431	ADV EFF IRRIT CATHARTIC .....	
*E9432	ADV EFF EMOLL CATHARTICS .....	
*E9433	ADV EFF CATHARTICS NEC .....	
*E9434	ADV EFF DIGESTANTS .....	
*E9435	ADV EFF ANTIDIARRHEA AGT .....	
*E9436	ADV EFF EMETICS .....	
*E9438	ADV EFF GI AGENT NEC .....	
*E9439	ADV EFF GI AGENT NOS .....	
*E9440	ADV EFF MERCURY DIURETIC .....	
*E9441	ADV EFF PURINE DIURETICS .....	
*E9442	ADV EFF ACETAZOLAMIDE .....	
*E9443	ADV EFF SALURETICS .....	
*E9444	ADV EFF DIURETICS NEC .....	
*E9445	ADV EFF ELECTROLYTE AGNT .....	
*E9446	ADV EFF MINERAL SALT NEC .....	
*E9447	ADV EFF URIC ACID METAB .....	
*E9450	ADV EFF OXYTOCIC AGENTS .....	
*E9451	ADV EFF SMOOTH MUSC RELX .....	
*E9452	ADV EFF SKELET MUSC RELX .....	
*E9453	ADV EFF MUSC AGT NEC/NOS .....	
*E9454	ADV EFF ANTITUSSIVES .....	
*E9455	ADV EFF EXPECTORANTS .....	
*E9456	ADV EFF ANTI-COMMON COLD .....	
*E9457	ADV EFF ANTI-ASTHMATICS .....	
*E9458	ADV EFF RESP DRG NEC/NOS .....	
*E9460	ADV EFF LOC ANTI-INFECTV .....	
*E9461	ADV EFF ANTI-PRURITICS .....	

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E9462	ADV EFF LOCAL ASTRINGENT .....	
*E9463	ADV EFF EMOLLIENT/DEMULC .....	
*E9464	ADV EFF HAIR/SCALP PREP .....	
*E9465	ADV EFF EYE ANTI-INF/DRG .....	
*E9466	ADV EFF ENT ANTI-INF/DRG .....	
*E9467	ADV EFF TOPIC DENTAL DRG .....	
*E9468	ADV EFF SKIN AGENT NEC .....	
*E9469	ADV EFF SKIN AGENT NOS .....	
*E9470	ADV EFF DIETETICS .....	
*E9471	ADV EFF LIPOTROPIC DRUGS .....	
*E9472	ADV EFF ANTIDOTES NEC .....	
*E9473	ADV EFF ALCOHOL DETER .....	
*E9474	ADV EFF PHARMACEUT EXCIP .....	
*E9478	ADV EFF MEDICINAL NEC .....	
*E9479	ADV EFF MEDICINAL NOS .....	
*E9480	ADV EFF BCG VACCINE .....	
*E9481	ADV EFF TYPHOID VACCINE .....	
*E9482	ADV EFF CHOLERA VACCINE .....	
*E9483	ADV EFF PLAGUE VACCINE .....	
*E9484	ADV EFF TETANUS VACCINE .....	
*E9485	ADV EFF DIPHTHER VACCINE .....	
*E9486	ADV EFF PERTUSSIS VACCIN .....	
*E9488	ADV EFF BACT VAC NEC/NOS .....	
*E9489	ADV EFF MIX BACT VACCINE .....	
*E9490	ADV EFF SMALLPOX VACCINE .....	
*E9491	ADV EFF RABIES VACCINE .....	
*E9492	ADV EFF TYPHUS VACCINE .....	
*E9493	ADV EFF YELLOW FEVER VAC .....	
*E9494	ADV EFF MEASLES VACCINE .....	
*E9495	ADV EFF POLIO VACCINE .....	
*E9496	ADV EFF VIRAL VACC NEC .....	
*E9497	ADV EFF MIXED VIRAL-BACT .....	
*E9499	ADV EFF BIOLOGIC NEC/NOS .....	
*E9500	POISON-ANALGESICS .....	
*E9501	POISON-BARBITURATES .....	
*E9502	POISON-SEDAT/HYPNOTIC .....	
*E9503	POISON-PSYCHOTROPIC AGT .....	
*E9504	POISON-DRUG/MEDICIN NEC .....	
*E9505	POISON-DRUG/MEDICIN NOS .....	
*E9506	POISON-AGRICULT AGENT .....	
*E9507	POISON-CORROSIV/CAUSTIC .....	
*E9508	POISON-ARSENIC .....	
*E9509	POISON-SOLID/LIQUID NEC .....	
*E9510	POISON-PIPED GAS .....	
*E9511	POISON-GAS IN CONTAINER .....	
*E9518	POISON-UTILITY GAS NEC .....	
*E9520	POISON-EXHAUST GAS .....	
*E9521	POISON-CO NEC .....	
*E9528	POISON-GAS/VAPOR NEC .....	
*E9529	POISON-GAS/VAPOR NOS .....	
*E9530	INJURY-HANGING .....	
*E9531	INJURY-SUFF W PLAS BAG .....	
*E9538	INJURY-STRANG/SUFF NEC .....	
*E9539	INJURY-STRANG/SUFF NOS .....	
*E954	INJURY-SUBMERSION .....	
*E9550	INJURY-HANDGUN .....	
*E9551	INJURY-SHOTGUN .....	
*E9552	INJURY-HUNTING RIFLE .....	
*E9553	INJURY-MILITARY FIREARM .....	
*E9554	INJURY-FIREARM NEC .....	
*E9555	INJURY-EXPLOSIVES .....	
*E9559	INJURY-FIREARM/EXPL NOS .....	
*E956	INJURY-CUT INSTRUMENT .....	
*E9570	INJURY-JUMP FM RESIDENCE .....	
*E9571	INJURY-JUMP FM STRUC NEC .....	
*E9572	INJURY-JUMP FM NATUR SIT .....	
*E9579	INJURY-JUMP NEC .....	
*E9580	INJURY-MOVING OBJECT .....	
*E9581	INJURY-BURN, FIRE .....	
*E9582	INJURY-SCALD .....	
*E9583	INJURY-EXTREME COLD .....	
*E9584	INJURY-ELECTROCUTION .....	
*E9585	INJURY-MOTOR VEH CRASH .....	
*E9586	INJURY-AIRCRAFT CRASH .....	
*E9587	INJURY-CAUSTIC SUBSTANCE .....	
*E9588	INJURY-NEC .....	

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E9589	INJURY-NOS .....	
*E959	LATE EFF OF SELF-INJURY .....	
*E9600	UNARMED FIGHT OR BRAWL .....	
*E9601	RAPE .....	
*E961	ASSAULT-CORROSIV/CAUST .....	
*E9620	ASSAULT-POIS W MEDIC AGT .....	
*E9621	ASSAULT-POIS W SOLID/LIQ .....	
*E9622	ASSAULT-POIS W GAS/VAPOR .....	
*E9629	ASSAULT-POISONING NOS .....	
*E963	ASSAULT-HANGING/STRANGUL .....	
*E964	ASSAULT-SUBMERSION .....	
*E9650	ASSAULT-HANDGUN .....	
*E9651	ASSAULT-SHOTGUN .....	
*E9652	ASSAULT-HUNTING RIFLE .....	
*E9653	ASSAULT-MILITARY WEAPON .....	
*E9654	ASSAULT-FIREARM NEC .....	
*E9655	ASSAULT-ANTIPERSON BOMB .....	
*E9656	ASSAULT-GASOLINE BOMB .....	
*E9657	ASSAULT-LETTER BOMB .....	
*E9658	ASSAULT-EXPLOSIVE NEC .....	
*E9659	ASSAULT-EXPLOSIVE NOS .....	
*E966	ASSAULT-CUTTING INSTR .....	
*E9670	BATTER BY FATHER/STEPFTH .....	
*E9671	CHILD ABUSE BY PERS NEC .....	
*E9679	CHILD ABUSE NOS .....	
*E9680	ASSAULT-FIRE .....	
*E9681	ASSLT-PUSH FROM HI PLACE .....	
*E9682	ASSAULT-STRIKING W OBJ .....	
*E9683	ASSAULT-HOT LIQUID .....	
*E9684	ASSAULT-CRIMINAL NEGLECT .....	
*E9685	ASSLT-TRANSPORT VEHICLE .....	
*E9688	ASSAULT NEC .....	
*E9689	ASSAULT NOS .....	
*E969	LATE EFFECT ASSAULT .....	
*E970	LEGAL INTERVENT-FIREARM .....	
*E971	LEGAL INTERVENT-EXPLOSIV .....	
*E972	LEGAL INTERVENT-GAS .....	
*E973	LEGAL INTERVEN-BLUNT OBJ .....	
*E974	LEGAL INTERVEN-CUT INSTR .....	
*E975	LEGAL INTERVENTION NEC .....	
*E976	LEGAL INTERVENTION NOS .....	
*E977	LATE EFF-LEGAL INTERVENT .....	
*E978	LEGAL EXECUTION .....	
*E9800	UNDETERM POIS-ANALGESICS .....	
*E9801	UNDETERM POIS-BARBITURAT .....	
*E9802	UNDET POIS-SED/HYPN NEC .....	
*E9803	UNDETERM POIS-PSYCHOTROP .....	
*E9804	UNDET POIS-MED AGNT NEC .....	
*E9805	UNDET POIS-MED AGNT NOS .....	
*E9806	UNDET POIS-CORROS/CAUST .....	
*E9807	UNDET POIS-AGRICULT AGNT .....	
*E9808	UNDETER POIS-ARSENIC .....	
*E9809	UNDETER POIS-SOL/LIQ NEC .....	
*E9810	UNDETER POIS-PIPED GAS .....	
*E9811	UNDET POIS-CONTAINER GAS .....	
*E9818	UNDET POIS-UTIL GAS NEC .....	
*E9820	UNDETER POIS-EXHAUST GAS .....	
*E9821	UNDETERMIN POISON-CO NEC .....	
*E9828	UNDET POIS-GAS/VAPOR NEC .....	
*E9829	UNDET POIS-GAS/VAPOR NOS .....	
*E9830	UNDETERMIN CIRC-HANGING .....	
*E9831	UNDET CIRC-SUF PLAST BAG .....	
*E9838	UNDET CIRC-SUFFOCATE NEC .....	
*E9839	UNDET CIRC-SUFFOCATE NOS .....	
*E984	UNDETERM CIRC-SUBMERSION .....	
*E9850	UNDETERMIN CIRC-HANDGUN .....	
*E9851	UNDETERMIN CIRC-SHOTGUN .....	
*E9852	UNDET CIRC-HUNTING RIFLE .....	
*E9853	UNDET CIRC-MILITARY ARMS .....	
*E9854	UNDETER CIRC-FIREARM NEC .....	
*E9855	UNDETERM CIRC-EXPLOSIVE .....	
*E986	UNDET CIRC-CUT INSTRUMNT .....	
*E9870	UNDET CIRC-FALL RESIDENC .....	
*E9871	UNDET FALL STRUCTURE NEC .....	
*E9872	UNDET FALL NATURAL SITE .....	
*E9879	UNDET CIRC-FALL SITE NOS .....	

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*E9880	UNDETERM CIRC-MOVING OBJ .....	
*E9881	UNDETERM CIRC-BURN, FIRE .....	
*E9882	UNDETERM CIRC-SCALD .....	
*E9883	UNDETERM CIRC-EXTRM COLD .....	
*E9884	UNDETERM CIRC-ELECTROCUT .....	
*E9885	UNDET CIRC-MOT VEH CRASH .....	
*E9886	UNDET CIRC-AIRCRAFT CRASH .....	
*E9887	UNDET CIRC-CAUSTIC SUBST .....	
*E9888	UNDETERM CIRCUMST NEC .....	
*E9889	UNDETERM CIRCUMST NOS .....	
*E989	LATE EFF INJ-UNDET CIRC .....	
*E9900	WAR INJ:GASOLINE BOMB .....	
*E9909	WAR INJURY:FIRE NEC .....	
*E9910	WAR INJ:RUBBER BULLET .....	
*E9911	WAR INJURY:PELLETS .....	
*E9912	WAR INJURY:BULLET NEC .....	
*E9913	WAR INJ:ANTIPERSON BOMB .....	
*E9919	WAR INJ:FRAGMENTS NEC .....	
*E992	WAR INJ:MARINE EXPLOS .....	
*E993	WAR INJURY:EXPLOS NEC .....	
*E994	WAR INJ:AIRCRAFT DESTRUC .....	
*E995	WAR INJUR-CONVEN WAR NEC .....	
*E996	WAR INJ:NUCLEAR WEAPONS .....	
*E9970	WAR INJURY:LASERS .....	
*E9971	WAR INJURY:BIOL WARFARE .....	
*E9972	WAR INJURY:GAS/FUM/CHEM .....	
*E9978	WAR INJ-UNCONVEN WAR NEC .....	
*E9979	WAR INJ-UNCONVEN WAR NOS .....	
*E998	WAR INJ:POST WAR OPERAT .....	
*E999	LATE EFF OF WAR INJURY .....	
V010	CHOLERA CONTACT .....	11
V011	TUBERCULOSIS CONTACT .....	11
V012	POLIOMYELITIS CONTACT .....	11
V013	SMALLPOX CONTACT .....	11
V014	RUBELLA CONTACT .....	11
V015	RABIES CONTACT .....	11
V016	VENEREAL DIS CONTACT .....	11
V017	VIRAL DIS CONTACT NEC .....	11
V018	COMMUNIC DIS CONTACT NEC .....	11
V019	COMMUNIC DIS CONTACT NOS .....	11
V020	CHOLERA CARRIER .....	11
V021	TYPHOID CARRIER .....	11
V022	AMEBIASIS CARRIER .....	11
V023	GI PATHOGEN CARRIER NEC .....	11
V024	DIPHTHERIA CARRIER .....	11
V025	BACTERIA DIS CARRIER NEC .....	11
V026	VIRAL HEPATITIS CARRIER* .....	11
V027	GONORRHEA CARRIER .....	11
V028	VENEREAL DIS CARRIER NEC .....	11
V029	CARRIER NEC .....	11
V030	VACCIN FOR CHOLERA .....	11
V031	VACC-TYPHOID-PARATYPHOID .....	11
V032	VACCIN FOR TUBERCULOSIS .....	11
V033	VACCIN FOR PLAGUE .....	11
V034	VACCIN FOR TULAREMIA .....	11
V035	VACCIN FOR DIPHTHERIA .....	11
V036	VACCIN FOR PERTUSSIS .....	11
V037	TETANUS TOXOID INOCULAT .....	11
V0381	ND VAC HMOPHLUS INFLNZ B .....	11
V0382	ND VAC STRPTCS PNEUMNI B .....	11
V0389	ND OTHER SPECIF VACINATION .....	11
V039	VACCIN FOR BACT DIS NOS .....	11
V040	VACCIN FOR POLIOMYELITIS .....	11
V041	VACCIN FOR SMALLPOX .....	11
V042	VACCIN FOR MEASLES .....	11
V043	VACCIN FOR RUBELLA .....	11
V044	VACCIN FOR YELLOW FEVER .....	11
V045	VACCIN FOR RABIES .....	11
V046	VACCIN FOR MUMPS .....	11
V047	VACCIN FOR COMMON COLD .....	11
V048	VACCIN FOR INFLUENZA .....	11
V050	ARBOVIRUS ENCEPH VACCIN .....	11
V051	VACC ARBOVIRAL DIS NEC .....	11
V052	VACCIN FOR LEISHMANIASIS .....	11
V053	NEED PRPHYL VC VRL HEPAT .....	11
V054	NEED PRPHYL VC VARICELLA .....	11

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V058	VACCIN FOR DISEASE NEC .....	11
V059	VACCIN FOR SINGL DIS NOS .....	11
V060	VACCIN FOR CHOLERA + TAB .....	11
V061	VACCIN FOR DTP .....	11
V062	VACCIN FOR DTP + TAB .....	11
V063	VACCIN FOR DTP + POLIO .....	11
V064	VAC-MEASLE-MUMPS-RUBELLA .....	11
V065	ND VAC TETANUS-DIPHTRIA .....	11
V066	ND VAC STRP PNUMN/INFLNZ .....	11
V068	VAC-DIS COMBINATIONS NEC .....	11
V069	VAC-DIS COMBINATIONS NOS .....	11
V070	PROPHYLACTIC ISOLATION .....	11
V071	DESENSITIZA TO ALLERGENS .....	11
V072	PROPHYLACT IMMUNOTHERAPY .....	11
V0731	PROPHYLAC FLUORIDE ADMIN .....	11
V0739	OTHER PROPHYLAC CHEMOTHR .....	11
V074	NEED PSTMNPASL HRMN RPLC .....	11
V078	PROPHYLACTIC MEASURE NEC .....	11
V079	PROPHYLACTIC MEASURE NOS .....	11
V08	ASYMP HIV INFECTN STATUS .....	86
V090	INF MCRG RSTN PNCLLINS .....	97
V091	INF MCRG RSTN B-LACTAM .....	97
V092	INF MCRG RSTN MACROLIDES .....	97
V093	INF MCRG RSTN TTRCYCLN .....	97
V094	INF MCRG RSTN AMNGLCSDS .....	97
V0950	INF MCR RST QN FLR NT ML .....	97
V0951	INF MCRG RSTN QN FLRQ ML .....	97
V096	INF MCRG RSTN SULFNMIDES .....	97
V0970	INF MCR RST OTH AG NT ML .....	97
V0971	INF MCRG RSTN OTH AG MLT .....	97
V0980	INF MCR RST OT DRG NT ML .....	97
V0981	INF MCRG RSTN OTH DRG ML .....	97
V0990	INFC MCRG DRGRST NT MULT .....	97
V0991	INFC MCRG DRGRST MULT .....	97
V1000	HX OF GI MALIGNANCY NOS .....	11
V1001	HX OF TONGUE MALIGNANCY .....	11
V1002	HX-ORAL/PHARYNX MALG NEC .....	11
V1003	HX-ESOPHAGEAL MALIGNANCY .....	11
V1004	HX OF GASTRIC MALIGNANCY .....	11
V1005	HX OF COLONIC MALIGNANCY .....	11
V1006	HX-RECTAL & ANAL MALIGN .....	11
V1007	HX OF LIVER MALIGNANCY .....	11
V1009	HX OF GI MALIGNANCY NEC .....	11
V1011	HX-BRONCHOGENIC MALIGNAN .....	11
V1012	HX-TRACHEAL MALIGNANCY .....	11
V1020	HX-RESP ORG MALIGNAN NOS .....	11
V1021	HX-LARYNGEAL MALIGNANCY .....	11
V1022	HX-NOSE/EAR/SINUS MALIG .....	11
V1029	HX-INTRATHORACIC MAL NEC .....	11
V103	HX OF BREAST MALIGNANCY .....	11
V1040	HX-FEMALE GENIT MALG NOS .....	11
V1041	HX-CERVICAL MALIGNANCY .....	11
V1042	HX-UTERUS MALIGNANCY NEC .....	11
V1043	HX OF OVARIAN MALIGNANCY .....	11
V1044	HX-FEMALE GENIT MALG NEC .....	11
V1045	HX-MALE GENIT MALIG NOS .....	11
V1046	HX-PROSTATIC MALIGNANCY .....	11
V1047	HX-TESTICULAR MALIGNANCY .....	11
V1049	HX-MALE GENIT MALIG NEC .....	11
V1050	HX-URINARY MALIGNAN NOS .....	11
V1051	HX OF BLADDER MALIGNANCY .....	11
V1052	HX OF KIDNEY MALIGNANCY .....	11
V1059	HX-URINARY MALIGNAN NEC .....	11
V1060	HX OF LEUKEMIA NOS .....	11
V1061	HX OF LYMPHOID LEUKEMIA .....	11
V1062	HX OF MYELOID LEUKEMIA .....	11
V1063	HX OF MONOCYTIC LEUKEMIA .....	11
V1069	HX OF LEUKEMIA NEC .....	11
V1071	HX-LYMPHOSARCOMA .....	11
V1072	HX-HODGKIN'S DISEASE .....	11
V1079	HX-LYMPHATIC MALIGN NEC .....	11
V1081	HX OF BONE MALIGNANCY .....	11
V1082	HX-MALIG SKIN MELANOMA .....	11
V1083	HX-SKIN MALIGNANCY NEC .....	11
V1084	HX OF EYE MALIGNANCY .....	11
V1085	HX OF BRAIN MALIGNANCY .....	11

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V1086	HX-MALIGN NERVE SYST NEC .....	11
V1087	HX OF THYROID MALIGNANCY .....	11
V1088	HX-ENDOCRINE MALIGN NEC .....	11
V1089	HX OF MALIGNANCY NEC .....	11
V109	HX OF MALIGNANCY NOS .....	11
V110	HX OF SCHIZOPHRENIA .....	11
V111	HX OF AFFECTIVE DISORDER .....	11
V112	HX OF NEUROSIS .....	11
V113	HX OF ALCOHOLISM .....	11
V118	HX-MENTAL DISORDER NEC .....	11
V119	HX-MENTAL DISORDER NOS .....	11
V1200	PRSNL HST UNSP NFCT PRST .....	11
V1201	PRSNL HST TUBERCULOSIS .....	11
V1202	PRSNL HST POLIOMYELITIS .....	11
V1203	PERSONAL HISTRY MALARIA .....	11
V1209	PRSNL HST OTH NFCT PARST .....	11
V121	HX-NUTRITION DEFICIENCY .....	11
V122	HX-ENDOCR/META/IMMUN DIS .....	11
V123	HX-BLOOD DISEASES .....	11
V1250	HX-CIRCULATORY DIS NOS .....	11
V1251	HX-VEN THROMBOSIS/EMBOLS .....	11
V1252	HX-THROMBOPHLEBITIS .....	11
V1259	HX-CIRCULATORY DIS NEC .....	11
V126	HX-RESPIRATORY SYS DIS .....	11
V1270	PRSNL HST UNSPC DGSTV DS .....	11
V1271	PRSNL HST PEPTIC ULCR DS .....	11
V1272	PRSNL HST COLONIC POLYPS .....	11
V1279	PRSNL HST OT SPF DGST DS .....	11
V1300	PRSNL HST URNR DSRD UNSP .....	11
V1301	PRSNL HST URNR DSRD CALC .....	11
V1309	PRSN HST OT SPF URN DSRD .....	11
V131	HX-TROPHOBLASTIC DISEASE .....	11
V132	HX-GENITAL/OBSTETRIC DIS .....	11
V133	HX-SKIN/SUBCUTAN TIS DIS .....	11
V134	HX OF ARTHRITIS .....	11
V135	HX-MUSCULOSKELET DIS NEC .....	11
V136	HX-CONGENITAL MALFORM .....	11
V137	HX-PERINATAL PROBLEMS .....	11
V138	HX OF DISEASES NEC .....	11
V139	HX OF DISEASE NOS .....	11
V140	HX-PENICILLIN ALLERGY .....	11
V141	HX-ANTIBIOT ALLERGY NEC .....	11
V142	HX-SULFONAMIDES ALLERGY .....	11
V143	HX-ANTI-INFECT ALLERGY .....	11
V144	HX-ANESTHETIC ALLERGY .....	11
V145	HX-NARCOTIC ALLERGY .....	11
V146	HX-ANALGESIC ALLERGY .....	11
V147	HX-VACCINE ALLERGY .....	11
V148	HX-DRUG ALLERGY NEC .....	11
V149	HX-DRUG ALLERGY NOS .....	11
V150	HX OF ALLERGY NEC .....	11
V151	HX-MAJOR CARDIOVASC SURG .....	11
V152	HX-MAJOR ORGAN SURG NEC .....	11
V153	HX OF IRRADIATION .....	11
V155	HX OF INJURY .....	11
V156	HX OF POISONING .....	11
V157	HX OF CONTRACEPTION .....	11
V1581	HX OF PAST NONCOMPLIANCE .....	11
V1582	HISTORY OF TOBACCO USE .....	11
V1584	HX-EXPOSURE ASBESTOS .....	11
V1585	HX-EXPS HAZRD BODY FLUID .....	11
V1586	HX-EXPOSURE TO LEAD .....	11
V1589	HX-HEALTH HAZARDS NEC .....	11
V159	HX-HEALTH HAZARD NOS .....	11
V160	FAMILY HX-GI MALIGNANCY .....	11
V161	FM HX-TRACH/BRONCHOG MAL .....	11
V162	FAM HX-INTRATHORACIC MAL .....	11
V163	FAMILY HX-BREAST MALIG .....	11
V165	FAMILY HX-URINARY MALIG .....	11
V166	FAMILY HX-LEUKEMIA .....	11
V167	FAM HX-LYMPH NEOPLAS NEC .....	11
V168	FAMILY HX-MALIGNANCY NEC .....	11
V169	FAMILY HX-MALIGNANCY NOS .....	11
V170	FAM HX-PSYCHIATRIC COND .....	11
V171	FAMILY HX-STROKE .....	11
V172	FAM HX-NEUROLOG DIS NEC .....	11

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ADDENDUM F.—ICD–9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD–9	ICD–9 Description	MDC
V173	FAM HX-ISCHEM HEART DIS .....	11
V174	FAM HX-CARDIOVAS DIS NEC .....	11
V175	FAMILY HX-ASTHMA .....	11
V176	FAM HX-CHR RESP COND NEC .....	11
V177	FAMILY HX-ARTHRITIS .....	11
V178	FAM HX-MUSCLOSKL DIS NEC .....	11
V180	FAM HX-DIABETES MELLITUS .....	11
V181	FM HX-ENDO/METAB DIS NEC .....	11
V182	FAMILY HX-ANEMIA .....	11
V183	FAM HX-BLOOD DISORD NEC .....	11
V184	FAM HX-MENTAL RETARDAT .....	11
V185	FAMILY HX-GI DISORDERS .....	11
V186	FAMILY HX-KIDNEY DISEASE .....	11
V187	FAMILY HX-GU DISEASE NEC .....	11
V188	FM HX-INFECT/PARASIT DIS .....	11
V190	FAMILY HX-BLINDNESS .....	11
V191	FAMILY HX-EYE DISORD NEC .....	11
V192	FAMILY HX-DEAFNESS .....	11
V193	FAMILY HX-EAR DISORD NEC .....	11
V194	FAMILY HX-SKIN CONDITION .....	11
V195	FAM HX-CONGEN ANOMALIES .....	11
V196	FAMILY HX-ALLERGIC DIS .....	11
V197	CONSANGUINITY .....	11
V198	FAMILY HX-CONDITION NEC .....	11
V200	FOUNDLING HEALTH CARE .....	11
V201	CARE OF HEALTHY CHLD NEC .....	11
V202	ROUTIN CHILD HEALTH EXAM .....	11
V210	RAPID CHILDHOOD GROWTH .....	11
V211	PUBERTY .....	11
V212	ADOLESCENCE GROWTH NEC .....	11
V218	CONSTIT STATE IN DEV NEC .....	11
V219	CONSTIT STATE IN DEV NOS .....	11
V220	SUPERVIS NORMAL 1ST PREG .....	57
V221	SUPERVIS OTH NORMAL PREG .....	57
*V222	PREG STATE, INCIDENTAL .....	.....
V230	PREG W HX OF INFERTILITY .....	57
V231	PREG W HX-TROPHOBLAS DIS .....	57
V232	PREG W HX OF ABORTION .....	57
V233	GRAND MULTIPARITY .....	57
V234	PREG W POOR OBSTETRIC HX .....	57
V235	PREG W POOR REPRODUCT HX .....	57
V237	INSUFFICNT PRENATAL CARE .....	57
V238	SUPRV HIGH-RISK PREG NEC .....	57
V239	SUPRV HIGH-RISK PREG NOS .....	57
V240	POSTPART CARE AFTER DEL .....	57
V241	POSTPART CARE-LACTATION .....	57
V242	ROUT POSTPART FOLLOW-UP .....	57
V2501	PRESCRIP-ORAL CONTRACEPT .....	11
V2502	INITIATE CONTRACEPT NEC .....	11
V2509	CONTRACEPTIVE MANGMT NEC .....	11
V251	INSERTION OF IUD .....	11
V252	STERILIZATION .....	11
V253	MENSTRUAL EXTRACTION .....	56
V2540	CONTRACEPT SURVEILL NOS .....	11
V2541	CONTRACEPT PILL SURVEILL .....	11
V2542	IUD SURVEILLANCE .....	11
V2543	SRVL MPLNT SBDRM CNTRCEP .....	11
V2549	CONTRACEPT SURVEILL NEC .....	11
V255	NSRT MPLNT SBDRM CNTRCEP .....	11
V258	CONTRACEPTIVE MANGMT NEC .....	11
V259	CONTRACEPTIVE MANGMT NOS .....	11
V260	TUBOPLASTY OR VASOPLASTY .....	11
V261	ARTIFICIAL INSEMINATION .....	11
V262	PROCREATIVE MGMT-INVEST .....	11
V263	GENETIC COUNSELING .....	11
V264	PROCREATIVE MGMT-COUNSEL .....	11
V268	PROCREATIVE MANGMT NEC .....	11
V269	PROCREATIVE MANGMT NOS .....	11
*V270	DELIVER-SINGLE LIVEBORN .....	.....
*V271	DELIVER-SINGLE STILLBORN .....	.....
*V272	DELIVER-TWINS, BOTH LIVE .....	.....
*V273	DEL-TWINS, 1 NB, 1 SB .....	.....
*V274	DELIVER-TWINS, BOTH SB .....	.....
*V275	DEL-MULT BIRTH, ALL LIVE .....	.....
*V276	DEL-MULT BRTH, SOME LIVE .....	.....
*V277	DEL-MULT BIRTH, ALL SB .....	.....

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
*V279	OUTCOME OF DELIVERY NOS .....	.....
V280	SCREENING-CHROMOSOM ANOM .....	57
V281	SCREEN-ALPHAFETOPROTEIN .....	57
V282	SCREEN BY AMNIOCENT NEC .....	57
V283	SCREEN-FETAL MALFORM .....	57
V284	SCREEN-FETAL RETARDATION .....	57
V285	SCREEN-ISOIMMUNIZATION .....	57
V288	ANTENATAL SCREENING NEC .....	57
V289	ANTENATAL SCREENING NOS .....	57
V290	NB OBSRV SUSPCT INFECT .....	11
V291	NB OBSRV SUSPCT NEURLGCL .....	11
V292	OBSRV NB SUSPC RESP COND .....	11
V298	NB OBSRV OTH SUSPCT COND .....	11
V299	NB OBSRV UNSP SUSPCT CND .....	11
V3000	SINGLE LB IN-HOSP W/O CS .....	57
V3001	SINGLE LB IN-HOSP W CS .....	57
V301	SINGL LIVEBRN-BEFORE ADM .....	57
V302	SINGLE LIVEBORN-NONHOSP .....	57
V3100	TWIN-MATE LB-HOSP W/O CS .....	57
V3101	TWIN-MATE LB-IN HOS W CS .....	57
V311	TWIN, MATE LB-BEFORE ADM .....	57
V312	TWIN, MATE LB-NONHOSP .....	57
V3200	TWIN-MATE SB-HOSP W/O CS .....	57
V3201	TWIN-MATE SB-HOSP W CS .....	57
V321	TWIN, MATE SB-BEFORE ADM .....	57
V322	TWIN, MATE SB-NONHOSP .....	57
V3300	TWIN-NOS-IN HOSP W/O CS .....	57
V3301	TWIN-NOS-IN HOSP W CS .....	57
V331	TWIN NOS-BEFORE ADMISSN .....	57
V332	TWIN NOS-NONHOSP .....	57
V3400	OTH MULT LB-HOSP W/O CS .....	57
V3401	OTH MULT LB-IN HOSP W CS .....	57
V341	OTH MULT NB-BEFORE ADM .....	57
V342	OTH MULTIPLE NB-NONHOSP .....	57
V3500	OTH MULT SB-HOSP W/O CS .....	57
V3501	OTH MULT SB-IN HOSP W CS .....	57
V351	OTH MULT SB-BEFORE ADM .....	57
V352	OTH MULTIPLE SB-NONHOSP .....	57
V3600	MULT LB/SB-IN HOS W/O CS .....	57
V3601	MULT LB/SB-IN HOSP W CS .....	57
V361	MULT NB/SB-BEFORE ADM .....	57
V362	MULTIPLE NB/SB-NONHOSP .....	57
V3700	MULT BRTH NOS-HOS W/O CS .....	57
V3701	MULT BIRTH NOS-HOSP W CS .....	57
V371	MULT BRTH NOS-BEFORE ADM .....	57
V372	MULT BIRTH NOS-NONHOSP .....	57
V3900	LIVEBORN NOS-HOSP W/O CS .....	57
V3901	LIVEBORN NOS-HOSP W CS .....	57
V391	LIVEBORN NOS-BEFORE ADM .....	57
V392	LIVEBORN NOS-NONHOSP .....	57
V400	PROBLEMS WITH LEARNING .....	91
V401	PROB WITH COMMUNICATION .....	91
V402	MENTAL PROBLEMS NEC .....	91
V403	BEHAVIORAL PROBLEMS NEC .....	91
V409	MENTAL/BEHAVIOR PROB NOS .....	91
V410	PROBLEMS WITH SIGHT .....	11
V411	EYE PROBLEMS NEC .....	11
V412	PROBLEMS WITH HEARING .....	11
V413	EAR PROBLEMS NEC .....	11
V414	VOICE PRODUCTION PROBLEM .....	11
V415	SMELL AND TASTE PROBLEM .....	11
V416	PROBLEM W SWALLOWING .....	11
V417	SEXUAL FUNCTION PROBLEM .....	91
V418	PROBL W SPECIAL FUNC NEC .....	91
V419	PROBL W SPECIAL FUNC NOS .....	91
V420	KIDNEY TRANSPLANT STATUS .....	53
V421	HEART TRANSPLANT STATUS .....	36
V422	HEART VALVE TRANSPLANT .....	36
V423	SKIN TRANSPLANT STATUS .....	18
V424	BONE TRANSPLANT STATUS .....	24
V425	CORNEA TRANSPLANT STATUS .....	68
V426	LUNG TRANSPLANT STATUS .....	33
V427	LIVER TRANSPLANT STATUS .....	41
V429	TRANSPLANT STATUS NOS .....	11
V430	EYE REPLACEMENT NEC .....	68
V431	LENS REPLACEMENT NEC .....	11

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V432	HEART REPLACEMENT NEC .....	36
V433	HEART VALVE REPLAC NEC .....	36
V434	BLOOD VESSEL REPLAC NEC .....	36
V435	BLADDER REPLACEMENT NEC .....	53
V4360	JOINT REPLACED UNSPCF .....	11
V4361	JOINT REPLACED SHOULDER .....	11
V4362	JOINT REPLACED ELBOW .....	11
V4363	JOINT REPLACED WRIST .....	11
V4364	JOINT REPLACED HIP .....	11
V4365	JOINT REPLACED KNEE .....	11
V4366	JOINT REPLACED ANKLE .....	11
V4369	OTH SPCF JOINT REPLACED .....	11
V437	LIMB REPLACEMENT NEC .....	24
V4381	LARYNX REPLACEMENT .....	11
V4382	BREAST REPLACEMENT .....	11
V4389	ORGAN/TISS REPLACMNT NEC .....	11
V440	TRACHEOSTOMY STATUS .....	11
V441	GASTROSTOMY STATUS .....	11
V442	ILEOSTOMY STATUS .....	11
V443	COLOSTOMY STATUS .....	11
V444	ENTEROSTOMY STATUS NEC .....	11
V445	CYSTOSTOMY STATUS .....	11
V446	URINOSTOMY STATUS NEC .....	11
V447	ARTIFICIAL VAGINA STATUS .....	11
V448	ARTIF OPEN STATUS NEC .....	11
V449	ARTIF OPEN STATUS NOS .....	11
V4500	STATUS CARDIAC DVCE UNSPCF .....	11
V4501	STATUS CARDIAC PACEMAKER .....	11
V4502	STATUS AUTM CRD DFBRLTR .....	11
V4509	STATUS OTH SPCF CRDC DVC .....	11
V451	RENAL DIALYSIS STATUS .....	11
V452	VENTRICULAR SHUNT STATUS .....	11
V453	INTESTINAL BYPASS STATUS .....	11
V454	ARTHRODESIS STATUS .....	11
V4551	PRSC NTRUTR CNTRCPTV DVC .....	11
V4552	PRSC SBDRLM CNTRCP MPLNT .....	11
V4559	PRSC OTHER CNTRCPTV DVC .....	11
V4581	AORTOCORONARY BYPASS .....	11
V4582	STATUS-POST PTCA .....	11
V4583	BREAST IMPL REMOV STATUS .....	11
V4589	POSTSURGICAL STATES NEC .....	11
V460	DEPENDENCE ON ASPIRATOR .....	33
V461	DEPENDENCE ON RESPIRATOR .....	33
V468	MACHINE DEPENDENCE NEC .....	11
V469	MACHINE DEPENDENCE NOS .....	11
V470	INTERN ORGAN DEFICIENCY .....	11
V471	MECH PROB W INTERNAL ORG .....	11
V472	CARDIORESPIRAT PROBL NEC .....	11
V473	DIGESTIVE PROBLEMS NEC .....	11
V474	URINARY PROBLEMS NEC .....	11
V475	GENITAL PROBLEMS NEC .....	11
V479	PROBL W INTERNAL ORG NOS .....	11
V480	DEFICIENCIES OF HEAD .....	11
V481	DEFICIENCIES NECK/TRUNK .....	11
V482	MECHANICAL PROB W HEAD .....	11
V483	MECH PROB W NECK & TRUNK .....	11
V484	SENSORY PROBLEM W HEAD .....	11
V485	SENSOR PROB W NECK/TRUNK .....	11
V486	DISFIGUREMENTS OF HEAD .....	11
V487	DISFIGUREMENT NECK/TRUNK .....	11
V488	PROB-HEAD/NECK/TRUNK NEC .....	11
V489	PROB-HEAD/NECK/TRUNK NOS .....	11
V490	DEFICIENCIES OF LIMBS .....	11
V491	MECHANICAL PROB W LIMBS .....	11
V492	MOTOR PROBLEMS W LIMBS .....	11
V493	SENSORY PROBLEMS W LIMBS .....	11
V494	DISFIGUREMENTS OF LIMBS .....	11
V495	LIMB PROBLEMS NEC .....	11
V4960	STATUS AMPUT UP LMB NOS .....	11
V4961	STATUS AMPUT THUMB .....	11
V4962	STATUS AMPUT OTH FINGERS .....	11
V4963	STATUS AMPUT HAND .....	11
V4964	STATUS AMPUT WRIST .....	11
V4965	STATUS AMPUT BELOW ELBOW .....	11
V4966	STATUS AMPUT ABOVE ELBOW .....	11
V4967	STATUS AMPUT SHOULDER .....	11

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V4970	STATUS AMPUT LWR LMB NOS .....	11
V4971	STATUS AMPUT GREAT TOE .....	11
V4972	STATUS AMPUT OTHR TOE(S) .....	11
V4973	STATUS AMPUT FOOT .....	11
V4974	STATUS AMPUT ANKLE .....	11
V4975	STATUS AMPUT BELOW KNEE .....	11
V4976	STATUS AMPUT ABOVE KNEE .....	11
V4977	STATUS AMPUT HIP .....	11
V498	PROBL INFLU HEALTH NEC .....	11
V499	PROBL INFLU HEALTH NOS .....	11
V500	HAIR TRANSPLANT .....	11
V501	PLASTIC SURGERY NEC .....	11
V502	ROUTINE CIRCUMCISION .....	11
V503	EAR PIERCING .....	11
V5041	PRPHYLCT ORGN RMVL BRST .....	11
V5042	PRPHYLCT ORGN RMVL OVARY .....	11
V5049	PRPHYLCT ORGN RMVL OTHER .....	11
V508	ELECTIVE SURGERY NEC .....	11
V509	ELECTIVE SURGERY NOS .....	11
V51	AFTERCARE W PLASTIC SURG .....	18
V520	FITTING ARTIFICIAL ARM .....	24
V521	FITTING ARTIFICIAL LEG .....	24
V522	FITTING ARTIFICIAL EYE .....	11
V523	FITTING DENTAL PROSTHES .....	31
V524	FIT/ADJ BREAST PROS/MPL .....	18
V528	FITTING PROSTHESIS NEC .....	24
V529	FITTING PROSTHESIS NOS .....	24
V531	FIT CONTACT LENS/GLASSES .....	68
V532	ADJUSTMENT HEARING AID .....	31
V533	ADJUST CARDIAC PACEMAKER* .....	36
V5331	FTNG CARDIAC PACEMAKER .....	11
V5332	FTNG AUTMTC DFIBRILLATOR .....	11
V5339	FTNG OTH CARDIAC DEVICE .....	11
V534	FIT ORTHODONTIC DEVICE .....	31
V535	FIT/ADJ INTES APPL NEC .....	41
V536	FITTING URINARY DEVICES .....	53
V537	FIT ORTHOPEDIC DEVICES .....	24
V538	ADJUSTMENT OF WHEELCHAIR .....	24
V539	ADJUSTMNT DEVICE NEC/NOS .....	24
V540	REMOVAL INT FIXATION DEV .....	11
V548	ORTHOPEDIC AFTERCARE NEC .....	24
V549	ORTHOPEDIC AFTERCARE NOS .....	24
V550	ATTEN TO TRACHEOSTOMY .....	31
V551	ATTEN TO GASTROSTOMY .....	41
V552	ATTEN TO ILEOSTOMY .....	41
V553	ATTEN TO COLOSTOMY .....	41
V554	ATTEN TO ENTEROSTOMY NEC .....	41
V555	ATTEN TO CYSTOSTOMY .....	53
V556	ATTEN TO URINOSTOMY NEC .....	53
V557	ATTEN ARTIFICIAL VAGINA .....	56
V558	ATTN TO ARTIF OPEN NEC .....	11
V559	ATTN TO ARTIF OPEN NOS .....	11
V560	RENAL DIALYSIS ENCOUNTER .....	11
V561	FIT/ADJ DIALYSIS CATHETR .....	.....
V568	DIALYSIS ENCOUNTER, NEC .....	53
V570	BREATHING EXERCISES .....	11
V571	PHYSICAL THERAPY NEC .....	11
V5721	ENCNTR OCCUPATNAL THRPY .....	11
V5722	ENCNTR VOCATIONAL THRPY .....	11
V573	SPEECH THERAPY .....	11
V574	ORTHOPTIC TRAINING .....	11
V5781	ORTHOTIC TRAINING .....	24
V5789	REHABILITATION PROC NEC .....	11
V579	REHABILITATION PROC NOS .....	11
V580	RADIOTHERAPY ENCOUNTER .....	11
V581	CHEMOTHERAPY ENCOUNTER .....	11
V582	BLOOD TRANSFUSION, NO DX .....	11
V583	ATTEN-SURG DRESSNG/SUTUR .....	11
V584	POSTSURG AFTERCARE NEC* .....	11
V5841	ENCNTR PLND PO WND CLSR .....	11
V5849	POSTOP OTH SPECFD AFTRCR .....	11
V585	ORTHODONTICS AFTERCARE .....	31
V5861	LONG-TERM USE ANTICOAGUL .....	36
V5869	LONG-TERM USE MEDS NEC .....	11
V5881	FIT/ADJ VASCULAR CATHETR .....	11
*V5882	FIT/ADJ NON-VSC CATH NEC .....	.....

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V5889	OTHER SPECIFIED AFTERCARE .....	11
V589	AFTERCARE NOS .....	11
V5901	BLOOD DONOR-WHOLE BLOOD .....	11
V5902	BLOOD DONOR-STEM CELLS .....	11
V5909	BLOOD DONOR NEC .....	11
V591	SKIN DONOR .....	11
V592	BONE DONOR .....	11
V593	BONE MARROW DONOR .....	11
V594	KIDNEY DONOR .....	11
V595	CORNEA DONOR .....	11
V596	LIVER DONOR .....	11
V598	ORG OR TISSUE DONOR NEC .....	11
V599	ORG OR TISSUE DONOR NOS .....	11
V600	LACK OF HOUSING .....	91
V601	INADEQUATE HOUSING .....	91
V602	ECONOMIC PROBLEM .....	91
V603	PERSON LIVING ALONE .....	91
V604	NO FAMILY ABLE TO CARE .....	91
V605	HOLIDAY RELIEF CARE .....	91
V606	PERSON IN RESIDENT INST .....	91
V608	HOUSING/ECONO CIRCUM NEC .....	91
V609	HOUSING/ECONO CIRCUM NOS .....	91
V610	FAMILY DISRUPTION .....	91
V6120	CNSL PRNT-CHLD PROB NOS .....	91
V6121	CNSL VICTIM CHILD ABUSE .....	91
V6129	PARENT-CHILD PROBLEM NEC .....	91
V613	PROBLEM W AGED PARENT .....	91
V6141	ALCOHOLISM IN FAMILY .....	91
V6149	FAMILY HEALTH PROBL NEC .....	91
V615	MULTIPARITY .....	56
V616	ILLEGITIMATE PREGNANCY .....	91
V617	UNWANTED PREGNANCY NEC .....	91
V618	FAMILY CIRCUMSTANCES NEC .....	91
V619	FAMILY CIRCUMSTANCE NOS .....	91
V620	UNEMPLOYMENT .....	91
V621	ADVERSE EFF-WORK ENVIRON .....	91
V622	OCCUP CIRCUMSTANCES NEC .....	91
V623	EDUCATIONAL CIRCUMSTANCE .....	91
V624	SOCIAL MALADJUSTMENT .....	91
V625	LEGAL CIRCUMSTANCES .....	91
V626	REFUSAL OF TREATMENT .....	91
V6281	INTERPERSONAL PROBL NEC .....	91
V6282	BEREAVEMENT, UNCOMPLICAT .....	91
V6289	PSYCHOLOGICAL STRESS NEC .....	91
V629	PSYCHOSOCIAL CIRCUM NOS .....	91
V630	HOME REMOTE FROM HOSPITL .....	91
V631	NO MEDICAL SERV IN HOME .....	91
V632	WAIT ADM TO OTH FACILITY .....	91
V638	NO MED FACILITIES NEC .....	91
V639	NO MED FACILITIES NOS .....	91
V640	NO VACCIN/CONTRAINDICAT .....	11
V641	NO PROC/CONTRAINDICATION .....	11
V642	NO PROC/PATIENT DECISION .....	11
V643	NO PROC FOR REASONS NEC .....	11
V650	HEALTHY PERSON W SICK .....	11
V651	PERSON CONSULT FOR ANOTH .....	91
V652	PERSON FEIGNING ILLNESS .....	91
V653	DIETARY SURVEIL/COUNSEL .....	82
V6540	COUNSELING NOS .....	91
V6541	EXERCISE COUNSELING .....	11
V6542	COUNSLNG SBSTN USE ABUSE .....	91
V6543	COUNSELING INJRY PREVENT .....	11
V6544	HIV COUNSELING .....	86
V6545	CONSLN OT SEX TRNSMT DIS .....	97
V6549	OTHER SPECIFD COUNSELING .....	11
V655	PERSN W FEARED COMPLAINT .....	91
V658	REASON FOR CONSULT NEC .....	91
V659	REASON FOR CONSULT NOS .....	91
V660	SURGICAL CONVALESCENCE .....	11
V661	RADIOTHERAPY CONVALESCEN .....	11
V662	CHEMOTHERAPY CONVALESCEN .....	11
V663	MENTAL DIS CONVALESCENCE .....	11
V664	FRACTURE TREATMNT CONVAL .....	11
V665	CONVALESCENCE NEC .....	11
V666	COMB TREATMENT CONVALES .....	11
V669	CONVALESCENCE NOS .....	11

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## ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V670	SURGERY FOLLOW-UP .....	11
V671	RADIOTHERAPY FOLLOW-UP .....	11
V672	CHEMOTHERAPY FOLLOW-UP .....	11
V673	PSYCHIATRIC FOLLOW-UP .....	91
V674	FU EXAM TREATD HEALED FX .....	11
V6751	HIGH-RISK RX NEC EXAM .....	11
V6759	FOLLOW-UP EXAM NEC .....	11
V676	COMB TREATMENT FOLLOW-UP .....	11
V679	FOLLOW-UP EXAM NOS .....	11
V680	ISSUE MEDICAL CERTIFICAT .....	91
V681	ISSUE REPEAT PRESCRIPT .....	11
V682	REQUEST EXPERT EVIDENCE .....	11
V6881	REFERRAL-NO EXAM/TREAT .....	11
V6889	ADMINISTRIVE ENCOUNT NEC .....	11
V689	ADMINISTRIVE ENCOUNT NOS .....	11
V690	LACK OF PHYSICAL EXERCSE .....	11
V691	INAPPRT DIET EAT HABITS .....	11
V692	HIGH-RISK SEXUAL BEHAVR .....	97
V693	GAMBLING AND BETTING .....	91
V698	OTH PRBLMS RLTD LFSTYLE .....	91
V699	PRBLM RLTD LFSTYLE NOS .....	91
V700	ROUTINE MEDICAL EXAM .....	11
V701	PSYCH EXAM-AUTHORITY REQ .....	91
V702	GEN PSYCHIATRIC EXAM NEC .....	91
V703	MED EXAM NEC-ADMIN PURP .....	11
V704	EXAM-MEDICOLEGAL REASONS .....	11
V705	HEALTH EXAM-GROUP SURVEY .....	11
V706	HEALTH EXAM-POP SURVEY .....	11
V707	EXAM-CLINICAL RESEARCH .....	11
V708	GENERAL MEDICAL EXAM NEC .....	11
V709	GENERAL MEDICAL EXAM NOS .....	11
V7101	OBSV-ADULT ANTISOC BEHAV .....	91
V7102	OBSV-ADOLESC ANTISOC BEH .....	91
V7109	OBSERV-MENTAL COND NEC .....	91
V711	OBSV-SUSPCT MAL NEOPLASM .....	88
V712	OBSERV-SUSPECT TB .....	11
V713	OBSERV-WORK ACCIDENT .....	11
V714	OBSERV-ACCIDENT NEC .....	11
V715	OBSERV FOLLOWING RAPE .....	91
V716	OBSERV-INFLECTED INJ NEC .....	11
V717	OBS-SUSP CARDIOVASC DIS .....	11
V718	OBSERV-SUSPECT COND NEC .....	11
V719	OBSERV-SUSPECT COND NOS .....	11
V720	EYE & VISION EXAMINATION .....	68
V721	EAR & HEARING EXAM .....	31
V722	DENTAL EXAMINATION .....	31
V723	GYNECOLOGIC EXAMINATION .....	56
V724	PREG EXAM-PREG UNCONFIRM .....	56
V725	RADIOLOGICAL EXAM NEC .....	11
V726	LABORATORY EXAMINATION .....	11
V727	SKIN/SENSITIZATION TESTS .....	11
V7281	PREOP CARDIOVSCLR EXAM .....	11
V7282	PREOP RESPIRATORY EXAM .....	11
V7283	OTH SPCF PREOP EXAM .....	11
V7284	PREOP EXAM UNSPCF .....	11
V7285	OTH SPECIFIED EXAM .....	11
V729	EXAMINATION NOS .....	11
V730	SCREENING-POLIOMYELITIS .....	11
V731	SCREENING FOR SMALLPOX .....	11
V732	SCREENING FOR MEASLES .....	11
V733	SCREENING FOR RUBELLA .....	11
V734	SCREENING-YELLOW FEVER .....	11
V735	SCREENING-ARBOVIRUS DIS .....	11
V736	SCREENING FOR TRACHOMA .....	11
V7388	SCRN OTH SPCF CHLMYD DIS .....	11
V7389	SCRN OTH SPCF VIRAL DIS .....	11
V7398	SCRN UNSPCF CHLMYD DIS .....	11
V7399	SCRN UNSPCF VIRAL DIS .....	11
V740	SCREENING FOR CHOLERA .....	11
V741	SCREENING-PULMONARY TB .....	11
V742	SCREENING FOR LEPROSY .....	11
V743	SCREENING FOR DIPHTHERIA .....	11
V744	SCREEN-BACT CONJUNCTIVIT .....	11
V745	SCREEN FOR VENERAL DIS .....	11
V746	SCREENING FOR YAWS .....	11
V748	SCREEN-BACTERIAL DIS NEC .....	11

\*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

ICD-9	ICD-9 Description	MDC
V749	SCREEN-BACTERIAL DIS NOS .....	11
V750	SCREEN-RICKETTSIAL DIS .....	11
V751	SCREENING FOR MALARIA .....	11
V752	SCREEN FOR LEISHMANIASIS .....	11
V753	SCREEN-TRYPANOSOMIASIS .....	11
V754	SCREEN-MYCOTIC INFECT .....	11
V755	SCREEN-SCHISTOSOMIASIS .....	11
V756	SCREEN FOR FILARIASIS .....	11
V757	SCREEN FOR HELMINTHIASIS .....	11
V758	SCREEN-PARASITIC DIS NEC .....	11
V759	SCREEN FOR INFEC DIS NOS .....	11
V760	SCREEN MAL NEOP-RESP ORG .....	11
V762	SCREEN MAL NEOP-CERVIX .....	11
V763	SCREEN MAL NEOP-BLADDER .....	11
V7641	SCREEN MAL NEOP-RECTUM .....	11
V7642	SCREEN MAL NEOP-ORAL CAV .....	11
V7643	SCREEN MAL NEOP-SKIN .....	11
V7649	SCREEN MAL NEOP-SITE NEC .....	11
V768	SCREEN-NEOPLASM NEC .....	11
V769	SCREEN-NEOPLASM NOS .....	11
V770	SCREEN-THYROID DISORDER .....	11
V771	SCREEN-DIABETES MELLITUS .....	11
V772	SCREEN FOR MALNUTRITION .....	11
V773	SCREEN-PHENYLKETONURIA .....	11
V774	SCREEN FOR GALACTOSEMIA .....	11
V775	SCREENING FOR GOUT .....	11
V776	SCREEN-CYSTIC FIBROSIS .....	11
V777	SCREEN-INBORN ERR METAB .....	11
V778	SCREENING FOR OBESITY .....	11
V779	SCREEN-ENDOC/NUT/MET NEC .....	11
V780	SCREEN-IRON DEFIC ANEMIA .....	11
V781	SCREEN-DEFIC ANEMIA NEC .....	11
V782	SCREEN-SICKLE CELL DIS .....	11
V783	SCRN-HEMOGLOBINOPATH NEC .....	11
V788	SCREEN-BLOOD DIS NEC .....	11
V789	SCREEN-BLOOD DIS NOS .....	11
V790	SCREENING FOR DEPRESSION .....	11
V791	SCREENING FOR ALCOHOLISM .....	11
V792	SCREEN-MENTAL RETARDAT .....	11
V793	SCREEN-DEVELOPMENT PROB .....	11
V798	SCREEN-MENTAL DIS NEC .....	11
V799	SCREEN-MENTAL DIS NOS .....	11
V800	SCREEN-NEUROLOGICAL COND .....	11
V801	SCREENING FOR GLAUCOMA .....	11
V802	SCREENING-EYE COND NEC .....	11
V803	SCREENING FOR EAR DIS .....	11
V810	SCRN-ISCHEMIC HEART DIS .....	11
V811	SCREEN FOR HYPERTENSION .....	11
V812	SCREEN-CARDIOVASC NEC .....	11
V813	SCREEN-BRONCH/EMPHYSEMA .....	11
V814	SCREEN-RESPIR COND NEC .....	11
V815	SCREEN FOR NEPHROPATHY .....	11
V816	SCREEN FOR GU COND NEC .....	11
V820	SCREEN FOR SKIN COND .....	11
V821	SCREEN-RHEUMATOID ARTHR .....	11
V822	SCREEN-RHEUMAT DIS NEC .....	11
V823	SCREEN-CONG HIP DISLOCAT .....	11
V824	POSTNAT SCREEN-CHROM ABN .....	11
V825	SCREEN-CONTAMINATION NEC .....	11
V826	MULTIPHASIC SCREENING .....	11
V828	SCREEN FOR CONDITION NEC .....	11
V829	SCREEN FOR CONDITION NOS .....	11

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS 2	HOPD status indicator	Description
15756	C	Free muscle flap, microvasc
15757	C	Free skin flap, microvasc
15758	C	Free fascial flap, microvasc
19200	C	Removal of breast

CPT 1/ HCPCS 2	HOPD status indicator	Description
19220	C	Removal of breast
19240	C	Removal of breast
19260	C	Removal of chest wall lesion
19271	C	Revision of chest wall

CPT 1/ HCPCS 2	HOPD status indicator	Description
19272	C	Extensive chest wall surgery
19361	C	Breast reconstruction
19364	C	Breast reconstruction
19367	C	Breast reconstruction

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
20962	C	Other bone graft, microvasc
20969	C	Bone/skin graft, microvasc
20970	C	Bone/skin graft, iliac crest
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

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
22819	C	Kyphectomy, 3 & more segments
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 fixation device
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
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
26553	C	Single toe-hand transfer
26554	C	Double toe-hand transfer
26556	C	Toe joint transfer
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

ADDENDUM G.—CPT CODES WHICH  
 WOULD BE PAID ONLY AS INPATIENT  
 PROCEDURES—Continued

CPT 1/ HCPCS 2	HOPD status indicator	Description
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
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

 ADDENDUM G.—CPT CODES WHICH  
 WOULD BE PAID ONLY AS INPATIENT  
 PROCEDURES—Continued

CPT 1/ HCPCS 2	HOPD status indicator	Description
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

 ADDENDUM G.—CPT CODES WHICH  
 WOULD BE PAID ONLY AS INPATIENT  
 PROCEDURES—Continued

CPT 1/ HCPCS 2	HOPD status indicator	Description
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
33220	C	Repair pacemaker electrode
33233	C	Removal of pacemaker system
33234	C	Removal of pacemaker system
33235	C	Remove 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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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	Atrial septectomy/septostomy
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
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

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
35371	C	Rechanneling of artery
35372	C	Rechanneling of artery
35381	C	Rechanneling of artery
35390	C	Reoperation, carotid
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
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

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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	Artery 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
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
37207	C	Transcatheter stent
37208	C	Transcatheter stent
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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
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	Partial 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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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
47010	C	Open drainage, liver lesion
47011	C	Percut drain, liver lesion

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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
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, intraoperative
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

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
49020	C	Drain abdominal abscess
49021	C	Drain abdominal abscess
49040	C	Open drainage abdom ab-
		sscess
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
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 & treat-
		ment
50578	C	Renal endoscopy; radiotracer
50580	C	Kidney endoscopy & treat-
		ment
50600	C	Exploration of ureter
50605	C	Insert ureteral support
50610	C	Removal of ureter stone

ADDENDUM G.—CPT CODES WHICH  
WOULD BE PAID ONLY AS INPATIENT  
PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
56342	C	Laparoscopic cholecystectomy
56345	C	Laparoscopic splenectomy
56347	C	Laparoscopic jejunostomy
56348	C	Laparoscopic; 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	Removal of vagina
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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)
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
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 vbc 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	Drill skull for examination
61106	C	Drill skull for exam/surgery
61107	C	Drill skull for implantation

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
61108	C	Drill skull for drainage
61120	C	Pierce skull for examination
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
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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	Added spinal disk surgery
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	Removal of spinal lamina
63055	C	Decompress spinal cord
63056	C	Decompress spinal cord
63057	C	Decompress spinal cord
63064	C	Decompress spinal cord
63066	C	Decompress spinal cord
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	Removal of vertebral body
63085	C	Removal of vertebral body
63086	C	Removal of vertebral body
63087	C	Removal of vertebral body
63088	C	Removal of vertebral body
63090	C	Removal of vertebral body
63091	C	Removal of vertebral body
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

## ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS <sup>2</sup>	HOPD status indicator	Description
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	Removal of vertebral body
63655	C	Implant neuroelectrodes
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 socket
67445	C	Explore/decompress eye socket
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	Additional x-rays at surgery
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
75960	C	Transcatheter intro, stent
75961	C	Retrieval, broken catheter
75962	C	Repair arterial blockage
75964	C	Repair artery blockage, each

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS 2	HOPD status indicator	Description
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

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT 1/ HCPCS 2	HOPD status indicator	Description
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
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	Intraoperative nerve testing
95961	C	Electrode stimulation, brain
95962	C	Electrode stimulation, brain
99190	C	Special pump services
99191	C	Special pump services
99192	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
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
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

ADDENDUM H.—STATUS INDICATORS; HOW VARIOUS SERVICES ARE TREATED UNDER OUTPATIENT PPS

Indicator	Service	Status
A .....	Pulmonary Rehabilitation Clinical Trial .....	Not paid under PPS
C .....	Inpatient Procedures .....	Admit Patient; Bill as Inpatient
A .....	Durable Medical Equipment, Prosthetics and Orthotics .....	DMEPOS Fee Schedule
E .....	Non-covered Items and Services .....	Non-paid
A .....	Physical, Occupational and Speech Therapy .....	Rehabilitation Fee Schedule
A .....	Ambulance .....	Ambulance Fee Schedule
A .....	EPO for ESRD patients .....	National Rate
A .....	Clinical Diagnostic Laboratory Services .....	Laboratory Fee Schedule
A .....	Physician Services for ESRD patients .....	Not paid under PPS
A .....	Screening Mammography .....	National Rate
N .....	Incidental Services, packaged into APC Rate .....	Packaged
P .....	Partial Hospitalization .....	Paid per diem APC
S .....	Significant Procedure, not discounted when multiple .....	Paid
T .....	Procedure, multiple discount applies .....	Paid
V .....	Visit to Clinic or Emergency Department .....	Paid
X .....	Ancillary Service .....	Paid

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL

Hospital	SMI
010001 .....	2.17
010004 .....	1.18
010005 .....	1.37
010006 .....	1.95
010007 .....	1.07
010008 .....	1.16
010009 .....	1.18
010010 .....	1.40
010011 .....	1.64
010012 .....	1.32
010015 .....	1.40
010016 .....	2.19
010018 .....	4.13
010019 .....	1.91
010021 .....	1.24
010022 .....	1.30
010023 .....	2.49
010024 .....	1.95
010025 .....	1.38
010027 .....	0.76
010029 .....	1.97
010031 .....	1.32
010032 .....	0.83
010033 .....	1.17
010034 .....	1.48
010035 .....	2.18
010036 .....	1.16

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
010038 .....	2.60
010039 .....	1.40
010040 .....	2.15
010043 .....	1.31
010044 .....	1.38
010045 .....	1.25
010046 .....	1.43
010047 .....	0.97
010049 .....	1.93
010050 .....	1.14
010051 .....	1.06
010052 .....	0.89
010053 .....	1.37
010054 .....	1.30
010055 .....	2.14
010056 .....	1.66
010058 .....	0.57
010059 .....	1.22
010061 .....	1.66
010062 .....	1.14
010064 .....	1.95
010065 .....	1.52
010066 .....	0.77
010068 .....	0.97
010069 .....	1.56
010072 .....	1.49
010073 .....	1.32

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
010078 .....	1.65
010079 .....	1.59
010080 .....	0.75
010081 .....	1.86
010083 .....	1.37
010084 .....	3.64
010087 .....	1.89
010089 .....	1.67
010090 .....	1.80
010091 .....	1.02
010092 .....	1.67
010094 .....	1.23
010095 .....	0.91
010097 .....	1.23
010098 .....	1.05
010099 .....	1.32
010100 .....	1.67
010101 .....	1.42
010102 .....	0.85
010103 .....	1.63
010104 .....	1.75
010108 .....	1.18
010109 .....	1.33
010110 .....	0.82
010112 .....	1.15
010113 .....	1.97
010114 .....	1.52

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI	Hospital	SMI	Hospital	SMI
010115	0.94	030030	2.01	040041	2.17
010117	0.80	030033	1.38	040042	1.31
010118	1.77	030034	0.77	040044	0.90
010119	1.56	030035	2.11	040045	1.17
010120	1.24	030036	1.65	040047	1.14
010123	1.62	030037	2.92	040048	1.69
010124	2.29	030038	2.39	040050	1.28
010125	0.91	030040	1.22	040051	1.14
010126	1.80	030041	0.85	040053	1.01
010127	1.88	030043	1.66	040054	1.68
010128	0.91	030044	1.34	040055	1.97
010129	1.10	030047	1.01	040058	1.26
010130	1.13	030049	0.50	040060	0.80
010131	1.88	030054	0.57	040062	1.75
010134	1.02	030055	1.65	040064	0.75
010137	0.97	030059	1.77	040066	2.43
010138	0.86	030060	1.43	040067	0.73
010139	2.05	030061	1.44	040069	1.84
010143	1.42	030062	1.32	040070	1.19
010144	2.30	030064	1.67	040071	1.30
010145	1.16	030065	2.01	040072	1.26
010146	1.76	030067	1.01	040074	1.65
010148	1.30	030068	1.71	040075	1.08
010149	1.70	030069	2.11	040076	1.13
010150	1.60	030080	1.67	040077	1.05
010152	1.49	030083	1.52	040078	2.58
010155	1.00	030085	1.78	040080	1.19
012005	1.01	030086	1.52	040081	0.62
013025	1.08	030087	3.31	040082	1.05
013027	0.80	030088	1.58	040084	1.68
013028	0.66	030089	1.83	040085	1.19
013029	1.07	030092	1.84	040088	1.98
013030	0.40	030093	1.16	040090	0.75
013300	0.87	030094	1.42	040091	1.19
014000	0.86	030095	1.99	040093	0.79
014002	0.85	033025	1.10	040100	1.19
014003	0.83	033026	1.27	040105	0.79
020001	2.09	033028	1.06	040106	1.28
020002	1.79	034004	0.89	040107	1.23
020004	1.27	034008	0.92	040109	1.10
020005	0.69	034009	0.87	040114	4.13
020006	1.37	034010	0.87	040116	2.11
020007	0.58	034013	0.92	040118	2.05
020008	1.36	034015	0.87	040119	1.78
020009	0.71	034019	0.87	040124	1.44
020010	0.38	040001	1.28	040126	1.58
020011	0.68	040002	1.32	040132	0.55
020012	2.31	040003	1.12	043026	1.00
020013	1.41	040004	2.28	043027	0.59
020014	1.05	040005	1.32	043028	0.84
020017	2.01	040007	3.03	043029	1.09
020024	1.21	040008	0.82	043031	0.57
020025	0.68	040010	2.01	043032	2.32
024001	0.97	040011	0.98	043300	1.25
030001	1.79	040014	1.96	044004	0.86
030002	1.72	040015	1.00	044005	0.88
030003	1.36	040016	1.43	044006	0.99
030004	0.58	040017	1.71	044010	1.02
030006	1.90	040018	1.55	044011	1.22
030007	1.72	040019	1.59	044012	0.87
030008	2.23	040020	1.88	050002	1.32
030009	0.94	040021	2.05	050006	1.90
030010	1.69	040022	1.39	050007	1.51
030011	2.18	040024	1.10	050008	1.66
030012	1.24	040025	1.03	050009	2.00
030013	1.74	040026	1.75	050013	1.37
030014	1.81	040027	2.26	050014	1.64
030016	1.26	040028	1.09	050015	1.65
030017	2.04	040029	2.25	050016	1.33
030018	2.22	040030	0.89	050017	3.14
030019	1.67	040032	0.63	050018	1.71
030022	1.17	040035	0.75	050021	1.89
030023	1.69	040036	2.40	050022	1.82
030024	2.35	040037	1.04	050024	1.27
030025	1.07	040039	1.54	050025	1.51
030027	0.94	040040	0.87	050026	1.47

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
050028	1.74	050139	5.33	050272	1.00
050029	1.52	050140	2.13	050274	0.97
050030	1.19	050144	1.48	050276	0.82
050032	1.83	050145	1.65	050277	0.95
050033	1.48	050147	0.87	050278	1.65
050036	1.87	050148	1.44	050279	1.47
050038	0.97	050149	1.31	050280	1.77
050039	1.59	050150	1.63	050281	2.70
050042	1.90	050152	1.47	050282	1.50
050043	1.96	050153	1.61	050283	0.80
050045	2.02	050155	1.55	050286	0.66
050046	1.29	050158	2.29	050289	1.71
050047	2.10	050159	0.92	050290	1.53
050051	1.00	050167	0.91	050291	1.11
050054	1.05	050168	2.16	050292	0.96
050055	1.00	050169	1.74	050293	1.01
050056	2.22	050170	1.58	050295	1.82
050057	1.79	050172	1.15	050296	1.42
050058	1.75	050173	1.94	050298	1.38
050060	1.35	050174	2.40	050299	2.41
050061	3.66	050175	2.19	050300	1.97
050063	1.75	050177	1.24	050301	1.85
050065	1.82	050179	1.57	050302	2.08
050066	1.58	050180	1.38	050305	1.24
050067	1.28	050183	0.85	050307	1.90
050068	1.58	050186	1.01	050308	1.59
050069	1.74	050188	2.43	050309	1.86
050077	1.69	050189	1.39	050310	2.15
050078	1.44	050191	1.67	050312	1.61
050079	1.44	050192	1.03	050313	1.91
050080	1.28	050193	1.02	050315	0.79
050081	0.76	050194	1.62	050317	1.14
050082	1.83	050195	1.64	050320	0.82
050084	1.62	050196	1.47	050324	2.00
050088	0.88	050197	1.72	050325	1.13
050089	1.28	050204	2.12	050327	1.41
050090	1.74	050205	1.23	050328	2.07
050091	2.15	050207	2.14	050329	0.95
050092	1.12	050208	1.82	050331	1.37
050093	2.09	050211	1.70	050333	0.66
050095	2.30	050213	0.87	050334	2.40
050096	1.07	050214	1.49	050335	0.87
050097	2.60	050215	1.99	050336	1.52
050099	1.51	050217	1.50	050337	1.14
050100	1.55	050219	1.30	050342	1.35
050101	1.84	050222	1.71	050343	2.06
050102	1.20	050224	1.77	050348	1.07
050103	1.80	050225	1.36	050349	0.79
050104	1.28	050226	1.82	050350	1.29
050107	1.81	050228	0.83	050351	2.19
050108	1.89	050230	1.83	050352	1.43
050109	1.63	050231	3.90	050353	1.85
050110	2.15	050232	1.83	050355	0.70
050111	4.65	050233	1.56	050357	1.43
050112	1.70	050234	1.11	050359	1.99
050113	0.86	050235	1.81	050360	1.91
050114	1.16	050236	1.43	050366	1.30
050115	1.17	050238	1.29	050367	1.24
050116	1.84	050239	1.61	050369	1.65
050117	1.85	050240	1.79	050377	0.63
050118	1.57	050241	1.47	050378	1.36
050121	2.17	050242	1.55	050379	1.01
050122	1.88	050243	1.35	050380	2.26
050124	1.35	050245	0.80	050382	1.93
050125	2.05	050248	0.94	050385	1.50
050126	1.96	050251	1.29	050388	0.70
050127	1.21	050253	0.87	050390	1.65
050128	1.51	050254	2.05	050391	1.74
050129	1.99	050256	1.00	050392	1.11
050131	1.59	050257	0.99	050393	2.05
050132	1.46	050260	0.73	050394	2.34
050133	1.50	050261	1.33	050396	2.78
050135	1.02	050262	1.51	050397	0.89
050136	1.65	050264	1.57	050401	1.47
050137	1.40	050267	1.76	050404	0.97
050138	6.45	050270	1.79	050406	0.85

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
050407	1.88	050550	2.12	050701	1.31
050410	0.67	050551	1.73	050702	0.67
050411	3.99	050552	0.84	050704	0.90
050414	1.85	050557	1.41	050707	14.19
050417	1.81	050559	1.43	050708	10.17
050418	0.88	050560	2.06	050709	2.00
050419	1.63	050561	2.70	052031	0.57
050420	1.18	050564	1.37	053026	1.10
050421	1.64	050565	1.22	053027	0.70
050423	1.31	050566	1.01	053028	0.78
050424	2.03	050567	1.57	053029	0.96
050426	2.03	050568	1.73	053030	0.71
050427	0.54	050569	1.58	053031	0.90
050430	0.92	050570	1.70	053032	0.60
050431	2.44	050571	1.96	053033	0.93
050432	1.91	050573	1.69	053034	1.10
050433	0.99	050577	2.79	053035	1.06
050434	0.87	050578	0.73	053036	0.83
050435	1.52	050579	1.68	053037	1.02
050436	1.04	050580	1.49	053300	0.98
050438	1.44	050581	1.60	053301	1.27
050440	0.94	050583	2.12	053302	1.00
050441	1.43	050584	1.30	053304	0.81
050443	0.92	050585	1.59	053305	0.65
050444	1.74	050586	1.91	054001	0.87
050446	0.93	050588	1.69	054003	0.87
050447	1.14	050589	1.89	054009	0.88
050448	2.02	050590	2.07	054012	0.73
050449	2.24	050591	2.43	054028	0.91
050454	1.18	050592	1.91	054032	0.64
050455	2.27	050593	1.34	054050	1.09
050456	3.32	050594	1.76	054052	0.81
050457	1.34	050597	1.82	054053	0.99
050459	1.62	050598	2.19	054055	0.83
050464	2.06	050599	1.07	054060	0.87
050468	1.25	050601	2.01	054064	0.83
050469	1.07	050603	1.16	054065	0.70
050470	1.37	050607	0.80	054069	0.67
050471	2.08	050608	1.17	054074	0.87
050476	1.66	050609	1.29	054075	0.87
050477	2.95	050613	0.56	054077	0.87
050478	1.03	050615	2.57	054078	0.89
050481	2.09	050616	1.75	054085	0.87
050482	0.68	050618	0.63	054087	0.78
050483	1.07	050624	1.63	054091	0.83
050485	2.20	050625	1.96	054093	0.88
050486	1.97	050630	1.57	054094	0.88
050488	1.39	050633	1.63	054095	0.87
050491	1.64	050636	1.58	054096	0.88
050492	1.50	050638	0.95	054097	0.77
050494	2.02	050641	1.75	054098	0.87
050496	1.71	050644	1.85	054099	0.87
050497	0.69	050661	0.87	054104	0.88
050498	1.60	050662	0.77	054105	0.87
050502	2.55	050663	1.40	054106	0.87
050503	2.26	050666	0.75	054108	0.88
050506	1.59	050667	0.76	054110	0.87
050515	9.08	050668	0.73	054111	0.76
050516	2.17	050675	1.66	054113	0.87
050517	1.62	050676	0.62	054115	0.87
050522	1.91	050677	1.36	054116	0.88
050523	1.38	050678	1.54	054117	0.87
050526	0.94	050680	1.00	054119	0.87
050528	1.34	050682	0.77	054122	0.84
050531	3.15	050684	1.39	054123	0.90
050534	1.59	050685	1.72	054125	0.99
050535	1.82	050686	1.98	054126	0.84
050537	1.75	050688	1.10	054130	0.71
050539	1.29	050689	1.57	054131	0.96
050542	1.40	050693	1.61	054133	0.85
050543	1.13	050694	1.42	054139	0.74
050545	0.69	050695	1.12	060001	1.99
050546	0.66	050696	2.25	060003	1.61
050547	0.76	050697	2.81	060004	1.07
050548	0.74	050699	0.94	060006	1.40
050549	1.90	050700	1.65	060007	1.23

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
060008	1.36	070006	1.53	100026	1.75
060009	1.52	070007	1.85	100027	1.01
060010	1.62	070008	1.32	100028	2.09
060011	0.87	070009	1.98	100029	1.41
060012	1.19	070010	1.61	100030	1.98
060013	1.25	070011	1.43	100032	1.36
060014	1.69	070012	1.47	100034	1.52
060015	1.18	070015	1.40	100035	1.72
060016	1.38	070016	1.40	100038	1.35
060018	1.61	070017	1.81	100039	2.01
060020	1.40	070018	1.58	100040	2.03
060022	1.18	070019	2.00	100043	1.52
060023	1.77	070020	1.45	100044	1.71
060024	1.08	070021	1.68	100045	1.54
060027	1.45	070022	1.67	100046	1.49
060028	1.69	070024	1.59	100047	1.26
060029	0.76	070025	1.83	100048	1.07
060030	1.94	070026	1.49	100049	1.78
060031	1.60	070027	1.35	100050	1.69
060032	1.84	070028	1.48	100051	1.51
060033	1.07	070029	1.55	100052	2.11
060034	1.44	070030	1.74	100053	1.82
060036	1.30	070031	1.25	100054	1.38
060037	0.93	070033	1.27	100055	1.74
060038	0.89	070034	1.72	100056	2.29
060041	0.71	070035	1.57	100057	2.09
060042	1.10	070036	1.39	100060	1.86
060043	0.85	070039	0.71	100061	1.71
060044	1.42	072003	3.24	100062	1.99
060046	1.98	072004	0.59	100063	1.72
060047	0.61	074000	0.88	100067	1.72
060049	1.82	074007	0.87	100068	1.44
060050	1.25	074008	1.05	100069	1.78
060052	1.09	074012	0.85	100070	1.59
060053	1.12	080001	2.01	100071	1.31
060054	1.94	080002	1.54	100072	1.32
060056	0.86	080003	1.89	100073	1.26
060057	1.36	080004	1.72	100075	1.48
060058	0.90	080005	2.03	100076	1.70
060060	1.12	080006	2.09	100077	2.49
060062	0.97	080007	1.48	100078	0.75
060063	0.59	083300	3.49	100080	1.72
060064	2.03	084002	0.85	100081	1.10
060065	1.79	090001	2.44	100082	1.63
060068	0.85	090002	1.64	100084	1.49
060070	1.04	090003	1.28	100085	1.16
060071	1.40	090004	1.64	100086	1.65
060073	1.14	090005	3.11	100087	2.28
060075	2.15	090006	1.65	100088	2.12
060076	1.29	090007	0.98	100090	1.93
060085	0.67	090008	1.67	100092	1.75
060087	1.53	090010	3.66	100093	1.85
060088	1.00	090011	2.05	100098	0.79
060090	0.98	090015	0.45	100099	1.92
060096	1.69	093025	0.72	100102	1.22
060100	1.39	093300	1.30	100103	0.73
060103	2.74	094004	0.83	100105	1.68
060104	1.65	100001	1.06	100106	1.55
062009	0.56	100002	1.64	100107	1.38
062011	1.54	100004	1.02	100108	1.16
063026	0.66	100006	1.46	100109	1.78
063027	1.04	100007	2.13	100110	1.45
063029	1.68	100008	2.17	100112	0.66
063030	1.60	100009	1.70	100113	1.90
063301	0.93	100010	1.72	100114	1.70
063302	0.84	100012	1.78	100117	2.13
064007	0.87	100014	1.50	100118	1.37
064009	0.84	100015	1.87	100121	1.75
064010	1.03	100017	1.69	100122	1.98
064012	0.87	100018	1.33	100124	1.45
064016	0.90	100019	2.56	100125	1.53
070001	1.94	100020	2.02	100126	1.53
070002	1.78	100022	0.97	100127	2.01
070003	1.57	100023	1.98	100128	1.83
070004	1.60	100024	2.03	100129	2.14
070005	1.17	100025	1.48	100130	1.43

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI	Hospital	SMI	Hospital	SMI
100131	1.86	100246	2.06	110005	1.63
100132	1.62	100248	1.63	110006	2.18
100134	0.90	100249	1.80	110007	1.70
100135	2.75	100252	1.73	110008	1.51
100137	1.45	100253	1.80	110009	0.79
100138	0.74	100254	1.34	110010	2.18
100139	0.94	100255	2.19	110011	1.69
100140	1.56	100256	1.73	110013	1.06
100142	1.47	100258	1.84	110014	1.34
100144	2.03	100259	1.87	110015	1.16
100145	1.58	100260	2.23	110016	2.15
100146	0.98	100262	2.19	110017	0.87
100147	0.82	100263	1.74	110018	1.44
100150	1.46	100264	1.44	110020	2.09
100151	2.14	100265	1.46	110023	1.74
100154	2.20	100266	1.68	110024	2.23
100156	1.32	100267	1.86	110025	2.03
100157	2.28	100268	1.68	110026	1.20
100159	0.92	100269	2.11	110027	0.96
100160	1.32	100270	0.71	110028	1.98
100161	1.33	100271	1.26	110029	1.30
100162	1.50	100275	1.48	110030	1.69
100165	1.51	100276	2.14	110031	2.13
100166	1.31	100277	0.65	110032	1.80
100167	3.04	100279	1.38	110033	2.46
100168	1.86	100280	1.22	110034	0.96
100169	1.82	100281	1.39	110035	1.85
100170	1.83	100282	1.05	110037	1.10
100172	0.97	102006	0.68	110038	1.50
100173	2.15	102007	0.68	110039	1.99
100174	1.46	102008	0.70	110040	1.68
100175	1.00	102009	0.69	110041	1.64
100176	1.67	102013	2.55	110042	1.39
100177	2.17	103026	1.00	110043	2.40
100179	2.60	103027	1.16	110044	1.77
100180	1.43	103028	1.00	110045	1.93
100181	2.56	103030	0.65	110046	1.89
100183	1.79	103031	0.83	110048	0.97
100187	1.84	103032	1.25	110049	0.82
100189	1.64	103033	0.98	110050	1.04
100191	1.77	103034	0.97	110051	1.23
100199	1.74	103036	2.58	110052	0.70
100200	2.55	103037	1.10	110054	1.63
100203	1.35	103039	1.00	110056	0.86
100204	1.76	103300	7.82	110059	1.69
100206	2.07	103301	1.80	110061	0.77
100208	1.27	104001	0.46	110062	0.63
100209	1.49	104002	0.39	110063	1.28
100210	1.37	104005	0.90	110064	1.33
100211	1.37	104007	0.48	110065	0.73
100212	1.65	104008	0.92	110066	1.77
100213	1.07	104015	0.79	110069	2.30
100217	2.28	104016	0.85	110070	1.18
100220	1.93	104017	0.87	110071	0.78
100221	1.55	104018	0.84	110072	0.99
100222	0.88	104024	0.94	110073	1.47
100223	1.50	104026	0.78	110074	1.92
100224	1.67	104029	0.87	110075	1.43
100225	1.63	104034	0.87	110076	1.93
100226	1.36	104036	0.83	110078	1.94
100228	2.07	104037	0.87	110079	0.80
100229	1.31	104038	0.87	110080	1.62
100230	1.16	104040	0.84	110082	2.52
100231	1.51	104041	0.84	110083	2.25
100232	1.33	104045	0.74	110086	1.24
100234	1.48	104046	0.88	110087	1.83
100235	1.49	104047	0.84	110088	0.61
100236	1.45	104052	0.86	110089	1.66
100237	1.83	104054	0.87	110091	2.11
100238	1.91	104056	0.87	110092	1.14
100239	1.86	104057	0.87	110093	0.54
100240	3.25	104060	0.88	110094	0.65
100241	1.33	110001	1.79	110095	1.69
100242	1.47	110002	1.20	110096	1.12
100243	1.28	110003	1.68	110097	0.86
100244	1.72	110004	1.67	110098	0.90

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
110100	0.81	112003	1.11	130036	2.54
110101	0.94	112004	0.55	130037	1.41
110103	0.80	113026	0.88	130043	1.22
110104	1.47	113027	1.00	130044	0.97
110105	2.14	113300	1.92	130045	1.41
110107	1.34	114000	0.87	130048	0.73
110108	0.53	114002	0.90	130049	2.21
110109	0.97	114003	0.87	130054	0.41
110111	1.25	114008	0.87	130056	0.52
110112	0.89	114010	0.95	130060	2.39
110113	0.94	114012	0.87	130061	1.14
110114	1.18	114015	0.73	133025	0.98
110115	1.85	114016	0.87	134002	0.86
110118	0.49	114017	0.87	134003	0.87
110120	0.76	114020	0.87	134009	0.89
110121	2.61	114022	0.87	140001	1.59
110122	1.77	114023	1.07	140002	1.55
110124	1.47	114024	0.89	140003	0.97
110125	2.34	114025	0.88	140004	1.72
110127	0.94	114030	0.99	140005	0.91
110128	1.67	114031	0.87	140007	1.70
110129	1.88	114032	0.93	140008	1.74
110130	1.03	114033	0.86	140010	1.53
110132	1.22	114034	0.87	140011	1.20
110134	0.76	120001	1.96	140012	1.37
110135	2.17	120002	1.75	140013	1.73
110136	0.73	120003	1.36	140014	1.60
110140	1.50	120004	1.42	140015	1.51
110141	0.74	120005	2.13	140016	1.22
110142	0.98	120006	1.51	140018	1.27
110143	1.96	120007	2.14	140019	1.03
110144	1.16	120009	0.77	140024	1.12
110146	1.38	120010	1.83	140025	1.03
110149	1.01	120012	0.86	140026	1.38
110150	1.84	120014	1.93	140027	1.23
110152	1.07	120018	0.50	140029	1.37
110153	1.97	120019	1.67	140030	1.91
110155	0.97	120022	0.91	140031	1.01
110156	1.40	120024	0.55	140032	1.49
110161	2.31	120025	0.54	140033	1.74
110163	2.66	120026	1.90	140034	1.41
110164	2.06	120027	1.30	140035	1.12
110165	1.75	122001	0.55	140036	1.63
110166	1.76	123025	0.98	140037	1.11
110168	2.11	123300	1.31	140038	0.93
110169	4.16	124001	0.87	140040	1.53
110171	1.46	130001	1.01	140041	1.22
110172	2.42	130002	1.74	140042	1.03
110174	1.22	130003	1.89	140043	1.96
110176	1.81	130005	3.16	140045	0.98
110177	2.02	130006	1.41	140046	1.49
110178	5.17	130007	2.35	140047	0.81
110179	1.57	130008	1.14	140048	1.32
110181	0.88	130009	1.62	140049	1.34
110183	1.25	130010	0.61	140051	1.65
110184	1.38	130011	2.22	140052	1.64
110185	1.00	130012	1.01	140053	2.10
110186	2.20	130013	1.74	140054	1.49
110187	1.44	130014	3.11	140055	0.97
110188	1.69	130015	0.83	140058	1.43
110189	1.46	130016	1.29	140059	1.52
110190	1.07	130017	1.35	140061	1.13
110191	2.22	130018	1.34	140062	1.49
110192	1.58	130019	1.49	140063	1.34
110193	1.86	130021	0.71	140064	1.88
110194	0.88	130022	2.96	140065	1.59
110195	0.93	130024	1.71	140066	1.06
110198	2.26	130025	1.44	140067	1.69
110200	2.96	130026	4.85	140068	1.16
110201	1.64	130027	1.11	140069	1.02
110203	0.92	130028	2.66	140070	1.20
110205	1.12	130029	1.22	140074	0.80
110207	0.90	130030	0.59	140075	1.74
110208	1.02	130031	1.59	140077	1.09
110209	0.87	130034	1.10	140079	1.60
112000	0.74	130035	1.22	140080	1.47

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI	Hospital	SMI	Hospital	SMI
140081	1.09	140182	1.07	144034	0.87
140082	1.27	140184	1.18	144035	0.70
140083	0.97	140185	1.69	144036	0.87
140084	2.00	140186	1.38	150001	1.61
140086	1.36	140187	1.32	150002	1.43
140087	1.46	140188	0.88	150003	1.66
140088	1.07	140189	1.08	150004	1.39
140089	1.85	140190	1.09	150005	1.71
140090	1.74	140191	1.21	150006	1.92
140091	3.74	140193	1.54	150007	1.45
140093	1.60	140197	1.13	150008	1.65
140094	1.49	140199	1.24	150009	1.94
140095	1.23	140200	1.17	150010	1.77
140097	0.94	140202	1.75	150011	1.22
140100	1.86	140203	1.71	150012	2.09
140101	1.27	140205	2.25	150013	1.33
140102	1.24	140206	1.54	150014	1.49
140103	1.02	140207	1.64	150015	1.86
140105	1.69	140208	1.45	150018	1.79
140107	0.93	140209	1.75	150019	1.31
140108	1.87	140210	1.30	150020	1.63
140109	1.07	140211	1.62	150022	1.83
140110	1.37	140212	0.83	150023	1.53
140112	1.18	140213	1.41	150024	0.87
140113	1.41	140215	0.83	150026	1.68
140114	1.63	140217	1.36	150027	1.05
140115	1.42	140218	1.20	150029	2.35
140116	1.76	140220	1.26	150030	1.66
140117	1.85	140223	2.05	150031	1.09
140118	1.95	140224	1.55	150033	1.60
140119	1.80	140228	1.54	150034	1.72
140120	1.33	140230	0.69	150036	1.17
140121	1.50	140231	1.57	150037	1.71
140122	1.64	140233	1.68	150038	1.11
140125	1.34	140234	1.61	150039	1.50
140127	2.76	140236	0.85	150042	1.94
140128	1.05	140239	1.86	150043	1.21
140129	1.30	140240	1.33	150044	1.60
140130	1.67	140242	1.87	150045	1.05
140132	1.97	140245	1.16	150046	1.76
140133	1.22	140246	1.08	150047	1.24
140135	1.66	140250	1.10	150049	1.19
140137	0.82	140251	2.01	150050	1.33
140138	1.23	140252	1.48	150051	1.48
140139	1.07	140253	1.85	150052	1.40
140140	1.33	140258	1.56	150053	1.45
140141	1.17	140271	0.88	150054	1.11
140143	1.51	140275	1.61	150056	1.94
140144	1.01	140276	1.63	150057	2.23
140145	1.27	140280	1.52	150058	1.77
140146	1.33	140281	1.81	150059	1.45
140147	1.34	140285	1.32	150060	0.96
140148	1.95	140286	1.49	150061	1.55
140150	1.06	140288	1.39	150062	1.22
140151	0.92	140289	1.52	150063	1.01
140152	1.13	140290	2.00	150064	1.23
140155	1.65	140291	1.60	150065	1.50
140158	1.12	140292	1.54	150066	1.04
140160	2.20	140294	1.55	150067	1.34
140161	1.64	140297	1.05	150069	1.92
140162	1.50	140300	0.85	150070	1.15
140164	1.96	142006	0.45	150071	1.01
140165	1.45	142009	3.19	150072	1.32
140166	1.23	143025	0.86	150073	1.14
140167	1.62	143026	0.82	150074	1.67
140168	1.32	143027	0.97	150075	1.54
140170	1.01	143300	1.06	150076	1.45
140171	0.94	144005	0.95	150078	1.20
140172	1.02	144009	0.83	150079	1.08
140173	0.82	144019	0.63	150084	2.25
140174	1.54	144025	0.87	150089	1.72
140176	1.84	144026	0.87	150090	1.23
140177	1.32	144029	0.83	150091	1.20
140179	1.69	144030	0.88	150092	1.20
140180	1.34	144031	0.92	150094	1.41
140181	1.31	144033	0.67	150095	1.42

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
150096	1.49	160036	1.83	160129	1.50
150097	1.54	160037	1.48	160130	1.11
150098	1.19	160039	1.55	160131	1.01
150099	1.55	160040	1.93	160134	0.78
150101	1.40	160041	0.99	160135	2.27
150102	1.08	160043	1.21	160138	1.07
150103	0.99	160044	1.78	160140	1.12
150104	1.30	160045	1.77	160142	0.86
150105	1.19	160046	1.83	160143	1.18
150106	1.13	160047	1.49	160145	1.07
150109	2.13	160048	1.01	160146	2.30
150110	1.04	160049	0.74	160147	1.32
150111	1.06	160050	1.60	160151	1.13
150112	2.02	160051	2.00	160152	1.09
150113	1.59	160052	1.25	160153	1.92
150114	1.11	160054	1.08	164002	1.50
150115	2.08	160055	1.26	164003	0.55
150122	1.50	160056	1.13	170001	3.46
150123	0.82	160057	1.88	170004	1.09
150124	1.12	160058	1.21	170006	1.76
150125	1.62	160060	1.24	170008	4.11
150126	1.68	160061	1.23	170009	1.24
150127	0.82	160062	1.09	170010	1.50
150128	1.69	160063	1.20	170012	2.13
150129	1.59	160064	3.23	170013	2.22
150130	0.69	160065	1.09	170014	1.45
150132	1.73	160066	1.68	170015	1.20
150133	1.56	160067	1.71	170016	1.74
150134	1.14	160068	1.47	170017	1.87
150136	1.54	160069	1.99	170018	0.91
152007	0.40	160070	1.20	170019	1.59
152009	0.65	160072	1.42	170020	2.78
153025	1.30	160073	0.85	170022	1.64
153027	1.28	160074	0.98	170023	4.37
153029	0.87	160075	1.08	170024	1.11
153030	1.06	160076	1.45	170025	1.09
154009	1.02	160077	1.08	170026	1.87
154011	1.10	160079	4.24	170027	1.94
154013	0.93	160080	1.87	170030	0.97
154014	0.89	160081	1.81	170031	1.18
154026	0.93	160082	2.11	170032	0.91
154027	1.01	160083	2.02	170033	2.77
154028	0.89	160085	1.01	170034	1.32
154031	0.92	160086	0.88	170035	0.94
154032	1.07	160088	1.24	170036	0.68
154035	0.99	160089	1.76	170037	2.66
154036	0.78	160090	1.12	170038	0.68
154037	0.93	160091	1.11	170039	0.88
154038	0.92	160092	1.24	170040	1.73
154042	0.99	160093	0.88	170041	1.10
160001	1.86	160094	1.41	170043	0.67
160002	2.59	160095	1.21	170044	1.02
160003	1.15	160097	1.19	170045	2.01
160005	1.83	160098	1.01	170049	2.05
160007	0.76	160099	1.09	170051	0.69
160008	1.41	160101	0.81	170052	0.96
160009	1.01	160102	2.26	170053	0.68
160012	0.99	160103	0.84	170054	0.95
160013	1.50	160104	1.48	170055	0.89
160014	1.94	160106	1.80	170056	0.66
160016	1.77	160107	1.18	170057	1.15
160018	1.11	160108	1.50	170058	2.03
160020	1.14	160109	1.04	170060	1.24
160021	1.75	160110	1.40	170061	1.30
160023	1.50	160111	1.08	170063	0.91
160024	2.22	160112	1.94	170064	1.04
160026	1.26	160113	0.87	170066	0.70
160027	1.30	160114	1.70	170067	1.30
160028	1.42	160115	1.35	170068	3.21
160029	2.17	160116	1.29	170070	1.46
160030	2.48	160117	1.96	170072	0.79
160031	1.04	160118	1.15	170073	0.79
160032	1.53	160120	0.60	170074	1.39
160033	2.49	160122	1.26	170075	0.68
160034	1.58	160124	1.42	170076	1.36
160035	0.68	160126	1.34	170077	1.25

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
170079	0.97	180001	1.55	180117	1.65
170080	1.00	180004	1.47	180118	1.01
170081	0.97	180005	1.38	180120	1.03
170082	1.22	180006	0.81	180121	1.56
170084	0.96	180007	2.08	180122	1.08
170085	1.09	180009	1.91	180123	1.82
170086	3.87	180010	2.00	180124	2.10
170088	0.80	180011	1.61	180126	1.02
170089	0.78	180012	2.05	180127	1.79
170090	0.75	180013	1.84	180128	1.58
170092	0.90	180014	2.28	180129	1.05
170093	0.96	180015	1.36	180130	2.45
170094	0.95	180016	1.56	180132	1.90
170095	1.45	180017	1.73	180133	1.57
170097	1.17	180018	1.84	180134	1.10
170098	2.04	180019	2.09	180136	3.09
170099	1.52	180021	1.44	180137	1.26
170100	0.48	180023	1.17	180138	1.56
170101	0.93	180024	1.41	180139	1.29
170102	1.64	180025	1.90	180140	0.76
170103	2.21	180026	1.32	183026	0.71
170104	2.49	180027	1.97	183027	0.94
170105	1.25	180030	1.02	183028	0.94
170106	0.69	180031	0.96	183029	0.37
170109	1.09	180032	0.86	184000	0.97
170110	1.13	180033	1.17	184002	0.54
170112	0.78	180034	1.28	184007	0.87
170113	1.24	180035	1.57	184008	1.77
170114	1.55	180036	1.89	184009	0.89
170115	1.16	180037	1.79	184011	0.90
170116	1.58	180038	1.35	184015	0.58
170117	0.61	180040	2.44	184016	0.87
170119	0.91	180041	1.25	190002	1.76
170120	1.91	180042	1.35	190003	1.31
170122	1.84	180043	1.04	190004	1.85
170123	2.08	180044	1.58	190007	1.13
170124	1.58	180045	1.77	190008	1.93
170126	0.71	180046	1.53	190013	1.52
170128	1.27	180047	1.06	190014	1.54
170131	1.23	180048	1.79	190015	1.47
170133	8.93	180049	1.54	190017	1.17
170134	0.95	180051	1.93	190018	1.33
170137	1.88	180053	1.34	190019	1.55
170139	0.54	180054	1.58	190020	1.59
170142	2.10	180055	2.20	190025	1.27
170143	1.98	180056	1.65	190026	1.50
170144	2.15	180058	0.89	190027	1.39
170145	3.14	180059	1.06	190029	1.12
170146	1.47	180060	0.55	190033	0.71
170147	0.99	180063	0.89	190034	1.07
170148	1.87	180064	1.83	190035	1.77
170150	1.96	180065	0.81	190036	2.07
170151	1.23	180066	1.80	190037	0.69
170152	0.84	180067	1.70	190039	1.30
170160	0.91	180070	1.31	190040	1.94
170164	1.11	180072	1.54	190041	1.62
170166	0.85	180075	1.14	190043	0.48
170168	0.81	180078	1.33	190044	1.38
170171	0.92	180079	1.13	190045	1.44
170175	2.07	180080	2.64	190046	1.19
170176	2.23	180087	2.13	190048	0.84
170182	2.39	180088	2.47	190049	1.65
171304	0.55	180092	1.45	190050	1.41
171305	0.25	180093	1.89	190053	1.19
172004	0.52	180094	1.01	190054	1.46
173025	0.92	180095	1.17	190059	1.10
173026	1.13	180099	1.18	190060	1.70
173027	1.39	180101	1.10	190064	2.05
173028	1.31	180102	2.26	190065	1.40
174003	1.04	180103	1.89	190071	0.99
174006	0.58	180104	2.18	190077	0.58
174012	0.87	180105	1.08	190078	1.81
174014	1.08	180106	0.94	190079	1.14
174015	0.86	180108	0.85	190081	0.70
174016	0.98	180115	1.05	190083	0.87
174018	0.88	180116	1.57	190086	1.98

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
190088	1.12	192008	0.69	220004	1.42
190089	0.98	192016	3.00	220006	1.58
190090	1.16	193027	1.10	220008	1.28
190092	1.37	193028	1.15	220010	2.11
190095	1.18	193034	0.80	220011	1.11
190098	1.05	193038	1.02	220015	1.44
190099	0.91	193041	0.54	220016	1.36
190102	2.37	193044	1.63	220017	1.49
190103	0.64	193300	0.94	220019	1.54
190106	1.16	194000	1.52	220020	1.20
190109	1.03	194004	0.83	220021	1.39
190110	1.03	194014	0.88	220023	1.35
190111	1.93	194018	0.87	220024	1.57
190112	2.34	194019	0.73	220025	1.72
190113	1.92	194020	0.25	220028	1.32
190114	0.99	194021	0.77	220029	1.37
190115	3.87	194022	0.72	220030	1.00
190116	1.61	194023	0.77	220031	1.23
190118	1.14	194024	1.12	220033	1.41
190120	0.90	194027	0.82	220035	1.51
190124	1.74	194029	0.87	220036	1.34
190125	1.51	194031	0.91	220038	1.34
190128	1.55	194044	0.86	220041	1.44
190130	0.96	194058	0.87	220042	1.41
190131	1.04	200001	1.86	220046	1.76
190133	0.92	200002	1.40	220049	1.91
190134	0.76	200003	1.19	220050	1.43
190135	1.81	200006	0.83	220051	1.80
190136	0.66	200007	1.15	220052	1.45
190138	5.44	200008	1.81	220053	1.41
190140	1.22	200009	1.54	220055	1.70
190142	0.67	200012	1.32	220057	1.47
190144	1.96	200013	1.34	220058	1.25
190145	0.95	200015	1.44	220060	1.45
190146	1.30	200016	1.20	220062	0.92
190147	1.09	200017	2.09	220063	1.65
190148	0.73	200018	1.43	220064	1.49
190149	1.02	200019	1.47	220065	1.24
190151	1.27	200020	1.45	220066	1.70
190152	1.81	200021	1.86	220067	1.44
190155	0.92	200023	0.74	220068	0.85
190156	0.64	200024	1.69	220070	1.21
190158	1.34	200025	1.55	220071	1.29
190160	1.79	200026	1.22	220073	1.37
190162	1.18	200027	1.72	220074	1.34
190164	2.12	200028	1.17	220075	1.85
190167	1.08	200031	1.22	220076	1.30
190170	0.74	200032	1.35	220077	1.46
190173	1.39	200033	1.44	220079	1.18
190175	1.34	200034	1.84	220080	1.35
190176	1.15	200037	1.30	220081	2.37
190177	2.05	200038	1.53	220082	1.52
190178	0.74	200039	1.59	220083	1.63
190182	2.60	200040	1.69	220084	1.85
190184	0.76	200041	1.47	220086	1.38
190185	1.59	200043	0.84	220088	1.44
190186	0.70	200050	1.86	220089	1.39
190189	0.62	200051	1.71	220090	1.30
190190	1.14	200052	1.16	220092	1.36
190191	1.41	200055	0.96	220094	1.34
190196	1.97	200062	0.94	220095	1.31
190197	1.71	200063	2.11	220098	1.49
190200	1.62	200066	1.38	220100	1.35
190201	1.49	203025	0.94	220101	1.46
190202	1.66	204005	0.97	220104	1.01
190203	1.94	204006	0.87	220105	1.39
190204	1.60	204007	0.49	220106	1.45
190205	1.77	213027	1.00	220107	1.50
190206	1.40	213028	3.29	220108	1.76
190207	2.12	214000	0.87	220111	1.69
190208	0.72	214003	0.90	220116	1.19
190218	1.79	214013	0.87	220119	1.29
190231	3.50	214015	0.83	220123	1.94
192004	0.83	214017	0.92	220126	1.54
192005	0.84	220001	1.47	220128	1.33
192006	1.19	220003	1.33	220135	1.30

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
220153	0.58
220154	1.12
220163	1.16
220171	1.19
222000	0.87
222002	0.71
222006	1.00
222008	0.64
222023	0.86
222024	1.89
222026	0.79
222027	0.64
222029	0.75
222035	0.82
222043	0.55
222044	1.06
222045	3.55
223026	0.79
223027	0.90
223028	1.40
223029	0.74
223030	0.98
223302	1.52
224007	0.92
224013	0.97
224018	0.89
224021	0.89
224022	0.96
224023	0.46
224029	0.86
224034	0.95
224035	1.00
230001	1.47
230002	2.51
230003	1.26
230004	1.78
230005	1.49
230006	1.28
230007	1.78
230012	0.78
230013	1.37
230015	1.42
230017	1.83
230019	1.92
230020	2.00
230021	1.92
230022	1.70
230024	1.81
230027	1.15
230029	1.78
230030	1.90
230031	1.49
230032	2.24
230034	1.35
230035	1.44
230036	1.67
230037	1.56
230038	2.19
230040	1.53
230041	1.71
230042	1.24
230046	1.34
230047	1.99
230053	0.96
230054	1.81
230055	1.38
230056	1.15
230058	1.64
230059	2.18
230060	1.51
230062	1.07
230063	1.54
230065	1.90
230066	1.70
230068	1.71
230069	1.27

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
230070	2.18
230071	7.65
230072	1.47
230075	1.75
230076	3.06
230077	2.07
230078	1.39
230080	1.87
230081	1.68
230082	1.20
230085	2.54
230086	1.11
230087	1.49
230089	1.65
230092	1.51
230093	1.78
230095	1.72
230096	1.52
230097	2.13
230099	1.46
230100	1.27
230101	1.47
230103	1.38
230104	1.52
230105	2.40
230106	1.26
230107	0.91
230108	1.60
230110	1.73
230111	1.17
230113	0.81
230114	5.22
230115	1.11
230116	1.29
230117	1.67
230118	1.55
230119	1.44
230120	1.61
230121	1.75
230122	2.20
230124	1.31
230125	1.19
230128	1.62
230129	1.63
230130	2.06
230132	1.49
230133	1.48
230134	1.63
230135	1.52
230137	1.52
230141	1.56
230142	1.31
230143	1.63
230144	1.68
230145	1.55
230146	1.30
230147	1.26
230149	1.06
230151	1.31
230153	1.37
230154	0.97
230155	1.08
230156	1.52
230157	1.89
230159	1.95
230162	0.76
230165	2.29
230167	1.77
230169	1.80
230171	1.00
230172	1.21
230174	1.44
230175	0.83
230176	1.98
230178	1.16
230180	1.27

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
230184	3.32
230186	1.14
230188	1.49
230189	0.87
230190	0.81
230191	1.28
230193	1.40
230194	0.77
230195	1.92
230197	2.26
230199	1.41
230201	1.62
230204	1.54
230205	1.56
230207	1.33
230208	1.41
230211	0.63
230212	1.34
230213	0.90
230216	1.34
230217	1.43
230219	1.22
230221	1.32
230222	1.85
230223	1.88
230227	1.86
230230	1.90
230232	0.74
230235	1.34
230236	1.93
230239	1.53
230241	1.51
230244	1.80
230253	1.49
230254	1.85
230257	3.48
230259	1.76
230264	2.51
230269	1.97
230270	2.14
230273	1.30
230275	1.19
230276	0.72
230277	1.59
230278	1.19
230279	0.90
230280	1.39
233025	0.89
233026	0.79
233027	0.92
233028	1.02
233300	2.34
234006	1.00
234011	0.92
234021	0.71
234023	0.96
234029	0.88
234030	1.86
240001	2.47
240002	1.93
240004	0.93
240005	0.74
240006	1.80
240007	1.63
240008	1.94
240009	0.99
240010	2.46
240011	2.02
240013	1.40
240014	1.40
240016	1.95
240017	2.36
240018	2.14
240019	1.84
240020	1.25
240021	1.27

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
240022	1.34	240122	1.00	250034	2.16
240023	1.35	240123	1.29	250035	1.09
240025	1.23	240124	1.40	250036	1.21
240027	1.94	240125	1.17	250037	0.98
240028	1.28	240127	1.02	250038	0.83
240029	1.86	240128	2.03	250039	0.68
240030	2.15	240129	1.41	250040	1.66
240031	1.28	240130	1.68	250042	1.50
240036	1.67	240132	1.77	250043	1.13
240037	1.16	240133	2.16	250044	1.23
240038	1.95	240135	0.55	250045	1.10
240040	1.51	240137	2.27	250047	0.61
240041	1.38	240138	0.98	250048	2.62
240043	2.18	240139	1.39	250049	0.80
240044	1.64	240141	1.52	250050	1.38
240045	1.77	240142	1.16	250051	0.75
240047	2.26	240143	1.24	250057	1.64
240048	2.67	240144	1.74	250058	1.91
240049	1.24	240145	0.93	250059	1.35
240050	1.79	240146	1.44	250060	0.68
240051	1.75	240148	0.93	250061	0.93
240052	1.46	240150	0.78	250063	0.88
240053	2.00	240152	1.65	250065	0.92
240056	2.27	240153	1.16	250066	0.75
240057	1.55	240154	1.13	250067	0.92
240058	1.01	240155	1.48	250068	1.01
240059	2.57	240157	1.80	250069	2.29
240061	4.46	240160	1.39	250071	0.78
240063	1.85	240161	0.99	250072	1.58
240064	2.03	240162	1.47	250076	0.46
240065	1.13	240163	1.20	250077	0.91
240066	2.49	240166	2.19	250078	1.77
240069	2.04	240169	1.46	250079	0.81
240071	1.73	240170	1.11	250081	2.72
240072	1.77	240171	1.72	250082	1.70
240073	1.05	240172	1.14	250083	0.86
240075	1.69	240173	1.58	250084	1.93
240076	1.69	240179	0.98	250085	0.96
240077	1.50	240184	1.24	250088	1.12
240078	2.33	240187	2.12	250089	1.05
240079	0.99	240193	1.36	250093	1.16
240080	1.36	240196	9.90	250094	2.41
240082	1.19	240200	0.61	250095	1.56
240083	1.40	240207	1.76	250096	1.33
240084	1.54	240210	1.90	250097	1.88
240085	0.88	240211	0.68	250098	0.73
240086	1.32	242004	0.77	250099	2.48
240087	1.24	243300	0.93	250100	1.57
240088	1.28	243302	6.10	250101	0.73
240089	0.91	244009	2.18	250102	1.84
240090	2.46	250001	1.60	250104	2.12
240093	1.69	250002	1.01	250105	0.86
240094	1.12	250003	0.68	250107	0.79
240096	0.90	250004	1.91	250109	0.75
240097	3.54	250005	0.71	250112	0.85
240098	1.21	250006	1.39	250117	0.86
240099	1.17	250007	1.33	250119	1.04
240100	1.99	250008	0.68	250120	1.42
240101	1.25	250009	2.02	250122	1.74
240102	0.96	250010	0.91	250123	1.90
240103	1.07	250012	0.85	250124	0.83
240104	1.64	250015	1.43	250125	1.53
240105	0.74	250017	0.84	250126	0.83
240106	0.98	250018	0.44	250128	1.14
240107	1.22	250019	1.59	250131	0.93
240108	1.58	250020	0.87	250134	0.63
240109	1.21	250021	0.53	250136	2.86
240110	1.50	250023	0.47	250138	2.95
240111	1.44	250024	0.59	250141	1.97
240112	1.29	250025	1.29	250144	0.55
240114	1.11	250027	1.13	250145	0.85
240115	1.86	250029	0.99	250146	0.81
240116	1.25	250030	0.74	250148	1.26
240117	0.88	250031	2.64	250149	0.80
240119	0.75	250032	1.28	252003	0.32
240121	1.42	250033	1.04	253025	1.39

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
254001	0.81	260107	2.14	270012	2.09
254002	0.80	260108	1.39	270013	1.84
254006	0.94	260109	1.20	270014	2.23
260001	1.38	260110	1.85	270016	0.77
260002	1.40	260113	1.47	270017	1.27
260003	1.05	260115	1.07	270019	0.73
260004	0.88	260116	1.68	270021	1.21
260005	1.66	260119	1.64	270023	2.07
260006	1.88	260120	1.62	270024	0.63
260007	1.83	260122	1.18	270026	1.43
260008	0.82	260123	0.90	270027	0.93
260009	1.81	260127	0.99	270028	1.70
260011	1.67	260128	0.88	270029	1.26
260012	1.14	260129	1.28	270032	2.60
260013	1.37	260131	1.27	270033	0.61
260014	1.86	260134	1.52	270035	1.00
260015	1.41	260137	2.07	270036	0.85
260017	1.84	260138	1.71	270039	1.20
260018	0.69	260141	1.25	270040	1.45
260019	1.11	260142	1.96	270041	0.89
260020	2.06	260143	0.82	270044	1.42
260021	1.44	260147	0.96	270046	0.77
260022	1.43	260148	0.92	270048	1.75
260023	1.77	260158	1.11	270049	1.27
260024	1.06	260159	1.50	270050	1.18
260025	2.36	260160	0.95	270051	1.78
260027	1.54	260162	1.90	270052	0.67
260029	1.33	260163	1.08	270053	0.60
260030	0.75	260164	1.19	270057	1.54
260031	1.66	260166	1.39	270058	0.85
260032	1.73	260172	1.20	270059	0.49
260034	1.13	260173	0.79	270060	0.61
260035	0.87	260175	1.79	270063	0.77
260036	1.26	260176	1.68	270068	1.19
260039	0.91	260177	1.92	270072	0.43
260040	1.50	260178	2.47	270073	0.72
260042	1.10	260179	1.50	270079	1.16
260044	1.10	260180	1.46	270080	1.30
260047	1.37	260183	2.01	270081	0.65
260048	1.43	260186	1.55	270082	0.70
260050	1.51	260188	1.53	270083	0.89
260052	1.62	260189	0.57	270084	1.09
260053	1.26	260190	1.81	271225	0.49
260054	1.57	260191	1.68	271226	0.69
260055	0.95	260193	1.97	271227	0.50
260057	1.30	260195	1.26	271228	0.57
260059	1.16	260197	1.77	271229	0.67
260061	1.57	260198	1.52	271230	0.56
260062	1.52	260200	1.27	271231	0.67
260063	1.31	262001	0.66	271232	0.60
260064	1.66	262011	0.58	271233	0.61
260065	1.34	263025	1.28	280001	1.33
260066	1.25	263026	1.15	280003	2.35
260067	0.80	263300	2.18	280005	1.63
260068	1.63	263301	1.21	280009	2.17
260070	0.94	263302	1.23	280010	0.77
260073	0.97	264005	0.83	280011	1.58
260074	1.16	264007	0.82	280012	1.24
260077	2.07	264008	0.82	280013	1.41
260078	1.49	264010	0.65	280014	1.15
260079	0.91	264011	1.18	280015	1.48
260080	1.18	264013	0.87	280017	1.18
260081	1.66	264015	0.91	280018	1.13
260082	1.00	264016	2.03	280020	1.31
260085	1.73	264017	1.17	280021	1.75
260086	1.17	264021	0.69	280022	0.95
260091	2.45	264024	0.87	280023	1.19
260094	1.63	264025	0.78	280024	0.92
260095	1.42	264026	0.87	280025	0.75
260096	1.53	270002	1.64	280026	0.97
260097	2.58	270003	1.63	280028	2.02
260100	1.09	270004	1.74	280029	0.84
260102	0.79	270006	0.43	280030	1.72
260103	1.20	270007	0.70	280031	1.45
260104	1.54	270009	0.97	280032	1.81
260105	1.75	270011	1.46	280033	0.98

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
280034	1.65	290011	0.79	310036	1.44
280035	1.17	290012	1.49	310037	1.64
280037	1.01	290013	0.59	310039	2.07
280038	1.28	290014	1.16	310041	1.66
280039	1.56	290015	0.88	310042	1.68
280040	2.07	290016	1.11	310043	1.86
280041	0.95	290019	1.56	310044	1.53
280042	0.79	290020	0.59	310045	1.87
280043	2.09	290021	1.46	310047	2.07
280045	1.15	290022	1.97	310048	1.87
280046	1.06	290027	0.84	310050	1.25
280047	1.68	290032	1.28	310051	1.99
280048	1.22	290038	1.08	310052	1.53
280049	0.89	292002	0.76	310054	1.63
280050	1.16	293027	0.96	310056	1.12
280051	1.45	294003	0.73	310057	1.66
280052	1.44	294004	0.78	310058	0.83
280054	1.15	294005	0.89	310060	2.12
280055	0.84	300001	1.67	310061	1.95
280056	0.96	300003	1.26	310062	1.24
280057	1.45	300005	1.56	310063	1.90
280058	2.18	300006	1.26	310064	1.78
280060	1.30	300007	1.57	310067	1.73
280061	2.55	300008	1.76	310069	1.69
280062	2.96	300009	1.23	310070	1.96
280064	1.28	300010	1.01	310072	2.01
280065	1.88	300011	1.75	310073	1.63
280066	1.26	300012	1.39	310074	0.97
280068	0.87	300013	1.07	310076	1.38
280070	1.30	300014	1.51	310077	1.79
280073	1.10	300015	1.57	310078	1.45
280074	1.85	300016	1.29	310081	1.90
280075	2.00	300017	1.43	310083	1.00
280076	1.60	300018	1.63	310084	1.44
280077	2.48	300019	1.64	310086	1.58
280079	0.82	300021	1.18	310087	1.49
280080	1.19	300022	1.75	310088	1.28
280081	1.58	300023	1.29	310090	2.02
280082	0.87	300024	1.46	310091	2.12
280083	1.34	300028	1.23	310092	1.63
280084	1.01	300029	2.12	310093	1.61
280085	1.66	300033	0.98	310096	1.97
280088	2.74	300034	1.66	310105	1.06
280089	1.45	303026	1.26	310108	1.74
280090	0.72	303027	1.00	310111	1.49
280091	3.55	304000	0.55	310112	1.91
280092	0.98	304001	7.13	310113	1.77
280094	1.36	304003	0.87	310115	1.30
280097	1.08	310001	1.58	310116	1.65
280098	0.71	310002	1.44	310118	1.48
280101	0.73	310005	1.62	310120	1.25
280102	1.00	310006	1.84	312014	0.70
280104	1.38	310008	2.66	313025	0.95
280105	1.67	310009	1.69	313026	0.91
280106	1.22	310010	1.36	313027	0.99
280107	1.16	310011	2.11	313029	1.05
280108	5.55	310012	2.19	313030	0.78
280109	0.77	310013	1.53	313300	0.90
280110	1.50	310014	1.69	314001	1.00
280111	1.21	310015	1.58	314010	0.88
280114	0.89	310016	1.81	314011	0.89
280115	2.12	310017	2.03	314012	1.07
280117	1.72	310018	1.76	314021	0.91
280118	1.01	310019	1.84	314022	0.87
283025	0.66	310020	1.87	320001	0.97
283301	1.10	310021	1.60	320002	1.15
284007	1.47	310022	1.72	320003	1.52
290001	1.46	310024	2.26	320004	1.64
290002	0.51	310025	1.84	320005	1.85
290003	1.81	310026	1.64	320006	1.73
290005	2.49	310027	1.62	320009	1.59
290006	1.10	310028	1.67	320011	1.16
290007	1.00	310029	2.82	320012	1.48
290008	1.34	310031	1.35	320013	1.35
290009	1.40	310032	1.65	320014	1.02
290010	1.10	310034	2.02	320016	1.91

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI	Hospital	SMI	Hospital	SMI
320017	1.31	330061	2.02	330193	1.70
320018	2.01	330062	0.92	330194	1.31
320019	0.80	330064	1.55	330195	1.49
320021	1.21	330065	1.65	330197	1.45
320022	1.76	330066	1.43	330198	1.68
320023	0.81	330067	1.75	330203	2.34
320030	1.17	330072	1.25	330205	1.39
320031	0.74	330073	1.30	330208	1.62
320032	0.91	330074	1.88	330209	1.54
320033	1.53	330075	1.32	330211	1.34
320035	0.72	330078	1.32	330212	1.64
320037	1.40	330079	1.38	330213	1.09
320038	1.46	330084	1.35	330214	1.82
320046	1.20	330085	1.19	330215	1.69
320048	0.91	330086	1.28	330218	1.16
320063	1.46	330088	1.15	330219	1.23
320065	1.32	330090	1.59	330221	1.36
320067	0.77	330091	1.53	330222	1.76
320068	0.91	330092	0.88	330223	1.29
320069	1.25	330094	1.27	330224	1.68
320074	1.31	330095	1.62	330225	1.51
320079	1.47	330096	1.49	330226	1.50
322002	1.31	330097	1.15	330229	1.40
322003	0.52	330100	3.05	330230	1.59
323025	0.92	330101	1.52	330232	1.38
323026	0.74	330102	1.90	330233	1.27
323027	0.92	330103	1.90	330235	1.96
323028	1.09	330104	1.44	330236	1.37
323029	0.87	330106	1.88	330238	1.53
324003	0.88	330107	1.75	330239	1.45
324004	0.87	330108	1.49	330241	1.63
324007	0.97	330111	1.34	330242	1.70
324008	0.98	330114	0.59	330245	1.49
324010	1.10	330115	1.59	330246	1.67
330001	1.68	330116	1.23	330247	3.47
330002	1.49	330118	1.68	330249	1.30
330003	1.56	330119	1.86	330250	1.51
330004	1.59	330121	0.87	330252	0.76
330005	1.62	330122	1.79	330254	1.34
330006	1.50	330125	1.31	330258	0.96
330007	1.54	330126	1.64	330259	1.52
330008	1.46	330132	0.98	330261	1.46
330010	1.38	330133	1.96	330263	1.76
330011	1.13	330135	1.56	330264	1.62
330012	1.47	330136	0.84	330265	1.10
330013	1.91	330140	1.72	330267	1.43
330014	1.26	330141	1.59	330268	0.96
330016	1.28	330144	1.48	330270	1.34
330020	0.84	330148	1.09	330273	1.63
330023	1.68	330151	1.30	330275	1.29
330024	1.55	330152	1.71	330276	1.21
330025	1.25	330153	1.51	330277	1.72
330027	0.61	330157	1.28	330279	1.84
330028	1.15	330158	1.69	330285	1.38
330029	1.05	330159	1.59	330286	1.62
330030	1.58	330160	1.40	330288	0.67
330033	1.02	330161	0.87	330290	1.25
330034	0.71	330162	2.57	330293	1.10
330036	1.57	330163	1.68	330304	1.79
330037	1.58	330164	1.28	330306	1.18
330038	1.23	330166	1.34	330307	1.80
330039	0.72	330167	2.53	330308	1.98
330041	2.14	330169	1.43	330314	1.81
330043	1.30	330171	1.48	330316	2.02
330044	1.61	330175	1.33	330327	1.13
330045	2.04	330177	1.24	330331	1.65
330046	1.31	330179	0.84	330332	2.55
330047	1.51	330180	1.26	330333	1.80
330048	1.78	330181	1.54	330336	1.40
330049	1.62	330182	2.51	330338	1.79
330053	1.20	330183	1.28	330339	2.41
330055	1.71	330184	1.53	330340	1.65
330056	1.29	330185	1.11	330350	1.42
330057	1.64	330188	1.66	330353	1.89
330058	1.40	330189	5.26	330357	1.29
330059	1.44	330191	1.48	330359	0.65

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
330372	1.88	340064	1.36	344015	0.87
330381	1.26	340065	1.21	344016	0.72
330386	1.30	340067	1.46	344019	0.87
330389	1.37	340068	1.62	350001	0.71
330390	0.94	340069	1.54	350002	2.20
330393	1.81	340070	1.62	350003	1.45
330394	1.59	340071	1.21	350004	2.27
330395	1.55	340072	1.47	350005	1.22
330397	0.96	340073	1.93	350006	1.32
330398	2.02	340075	1.27	350007	1.37
330399	0.88	340080	1.07	350008	1.11
332012	0.83	340084	0.91	350009	1.85
332021	0.53	340085	1.49	350010	1.32
332022	0.77	340087	1.16	350011	1.84
333025	0.77	340088	1.73	350012	1.09
333027	0.80	340089	0.95	350013	1.12
333028	0.72	340090	1.30	350014	1.20
333300	1.34	340091	1.97	350015	2.07
334002	0.87	340093	1.10	350016	0.69
334022	0.89	340094	2.16	350017	1.48
334023	1.10	340096	1.65	350018	1.45
334027	0.75	340097	1.61	350019	2.12
334048	1.30	340098	1.74	350020	0.83
334049	0.86	340099	1.19	350021	1.08
334055	0.83	340100	0.55	350023	1.43
340001	1.24	340101	1.49	350024	1.19
340002	2.20	340104	1.12	350025	0.90
340003	1.37	340105	2.59	350027	0.68
340004	1.79	340106	1.25	350029	0.88
340005	1.28	340107	1.87	350030	1.44
340006	0.92	340109	2.34	350033	1.32
340007	1.18	340111	1.41	350034	1.21
340008	1.44	340112	1.15	350035	0.56
340009	11.22	340113	1.55	350038	1.80
340010	1.92	340114	1.32	350039	1.23
340011	1.10	340115	1.50	350041	0.93
340012	1.45	340116	1.75	350042	1.75
340013	1.29	340119	1.39	350043	1.74
340014	0.99	340120	1.17	350044	1.10
340015	1.80	340121	1.35	350047	1.11
340016	1.99	340123	1.38	350049	1.43
340017	1.77	340124	1.22	350050	0.91
340018	1.40	340125	2.53	350051	1.04
340019	1.06	340126	1.71	350053	0.86
340020	1.31	340127	1.20	350055	0.81
340021	1.63	340129	1.60	350056	1.24
340022	1.20	340130	1.69	350058	1.02
340023	1.19	340131	1.74	350060	0.54
340024	1.41	340132	1.29	350061	1.54
340025	1.78	340133	0.94	360001	1.79
340027	1.94	340141	1.78	360002	1.50
340028	1.49	340142	1.33	360003	1.29
340030	1.51	340143	1.72	360006	2.02
340031	1.22	340144	1.88	360007	1.28
340032	1.67	340145	1.56	360008	1.36
340035	1.51	340146	0.80	360009	1.56
340036	1.05	340147	1.96	360010	1.64
340037	1.16	340148	2.81	360011	1.33
340038	2.00	340151	1.53	360012	1.89
340039	1.70	340153	2.63	360013	1.36
340040	1.99	340155	1.59	360014	1.63
340041	1.27	340158	1.75	360016	1.27
340042	1.29	340159	0.93	360017	2.64
340044	1.03	340160	1.50	360018	1.57
340045	0.69	340162	1.08	360019	1.38
340047	1.56	340164	1.23	360020	1.41
340049	4.05	340166	1.28	360021	3.45
340050	2.52	340171	1.65	360024	1.47
340051	1.76	342003	1.01	360025	1.10
340052	1.21	342012	0.55	360026	1.38
340053	2.01	343025	1.00	360027	1.68
340054	1.46	344005	0.87	360028	2.30
340055	1.23	344006	0.87	360029	1.62
340060	1.43	344010	0.68	360030	1.48
340061	1.19	344011	1.01	360031	1.34
340063	0.85	344014	1.08	360032	1.62

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
360034	0.96	360125	1.13	362015	0.99
360035	1.31	360126	1.25	363300	1.21
360036	1.55	360127	1.49	363303	1.31
360037	1.35	360128	1.04	363305	1.22
360038	1.43	360129	1.04	363306	0.86
360039	1.36	360130	1.36	364003	0.92
360040	1.24	360131	1.46	364017	0.85
360041	1.46	360132	1.67	364026	0.88
360042	1.24	360133	1.66	364029	0.93
360044	1.56	360134	1.63	364032	1.09
360045	1.24	360136	1.06	364038	1.10
360046	1.51	360137	1.52	370001	1.82
360047	0.97	360140	1.02	370002	1.98
360048	1.57	360141	1.82	370004	1.78
360049	1.60	360142	1.23	370005	0.92
360050	1.00	360143	1.50	370006	1.53
360051	1.96	360144	1.68	370007	1.43
360052	1.45	360145	1.63	370008	1.77
360054	1.69	360147	1.54	370011	1.12
360055	1.66	360148	1.36	370012	0.86
360056	1.67	360149	1.73	370013	1.89
360057	1.10	360150	1.77	370014	1.59
360058	1.19	360151	1.71	370015	1.18
360059	1.11	360152	1.71	370016	1.85
360062	1.69	360153	1.10	370017	1.20
360063	1.09	360154	1.00	370018	2.00
360064	2.07	360155	1.65	370019	1.45
360065	1.42	360156	1.42	370020	1.40
360066	1.64	360159	1.46	370021	0.86
360067	1.06	360161	1.53	370022	2.88
360068	1.53	360162	1.42	370023	1.43
360069	1.18	360163	1.85	370025	1.63
360070	1.23	360164	1.06	370026	1.88
360071	1.40	360165	1.00	370028	2.09
360072	1.47	360166	1.13	370029	1.59
360074	1.46	360170	1.30	370030	1.20
360075	1.50	360172	1.72	370032	2.50
360076	1.68	360174	1.67	370033	1.71
360077	1.61	360175	1.68	370034	1.60
360078	1.46	360176	1.14	370035	1.26
360079	1.80	360177	0.96	370036	0.53
360080	1.36	360178	1.37	370037	2.76
360081	1.53	360179	1.51	370038	0.96
360082	1.83	360180	1.80	370039	1.29
360083	1.53	360184	0.88	370040	2.17
360084	1.70	360185	1.41	370041	1.09
360085	1.93	360186	0.97	370042	0.91
360086	1.45	360187	1.64	370043	0.81
360087	1.48	360188	1.03	370045	0.98
360088	1.21	360189	1.44	370046	1.48
360089	1.34	360192	1.44	370047	1.81
360090	2.29	360193	1.52	370048	1.13
360091	1.47	360194	1.34	370049	2.04
360092	1.15	360195	1.77	370051	0.77
360093	1.93	360197	1.19	370054	1.70
360094	1.29	360200	1.00	370056	1.81
360095	1.59	360203	1.50	370057	1.23
360096	1.41	360204	1.26	370059	0.65
360098	1.88	360210	1.58	370060	1.04
360099	1.23	360211	1.46	370063	0.91
360100	1.62	360212	1.50	370064	1.03
360101	1.92	360213	1.32	370065	1.63
360102	1.87	360218	1.42	370071	0.89
360103	1.39	360230	1.87	370072	0.88
360106	1.05	360231	0.87	370076	1.46
360107	1.21	360234	1.31	370077	1.37
360108	1.11	360236	1.58	370078	2.17
360109	1.32	360239	1.64	370079	1.24
360112	1.66	360241	0.81	370080	1.02
360113	1.58	360243	0.87	370082	0.89
360114	1.30	360244	0.87	370083	1.54
360115	1.47	360245	0.89	370084	1.13
360116	1.07	362004	1.18	370085	1.07
360118	1.40	362007	0.33	370086	1.54
360121	1.94	362009	0.94	370089	1.35
360123	1.42	362014	3.41	370091	2.03

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
370092	1.63	380022	2.06	390040	1.13
370093	2.42	380023	1.47	390041	1.81
370094	1.99	380025	2.38	390042	1.62
370095	0.91	380026	1.62	390043	1.89
370097	1.46	380027	1.58	390044	1.76
370099	1.35	380029	1.88	390045	1.51
370100	0.88	380031	1.02	390046	1.31
370103	1.08	380033	1.81	390047	1.65
370105	2.87	380035	2.25	390048	1.55
370106	2.52	380036	1.39	390049	1.82
370108	1.02	380037	1.74	390050	2.01
370112	0.99	380038	2.14	390051	1.78
370113	1.21	380039	1.64	390052	1.65
370114	1.91	380040	1.76	390054	1.35
370121	1.82	380042	1.52	390055	1.76
370122	0.63	380047	2.34	390056	1.41
370123	1.81	380048	0.72	390057	1.67
370125	1.27	380050	1.43	390058	2.05
370126	0.84	380051	1.77	390060	1.16
370131	0.85	380052	2.78	390061	1.56
370133	1.16	380056	1.24	390062	1.87
370138	1.50	380060	1.75	390063	2.32
370139	1.03	380061	2.66	390065	1.63
370140	1.13	380062	0.62	390066	1.44
370141	1.14	380063	1.77	390067	1.84
370146	0.87	380064	1.51	390068	1.27
370148	1.40	380065	0.96	390069	1.51
370149	1.84	380066	2.44	390070	2.11
370153	1.69	380068	1.03	390071	1.61
370154	1.56	380069	0.88	390072	1.42
370156	1.46	380070	1.04	390073	1.70
370158	1.38	380071	2.13	390074	1.74
370159	1.35	380072	1.31	390075	1.53
370163	0.80	380075	1.51	390076	1.51
370165	0.99	380078	1.14	390078	1.74
370166	1.31	380081	0.77	390079	2.09
370169	1.50	380082	2.32	390080	1.57
370176	1.65	380083	1.63	390081	2.02
370177	1.07	380084	1.58	390083	1.19
370178	1.33	380087	0.95	390084	1.26
370179	0.90	380088	1.55	390086	1.57
370183	1.38	380089	2.58	390088	1.27
370186	1.45	380090	1.93	390090	1.91
370190	1.66	384006	0.90	390091	1.44
370192	2.00	390001	1.79	390093	1.31
372004	0.51	390002	1.62	390095	1.52
373025	0.97	390003	1.11	390096	1.46
373026	0.84	390004	1.68	390097	1.57
374003	0.71	390005	1.48	390100	1.70
374006	0.79	390006	1.17	390101	1.24
374008	1.09	390007	2.39	390102	1.81
374010	0.98	390008	1.36	390103	1.39
374012	0.88	390009	1.68	390104	1.26
374013	0.85	390010	1.63	390106	1.31
374017	0.90	390011	1.57	390107	1.66
374018	0.68	390012	1.81	390108	1.54
374019	0.95	390013	1.93	390109	1.15
374020	0.85	390015	1.15	390110	1.43
380001	2.38	390016	1.43	390111	1.36
380002	2.39	390017	1.44	390112	1.54
380003	2.52	390018	1.86	390113	1.55
380004	3.35	390019	1.37	390114	1.64
380005	2.55	390022	1.85	390115	1.44
380006	1.64	390023	1.12	390116	1.39
380007	2.26	390024	1.99	390118	1.85
380008	1.37	390025	0.72	390119	1.71
380009	1.48	390026	1.36	390121	1.59
380010	1.45	390028	1.98	390122	1.47
380011	1.95	390029	1.72	390123	2.69
380013	1.08	390030	1.45	390125	1.55
380014	2.43	390031	1.55	390126	1.77
380017	3.10	390032	1.45	390127	1.63
380018	1.40	390035	1.67	390128	1.87
380019	1.26	390036	1.75	390130	1.35
380020	3.28	390037	1.76	390131	1.69
380021	2.64	390039	1.53	390132	1.30

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI	Hospital	SMI	Hospital	SMI
390133	1.71	390246	1.66	400114	0.95
390135	1.45	390247	0.66	400115	0.77
390136	2.33	390249	0.72	400117	1.34
390137	1.75	390256	1.26	400118	1.14
390138	1.45	390258	1.64	400120	1.44
390139	1.64	390260	2.34	400121	0.50
390142	1.16	390262	1.79	400122	0.65
390145	1.59	390263	1.87	400123	2.61
390146	1.37	390265	1.06	400124	6.42
390147	1.48	390266	1.65	404002	1.66
390150	1.32	390267	1.78	410001	1.45
390151	1.58	390268	1.70	410004	1.61
390152	1.65	390270	1.69	410005	2.08
390153	1.26	390277	0.67	410006	1.53
390154	1.82	390279	1.54	410007	1.72
390155	0.92	392024	1.04	410008	2.13
390156	2.28	392025	1.08	410009	2.11
390157	1.60	392026	0.75	410010	1.54
390158	1.49	393025	0.75	410011	1.94
390160	1.74	393026	1.05	410012	1.59
390161	1.69	393027	1.41	410013	1.81
390162	1.71	393031	1.11	413025	0.74
390163	1.58	393032	0.85	414000	1.33
390164	1.52	393035	0.67	420002	3.24
390166	1.19	393037	0.87	420004	2.85
390167	1.49	393038	1.12	420005	2.33
390168	1.50	393039	0.93	420006	0.86
390169	2.09	393040	2.28	420007	1.69
390170	1.87	393041	1.47	420009	1.66
390173	1.63	393042	0.92	420010	1.55
390174	1.70	393043	0.62	420011	1.18
390176	1.38	393046	0.83	420014	0.97
390178	1.69	393301	1.27	420015	1.61
390179	1.61	393302	1.02	420016	1.37
390180	1.30	394006	0.79	420018	1.37
390181	1.56	394007	0.48	420019	1.88
390183	1.60	394008	1.88	420020	2.01
390184	1.13	394020	0.83	420023	2.55
390185	1.87	394023	0.77	420026	2.05
390189	1.38	394027	0.81	420027	1.82
390191	1.91	394034	0.85	420030	1.60
390192	1.44	394040	0.78	420031	0.91
390193	1.86	394041	0.83	420033	1.52
390194	1.45	394045	0.90	420036	2.26
390195	1.85	400001	1.10	420037	1.41
390197	2.04	400002	3.18	420038	1.37
390198	1.58	400003	0.97	420039	1.18
390199	1.12	400004	1.33	420042	1.17
390200	1.05	400005	1.12	420043	1.29
390201	1.53	400006	1.58	420048	1.97
390203	1.75	400007	0.76	420049	1.93
390204	1.64	400009	1.26	420051	1.67
390205	1.61	400010	0.76	420053	1.66
390206	1.43	400011	1.43	420054	1.21
390209	1.34	400012	0.74	420055	1.18
390211	1.73	400013	0.89	420056	1.52
390213	0.70	400014	3.08	420057	1.16
390215	1.74	400016	1.70	420059	1.07
390217	1.41	400017	1.31	420061	1.12
390219	1.21	400018	0.90	420062	1.73
390220	2.63	400019	2.15	420064	1.02
390222	1.86	400021	1.36	420065	1.82
390223	0.85	400022	1.25	420066	1.27
390224	1.13	400026	0.61	420067	3.32
390225	1.43	400027	0.58	420068	1.63
390226	1.54	400028	1.08	420069	1.19
390228	1.53	400029	0.73	420070	2.73
390231	1.35	400032	0.75	420071	1.64
390233	1.41	400094	0.74	420072	0.83
390235	1.09	400098	0.89	420073	1.92
390236	1.42	400102	1.52	420074	0.95
390237	1.45	400106	0.99	420075	1.39
390238	3.25	400109	1.29	420078	1.85
390242	1.66	400111	0.92	420079	1.17
390244	0.64	400112	0.70	420080	2.72
390245	1.34	400113	1.34	420081	0.61

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
420082	1.81	440018	1.04	440151	1.31
420083	3.22	440019	1.54	440152	1.04
420085	2.37	440020	1.26	440153	1.27
420086	2.02	440022	1.03	440156	2.55
420087	1.99	440023	1.05	440157	1.10
420088	1.80	440024	1.75	440159	1.24
420089	2.68	440025	1.42	440161	2.26
420091	2.25	440026	0.88	440162	0.74
423025	1.90	440029	1.98	440166	1.81
423026	1.11	440030	1.74	440168	1.27
424006	0.87	440031	1.44	440173	2.57
424007	0.72	440032	0.99	440174	1.25
424008	0.88	440033	1.22	440175	1.48
424009	0.71	440034	1.61	440176	1.74
424010	0.88	440035	1.63	440178	1.26
430004	1.41	440039	1.45	440180	1.16
430005	1.88	440040	1.04	440181	1.25
430007	2.02	440041	0.76	440182	1.24
430008	1.54	440046	1.52	440183	2.93
430010	1.68	440047	1.09	440184	2.01
430011	2.90	440048	2.09	440185	1.39
430012	2.09	440049	1.66	440186	1.27
430013	1.87	440050	1.22	440187	1.25
430014	1.96	440051	1.04	440189	2.18
430015	3.56	440052	1.02	440192	1.07
430016	1.73	440053	1.89	440193	1.93
430018	0.99	440054	1.29	440194	1.39
430022	0.75	440056	1.12	440197	1.71
430023	1.01	440057	1.21	440200	1.34
430024	0.87	440058	1.97	440203	1.26
430026	0.95	440059	1.63	440205	0.92
430027	2.50	440060	1.01	440206	1.19
430028	1.47	440061	1.36	442007	0.68
430029	1.47	440063	1.59	443025	1.05
430031	1.06	440064	1.02	443026	1.03
430033	1.06	440065	1.53	443028	1.05
430034	0.94	440067	1.46	443029	2.01
430036	1.17	440068	1.45	444003	0.74
430037	2.29	440070	1.08	444004	0.88
430038	1.49	440071	1.63	444006	0.89
430040	2.17	440072	1.78	444010	0.82
430041	0.95	440073	1.68	444011	0.98
430043	1.53	440078	1.04	444012	0.94
430044	1.02	440081	1.32	444017	0.79
430047	1.12	440082	1.87	444018	0.83
430048	1.57	440083	0.79	450002	1.37
430049	0.75	440084	0.96	450004	1.02
430051	0.68	440090	0.99	450005	1.31
430054	1.45	440091	1.79	450007	1.80
430056	1.29	440100	1.07	450008	1.18
430057	1.28	440102	1.17	450010	1.39
430060	0.62	440103	1.50	450011	1.44
430062	1.23	440104	1.60	450014	0.96
430064	0.96	440105	3.75	450015	0.84
430065	0.83	440109	1.05	450016	1.80
430066	0.93	440110	1.24	450018	0.99
430073	1.13	440111	0.87	450020	1.20
430076	0.74	440114	1.25	450021	1.24
430077	1.90	440115	1.26	450023	1.72
430079	0.68	440120	2.21	450024	1.04
430087	0.73	440125	1.87	450025	1.49
434004	0.95	440130	1.95	450028	1.69
440001	1.36	440131	1.80	450029	1.15
440002	2.61	440132	1.41	450031	1.27
440003	1.62	440133	2.08	450032	1.07
440006	1.93	440135	1.28	450033	1.14
440007	0.72	440137	1.29	450034	1.59
440008	1.35	440141	0.73	450035	1.90
440009	2.00	440142	0.95	450037	1.47
440010	1.16	440143	1.07	450039	0.74
440011	1.53	440144	2.32	450040	1.37
440012	1.26	440145	0.84	450042	1.49
440014	1.03	440147	4.16	450044	1.46
440015	2.17	440148	1.30	450046	1.63
440016	1.29	440149	0.98	450047	1.22
440017	1.59	440150	2.08	450050	0.80

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
450051	1.46	450176	1.50	450352	1.18
450052	0.80	450177	1.22	450353	1.02
450053	0.92	450178	0.79	450355	0.77
450054	1.36	450181	0.82	450358	1.60
450055	1.00	450184	1.43	450362	1.27
450056	2.46	450185	0.86	450369	0.89
450058	1.43	450187	1.27	450370	1.74
450059	1.65	450188	0.97	450371	0.93
450063	0.64	450190	2.27	450372	1.36
450064	1.51	450191	1.41	450373	0.83
450065	0.74	450192	1.17	450374	0.67
450068	1.32	450193	2.81	450376	1.64
450072	1.43	450194	1.26	450378	1.08
450073	0.88	450196	1.57	450379	1.35
450078	0.73	450200	1.34	450381	0.79
450079	1.57	450201	1.38	450388	2.25
450080	1.86	450203	1.10	450389	1.49
450081	0.94	450209	1.12	450393	1.11
450082	0.99	450210	0.93	450395	0.97
450083	1.67	450211	1.61	450399	0.66
450085	0.93	450214	1.87	450400	1.05
450087	1.32	450217	0.67	450403	1.52
450090	1.47	450219	1.28	450411	0.91
450092	1.03	450221	0.75	450417	1.01
450094	2.09	450222	1.63	450418	1.39
450096	1.59	450224	1.28	450419	1.01
450097	2.23	450229	1.67	450422	9.97
450098	0.77	450231	1.43	450423	1.94
450099	1.43	450234	0.82	450424	1.76
450101	1.39	450235	1.09	450429	0.65
450102	1.75	450236	1.59	450431	1.41
450104	1.30	450237	1.07	450438	1.10
450107	1.79	450239	0.83	450446	0.89
450108	0.78	450241	0.81	450447	1.93
450109	0.94	450243	0.74	450451	0.79
450110	1.07	450246	0.87	450457	1.67
450111	1.51	450249	0.87	450460	1.05
450112	1.74	450250	0.83	450462	1.17
450113	1.67	450253	1.21	450464	0.81
450118	2.42	450258	0.70	450465	1.61
450119	1.55	450259	1.80	450467	0.95
450121	1.59	450264	0.59	450469	1.31
450123	0.96	450269	0.79	450473	0.77
450124	1.26	450270	0.77	450475	1.24
450126	1.30	450271	0.83	450484	1.77
450128	1.33	450272	1.57	450488	1.04
450130	1.72	450276	0.75	450489	0.64
450131	1.14	450278	0.84	450497	0.90
450132	1.38	450280	1.16	450498	1.18
450133	1.41	450283	0.87	450508	1.26
450135	1.30	450286	0.68	450514	1.83
450137	1.19	450288	0.91	450517	0.83
450140	0.82	450289	0.73	450518	2.02
450142	1.40	450292	0.98	450523	2.60
450143	0.90	450293	1.03	450530	1.42
450144	0.80	450296	1.38	450534	0.71
450145	0.70	450299	1.91	450535	1.55
450146	0.70	450303	0.67	450537	1.30
450147	1.34	450306	1.14	450538	1.15
450148	1.22	450307	0.68	450539	1.38
450149	1.22	450309	0.86	450544	1.25
450150	0.74	450315	1.51	450545	2.33
450151	0.90	450320	1.41	450547	0.87
450152	1.36	450321	0.73	450550	1.42
450153	1.40	450322	0.73	450551	1.40
450154	1.10	450324	1.27	450558	1.52
450155	0.94	450327	0.63	450559	0.85
450157	0.75	450330	1.08	450561	1.38
450160	1.08	450334	0.66	450563	1.29
450162	1.32	450337	0.82	450565	1.09
450163	1.06	450340	1.59	450570	0.93
450164	0.75	450341	1.25	450571	1.65
450165	1.04	450346	1.33	450573	0.89
450166	0.60	450347	1.24	450574	0.57
450169	0.66	450348	0.76	450575	0.68
450170	0.77	450351	1.70	450578	0.65

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
450580	1.13	450717	1.71	453052	0.98
450583	0.69	450718	1.60	453053	0.98
450584	1.00	450723	1.31	453054	1.08
450586	0.89	450724	1.95	453055	0.70
450587	1.45	450725	1.36	453056	1.05
450591	1.31	450727	1.06	453057	0.90
450596	1.39	450728	0.68	453059	0.98
450597	0.97	450730	1.45	453065	2.22
450603	0.70	450733	1.59	453072	0.61
450604	1.32	450735	0.44	453300	0.77
450605	1.09	450742	1.55	453302	0.98
450609	0.74	450743	1.60	453304	0.93
450610	1.48	450746	0.75	453305	0.71
450614	0.83	450747	1.74	454000	0.67
450615	0.77	450749	0.74	454006	0.59
450617	1.33	450750	0.91	454008	0.47
450620	0.91	450751	1.65	454009	0.60
450623	1.31	450754	1.07	454011	0.54
450626	0.89	450755	1.16	454012	0.77
450628	0.70	450757	0.67	454014	0.81
450630	1.39	450758	0.90	454018	0.89
450631	1.59	450760	1.75	454026	0.94
450632	0.54	450761	0.73	454028	0.87
450633	1.56	450763	1.30	454029	1.31
450634	1.96	450766	1.75	454030	0.86
450638	2.14	450769	0.74	454031	0.91
450639	1.42	450770	0.90	454032	0.88
450641	0.95	450771	1.37	454037	0.87
450643	1.42	450774	3.69	454038	0.87
450644	1.81	450775	1.81	454040	0.83
450646	1.79	450776	0.81	454042	0.81
450647	1.60	450777	0.85	454043	0.86
450648	0.94	450779	1.20	454045	0.88
450649	0.82	450780	3.40	454046	0.87
450651	1.42	450785	10.47	454050	0.87
450652	0.68	450788	1.26	454051	0.87
450653	1.78	450795	0.62	454056	1.08
450654	0.79	450796	10.29	454057	0.89
450656	1.58	450797	5.76	454058	0.87
450658	1.00	450798	0.35	454060	0.88
450659	2.15	450801	1.84	454063	0.85
450661	2.36	450802	1.60	454064	0.87
450662	1.22	450803	0.85	454065	0.89
450665	0.86	450804	3.50	454066	0.87
450666	1.39	450809	1.95	454069	0.96
450668	1.93	452013	0.64	454072	0.87
450669	1.42	452015	0.55	454073	0.99
450670	1.64	452016	0.55	454078	0.79
450672	1.81	452019	1.11	454083	0.89
450673	0.73	452022	1.00	454084	0.59
450674	3.52	452028	0.32	454086	0.96
450675	1.48	452033	0.65	454089	0.88
450677	1.30	452036	0.52	460001	1.97
450678	1.51	452037	1.39	460003	2.18
450683	1.16	452038	0.87	460004	1.73
450684	1.38	452039	0.69	460005	1.82
450686	1.46	452042	0.31	460006	2.28
450688	1.41	452043	0.71	460007	1.93
450690	0.99	452045	1.03	460008	1.45
450691	1.19	453025	0.88	460009	1.82
450694	1.27	453028	0.54	460010	1.64
450696	6.04	453029	1.25	460011	1.42
450697	1.28	453031	1.04	460013	2.16
450698	0.67	453032	0.52	460014	1.00
450700	0.84	453033	0.75	460015	1.88
450702	1.53	453034	0.67	460016	0.97
450703	1.10	453035	1.50	460017	2.21
450704	1.33	453036	1.40	460018	1.11
450705	1.17	453037	0.81	460019	1.13
450706	1.42	453038	0.83	460020	1.22
450709	2.71	453040	0.83	460021	1.65
450711	1.87	453041	0.59	460022	0.82
450712	0.88	453042	0.79	460023	1.97
450713	1.67	453044	0.90	460024	0.70
450715	0.98	453047	0.78	460025	0.49
450716	1.76	453048	0.82	460026	1.21

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
460027	0.97	490048	1.75	500008	1.18
460029	1.22	490050	1.86	500011	1.59
460030	1.62	490052	1.97	500012	2.00
460032	0.90	490053	2.23	500014	1.85
460033	1.28	490054	1.41	500015	1.31
460035	0.85	490057	1.82	500016	1.41
460036	1.20	490059	2.24	500019	2.04
460037	1.41	490060	1.62	500021	1.42
460039	0.93	490063	2.18	500023	1.39
460041	1.69	490066	1.89	500024	2.58
460042	1.59	490067	1.90	500025	1.31
460044	1.37	490069	1.11	500026	1.53
460046	7.81	490071	2.06	500027	1.87
460047	1.46	490073	2.81	500028	0.85
460049	7.48	490074	2.72	500029	0.72
460050	2.50	490075	1.83	500030	1.75
463025	1.08	490077	1.67	500031	1.29
463301	1.56	490079	1.49	500033	1.59
464003	0.87	490083	9.68	500036	1.80
464007	7.13	490084	1.84	500037	1.07
464009	0.85	490085	1.48	500039	1.93
464010	0.87	490088	1.64	500041	1.53
470001	1.35	490089	1.04	500042	2.22
470003	1.86	490090	1.74	500043	1.06
470004	1.06	490091	1.84	500044	1.72
470005	1.47	490092	1.45	500045	1.73
470006	1.59	490093	1.76	500048	1.17
470008	1.34	490094	1.43	500049	2.08
470010	1.23	490095	1.31	500050	1.84
470011	1.51	490097	1.24	500051	1.97
470012	1.99	490098	1.45	500053	1.48
470015	1.18	490099	0.74	500054	1.86
470018	1.39	490100	2.66	500055	1.33
470020	0.78	490101	2.21	500057	1.81
470023	1.49	490107	2.28	500058	1.96
470024	1.33	490110	2.29	500059	1.66
474001	0.72	490111	1.53	500060	1.30
480001	1.19	490112	1.76	500061	0.75
480002	1.30	490113	1.76	500062	0.59
490001	1.29	490114	1.12	500064	0.87
490002	1.14	490115	1.51	500065	1.76
490003	10.75	490116	1.57	500068	0.76
490004	1.69	490117	0.88	500069	0.92
490005	1.77	490118	2.01	500071	1.47
490006	1.28	490119	1.95	500072	1.74
490007	1.74	490120	1.62	500073	0.98
490009	1.36	490122	2.03	500074	1.51
490011	1.92	490123	1.41	500077	1.51
490012	1.02	490124	1.50	500079	1.17
490013	1.87	490126	1.64	500080	0.82
490014	2.11	490127	0.93	500084	1.43
490015	1.98	490130	1.61	500085	1.12
490017	2.14	490131	1.39	500086	1.34
490018	1.81	492001	0.21	500088	1.94
490019	1.46	493025	0.87	500089	1.19
490020	2.42	493026	0.71	500090	0.49
490021	2.69	493027	1.21	500092	1.10
490022	1.61	493028	0.71	500094	0.59
490023	1.59	493301	1.21	500096	1.26
490024	1.61	494001	0.87	500097	0.83
490027	1.31	494002	1.04	500098	0.98
490030	1.73	494011	0.82	500101	0.85
490031	1.54	494012	0.83	500102	1.00
490032	1.29	494016	0.73	500104	1.34
490033	1.15	494018	0.88	500106	0.79
490035	1.53	494020	0.87	500107	1.21
490037	1.63	494022	0.69	500108	1.72
490038	1.58	494023	0.78	500110	1.77
490040	2.07	494025	0.82	500118	1.62
490041	2.03	494026	0.78	500119	1.22
490042	1.75	494028	0.87	500122	1.43
490043	1.34	500001	1.86	500123	0.61
490044	1.62	500002	1.31	500124	1.52
490045	1.58	500003	1.61	500125	0.99
490046	2.03	500005	1.95	500129	1.44
490047	0.96	500007	2.03	500132	1.05

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued		ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued	
Hospital	SMI	Hospital	SMI	Hospital	SMI
500138	0.90	520013	1.76	520116	1.69
500139	1.62	520014	1.82	520117	1.51
500141	1.81	520015	2.06	520118	0.72
500146	1.69	520016	3.42	520120	0.77
502002	2.34	520017	1.46	520121	1.32
503025	0.99	520018	1.52	520122	0.97
503300	4.72	520019	1.65	520123	1.07
504002	0.75	520021	2.27	520124	1.31
504008	0.83	520024	1.40	520130	2.21
510001	1.62	520025	1.38	520131	1.43
510002	1.70	520026	1.75	520132	1.65
510004	0.77	520028	2.46	520134	1.16
510005	1.11	520029	0.89	520135	1.31
510006	1.86	520030	3.47	520136	1.37
510007	1.31	520031	2.68	520138	1.74
510008	1.52	520032	1.67	520139	3.15
510012	1.28	520033	2.40	520140	1.64
510013	1.17	520034	1.80	520141	1.42
510015	0.76	520035	3.33	520142	0.90
510016	0.73	520037	2.04	520144	3.38
510018	1.18	520038	2.45	520145	1.01
510020	0.88	520039	2.16	520146	1.97
510022	1.68	520040	1.31	520148	1.52
510023	1.56	520041	2.16	520149	0.80
510024	1.97	520042	1.28	520151	2.91
510026	1.12	520044	2.12	520152	1.99
510027	0.99	520045	1.37	520153	1.23
510028	1.04	520047	1.63	520154	1.95
510029	1.57	520048	1.62	520156	1.55
510030	1.50	520049	2.96	520157	1.12
510031	2.16	520051	1.85	520159	0.99
510033	1.48	520053	1.23	520160	1.73
510038	1.13	520054	1.19	520161	1.60
510039	1.54	520057	5.86	520170	2.11
510043	0.64	520058	1.96	520171	1.19
510046	1.05	520059	1.92	520173	2.77
510047	2.11	520060	1.19	520177	2.17
510048	0.95	520062	2.43	520178	1.73
510050	1.57	520063	3.44	523025	0.95
510053	1.03	520064	1.32	523300	2.03
510055	1.49	520066	2.82	524000	0.94
510058	1.66	520068	1.13	524001	0.79
510059	5.37	520069	1.39	524003	0.85
510060	1.13	520070	1.81	524017	0.35
510063	0.74	520071	1.66	524018	0.79
510065	0.80	520074	1.21	524034	0.87
510066	1.43	520075	1.68	524035	0.87
510067	1.52	520076	2.23	524038	0.98
510068	1.26	520077	0.97	524040	1.03
510070	2.03	520078	2.01	530002	1.40
510071	1.73	520082	2.49	530003	0.88
510072	1.04	520083	1.40	530004	1.06
510077	1.03	520084	2.38	530005	1.23
510081	0.71	520087	1.74	530006	1.40
510082	1.13	520088	1.61	530007	1.24
510084	1.27	520089	4.31	530008	1.34
510085	1.37	520090	1.38	530009	1.45
510086	0.91	520091	3.18	530010	1.95
511300	1.04	520092	1.51	530011	1.41
511301	0.58	520094	1.25	530012	1.58
513026	0.62	520095	4.22	530014	1.54
513027	0.98	520096	1.92	530015	1.59
513028	1.10	520097	1.73	530016	1.27
513030	1.04	520098	1.16	530017	1.64
514001	0.96	520100	1.94	530018	1.18
514007	1.22	520101	1.13	530019	1.15
514008	1.29	520102	1.82	530022	1.15
520002	2.63	520103	1.73	530023	1.07
520003	1.59	520107	1.51	530025	1.41
520004	2.63	520109	1.73	530026	1.00
520006	4.45	520110	1.36	530027	1.03
520007	1.27	520111	2.22	530029	0.75
520008	1.79	520112	2.23	530031	0.67
520009	1.27	520113	2.82	530032	1.52
520010	1.51	520114	1.27	532002	0.05
520011	2.38	520115	1.25	534003	0.87

Note: The median service mix for all hospitals is 1.45

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
650001 .....	1.28

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS

Urban area (Constituent counties)	Wage index
0040 Abilene, TX .....	0.8081
Taylor, TX	
0060 Aguadilla, PR .....	0.4772
Aguada, PR	
Aguadilla, PR	
Moca, PR	
0080 Akron, OH .....	1.0011
Portage, OH	
Summit, OH	
0120 Albany, GA .....	0.8098
Dougherty, GA	
Lee, GA	
0160 <sup>2</sup> Albany-Schenectady-Troy, NY .....	0.8640
Albany, NY	
Montgomery, NY	
Rensselaer, NY	
Saratoga, NY	
Schenectady, NY	
Schoharie, NY	
0200 Albuquerque, NM .....	0.8813
Bernalillo, NM	
Sandoval, NM	
Valencia, NM	
0220 Alexandria, LA .....	0.8598
Rapides, LA	
0240 Allentown-Bethlehem-Easton, PA .....	1.0219
Carbon, PA	
Lehigh, PA	
Northampton, PA	
0280 Altoona, PA .....	0.9398
Blair, PA	
0320 Amarillo, TX .....	0.8483
Potter, TX	
Randall, TX	
0380 Anchorage, AK .....	1.3088
Anchorage, AK	
0440 Ann Arbor, MI .....	1.11271
Lenawee, MI	
Livingston, MI	
Washtenaw, MI	
0450 Anniston, AL .....	0.8731
Calhoun, AL	
0460 Appleton-Oshkosh-Neenah, WI .....	0.8899
Calumet, WI	
Outagamie, WI	
Winnebago, WI	
0470 Arecibo, PR .....	0.4915
Arecibo, PR	
Camuy, PR	
Hatillo, PR	
0480 Asheville, NC .....	0.9016
Buncombe, NC	
Madison, NC	
0500 Athens, GA .....	0.8746
Clarke, GA	
Madison, GA	
Oconee, GA	
0520 <sup>1</sup> Atlanta, GA .....	1.0024
Barrow, GA	
Bartow, GA	
Carroll, GA	
Cherokee, GA	
Clayton, GA	
Cobb, GA	
Coweta, GA	
DeKalb, GA	
Douglas, GA	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties)	Wage index
Fayette, GA	
Forsyth, GA	
Fulton, GA	
Gwinnett, GA	
Henry, GA	
Newton, GA	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS

Urban area (Constituent counties)	Wage index
Paulding, GA	
Pickens, GA	
Rockdale, GA	
Spalding, GA	
Walton, GA	
0560 Atlantic-Cape May, NJ .....	1.0442
Atlantic, NJ	
Cape May, NJ	
0600 Augusta-Aiken, GA-SC .....	0.9309
Columbia, GA	
McDuffie, GA	
Richmond, GA	
Aiken, SC	
Edgefield, SC	
0640 <sup>1</sup> Austin-San Marcos, TX .....	0.8158
Bastrop, TX	
Caldwell, TX	
Hays, TX	
Travis, TX	
Williamson, TX	
0680 <sup>2</sup> Bakersfield, CA .....	0.9976
Kern, CA	
0720 <sup>1</sup> Baltimore, MD .....	0.9760
Anne Arundel, MD	
Baltimore, MD	
Baltimore City, MD	
Carroll, MD	
Harford, MD	
Howard, MD	
Queen Anne's, MD	
0733 <sup>2</sup> Bangor, ME .....	0.8538
Penobscot, ME	0.8538
0743 Barnstable-Yarmouth, MA .....	1.5644
Barnstable, MA	
0760 Baton Rouge, LA .....	0.8940
Ascension, LA	
East Baton Rouge, LA	
Livingston, LA	
West Baton Rouge, LA	
0840 Beaumont-Port Arthur, TX .....	0.8660
Hardin, TX	
Jefferson, TX	
Orange, TX	
0860 Bellingham, WA .....	1.1475
Whatcom, WA	
0870 <sup>2</sup> Benton Harbor, MI .....	0.8988
Berrien, MI	
0875 <sup>1</sup> Bergen-Passaic, NJ .....	1.1845
Bergen, NJ	
Passaic, NJ	
0880 Billings, MT .....	0.9220
Yellowstone, MT	
0920 Biloxi-Gulfport-Pascagoula, MS .....	0.8291
Hancock, MS	
Harrison, MS	
Jackson, MS	
0960 Binghamton, NY .....	0.9103
Broome, NY	
Tioga, NY	
1000 Birmingham, AL .....	0.9150
Blount, AL	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties)	Wage index
Jefferson, AL	
St. Clair, AL	
Shelby, AL	
1010 Bismarck, ND .....	0.8015
Burleigh, ND	
Morton, ND	
1020 Bloomington, IN .....	0.9041
Monroe, IN	
1040 Bloomington-Normal, IL .....	0.8926
McLean, IL	
1080 Boise City, ID .....	0.9267
Ada, ID	
Canyon, ID	
1123 <sup>1 2</sup> Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH (Massachusetts Hospitals) .....	1.0917
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1123 <sup>1</sup> Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH (New Hampshire Hospitals) .....	1.0885
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 .....	1.0122
Boulder, CO	
1145 Brazoria, TX .....	0.8895
Brazoria, TX	
1150 Bremerton, WA .....	1.1148
Kitsap, WA	
1240 Brownsville-Harlingen-San Benito, TX .....	0.8291
Cameron, TX	
1260 Bryan-College Station, TX .....	0.7962
Brazos, TX	
1280 <sup>1</sup> Buffalo-Niagara Falls, NY .....	0.9592
Erie, NY	
Niagara, NY	
1303 Burlington, VT .....	0.9612
Chittenden, VT	
Franklin, VT	
Grand Isle, VT	
1310 Caguas, PR .....	0.4445
Caguas, PR	
Cayey, PR	
Cidra, PR	
Gurabo, PR	
San Lorenzo, PR	
1320 Canton-Massillon, OH .....	0.8895
Carroll, OH	
Stark, OH	
1350 Casper, WY .....	0.9227
Natrona, WY	
1360 Cedar Rapids, IA .....	0.8888
Linn, IA	
1400 Champaign-Urbana, IL .....	0.8844
Champaign, IL	
1440 Charleston-North Charleston, SC .....	0.8931

## ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties)	Wage index
Berkeley, SC	
Charleston, SC	
Dorchester, SC	
1480 Charleston, WV .....	0.9042
Kanawha, WV	
Putnam, WV	
1520 <sup>1</sup> Charlotte-Gastonia-Rock Hill, NC-SC .....	0.9568
Cabarrus, NC	
Gaston, NC	
Lincoln, NC	
Mecklenburg, NC	
Rowan, NC	
Stanly, NC	
Union, NC	
York, SC	
1540 Charlottesville, VA .....	1.0359
Albemarle, VA	
Charlottesville City, VA	
Fluvanna, VA	
Greene, VA	
1560 Chattanooga, TN-GA .....	0.9123
Catoosa, GA	
Dade, GA	
Walker, GA	
Hamilton, TN	
Marion, TN	
1580 Cheyenne, WY .....	0.9354
Laramie, WY	
1600 <sup>1</sup> Chicago, IL .....	1.0507
Cook, IL	
DeKalb, IL	
DuPage, IL	
Grundy, IL	
Kane, IL	
Kendall, IL	
Lake, IL	
McHenry, IL	
Will, IL	
1620 Chico-Paradise, CA .....	1.0231
Butte, CA	
1640 <sup>1</sup> Cincinnati, OH-KY-IN .....	0.9465
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 .....	0.8204
Christian, KY	
Montgomery, TN	
1680 <sup>1</sup> Cleveland-Lorain-Elyria, OH .....	0.9970
Ashtabula, OH	
Cuyahoga, OH	
Geauga, OH	
Lake, OH	
Lorain, OH	
Medina, OH	
1720 Colorado Springs, CO .....	0.9469
El Paso, CO	
1740 Columbia, MO .....	0.9678
Boone, MO	
1760 Columbia, SC .....	0.9368
Lexington, SC	
Richland, SC	
1800 Columbus, GA-AL .....	0.8573
Russell, AL	
Chattahoochee, GA	
Harris, GA	

## ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties)	Wage index
Muscogee, GA	
1840 <sup>1</sup> Columbus, OH .....	0.9929
Delaware, OH	
Fairfield, OH	
Franklin, OH	
Licking, OH	
Madison, OH	
Pickaway, OH	
1880 Corpus Christi, TX .....	0.8112
Nueces, TX	
San Patricio, TX	
1900 <sup>2</sup> Cumberland, MD-WV (Maryland Hospitals) .....	0.8627
Allegheny, MD	
Mineral, WV	
1900 Cumberland, MD-WV (West Virginia Hospital) .....	0.8407
Allegheny, MD	
Mineral, WV	
1920 <sup>1</sup> Dallas, TX .....	0.9149
Collin, TX	
Dallas, TX	
Denton, TX	
Ellis, TX	
Henderson, TX	
Hunt, TX	
Kaufman, TX	
Rockwall, TX	
1950 Danville, VA .....	0.9121
Danville City, VA	
Pittsylvania, VA	
1960 Davenport-Moline-Rock Island, IA-IL	0.8496
Scott, IA	
Henry, IL	
Rock Island, IL	
2000 Dayton-Springfield, OH .....	0.9670
Clark, OH	
Greene, OH	
Miami, OH	
Montgomery, OH	
2020 Daytona Beach, FL .....	0.9211
Flagler, FL	
Volusia, FL	
2030 Decatur, AL .....	0.8302
Lawrence, AL	
Morgan, AL	
2040 Decatur, IL .....	0.8140
Macon, IL	
2080 <sup>1</sup> Denver, CO .....	1.0532
Adams, CO	
Arapahoe, CO	
Denver, CO	
Douglas, CO	
Jefferson, CO	
2120 Des Moines, IA .....	0.8576
Dallas, IA	
Polk, IA	
Warren, IA	
2160 <sup>1</sup> Detroit, MI .....	1.0601
Lapeer, MI	
Macomb, MI	
Monroe, MI	
Oakland, MI	
St. Clair, MI	
Wayne, MI	
2180 Dothan, AL .....	0.7827
Dale, AL	
Houston, AL	
2190 Dover, DE .....	0.9441
Kent, DE	
2200 Dubuque, IA .....	0.8292
Dubuque, IA	
2240 Duluth-Superior, MN-WI .....	1.0133
St. Louis, MN	
Douglas, WI	

## ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties)	Wage index
2281 Dutchess County, NY .....	0.9860
Dutchess, NY	
2290 Eau Claire, WI .....	0.8755
Chippewa, WI	
Eau Claire, WI	
2320 El Paso, TX .....	0.8978
El Paso, TX	
2330 Elkhart-Goshen, IN .....	0.9168
Elkhart, IN	
2335 <sup>2</sup> Elmira, NY .....	0.8640
Chemung, NY	
2340 Enid, OK .....	0.8050
Garfield, OK	
2360 Erie, PA .....	0.9343
Erie, PA	
2400 Eugene-Springfield, OR .....	1.1288
Lane, OR	
2440 Evansville-Henderson, IN-KY .....	0.8505
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2520 Fargo-Moorhead, ND-MN (North Dakota Hospitals) .....	0.7905
Clay, MN	
Cass, ND	
2520 <sup>2</sup> Fargo-Moorhead, ND-MN (Minnesota Hospitals) .....	0.8665
Clay, MN	
Cass, ND	
2560 Fayetteville, NC .....	0.8460
Cumberland, NC	
2580 Fayetteville-Springdale-Rogers, AR	0.8686
Benton, AR	
Washington, AR	
2620 Flagstaff, AZ-UT .....	0.9602
Coconino, AZ	
Kane, UT	
2640 Flint, MI .....	1.1106
Genesee, MI	
2650 Florence, AL .....	0.7740
Colbert, AL	
Lauderdale, AL	
2655 Florence, SC .....	0.8368
Florence, SC	
2670 Fort Collins-Loveland, CO .....	1.0383
Larimer, CO	
2680 <sup>1</sup> Ft. Lauderdale, FL .....	1.0534
Broward, FL	
2700 Fort Myers-Cape Coral, FL .....	0.9017
Lee, FL	
2710 Fort Pierce-Port St. Lucie, FL .....	0.9847
Martin, FL	
St. Lucie, FL	
2720 Fort Smith, AR-OK .....	0.7687
Crawford, AR	
Sebastian, AR	
Sequoyah, OK	
2750 <sup>2</sup> Fort Walton Beach, FL .....	0.8947
Okaloosa, FL	
2760 Fort Wayne, IN .....	0.8896
Adams, IN	
Allen, IN	
De Kalb, IN	
Huntington, IN	
Wells, IN	
Whitley, IN	
2800 <sup>1</sup> Forth Worth-Arlington, TX .....	0.9192
Hood, TX	
Johnson, TX	
Parker, TX	
Tarrant, TX	
2840 Fresno, CA .....	1.0491
Fresno, CA	
Madera, CA	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued		ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued		ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued	
Urban area (Constituent counties)	Wage index	Urban area (Constituent counties)	Wage index	Urban area (Constituent counties)	Wage index
2880 Gadsden, AL .....	0.8854	Lafourche, LA		3740 Kankakee, IL .....	0.9175
Etowah, AL .....		Terrebonne, LA		Kankakee, IL .....	
2900 Gainesville, FL .....	0.9542	3360 <sup>1</sup> Houston, TX .....	1.0017	3760 <sup>1</sup> Kansas City, KS-MO .....	0.9672
Alachua, FL .....		Chambers, TX		Johnson, KS	
2920 Galveston-Texas City, TX .....	0.9549	Fort Bend, TX		Leavenworth, KS	
Galveston, TX		Harris, TX		Miami, KS	
2960 Gary, IN .....	0.9542	Liberty, TX		Wyandotte, KS	
Lake, IN		Montgomery, TX		Cass, MO	
Porter, IN		Waller, TX		Clay, MO	
2975 <sup>2</sup> Glens Falls, NY .....	0.8640	3400 Huntington-Ashland, WV-KY-OH .....	0.9728	Clinton, MO	
Warren, NY		Boyd, KY		Jackson, MO	
Washington, NY		Carter, KY		Lafayette, MO	
2980 Goldsboro, NC .....	0.8523	Greenup, KY		Platte, MO	
Wayne, NC		Lawrence, OH		Ray, MO	
2985 Grand Forks, ND-MN .....	0.8996	Cabell, WV		3800 Kenosha, WI .....	0.9206
Polk, MN		Wayne, WV		Kenosha, WI	
Grand Forks, ND		3440 Huntsville, AL .....	0.8428	3810 Killeen-Temple, TX .....	1.0180
2995 Grand Junction, CO .....	0.9110	Limestone, AL		Bell, TX	
Mesa, CO		Madison, AL		Coryell, TX	
3000 <sup>1</sup> Grand Rapids-Muskegon-Holland, MI .....	1.0018	3480 <sup>1</sup> Indianapolis, IN .....	0.9901	3840 Knoxville, TN .....	0.8569
Allegan, MI		Boone, IN		Anderson, TN	
Kent, MI		Hamilton, IN		Blount, TN	
Muskegon, MI		Hancock, IN		Knox, TN	
Ottawa, MI		Hendricks, IN		Loudon, TN	
3040 Great Falls, MT .....	0.9362	Johnson, IN		Sevier, TN	
Cascade, MT		Madison, IN		Union, TN	
3060 Greeley, CO .....	0.9856	Marion, IN		3850 Kokomo, IN .....	0.9350
Weld, CO		Morgan, IN		Howard, IN	
3080 Green Bay, WI .....	0.9323	Shelby, IN		Tipton, IN	
Brown, WI		3500 Iowa City, IA .....	0.9561	3870 La Crosse, WI-MN .....	0.8989
3120 <sup>1</sup> Greensboro-Winston-Salem-High Point, NC .....	0.9418	Johnson, IA		Houston, MN	
Alamance, NC		3520 Jackson, MI .....	0.9302	La Crosse, WI	
Davidson, NC		Jackson, MI		3880 Lafayette, LA .....	0.8363
Davie, NC		3560 Jackson, MS .....	0.8279	Acadia, LA	
Forsyth, NC		Hinds, MS		Lafayette, LA	
Guilford, NC		Madison, MS		St. Landry, LA	
Randolph, NC		Rankin, MS		St. Martin, LA	
Stokes, NC		3580 Jackson, TN .....	0.8632	3920 Lafayette, IN .....	0.8984
Yadkin, NC		Madison, TN		Clinton, IN	
3150 Greenville, NC .....	0.9034	Chester, TN		Tippecanoe, IN	
Pitt, NC		3600 <sup>1,2</sup> Jacksonville, FL .....	0.8947	3960 Lake Charles, LA .....	0.7738
3160 Greenville-Spartanburg-Anderson, SC .....	0.9318	Clay, FL		Calcasieu, LA	
Anderson, SC		Duval, FL		3980 Lakeland-Winter Haven, FL .....	0.8947
Cherokee, SC		Nassau, FL		Polk, FL	
Greenville, SC		St. Johns, FL		4000 Lancaster, PA .....	0.9646
Pickens, SC		3605 <sup>2</sup> Jacksonville, NC .....	0.8162	Lancaster, PA	
Spartanburg, SC		Onslow, NC		4040 Lansing-East Lansing, MI .....	1.0130
3180 Hagerstown, MD .....	1.0268	3610 <sup>2</sup> Jamestown, NY .....	0.8640	Clinton, MI	
Washington, MD		Chautauqua, NY		Eaton, MI	
3200 Hamilton-Middletown, OH .....	0.9292	3620 Janesville-Beloit, WI .....	0.9128	Ingham, MI	
Butler, OH		Rock, WI		4080 <sup>2</sup> Laredo, TX .....	0.7404
3240 Harrisburg-Lebanon-Carlisle, PA .....	0.9572	3640 Jersey City, NJ .....	1.1372	Webb, TX	
Cumberland, PA		Hudson, NJ		4100 Las Cruces, NM .....	0.9045
Dauphin, PA		3660 Johnson City-Kingsport-Bristol, TN- VA .....	0.8847	Dona Ana, NM	
Lebanon, PA		Carter, TN		4120 <sup>1</sup> Las Vegas, NV-AZ .....	1.1349
Perry, PA		Hawkins, TN		Mohave, AZ	
3283 <sup>1,2</sup> Hartford, CT .....	1.2175	Sullivan, TN		Clark, NV	
Hartford, CT		Unicoi, TN		Nye, NV	
Litchfield, CT		Washington, TN		4150 Lawrence, KS .....	0.8728
Middlesex, CT		Bristol City, VA		Douglas, KS	
Tolland, CT		Scott, VA		4200 Lawton, OK .....	0.8770
3285 <sup>2</sup> Hattiesburg, MS .....	0.7359	Washington, VA		Comanche, OK	
Forrest, MS		3680 Johnstown, PA .....	0.8671	4243 Lewiston-Auburn, ME .....	0.9226
Lamar, MS		Cambria, PA		Androscoggin, ME	
3290 Hickory-Morganton-Lenoir, NC .....	0.8687	Somerset, PA		4280 Lexington, KY .....	0.8579
Alexander, NC		3700 Jonesboro, AR .....	0.7643	Bourbon, KY	
Burke, NC		Craighead, AR		Clark, KY	
Caldwell, NC		3710 Joplin, MO .....	0.7933	Fayette, KY	
Catawba, NC		Jasper, MO		Jessamine, KY	
3320 Honolulu, HI .....	1.1628	Newton, MO		Madison, KY	
Honolulu, HI		3720 Kalamazoo-Battlecreek, MI .....	1.2009	Scott, KY	
3350 Houma, LA .....	0.8266	Calhoun, MI		Woodford, KY	
		Kalamazoo, MI		4320 Lima, OH .....	0.8885
		Van Buren, MI		Allen, OH	
				Auglaize, OH	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued		ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued		ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued	
Urban area (Constituent counties)	Wage index	Urban area (Constituent counties)	Wage index	Urban area (Constituent counties)	Wage index
4360 Lincoln, NE .....	0.9082	Carver, MN		Orange, NY	
Lancaster, NE		Chisago, MN		Pike, PA	
4400 Little Rock-North Little Rock, AR .....	0.8598	Dakota, MN		5720 <sup>1</sup> Norfolk-Virginia Beach-Newport	
Faulkner, AR		Hennepin, MN		News, VA-NC .....	0.8235
Lonoke, AR		Isanti, MN		Currituck, NC	
Pulaski, AR		Ramsey, MN		Chesapeake City, VA	
Saline, AR		Scott, MN		Gloucester, VA	
4420 Longview-Marshall, TX .....	0.8583	Sherburne, MN		Hampton City, VA	
Gregg, TX		Washington, MN		Isle of Wight, VA	
Harrison, TX		Wright, MN		James City, VA	
Upshur, TX		Pierce, WI		Mathews, VA	
4480 <sup>1</sup> Los Angeles-Long Beach, CA .....	1.2124	St. Croix, WI		Newport News City, VA	
Los Angeles, CA		5160 Mobile, AL .....	0.7942	Norfolk City, VA	
4520 Louisville, KY-IN .....	0.9212	Baldwin, AL		Poquoson City, VA	
Clark, IN		Mobile, AL		Portsmouth City, VA	
Floyd, IN		5170 Modesto, CA .....	1.0406	Suffolk City, VA	
Harrison, IN		Stanislaus, CA		Virginia Beach City, VA	
Scott, IN		5190 <sup>1</sup> Monmouth-Ocean, NJ .....	1.1285	Williamsburg City, VA	
Bullitt, KY		Monmouth, NJ		York, VA	
Jefferson, KY		Ocean, NJ		5775 <sup>1</sup> Oakland, CA .....	1.5309
Oldham, KY		5200 Monroe, LA .....	0.8288	Alameda, CA	
4600 Lubbock, TX .....	0.8460	Ouachita, LA		Contra Costa, CA	
Lubbock, TX		5240 Montgomery, AL .....	0.7919	5790 Ocala, FL .....	0.9229
4640 Lynchburg, VA .....	0.8680	Autauga, AL		Marion, FL	
Amherst, VA		Elmore, AL		5800 Odessa-Midland, TX .....	0.7773
Bedford, VA		Montgomery, AL		Ector, TX	
Bedford City, VA		5280 Muncie, IN .....	0.9493	Midland, TX	
Campbell, VA		Delaware, IN		5880 <sup>1</sup> Oklahoma City, OK .....	0.8764
Lynchburg City, VA		5330 <sup>2</sup> Myrtle Beach, SC .....	0.8110	Canadian, OK	
4680 Macon, GA .....	0.9109	Horry, SC		Cleveland, OK	
Bibb, GA		5345 Naples, FL .....	1.0205	Logan, OK	
Houston, GA		Collier, FL		McClain, OK	
Jones, GA		5360 <sup>1</sup> Nashville, TN .....	0.9336	Oklahoma, OK	
Peach, GA		Cheatham, TN		Pottawatomie, OK	
Twiggs, GA		Davidson, TN		5910 Olympia, WA .....	1.1605
4720 Madison, WI .....	1.0103	Dickson, TN		Thurston, WA	
Dane, WI		Robertson, TN		5920 Omaha, NE-IA .....	0.9938
4800 Mansfield, OH .....	0.8606	Rutherford TN		Pottawattamie, IA	
Crawford, OH		Sumner, TN		Cass, NE	
Richland, OH		Williamson, TN		Douglas, NE	
4840 Mayaguez, PR .....	0.4360	Wilson, TN		Sarpy, NE	
Anasco, PR		5380 <sup>1</sup> Nassau-Suffolk, NY .....	1.3123	Washington, NE	
Cabo Rojo, PR		Nassau, NY		5945 <sup>1</sup> Orange County, CA .....	1.1153
Hormigueros, PR		Suffolk, NY		Orange, CA	
Mayaguez, PR		5483 <sup>1,2</sup> New Haven-Bridgeport-Stamford-		5960 <sup>1</sup> Orlando, FL .....	0.9933
Sabana Grande, PR		Waterbury-Danbury, CT .....	1.2175	Lake, FL	
San German, PR		Fairfield, CT		Orange, FL	
4880 McAllen-Edinburg-Mission, TX .....	0.8541	New Haven, CT		Osceola, FL	
Hidalgo, TX		5523 <sup>2</sup> New London-Norwich, CT .....	1.2175	Seminole, FL	
4890 Medford-Ashland, OR .....	1.0109	New London, CT		5990 <sup>2</sup> Owensboro, KY .....	0.7902
Jackson, OR		5560 <sup>1</sup> New Orleans, LA .....	0.9397	Daviess, KY	
4900 Melbourne-Titusville-Palm Bay, FL ..	0.9289	Jefferson, LA		6015 <sup>2</sup> Panama City, FL .....	0.8947
Brevard, FL		Orleans, LA		Bay, FL	
4920 <sup>1</sup> Memphis, TN-AR-MS .....	0.8423	Plaquemines, LA		6020 Parkersburg-Marietta, WV-OH	
Crittenden, AR		St. Bernard, LA		(West Virginia Hospitals) .....	0.8118
DeSoto, MS		St. Charles, LA		Washington, OH	
Fayette, TN		St. James, LA		Wood, WV	
Shelby, TN		St. John The Baptist, LA		6020 <sup>2</sup> Parkersburg-Marietta, WV-OH	
Tipton, TN		St. Tammany, LA		(Ohio Hospitals) .....	0.8576
4940 Merced, CA .....	1.0304	5600 <sup>1</sup> New York, NY .....	1.4537	Washington, OH	
Merced, CA		Bronx, NY		Wood, WV	
5000 <sup>1</sup> Miami, FL .....	0.9427	Kings, NY		6080 <sup>2</sup> Pensacola, FL .....	0.8947
Dade, FL		New York, NY		Escambia, FL	
5015 <sup>1</sup> Middlesex-Somerset-Hunterdon,		Putnam, NY		Santa Rosa, FL	
NJ .....	1.0871	Queens, NY		6120 Peoria-Pekin, IL .....	0.8157
Hunterdon, NJ		Richmond, NY		Peoria, IL	
Middlesex, NJ		Rockland, NY		Tazewell, IL	
Somerset, NJ		Westchester, NY		Woodford, IL	
5080 <sup>1</sup> Milwaukee-Waukesha, WI .....	0.9470	5640 <sup>1</sup> Newark, NJ .....	1.0899	6160 <sup>1</sup> Philadelphia, PA-NJ .....	1.1427
Milwaukee, WI		Essex, NJ		Burlington, NJ	
Ozaukee, WI		Morris, NJ		Camden, NJ	
Washington, WI		Sussex, NJ		Gloucester, NJ	
Waukesha, WI		Union, NJ		Salem, NJ	
5120 <sup>1</sup> Minneapolis-St. Paul, MN-WI .....	1.0956	Warren, NJ		Bucks, PA	
Anoka, MN		5660 Newburgh, NY-PA .....	1.1226	Chester, PA	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued		ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued		ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued	
Urban area (Constituent counties)	Wage index	Urban area (Constituent counties)	Wage index	Urban area (Constituent counties)	Wage index
Delaware, PA		Hanover, VA		7320 1 San Diego, CA .....	1.2388
Montgomery, PA		Henrico, VA		San Diego, CA	
Philadelphia, PA		Hopewell City, VA		7360 1 San Francisco, CA .....	1.362
6200 1 Phoenix-Mesa, AZ .....	0.9759	New Kent, VA		Marin, CA	
Maricopa, AZ		Petersburg City, VA		San Francisco, CA	
Pinal, AZ		Powhatan, VA		San Mateo, CA	
6240 Pine Bluff, AR .....	0.8003	Prince George, VA		7400 1 San Jose, CA .....	1.3783
Jefferson, AR		Richmond City, VA		Santa Clara, CA	
6280 1 Pittsburgh, PA .....	0.9896	6780 1 Riverside-San Bernardino, CA .....	1.0151	7440 1 San Juan-Bayamon, PR .....	0.4521
Allegheny, PA		Riverside, CA		Aguas Buenas, PR	
Beaver, PA		San Bernardino, CA		Barceloneta, PR	
Butler, PA		6800 Roanoke, VA .....	0.8581	Bayamon, PR	
Fayette, PA		Botetourt, VA		Canovanas, PR	
Washington, PA		Roanoke, VA		Carolina, PR	
Westmoreland, PA		Roanoke City, VA		Catano, PR	
6323 2 Pittsfield, MA .....	1.0917	Salem City, VA		Ceiba, PR	
Berkshire, MA		6820 Rochester, MN .....	1.1797	Comerio, PR	
6340 Pocatello, ID .....	0.8760	Olmsted, MN		Corozal, PR	
Bannock, ID		6840 1 Rochester, NY .....	0.9678	Dorado, PR	
6360 Ponce, PR .....	0.4740	Genesee, NY		Fajardo, PR	
Guayanilla, PR		Livingston, NY		Florida, PR	
Juana Diaz, PR		Monroe, NY		Guaynabo, PR	
Penuelas, PR		Ontario, NY		Humacao, PR	
Ponce, PR		Orleans, NY		Juncos, PR	
Villalba, PR		Wayne, NY		Los Piedras, PR	
Yauco, PR		6880 Rockford, IL .....	0.8703	Loiza, PR	
6403 Portland, ME .....	0.9537	Boone, IL		Luguillo, PR	
Cumberland, ME		Ogle, IL		Manati, PR	
Sagadahoc, ME		Winnebago, IL		Morovis, PR	
York, ME		6895 Rocky Mount, NC .....	0.8214	Naguabo, PR	
6440 1 Portland-Vancouver, OR-WA .....	1.1274	Edgecombe, NC		Naranjito, PR	
Clackamas, OR		Nash, NC		Rio Grande, PR	
Columbia, OR		6920 1 Sacramento, CA .....	1.1952	San Juan, PR	
Multnomah, OR		El Dorado, CA		Toa Alta, PR	
Washington, OR		Placer, CA		Toa Baja, PR	
Yamhill, OR		Sacramento, CA		Trujillo Alto, PR	
Clark, WA		6960 Saginaw-Bay City-Midland, MI .....	0.9567	Vega Alta, PR	
6483 1 Providence-Warwick-Pawtucket, RI	1.0888	Bay, MI		Vega Baja, PR	
Bristol, RI		Midland, MI		Yabucoa, PR	
Kent, RI		Saginaw, MI		7460 San Luis Obispo-Atascadero-Paso	
Newport, RI		6980 St. Cloud, MN .....	0.9667	Robles, CA .....	1.0825
Providence, RI		Benton, MN		San Luis Obispo, CA	
Washington, RI		Stearns, MN		7480 Santa Barbara-Santa Maria-	
6520 Provo-Orem, UT .....	0.9910	7000 St. Joseph, MO .....	0.9972	Lompoc, CA .....	1.1233
Utah, UT		Andrew, MO		Santa Barbara, CA	
6560 Pueblo, CO .....	0.8785	Buchanan, MO		7485 Santa Cruz-Watsonville, CA .....	1.4099
Pueblo, CO		7040 1 St. Louis, MO-IL .....	0.9063	Santa Cruz, CA	
6580 Punta Gorda, FL .....	0.8994	Clinton, IL		7490 Santa Fe, NM .....	0.9525
Charlotte, FL		Jersey, IL		Los Alamos, NM	
6600 Racine, WI .....	0.9207	Madison, IL		Santa Fe, NM	
Racine, WI		Monroe, IL		7500 Santa Rosa, CA .....	1.3167
6640 1 Raleigh-Durham-Chapel Hill, NC ...	0.9909	St. Clair, IL		Sonoma, CA	
Chatham, NC		Franklin, MO		7510 Sarasota-Bradenton, FL .....	0.9567
Durham, NC		Jefferson, MO		Manatee, FL	
Franklin, NC		Lincoln, MO		Sarasota, FL	
Johnston, NC		St. Charles, MO		7520 Savannah, GA .....	0.8776
Orange, NC		St. Louis, MO		Bryan, GA	
Wake, NC		St. Louis City, MO		Chatham, GA	
6660 Rapid City, SD .....	0.8277	Warren, MO		Effingham, GA	
Pennington, SD		7080 Salem, OR .....	0.9987	7560 2 Scranton-Wilkes-Barre-Hazle-	
6680 Reading, PA .....	0.9282	Marion, OR		ton, PA .....	.8615
Berks, PA		Polk, OR		Columbia, PA	
6690 Redding, CA .....	1.2017	7120 Salinas, CA .....	1.5270	Lackawanna, PA	
Shasta, CA		Monterey, CA		Luzerne, PA	
6720 Reno, NV .....	1.0169	7160 1 Salt Lake City-Ogden, UT .....	0.9458	Wyoming, PA	
Washoe, NV		Davis, UT		7600 1 Seattle-Bellevue-Everett, WA .....	1.1634
6740 2 Richland-Kennewick-Pasco, WA ...	1.0577	Salt Lake, UT		Island, WA	
Benton, WA		Weber, UT		King, WA	
Franklin, WA		7200 San Angelo, TX .....	0.7512	Snohomish, WA	
6760 Richmond-Petersburg, VA .....	0.9257	Tom Green, TX		7610 Sharon, PA .....	0.8948
Charles City County, VA		7240 1 San Antonio, TX .....	0.7744	Mercer, PA	
Chesterfield, VA		Bexar, TX		7620 2 Sheboygan, WI .....	0.8557
Colonial Heights City, VA		Comal, TX		Sheboygan, WI	
Dinwiddie, VA		Guadalupe, TX		7640 Sherman-Denison, TX .....	0.8229
Goochland, VA		Wilson, TX		Grayson, TX	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties)	Wage index
7680 Shreveport-Bossier City, LA Bossier, LA Caddo, LA Webster, LA	0.9436
7720 Sioux City, IA-NE Woodbury, IA Dakota, NE	0.8530
7760 Sioux Falls, SD Lincoln, SD Minnehaha, SD	0.8988
7800 South Bend, IN St. Joseph, IN	0.9939
7840 Spokane, WA Spokane, WA	1.1020
7880 Springfield, IL Menard, IL Sangamon, IL	0.8793
7920 Springfield, MO Christian, MO Greene, MO Webster, MO	0.8151
g1 Springfield, MA	1.0917
8003 Hampden, MA. Hampshire, MA	
8050 State College, PA Centre, PA	0.9528
8080 <sup>2</sup> Steubenville-Weirton, (Ohio Hospitals) OH-WV Jefferson, OH Brooke, WV Hancock, WV	0.8576
8080 Steubenville-Weirton, OH-WV (West Virginia Hospitals) Jefferson, OH Brooke, WV Hancock, WV	0.8476
8120 Stockton-Lodi, CA San Joaquin, CA	1.1157
8140 Sumter, SC Sumter, SC	0.8195
8160 Syracuse, NY Cayuga, NY Madison, NY Onondaga, NY Oswego, NY	0.9410
8200 <sup>2</sup> Tacoma, WA Pierce, WA	1.0577
8240 <sup>2</sup> Tallahassee, FL Gadsden, FL Leon, FL	0.8947
8280 <sup>1</sup> Tampa-St. Petersburg-Clearwater, FL Hernando, FL Hillsborough, FL Pasco, FL Pinellas, FL	0.9179
8320 Terre Haute, IN Clay, IN Vermillion, IN Vigo, IN	0.9063
8360 Texarkana, AR-Texarkana, TX Miller, AR Bowie, TX	0.7538
8400 Toledo, OH Fulton, OH Lucas, OH Wood, OH	1.0132
8440 Topeka, KS Shawnee, KS	0.9894
8480 Trenton, NJ Mercer, NJ	1.0399
8520 Tucson, AZ Pima, AZ	0.9104
8560 Tulsa, OK Creek, OK	0.8520

Urban area (Constituent counties)	Wage index
Osage, OK Rogers, OK Tulsa, OK Wagoner, OK	
8600 Tuscaloosa, AL Tuscaloosa, AL	0.7706
8640 Tyler, TX Smith, TX	0.8792
8680 <sup>2</sup> Utica-Rome, NY Herkimer, NY Oneida, NY	0.8640
8720 Vallejo-Fairfield-Napa, CA Napa, CA Solano, CA	1.3458
8735 Ventura, CA Ventura, CA	1.0764
8750 Victoria, TX Victoria, TX	0.8451
8760 Vineland-Millville-Bridgeton, NJ Cumberland, NJ	1.0460
8780 Visalia-Tulare-Porterville, CA Tulare, CA	1.0168
8800 Waco, TX McLennan, TX	0.8027
8840 <sup>1</sup> Washington, DC-MD-VA-WV 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	1.0863
8920 Waterloo-Cedar Falls, IA Black Hawk, IA	0.8402
8940 Wausau, WI Marathon, WI	0.9814
8960 West Palm Beach-Boca Raton, FL Palm Beach, FL	1.0288
9000 <sup>2</sup> Wheeling, WV-OH (West Virginia Hospitals) Belmont, OH Marshall, WV Ohio, WV	0.7938
9000 <sup>2</sup> Wheeling, WV-OH (Ohio Hos- pitals) Belmont, OH Marshall, WV Ohio, WV	0.8576
9040 Wichita, KS Butler, KS Harvey, KS Sedgwick, KS	0.8990
9080 Wichita Falls, TX Archer, TX Wichita, TX	0.7864
9140 <sup>2</sup> Williamsport, PA Lycoming, PA	0.8615

Urban area (Constituent counties)	Wage index
9160 Wilmington-Newark, DE-MD New Castle, DE Cecil, MD	1.1968
9200 Wilmington, NC New Hanover, NC Brunswick, NC	0.9427
9260 <sup>2</sup> Yakima, WA Yakima, WA	1.0577
9270 Yolo, CA Yolo, CA	1.0702
9280 York, PA York, PA	0.9509
9320 Youngstown-Warren, OH Columbiana, OH Mahoning, OH Trumbull, OH	0.9897
9340 Yuba City, CA Sutter, CA Yuba, CA	1.0957
9360 Yuma, AZ Yuma, AZ	1.0143

<sup>1</sup> Large Urban Area  
<sup>2</sup> Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1999.

ADDENDUM K.—WAGE INDEX FOR RURAL AREAS

Nonurban area	Wage index
Alabama	0.7385
Alaska	1.2534
Arizona	0.8082
Arkansas	0.7274
California	0.9976
Colorado	0.8454
Connecticut	1.2175
Delaware	0.8590
Florida	0.8947
Georgia	0.7933
Hawaii	1.1011
Idaho	0.8548
Illinois	0.7985
Indiana	0.8429
Iowa	0.7846
Kansas	0.7334
Kentucky	0.7902
Louisiana	0.7517
Maine	0.8538
Maryland	0.8627
Massachusetts	1.0917
Michigan	0.8988
Minnesota	0.8665
Mississippi	0.7359
Missouri	0.7510
Montana	0.8645
Nebraska	0.7683
Nevada	0.9267
New Hampshire	1.0324
New Jersey	( <sup>1</sup> )
New Mexico	0.7927
New York	0.8640
North Carolina	0.8162
North Dakota	0.7471
Ohio	0.8576
Oklahoma	0.7207
Oregon	0.9957
Pennsylvania	0.8615
Puerto Rico	0.4083
Rhode Island	( <sup>1</sup> )
South Carolina	0.8110
South Dakota	0.7564
Tennessee	0.7483
Texas	0.7404

ADDENDUM K.—WAGE INDEX FOR RURAL AREAS—Continued

Nonurban area	Wage index
Utah .....	0.8851
Vermont .....	0.9489
Virginia .....	0.7890
Washington .....	1.0577
West Virginia .....	0.7938
Wisconsin .....	0.8557
Wyoming .....	0.8763

<sup>1</sup>All counties within the State are classified as urban.

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED

Area	Wage index
Abilene, TX .....	0.8081
Albany, GA .....	0.7933
Albuquerque, NM .....	0.8813
Alexandria, LA .....	0.8598
Allentown-Bethlehem-Easton, PA .....	1.0219
Amarillo, TX .....	0.8483
Anchorage, AK .....	1.3088
Asheville, NC .....	0.9016
Atlanta, GA .....	1.0024
Augusta-Aiken, GA-SC .....	0.9309
Baltimore, MD .....	0.9760
Barnstable-Yarmouth, MA .....	1.4646
Baton Rouge, LA .....	0.8940
Benton Harbor, MI .....	0.8988
Bergen-Passaic, NJ .....	1.1845
Billings, MT .....	0.9220
Binghamton, NY .....	0.8989
Birmingham, AL .....	0.9150
Bismarck, ND .....	0.7838
Boise City, ID .....	0.9267
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH .....	1.0885
Brazoria, TX .....	0.8895
Bryan-College Station, TX .....	0.7962
Buffalo-Niagara Falls, NY .....	0.9592
Burlington, VT .....	0.9612
Caguas, PR .....	0.4445
Canton-Massillon, OH .....	0.8895
Casper, WY .....	0.9227
Champaign-Urbana, IL .....	0.8844
Charleston-North Charleston, SC .....	0.8931
Charleston, WV .....	0.8819
Charlotte-Gastonia-Rock Hill, NC-SC .....	0.9568
Charlottesville, VA .....	0.9803
Chattanooga, TN-GA .....	0.8885
Chicago, IL .....	1.0507
Cincinnati, OH-KY-IN .....	0.9465
Clarksville-Hopkinsville, TN-KY .....	0.8204
Cleveland-Lorain-Elyria, OH .....	0.9970
Columbia, MO .....	0.9331
Columbus, GA-AL .....	0.8573
Columbus, OH .....	0.9929
Corpus Christi, TX .....	0.8112
Dallas, TX .....	0.9149
Danville, VA .....	0.8779
Davenport-Moline-Rock Island, IA-IL .....	0.8496
Dayton-Springfield, OH .....	0.9670
Denver, CO .....	1.0532
Des Moines, IA .....	0.8576
Duluth-Superior, MN-WI .....	1.0133
Dutchess County, NY .....	0.9860
Elkhart-Goshen, IN .....	0.9168
Eugene-Springfield, OR .....	1.1141
Evansville-Henderson, IN-KY .....	0.8505
Fargo-Moorhead, ND-MN (Minnesota Hospital) .....	0.8665

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage index
Fargo-Moorhead, ND-MN (South Dakota Hospital) .....	0.7905
Fayetteville, NC .....	0.8460
Flagstaff, AZ-UT .....	0.9602
Flint, MI .....	1.1106
Fort Collins-Loveland, CO .....	1.0383
Ft. Lauderdale, FL .....	1.0534
Fort Pierce-Port St. Lucie, FL .....	0.9847
Fort Smith, AR-OK .....	0.7582
Fort Walton Beach, FL .....	0.8694
Forth Worth-Arlington, TX .....	0.9192
Gadsden, AL .....	0.8854
Gainesville, FL .....	0.9542
Goldsboro, NC .....	0.8366
Grand Forks, ND-MN .....	0.8996
Grand Junction, CO .....	0.9110
Grand Rapids-Muskegon-Holland, MI .....	0.9908
Great Falls, MT .....	0.9362
Greeley, CO .....	0.9663
Green Bay, WI .....	0.9323
Greenville, NC .....	0.8844
Greenville-Spartanburg-Anderson, SC .....	0.9318
Harrisburg-Lebanon-Carlisle, PA .....	0.9572
Hartford, CT .....	1.1152
Hattiesburg, MS .....	0.7359
Hickory-Morgantown-Lenoir, NC .....	0.8687
Honolulu, HI .....	1.1628
Houston, TX .....	1.0017
Huntington-Ashland, WV-KY-OH .....	0.9353
Huntsville, AL .....	0.8269
Indianapolis, IN .....	0.9901
Iowa City, IA .....	0.9441
Jackson, MS .....	0.8279
Jackson, TN .....	0.8632
Jacksonville, FL .....	0.8915
Johnson City-Kingsport-Bristol, TN-VA .....	0.8847
Jonesboro, AR .....	0.7643
Joplin, MO .....	0.7710
Kalamazoo-Battlecreek, MI .....	1.1713
Kansas City, KS-MO .....	0.9672
Knoxville, TN .....	0.8569
Lafayette, LA .....	0.8363
Lansing-East Lansing, MI .....	1.0025
Las Cruces, NM .....	0.9045
Las Vegas, NV-AZ .....	1.1349
Lexington, KY .....	0.8579
Lima, OH .....	0.8715
Lincoln, NE .....	0.8900
Little Rock-North Little Rock, AR .....	0.8598
Los Angeles-Long Beach, CA .....	1.2124
Louisville, KY-IN .....	0.9212
Macon, GA .....	0.8886
Madison, WI .....	1.0103
Mansfield, OH .....	0.8606
Memphis, TN-AR-MS .....	0.8423
Merced, CA .....	1.0304
Milwaukee-Waukesha, WI .....	0.9289
Minneapolis-St. Paul, MN-WI .....	1.0956
Modesto, CA .....	1.0406
Monroe, LA .....	0.8148
Montgomery, AL .....	0.7919
Myrtle Beach, SC .....	0.8162
Nashville, TN .....	0.9336
New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT .....	1.2175
New London-Norwich, CT .....	1.1738
New Orleans, LA .....	0.9397
New York, NY .....	1.4537
Newark, NJ .....	1.0899
Newburgh, NY-PA .....	1.1356
Oakland, CA .....	1.5309

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage index
Odessa-Midland, TX .....	0.7773
Oklahoma City, OK .....	0.8764
Omaha, NE-IA .....	0.9938
Orange County, CA .....	1.1153
Orlando, FL .....	0.9933
Peoria-Pekin, IL .....	0.8157
Philadelphia, PA-NJ .....	1.1427
Pittsburgh, PA .....	0.9740
Pocatello, ID (Idaho Hospital) .....	0.8760
Pocatello, ID (Wyoming Hospitals) .....	0.8763
Portland, ME .....	0.9537
Portland-Vancouver, OR-WA .....	1.1274
Provo-Orem, UT .....	0.9910
Raleigh-Durham-Chapel Hill, NC .....	0.9909
Rapid City, SD .....	0.8277
Reno, NV .....	1.0169
Rochester, MN .....	1.1797
Rockford, IL .....	0.8703
Sacramento, CA .....	1.1952
Saginaw-Bay City-Midland, MI .....	0.9567
St. Cloud, MN .....	0.9667
St. Louis, MO-IL .....	0.9063
Salt Lake City-Ogden, UT .....	0.9458
San Diego, CA .....	1.2388
Santa Fe, NM .....	0.9414
Santa Rosa, CA .....	1.3003
Seattle-Bellevue-Everett, WA .....	1.1634
Sharon, PA .....	0.8835
Sherman-Denison, TX .....	0.8061
Sioux City, IA-NE .....	0.8530
Sioux Falls, SD .....	0.8885
South Bend, IN .....	0.9939
Spokane, WA .....	1.0819
Springfield, IL .....	0.8793
Springfield, MO .....	0.8151
State College, PA .....	0.8845
Syracuse, NY .....	0.9410
Tallahassee, FL .....	0.8566
Tampa-St. Petersburg-Clearwater, FL .....	0.9179
Texarkana, AR-Texarkana, TX .....	0.7538
Topeka, KS .....	0.9667
Tucson, AZ .....	0.9104
Tulsa, OK .....	0.8418
Tuscaloosa, AL .....	0.7706
Tyler, TX .....	0.8792
Vallejo-Fairfield-Napa, CA .....	1.3458
Victoria, TX .....	0.8451
Washington, DC-MD-VA-WV .....	1.0863
Waterloo-Cedar Falls, IA .....	0.8402
Wausau, WI .....	0.9501
Wichita, KS .....	0.8853
Wichita Falls, TX .....	0.7695
Rural Alabama .....	0.7385
Rural Illinois .....	0.7985
Rural Louisiana .....	0.7517
Rural Massachusetts .....	1.0481
Rural Michigan .....	0.8988
Rural Minnesota .....	0.8665
Rural Missouri .....	0.7510
Rural Nevada .....	0.8855
Rural New Mexico .....	0.7927
Rural Oregon .....	0.9957
Rural Washington .....	1.0577
Rural Wyoming .....	0.8763

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