| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 1155** | **Date: JANUARY 12, 2007** |
| | **Change Request 5425** |

***NOTE: Transmittal 1130, released on December 15, 2006 is rescinded, and is replaced by this Transmittal 1155, dated January 12, 2007 because revisions were made to the Status Indicators H and K contained in Attachment A, and the Summary of Data Changes (Attachment B). Also Attachment B, the Summary of Data Changes, was inadvertently left out of the instruction. All other information remains the same.***

**SUBJECT: January 2007 Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) Specifications Version 8.0**

**I. SUMMARY OF CHANGES:** This instruction is to inform the fiscal intermediaries that the January 2007 OPPS OCE specifications have been update with new additions, deletions, and changes. It provides the revised OPPS OCE instructions and specifications that will be utilized under the OPPS hospitals for outpatient departments, community heatlh centers (CMHC's) and for limited services provided in a home health agency (HHA) not under the home health prospective payment system. or to a hospice patient for the treatment of a non-terminal illness.

**New / Revised Material**
**Effective Date: January 1, 2007**
**Implementation Date: January 2, 2007**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | Chapter / Section / Subsection / Title |
|---|---|
| N/A | |

**III. FUNDING:**
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

**Unless otherwise specified, the effective date is the date of service.*

# Attachment - Recurring Update Notification

| Pub. 100-04 | Transmittal: 1155 | Date: January 12, 2007 | Change Request: 5425 |
|---|---|---|---|

***NOTE: Transmittal 1130, released on December 15, 2006 is rescinded, and is replaced by this Transmittal 1155, dated January 12, 2007 because revisions were made to the Status Indicators H and K contained in Attachment A, and the Summary of Data Changes (Attachment B). Also Attachment B, the Summary of Data Changes, was inadvertently left out of the instruction. All other information remains the same.***

**SUBJECT: January 2007 Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) Specifications Version 8.0**

**Effective Date**: January 1, 2007

**Implementation Date:** January 2, 2007

## I. GENERAL INFORMATION

**A. Background:** This notification reflects specifications that were issued for the October 2006 revision of the OPPS OCE (Version 7.3). All shaded material in Attachment A reflects changes that were incorporated into the January version of the revised OPPS OCE (Version 8.0).

**B. Policy:** This notification provides the revised OPPS OCE instructions and specifications that will be utilized under the OPPS for hospital outpatient departments, community mental health centers (CMHCs) and for limited services as defined below when provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | DMERC | RHHI | Shared-System Maintainers | | | | OTHER |
| | | | | | | | | FISS | MCS | VMS | CWF | |
| 5425.1 | The Shared System Maintainer shall install OPPS OCE Version 8.0 into their systems. | X | | X | | | | X | | | | |
| 5425.2 | Intermediaries and RHHI's shall inform providers of the OPPS OCE changes for Version 8.0 detailed in this recurring notification. | X | | X | | | X | X | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | DME MAC | FI | CARRIER | DMERC | RHHI | Shared-System Maintainers | | | | OTHER |
| | | | | | | | | FISS | MCS | VMS | CWF | |
| 5425.3 | A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | | X | | | X | | | | | |

## IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**
*Use "Should" to denote a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|
| | |

**B. For all other recommendations and supporting information, use the space below:**

## V. CONTACTS

**Pre-Implementation Contact(s):**
Diana Motsiopoulos at dmotsiopoulos@cms.hhs.gov., or Maria Durham at maria.durham@cms.hhs.gov . For Policy related questions contact Marjorie Baldo at marjorie.baldo@cms.hhs.gov

**Post-Implementation Contact(s):**
Regional Office(s)

**VI. FUNDING**

**A.** ***For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC),*** **use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

**B.** ***For Medicare Administrative Contractors (MAC)*****:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS:**

Attachment A - January 2007 Outpatient Code Editor (OCE) Specifications Version (V8.0)
Attachment B - Final Summary of Data Changes OCE/APC v 8.0

# ATTACHMENT A

## January 2007 Outpatient Code Editor (OCE) Specifications Version (V8.0)

**This attachment contains specifications issued for the January 2007 OCE (Version 8.0). All shaded material reflects changes incorporated into the October 2006 version of the OPPS OCE (Version 7.3).**

## Introduction

This attachment provides OCE instructions and specifications that will be utilized under the OPPS for hospital outpatient departments, community mental health centers (CMHCs), and limited services provided in a home health agency (HHA) not under Home Health PPS or to a hospice patient for the treatment of a non-terminal illness. Henceforth, this OCE will be referred to as the OPPS OCE. You are required, effective with unprocessed claims with dates of service on or after August 1, 2000, to send the following bills through the OPPS OCE:

- All outpatient hospital Part B bills (bill types 12X, 13X, or 14X) with the exception of critical access hospitals (CAHs), Indian Health Service Hospitals (IHS)/ Tribal hospitals including IHS/ Tribal CAHs, Maryland hospitals, and hospitals located in American Samoa, Guam, and The Northern Mariana Islands. In addition, claims from Virgin Island hospitals with dates of service January 1, 2002, and later, and claims from hospitals that furnish only inpatient Part B services with dates of service January 1, 2002, and later should not be sent through the OPPS OCE since they are also excluded from OPPS. (See below for more detail regarding these hospitals.);

- CMHC bills (bill type 76X);

- HHA bills containing certain Healthcare Common Procedure Coding System (HCPCS) codes as identified in the chart entitled "HCPCS Codes for Reporting Antigens, Vaccine Administration, Splints and Casts" below (bill types 34X); and

- Any bill containing a condition code 07, "treatment of non-terminal illness – hospice", with certain HCPCS codes as identified in the chart entitled "HCPCS Codes for Reporting Antigens, Vaccine Administration, Splints and Casts" below.

Send all other outpatient bill types (22X, 23X, 24X, 32X, 33X, 43X, 71X, 72X, 73X, 74X, 75X, 81X or 82X) through the OPPS OCE. Send IHS/Tribal Hospitals including IHS Tribal CAH's, CAH's, Maryland hospitals, and hospitals located in American Samoa, Guam, and The Northern Mariana Islands through the non-OPPS OCE (original OCE). Also send claims from Virgin Island hospitals with dates of service on or after January 1, 2002, and claims from hospitals that furnish only inpatient Part B services with dates of service on or after January 1, 2002, through the non-OPPS OCE. Refer to the IOM Chapter 100-04, Chapter 4, Section 150, for information regarding hospitals that provide Part B only services to their inpatients.

**NOTE:** For bill type 34X vaccine administration, splints, casts, and antigens will be paid under OPPS. For bills containing condition code 07, only splints, casts and antigens will be paid under OPPS.

You are also required to notify your providers of the OPPS OCE claim outputs.

The following information provides you with the OPPS OCE edit specifications that will be utilized to make appropriate payments under the OPPS system, which was effective August 1, 2000.

## General Functions of the OCEs

The OPPS OCE performs the following two major functions:

- Edit claims data to identify errors and return a series of edit flags; and
- Assign an ambulatory payment classification (APC) number for each service covered under OPPS and return information to be used as input to the PRICER program.

A major change in processing was required to handle claims with service dates that span more than 1 calendar day. Each claim is represented by a collection of data, which consists of all necessary demographic (header) data, plus all services provided (line items). You are responsible for organizing all applicable services into a single claim record, and passing them as a unit to the OPPS OCE. OPPS OCE functions only on a single claim and does not have any cross-claim capabilities. OPPS OCE will accept up to 450 line items per claim. The OPPS OCE software is responsible for ordering line items by date of service.

The non-OPPS OCE focused solely on the presence or absence of specific edits and did not specify action that should be taken when an edit occurred (e.g., deny claim, suspend claim). Further, it did not compute any information that would be used for payment purposes. Therefore, it was structured to return a set of flags for each diagnosis and procedure that indicated the presence or absence of individual edits. The OPPS OCE not only identifies individual errors but also indicates actions to take and the reasons why these actions are necessary. In order to accommodate this expanded functionality, the OPPS OCE is structured to return lists of edit numbers instead of zero/one flags. This new structure facilitates the linkage between the action being taken, the reasons for the action, and the information on the claim (e.g., a specific diagnosis) that caused the action.

In general, the OPPS OCE performs all functions that require specific reference to HCPCS codes, HCPCS modifiers, and ICD-9-CM diagnosis codes. Since these coding systems are complex and annually updated, the centralization of the direct reference to these codes and modifiers in a single program will reduce effort for you and reduce the chance of inconsistent processing.

The span of time that a claim represents will be controlled by the from and through dates that will be part of the input header information. If the claim spans more than 1 calendar day, the OPPS OCE will subdivide the claim into separate days for the purpose of determining discounting and multiple visits on the same calendar day.

Some edits will be date driven. For example, bilateral procedures will be considered an error if a pair of procedures is coded with the same service date, but not if the service dates are different.

## Information Sent to OPPS OCE

Header and line item information is passed to the OPPS OCE by means of a control block of pointers. Table 1 contains the structure of the "OPPS OCE Control Block". The shaded area separates input from return information. Multiple items are assumed to be in contiguous locations.

The header information must relate to the entire claim and must include the following:

- From date;
- Through date;
- Condition code;

- List of ICD-9-CM diagnosis codes;
- Age;
- Sex;
- Type of bill; and
- Medicare provider number.

The from and through dates will be used to determine if the claim spans more than 1 day and therefore represents multiple visits. The condition code (e.g., 41) specifies special claim conditions such as a claim for partial hospitalization, which is paid on a per diem basis. The diagnosis codes apply to the entire claim and are not specific to a line item. Each line item contains the following information:

- HCPCS code with up to 2 modifiers;
- Revenue code;
- Service date;
- Service units; and
- Charge.

The HCPCS codes and modifiers are used as the basis of assigning the APCs. Not all line items will contain a HCPCS code. The line item service dates are used to subdivide a claim that spans more than 1 day into individual visits. The service units indicate the number of times a HCPCS code was provided (e.g., a lab test with a service unit of 2 means the lab test was performed twice).

**Information Returned From OPPS OCE**

The following is an overview of the information that will be returned from OPPS OCE and used as input into the PRICER program.

| Field | UB-92 Form Locator | UB-04 Form Locator | Number | Size (bytes) | Comments |
|---|---|---|---|---|---|
| HCPCS procedure code | 44 | | 1 | 5 | May be blank |
| HCPCS modifier | 44 | | 5 x 2 | 10 | |
| Service date | 45 | | 1 | 8 | Required for all lines |
| Revenue code | 42 | | 1 | 4 | |
| Service units | 46 | | 1 | 7 | A blank or zero value is defaulted to 1 |
| Charge | 47 | | 1 | 10 | Used by PRICER to determine outlier payments |

**Line item input information**

There are currently 76 different edits in the OCE, 10 of which are currently inactive. Each edit is assigned a number. A description of the edits is contained in the "Claim Return Buffer" Table 4. The edit return buffers consist of a list of the edit numbers that occurred for each diagnosis, procedure, modifier, and date or revenue code. For example, if a 75-year-old male had a diagnosis related to pregnancy it would create a conflict between the diagnosis and age and sex. Therefore, the diagnosis edit return buffer for the pregnancy diagnosis would contain the edit numbers 2 and 3. There is more space

allocated in the edit return buffers than is necessary for the current edits in order to allow future expansion of the number of edits. Table 3 describes the Edit Return Buffers.

The "Claim Return Buffer" described in the Table 4 summarizes the edits that occurred on the claim. The occurrence of an edit can result in one of six different dispositions.

| | |
|---|---|
| Claim Rejection | There are one or more edits present that cause the whole claim to be rejected. A claim rejection means that the provider can correct and resubmit the claim but cannot appeal the claim rejection. |
| Claim Denial | There are one or more edits present that cause the whole claim to be denied. A claim denial means that the provider cannot resubmit the claim but can appeal the claim denial. |
| Claim Return to Provider (RTP) | There are one or more edits present that cause the whole claim to be returned to the provider. A claim returned to the provider means that the provider can resubmit the claim once the problems are corrected. |
| Claim Suspension | There are one or more edits present that cause the whole claim to be suspended. A claim suspension means that the claim is not returned to the provider, but is not processed for payment until the FI makes a determination or obtains further information. |
| Line Item Rejection | There are one or more edits present that cause one or more individual line items to be rejected. A line item rejection means that the claim can be processed for payment with some line items rejected for payment. The line item can be corrected and resubmitted but cannot be appealed. |
| Line Item Denials | There are one or more edits present that cause one or more individual line items to be denied. A line item denial means that the claim can be processed for payment with some line items denied for payment. The line item can not be resubmitted but can be appealed. |

In the OPPS OCE, many of the edits had a disposition of RTP in order to give providers time to adapt to OPPS. In subsequent releases of OPPS OCE, the disposition of some edits was changed to other more automatic dispositions such as a line item denial. A single claim can have one or more edits in all six dispositions. Six 0/1 dispositions are contained in the claim return buffer that indicate the presence or absence of edits in each of the six dispositions. In addition, there are six lists of reasons in the claim return buffer that contain the edit numbers that are associated with each disposition. For example, if there were three edits that caused the claim to have a disposition of RTP, the edit numbers of the three edits would be contained in the claim RTP reason list. There is more space allocated in the edit return buffers than is necessary for the current edits in order to allow for future expansion of the number of edits.

In addition to the six individual dispositions, there is also an overall claim disposition, which summarizes the status of the claim.

Table 5 describes the "APC Return Buffer" that contains the APC for each line item along with the relevant information for computing OPPS payment. Two APC numbers are returned: HCPCS APC and payment APC.

Except when specified otherwise (e.g., partial hospitalization, mental health, observation logic, etc.), the HCPCS APC and the payment APC are always the same. The APC return buffer contains the information that will be passed to the PRICER. The APC is only returned for HOPDs and the special conditions specified in Appendix F.

**Special Processing Conditions:**

Partial hospitalizations are paid on a per diem basis. There is no HCPCS code that specifies a partial hospitalization related service. Partial hospitalizations are identified by means of condition codes, bill types and

HCPCS codes specifying the individual services that constitute a partial hospitalization (See Appendix C). Thus, there are no input line items that directly correspond to the partial hospitalization service. In order to assign the partial hospitalization APC to one of the line items, the payment APC for one of the line items that represent one of the services that comprise partial hospitalization is assigned the partial hospitalization APC.

Reimbursement for a day of outpatient mental health services in a non-PH program is capped at the amount of the partial hospital per diem. On a non-PHP claim, the OCE totals the payments for all MH services with the same date of service; if the sum of the payments for the individual MH services exceeds the partial hospital per-diem, the OCE assigns a special "Daily Mental Health Service" payment APC to one of the line items that represent MH services. The packaging flag is turned on for all other MH services for that day (See appendix C). The payment rate for the Daily Mental Health Services APC is the same as that for the partial hospitalization APC.

For outpatients who undergo inpatient-only procedures on an emergency basis and who expire before they can be admitted to the hospital, a specified APC payment is made to the provider as reimbursement for all services on that day. The presence of modifier CA on the inpatient-only procedure line assigns the specified payment APC and associated status and payment indicators to the line. The packaging flag is turned on for all other lines on that day. Payment is only allowed for one procedure with modifier CA. If multiple inpatient-only procedures are submitted with the modifier –CA, the claim is returned to the provider. If modifier CA is submitted with an inpatient-only procedure for a patient who did not expire (patient status code is not 20), the claim is returned to the provider.

Inpatient-only procedures that are on the separate-procedure list are bypassed when performed incidental to a surgical procedure with Status Indicator T. The line(s) with the inpatient-separate procedure is rejected and the claim is processed according to usual OPPS rules.

When multiple occurrences of any APC that represents drug administration are assigned in a single day, modifier-59 is required on the code(s) in order to permit payment for multiple units of that APC, up to a specified maximum; additional units above the maximum are packaged. If modifier –59 is not used, only one occurrence of any drug administration APC is allowed and any additional units are packaged (see Appendix I). (v6.3 – v7.3 only).

The use of a device, or multiple devices, is necessary to the performance of certain outpatient procedures; conversely, some devices are used only for specific procedures. If any ~~of these~~ procedure~~s~~ is submitted without a code for the required device(s), or any device is submitted without the code for the required procedure, the claim is returned to the provider. Discontinued procedures (indicated by the presence of modifier 52, 73 or 74 on the line) are not returned for a missing device code.

Observations may be paid separately if specific criteria are met; otherwise, the observation is packaged into other payable services on the same day. (See Appendix H).

Direct admission from a physician's office to observation will be packaged into a payable observation, or into other S or T procedure if present; otherwise, the direct admission is processed as a medical visit (see Appendix H).

In some circumstances, in order for Medicare to correctly allocate payment for blood processing and storage, providers are required to submit two lines with different revenue codes for the same service when blood products are billed. One line is required with revenue code 39X and an identical line (same HCPCS, modifier and units) with revenue code 38X (see Appendix J).

Certain wound care services may be paid an APC rate or from the Physician Fee Schedule, depending on the circumstances under which the service was provided. The OCE will change the status indicator and remove the APC assignment when these codes are submitted with therapy revenue codes or therapy modifiers.

Providers must append modifier 'FB' to procedures that represent implantation of replacement devices that are obtained at no/reduced cost to the provider. If there is an offset payment amount for the procedure, the OCE will reduce the APC rate by the offset amount before determining the highest rate for multiple or terminated procedure

discounting. If the modifier is used inappropriately (appended to procedure with SI other than S, T, X or V), the claim is returned to the provider.

Certain special HCPCS codes are always packaged when they appear with other services that are subject to APC payment; however, they may be assigned to an APC and paid separately if there is no other APC service on the same day. The OCE will change the SI from Q to N or to the payable SI specified for the code. If there are multiple special codes on a day, only the code assigned to the APC with the highest payment rate will be paid.

Submission of the trauma response critical care code requires that the trauma revenue code (068x) and the critical care E&M code (99291) also be present on the claim for the same date of service. Otherwise, the trauma response critical care code will be rejected.

Not all edits are performed for all sites of service. Appendix F contains OCE edits that apply for each bill type.

The PRICER would compute the standard APC payment for a line item as the product of the payment amount corresponding to the assigned payment APC, the discounting factor and the number of units for all line items for which the following is true:

## Criteria for Applying Standard APC Payment Calculations

- APC value is not 00000
- Payment indictor has a value of 1 or 5
- Packaging flag has a value of zero or 3
- Line item denial or rejection flag is zero or the line item action flag is 1
- Line item action flag is not 2, 3 or 4
- Payment adjustment flag is zero or 1
- Payment method flag is zero

If payment adjustments are applicable to a line item (payment adjustment flag is not 0 or 1), then nonstandard calculations are necessary to compute payment for a line item (see Appendix E). The line item action flag is passed as input to the OPPS OCE as a means of allowing you to override a line item denial or rejection (used by you to override OPPS OCE and have OPPS PRICER compute payment ignoring the line item rejection or denial) or allowing you to indicate that the line item should be denied or rejected even if there are no OPPS OCE edits present. The action flag is also used for handling external line item adjustments. For some sites of service (e.g., HHAs) only some services are paid under OPPS. The line item action flag also impacts the computation of the discounting factor as described in Appendix D "Computation of Discounting Fraction". OPPS payment for the claim is computed as the sum of the payments for each line item with the appropriate conversion factor, wage rate adjustment, outlier adjustment, etc., applied. The OPPS OCE overview below summarizes the process of filling in the APC return buffer.

If a claim spans more than 1 day, OPPS OCE subdivides the claim into separate days for the purpose of determining discounting and multiple visits on the same day. Multiple day claims are determined based on calendar day. The OPPS OCE deals with all multiple day claims issues by means of the return information. OPPS PRICER does not need to be aware of the issues associated with multiple day claims. It simply applies the payment computation as described above and the result is the total OPPS payment for the claim regardless of whether the claim was for a single day or multiple days. If a multiple day claim has a subset of the days with a claim denial, RTP, or suspend, the whole claim is denied, RTP, or suspended.

For the purpose of determining the version of the OPPS OCE to be applied, the from date on the header information is used.

## Tables

## Table 1: OCE Control Block

| Pointer Name | | UB-92 Form Locator | UB-04 Form Locator | Number | Size (bytes) | Comment |
|---|---|---|---|---|---|---|
| Dxptr | ICD-9-CM diagnosis codes | 76 (adx) 67-75 (pdx/sdx) | 70A (Pt's RVDX) 67 (PDX) 67A-N (SDX) | Up to 16 | 6 | Diagnosis codes apply to whole claim and are not specific to a line item (left justified, blank filled). First listed diagnosis is considered 'admit dx /patient's reason for visit dx', second diagnosis is considered 'principal dx' |
| Ndxptr | Count of the number of diagnoses pointed to by *Dxptr* | | | 1 | 4 | Binary fullword count |
| Sgptr | Line item entries | 44-46 | 42, 44-47 | Up to 450 | Table 2 | |
| Nsgptr | Count of the number of Line item entries pointed to by Sgptr | | | 1 | 4 | Binary fullword count |
| Flagptr | Line item action flag<br>Flag set by FI and passed by OCE to Pricer | | | Up to 450 | 1 | (See Table 7) |
| Ageptr | Numeric age in years | | | 1 | 3 | 0-124 |
| Sexptr | Numeric sex code | 15 | 11 | 1 | 1 | 0, 1, 2 (unknown, male, female) |
| Dateptr | From and Through dates (yyyymmdd) | 6 | | 2 | 8 | Used to determine multi-day claim |
| CCptr | Condition codes | 24-30 | 18-28 | Up to 7 | 2 | Used to identify partial hospitalization and hospice claims |
| NCCptr | Count of the number of condition codes entered | | | 1 | 4 | Binary fullword count |
| Billptr | Type of bill | 4 | | 1 | 3 (Pos 2-4) | Used to identify CMHC and claims pending under OPPS. It is presumed that bill type has been edited for validity by the Standard System before the claim is sent to OCE |
| NPIProvptr | National provider identifier (NPI) | 51 | 56 | 1 | 13 | Pass on to Pricer |
| OSCARProvptr | OSCAR Medicare provider number | 51 | 57 | 1 | 6 | Pass on to Pricer |
| PstatPtr | Patient status | 22 | 17 | 1 | 2 | UB-92 values |
| OppsPtr | Opps/Non-OPPS flag | | | 1 | 1 | 1=OPPS, 2=Non-OPPS (For future use) |
| OccPtr | Occurrence codes | 32-36 | 31-34 | Up to 10 | 2 | For FI use |
| NOccptr | Count of number of occurrence codes | | | 1 | 4 | Binary fullword count |
| | | | | | | |
| Dxeditptr | Diagnosis edit return buffer | | | Up to 16 | Table 3 | Count specified in Ndxptr |
| Proceditptr | Procedure edit return buffer | | | Up to 450 | Table 3 | Count specified in Nsgptr |
| Mdeditptr | Modifier edit return buffer | | | Up to 450 | Table 3 | Count specified in Nsgptr |
| Dteditptr | Date edit return buffer | | | Up to 450 | Table 3 | Count specified in Nsgptr |
| Rceditptr | Revenue code edit return buffer | | | Up to 450 | Table 3 | Count specified in Nsgptr |
| APCptr | APC return buffer | | | Up to 450 | Table 7 | Count specified in Nsgptr |
| Claimptr | Claim return buffer | | | 1 | Table 5 | |
| | | | | | | |
| Wkptr | Work area pointer | | | 1 | 512K | Working storage allocated in user interface |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Actual length of the work area pointed to by Wkptr | | | 1 | 4 | Binary fullword |

For those using X12N 837 formats, the following is provided to assist in your implementation efforts:

The Medicare A 837 Health Care Claim version 4010 implementations 3A.01 and 1A.C1 (Appendix C of both documents have UB-92 mapping), along with the UB-92 version 6.0 are at www.hcfa.gov/medicare/edi/edi3.htm. These formats are effective through October 16, 2003. The X12N 837 version 4010 to UB-92 version 6.0 mapping is at http://cms.hhs.gov/providers/edi/hipaadoc.asp The HIPAA X12N 837 can be downloaded at www.wpc-edi.com.

## Table 2: Edit Return Buffers

| Name | Bytes | Number | Values | Description | Comments |
|---|---|---|---|---|---|
| Diagnosis edit return buffer | 3 | 8 | 0,1-5 | Three-digit code specifying the edits that applied to the diagnosis. | There is one 8x3 buffer for each of up to 16 diagnoses. |
| Procedure edit return buffer | 3 | 30 | 0,6,8-9,11-21, 28,37-40, 42-45,47, 49-50,52-64, 66-69, 70-74, 76 | Three-digit code specifying the edits that applied to the procedure. | There is one 30x3 buffer for each of up to 450 line items. |
| Modifier edit return buffer | 3 | 4 | 0,22, 75 | Three-digit code specifying the edits that applied to the modifier. | There is one 4x3 buffer for each of the five modifiers for each of up to 450 line items. |
| Date edit return buffer | 3 | 4 | 0,23 | Three-digit code specifying the edits that applied to line item dates. | There is one 4x3 buffer for each of up to 450 line items. |
| Revenue center edit return buffer | 3 | 5 | 0, 41,48, 65 | Three-digit code specifying the edits that applied to revenue centers. | There is one 5x3 buffer for each of up to 450 line items |

Each of the return buffers is positionally representative of the source that it contains information for, in the order in which that source was passed to OPPS OCE. For example, the seventh diagnosis return buffer contains information about the seventh diagnosis; the fourth modifier edit buffer contains information about the modifiers in the fourth line item.

## Table 3: Description of Edits/Claim Reasons

| Edit | Description | Disposition |
|---|---|---|
| 1 | Invalid diagnosis code | RTP |
| 2 | Diagnosis and age conflict | RTP |
| 3 | Diagnosis and sex conflict | RTP |
| 4[4] | Medicare secondary payor alert (**V1.0 and V1.1 only**) | Suspend |
| 5[4] | E-diagnosis code can not be used as principal diagnosis | RTP |
| 6 | Invalid procedure code | RTP |
| 7 | Procedure and age conflict (**Not activated**) | RTP |
| 8 | Procedure and sex conflict | RTP |
| 9 | Non-covered for reasons other than statute | Line item denial |
| 10 | Service submitted for ~~verification of~~ denial (condition code 21) | Claim denial |
| 11 | Service submitted for FI review (condition code 20) | Suspend |
| 12 | Questionable covered service | Suspend |
| 13 | Separate payment for services is not provided by Medicare **(Active V1.0 – V6.3 only)** | Line Item Rejection |
| 14 | Code indicates a site of service not included in OPPS **(Active V1.0 – V6.3 only)** | Claim RTP |
| 15 | Service unit out of range for procedure [1] | RTP |
| 16 | Multiple bilateral procedures without modifier 50 (see Appendix A) **(Active V1.0 – V6.2 only)** | RTP |
| 17 | Inappropriate specification of bilateral procedure (see Appendix A) | RTP |
| 18 | Inpatient procedure [2] | Line item denial |
| 19 | Mutually exclusive procedure that is not allowed by NCCI even if appropriate modifier is present | Line item rejection |
| 20 | Code2 of a code pair that is not allowed by NCCI even if appropriate modifier is present | Line item rejection |
| 21 | Medical visit on same day as a type “T” or “S” procedure without modifier 25 (see Appendix B) | Line item rejection |
| 22 | Invalid modifier | RTP |
| 23 | Invalid date | RTP |
| 24 | Date out of OCE range | Suspend |

| | | |
|---|---|---|
| 25 | Invalid age | RTP |
| 26 | Invalid sex | RTP |
| 27 | Only incidental services reported [3] | Claim Rejection |
| 28 | Code not recognized by Medicare; alternate code for same service may be available | Line item Rejection |
| | (see Appendix C for logic of edits 29-36, and 63-64) | |
| 29 | Partial hospitalization service for non-mental health diagnosis | RTP |
| 30 | Insufficient services on day of partial hospitalization | Suspend |
| 31 | Partial hospitalization on same day as ECT or type T procedure **(Active V1.0 – V6.3 only)** | Suspend |
| 32 | Partial hospitalization claim spans 3 or less days with insufficient services on at least one of the days | Suspend |
| 33 | Partial hospitalization claim spans more than 3 days with insufficient number of days having mental health services | Suspend |
| 34 | Partial hospitalization claim spans more than 3 days with insufficient number of days meeting partial hospitalization criteria | Suspend |
| 35 | Only Mental Health education and training services provided | RTP |
| 36 | Extensive mental health services provided on day of ECT or type T procedure **(Active V1.0 – V6.3 only)** | Suspend |
| 37 | Terminated bilateral procedure or terminated procedure with units greater than one | RTP |
| 38 | Inconsistency between implanted device or administered substance and implantation or associated procedure | RTP |
| 39 | Mutually exclusive procedure that would be allowed by NCCI if appropriate modifier were present | Line item rejection |
| 40 | Code2 of a code pair that would be allowed by NCCI if appropriate modifier were present | Line item rejection |
| 41 | Invalid revenue code | RTP |
| 42 | Multiple medical visits on same day with same revenue code without condition code G0 (see Appendix B) | RTP |
| 43 | Transfusion or blood product exchange without specification of blood product | RTP |
| 44 | Observation revenue code on line item with non-observation HCPCS code | RTP |
| 45 | Inpatient separate procedures not paid | Line item rejection |
| 46 | Partial hospitalization condition code 41 not approved for type of bill | RTP |
| 47 | Service is not separately payable | Line item rejection |
| 48 | Revenue center requires HCPCS | RTP |
| 49 | Service on same day as inpatient procedure | Line item denial |
| 50 | Non-covered based on statutory exclusion | Line item rejection |
| 51 | Multiple observations overlap in time (**Not activated**) | RTP |
| 52 | Observation does not meet minimum hours, qualifying diagnoses, and/or 'T' procedure conditions **(V3.0-V6.3)** | RTP |
| 53 | Codes G0378 and G0379 only allowed with bill type 13x | Line item rejection |
| 54 | Multiple codes for the same service | RTP |
| 55 | Non-reportable for site of service | RTP |
| 56 | E/M-condition not met and line item date for obs code G0244 is not 12/31 or 1/1 **(Active V4.0 – V6.3)** | RTP |
| 57 | E/M condition not met for separately payable observation and line item date for code G0378 is 1/1 | Suspend |
| 58 | G0379 only allowed with G0378 | RTP |
| 59 | Clinical trial requires diagnosis code V707 as other than primary diagnosis | RTP |
| 60 | Use of modifier CA with more than one procedure not allowed | RTP |
| 61 | Service can only be billed to the DMERC | RTP |
| 62 | Code not recognized by **OPPS**; alternate code for same service may be available | RTP |
| 63 | This OT code only billed on partial hospitalization claims (See appendix C) | RTP |
| 64 | AT service not payable outside the partial hospitalization program (See appendix C) | Line item rejection |
| 65 | Revenue code not recognized by Medicare | Line item rejection |
| 66 | Code requires manual pricing | Suspend |
| 67 | Service provided prior to FDA approval | Line item rejection |
| 68 | Service provided prior to date of National Coverage Determination (NCD) approval | Line item rejection |
| 69 | Service provided outside approval period | Line item rejection |
| 70 | CA modifier requires patient status code 20 | RTP |
| 71 | Claim lacks required device or procedure code | RTP |
| 72 | Service not billable to the Fiscal Intermediary | RTP |
| 73 | Incorrect billing of blood and blood products | RTP |
| 74 | Units greater than one for bilateral procedure billed with modifier 50 | RTP |
| 75 | Incorrect billing of modifier FB | RTP |
| 76 | Trauma response critical care code without revenue code 068x and CPT 99291 | Line item rejection |

**[1] For edit 15, units for *all line items with the same HCPCS on the same day* are added together for the purpose of applying the edit. If the total units exceeds the code's limits, the procedure edit return buffer is set for all line items that have the HCPCS code. If modifier 91 is present on a line item and the HCPCS is on a list of codes that are exempt, the unit edits are not applied.**

**[2] Edit 18 causes all other line items on the same day to be line item denied with Edit 49 (see APC return buffer "Line item denial or reject flag"). No other edits are performed on any lines with Edit 18 or 49.**

**[3] If Edit 27 is triggered, no other edits are performed on the claim.**

**[4] Not applicable for admitting/patient's reason for visit diagnosis**

## Table 4: Claim Return Buffer

| | Bytes | Number | Values | Description |
|---|---|---|---|---|
| Claim processed flag | 1 | 1 | 0-3, 9 | 0 - Claim processed.<br>1 -Claim could not be processed (edits 23, 24, 46[a] , or invalid bill type).<br>2 - Claim could not be processed (claim has no line items).<br>3 - Claim could not be processed (edit 10 - condition code 21 is present).<br>9 - Fatal error; OCE can not run - the environment can not be set up as needed; exit immediately. |
| Num of line items | 3 | 1 | nnn | Input value from Nsgptr, or 450, whichever is less. |
| National provider identifier (NPI) | 13 | 1 | aaaaaaaaaaaaa | Transferred from input, for Pricer. |
| OSCAR Medicare provider number | 6 | 1 | aaaaaa | Transferred from input, for Pricer. |
| Overall claim disposition | 1 | 1 | 0-5 | 0 - No edits present on claim.<br>1 - Only edits present are for line item denial or rejection.<br>2 - Multiple-day claim with one or more days denied or rejected.<br>3 - Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w only post payment edits.<br>4 - Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w only pre-payment edits.<br>5 - Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w both post-payment and pre-payment edits. |
| Claim rejection disposition | 1 | 1 | 0-2 | 0 - Claim not rejected.<br>1 - There are one or more edits present that cause the claim to be rejected.<br>2 - There are one or more edits present that cause one or more days of a multiple-day claim to be rejected. |
| Claim denial disposition | 1 | 1 | 0-2 | 0 - Claim not denied.<br>1 - There are one or more edits present that cause the claim to be denied.<br>2 - There are one or more edits present that cause one or more days of a multiple-day claim to be denied, or single day claim with all lines denied (edit 18 only). |
| Claim returned to provider disposition | 1 | 1 | 0-1 | 0 - Claim not returned to provider.<br>1 - There are one or more edits present that cause the claim to be returned to provider. |
| Claim suspension disposition | 1 | 1 | 0-1 | 0 - Claim not suspended.<br>1 - There are one or more edits present that cause the claim to be suspended. |
| Line item rejection disposition | 1 | 1 | 0-1 | 0 - There are no line item rejections.<br>1 - There are one or more edits present that cause one or more line items to be rejected. |
| Line item denial disposition | 1 | 1 | 0-1 | 0 - There are no line item denials.<br>1 - There are one or more edits present that cause one or more line items to be denied. |
| Claim rejection reasons | 3 | 4 | 27 | Three-digit code specifying edits (See Table 6) that caused the claim to be rejected.<br>There is currently one edit that causes a claim to be rejected. |
| Claim denial reasons | 3 | 8 | 10, | Three-digit code specifying edits (see Table 6) that caused the claim to be denied.<br>There is currently one active edit that causes a claim to be denied. |

| | | | | |
|---|---|---|---|---|
| Claim returned to provider reasons | 3 | 30 | 1-3, 5-6, 8, 14-17, 22-23, 25-26, 29, 35, 37-38, 41-44, 46, 48, 52, 54, 55,56, 58-63, 70-75 | Three-digit code specifying edits (see Table 6) that caused the claim to be returned to provider.<br>There are 40 edits that could cause a claim to be returned to provider. |
| Claim suspension reasons | 3 | 16 | 4, 11, 12, 24, 30-34, 36, 57, 66 | Three-digit code specifying the edits that caused the claim to be suspended (see Table 6).<br>There are 12 edits that could cause a claim to be suspended. |
| Line item rejection reasons | 3 | 12 | 13, 19, 20, 21, 28, 39, 40, 45, 47, 50, 53, 64, 65, 67-69, 76 | Three-digit code specifying the edits that caused the line item to be rejected (See Table 6).<br>There are 17 edits that could cause a line item to be rejected. |
| Line item denied reasons | 3 | 6 | 9, 18, 49 | Three-digit code specifying the edits that caused the line item to be denied (see Table 6).<br>There are currently 3 active edits that cause a line item denial. |
| APC return buffer flag | 1 | 1 | 0-1 | 0 - No services paid under OPPS. APC return buffer filled in with default values<br>(See App F).<br>1 - One or more services paid under OPPS. APC return buffer filled in. |
| Version Used | 8 | 1 | yy.vv.rr | Version ID of the version used for processing the claim (e.g., 2.1.0). |
| Patient Status | 2 | 1 | | Patient status code - transferred from input. |
| Opps Flag | 1 | 1 | 1-2 | OPPS/Non-OPPS flag - transferred from input. |

Edit 46 terminates processing only for those bill types where no other edits are applied (See App. F).

## Table 5: APC Return Buffer

Table 5 describes the APC return buffer that contains the APC for each line item along with the relevant information for computing OPPS payment. Two APC numbers are returned: HCPCS APC and payment APC. Except when specified otherwise (e.g., partial hospitalization, mental health, observation logic, etc.), the HCPCS APC and the payment APC are always the same. The APC return buffer contains the information that will be passed to the PRICER. The APC is only returned for HOPDs and the special conditions specified in Appendix F.

| | Size (bytes) | Values | Description |
|---|---|---|---|
| HCPCS procedure code | 5 | Alpha | For potential future use by Pricer.<br>Transfer from input |
| Payment APC | 5 | 00001-nnnnn | APC used to determine payment. If no APC assigned to line item, the value 00000 is assigned. For partial hospitalization and some inpatient-only procedure claims the payment APC may be different than the APC assigned to the HCPCS code. |
| HCPCS APC | 5 | 00001-nnnnn | APC assigned to HCPCS code |
| Status indicator | 2 | Alpha<br><br>[Right justified, blank filled] | A - Services not paid under OPPS<br>B - Non-allowed item or service for OPPS<br>C - Inpatient procedure<br>E - Non-allowed item or service<br>F - Corneal tissue acquisition; certain CRNA services and hepatitis B vaccines<br>G - Drug/Biological Pass-through<br>H – Pass-through device categories, brachytherapy sources, and radiopharmaceutical agents<br>J - New drug or new biological pass-through [1]<br>K - Non pass-through drugs and biologicals, and blood and blood products<br>L – Flu/PPV vaccines<br>M – Service not billable to the FI<br>N - Packaged incidental service<br>P - Partial hospitalization service<br>Q - Packaged services subject to separate payment based on criteria<br>S - Significant procedure not subject to multiple procedure discounting<br>T - Significant procedure subject to multiple procedure discounting<br>V - Medical visit to clinic or emergency department<br>W – Invalid HCPCS or Invalid revenue code with blank HCPCS<br>X - Ancillary service<br>Y – Non-implantable DME, Therapeutic Shoes<br>Z – Valid revenue with blank HCPCS and no other SI assigned |
| Payment indicator | 2 | Numeric<br>(1- nn)<br><br>[Right justified, blank filled]. | 1 - Paid standard hospital OPPS amount (status indicators K, S, T, V, X)<br>2 - Services not paid under OPPS (status indicator A)<br>3 - Not paid (Q, M, W,Y, E), or not paid under OPPS (B, C, Z)<br>4 - Paid at reasonable cost (status indicator F, L)<br>5 – Paid standard amount for pass-through drug or biological (status indicator G)<br>6 – Payment based on charge adjusted to cost (status indicator H)<br>7 – Additional payment for new drug or new biological (status indicator J)<br>8 - Paid partial hospitalization per diem (status indicator P)<br>9 - No additional payment, payment included in line items with APCs (status indicator N, or no HCPCS code and certain revenue codes, or HCPCS codes G0176 (activity therapy), G0129 (occupational therapy), or G0177 (patient education and training service)) |
| Discounting formula number | 1 | 1-8 | See Appendix D for values |
| Line item denial or rejection flag | 1 | 0-2 | 0 - Line item not denied or rejected<br>1 - Line item denied or rejected (edit return buffer for line item contains a 9, 13, 18, 19, 20, 21, 28, 39, 40, 45, 47 ,49, 50, 53, 64, 65, 67, 68, 69, 76)<br>2- The line is not denied or rejected, but occurs on a day that has been denied or rejected (not used as of 4/1/02 - v3.0). |
| Packaging flag | 1 | 0-4 | 0 - Not packaged<br>1 – Packaged service (status indicator N, or no HCPCS code and certain revenue codes)<br>2 – Packaged as part of partial hospital per diem or daily mental health service per diem<br>3 – Artificial charges for surgical procedure (submitted charges for surgical HCPCS < $1.01)<br>4 – Packaged as part of drug administration APC payment (v6.0 – v7.3 only) |
| Payment adjustment flag | 2 | 0-6<br><br>[Right justified, blank filled] | 0 - No payment adjustment<br>1 – Paid standard amount for pass-through drug or biological (status indicator G)<br>2 – Payment based on charge adjusted to cost (status indicator H)<br>3 – Additional payment for new drug or new biological applies to APC (status indicator J) [1]<br>4 – Deductible not applicable (specific list of HCPCS codes)<br>5 – Blood/blood product used in blood deductible calculation<br>6 – Blood processing/storage not subject to blood deductible<br>7 - Item provided without cost to provider |

| | | | |
|---|---|---|---|
| Payment Method Flag | 1 | 0-4 | 0 - OPPS pricer determines payment for service<br>1 - Based on OPPS coverage or billing rules, the service is not paid<br>2 - Service is not subject to OPPS<br>3 - Service is not subject to OPPS, and has an OCE line item denial or rejection<br>4 - Line item is denied or rejected by FI; OCE not applied to line item |
| Service units | 7 | 1-x | Transferred from input, for Pricer. For the line items assigned APCs 33 or 34, the service units are always assigned a value of one by the OCE even if the input service units were greater than one<br>[Input service units also may be reduced for some Drug administration APCs, based on Appendix I] ] (v6.0 – v7.3 only) |
| Charge | 10 | nnnnnnnnnn | Transferred from input, for Pricer; COBOL pic 9(8)v99 |
| Line item action flag | 1 | 0-4 | Transferred from input to Pricer, and can impact selection of discounting formula (AppxD).<br>0 - OCE line item denial or rejection is not ignored<br>1 - OCE line item denial or rejection is ignored<br>2 - External line item denial. Line item is denied even if no OCE edits<br>3 - External line item rejection. Line item is rejected even if no OCE edits<br>4 - External line item adjustment. Technical charge rules apply. |

[1] Status indicator J was replaced by status indicator G starting in April 2002 (V3.0)

## Table 6: HCPCS Codes for Reporting Antigens, Vaccine Administration, Splints, and Casts

List of HCPCS codes in the following chart specify vaccine administration, antigens, splints, and casts, which were paid under OPPS for hospitals. In addition in certain situations these services when provided by HHA's not under the Home Health PPS, and to hospice patients for the treatment of a non-terminal illness are paid under OPPS.

| Category | Code |
|---|---|
| Antigens | 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, 95199 |
| Vaccine Administration | 90471, 90472, G0008, G0009 |
| Splints | 29105, 29125, 29126, 29130, 29131, 29505, 29515 |
| Casts | 29000, 29010, 29015, 29020, 29025, 29035, 29040, 29044, 29046, 29049, 29055, 29058, 29065, 29075, 29085, 29086, 29305, 29325, 29345, 29355, 29358, 29365, 29405, 29425, 29435, 29440, 29445, 29450, 29700, 29705, 29710, 29715, 29720, 29730, 29740, 29750, 29799 |

## Correct Coding Initiative (CCI) Edits

The OPPS OCE will generate CCI edits for OPPS hospitals. All CCI edits are incorporated in the OPPS OCE with the exception of anesthesiology, E&M, mental health, and certain drug administration code pairs. Modifiers and coding pairs in the OCE may differ from those in the NCCI because of differences between facility and professional services.

Effective January 1, 2006 these CCI edits will also apply to ALL services billed, under bill types 22X, 23X, 34X, 74X, and 75X, by the following providers: Skilled Nursing Facilities (SNF's), Outpatient Physical Therapy and Speech-Language Pathology Providers (OPT's), CORF's, and Home Health Agencies (HHA's).

The CCI edits are applicable to claims submitted on behalf of the same beneficiary, provided by the same provider, and on the same date of service. The edits address two major types of coding situations. One type, referred to as the comprehensive/component edits, are those edits to code combinations where one of the codes is a component of the more comprehensive code. In this instance only the comprehensive code is paid. The other type, referred to as the mutually exclusive edits, are those edits

applied to code combinations where one of the codes is considered to be either impossible or improbable to be performed with the other code. Other unacceptable code combinations are also included. One such code combination consists of one code that represents a service 'with' something and the other is 'without' the something. The edit is set to pay the lesser-priced service.

Version 12.3 of CCI edits is included in the January OPPS OCE.

**NOTE:** The CCI edits in the OPPS OCE are always one quarter behind the Carrier CCI edits.

See Appendix F "OPPS OCE Edits Applied by Bill Type" for bill types that the OPPS OCE will subject to these and other OPPS OCE edits.

**Units of Service Edit**

The OPPS OCE edit 15 "Service Unit Out of Range for Procedure" was revised for the April 2003 version of the OPPS OCE. As part of the recurring quarterly update of the OPPS OCE, CMS lifted the moratorium on application of the OPPS OCE Edit 15. Therefore, you were instructed to reactivate OPPS OCE Edit 15 for claims with dates of service on or after April 1, 2003. This unit of service edit is not applied to all services at this time. Instead, there are limited edits applied to certain services beginning with the April 2003 release. However subsequent modifications to this edit will be made in upcoming OPPS OCE releases.

# Appendix A
# Bilateral Procedure Logic

There is a list of codes that are exclusively bilateral if a modifier of 50 is present*. The following edits apply to these bilateral procedures*.

| Condition | Action | Edit |
|---|---|---|
| The same code which can be performed bilaterally occurs two or more times on the same date of service, all codes *without* a 50 modifier | Return claim to provider | 16 |
| The same code which can be performed bilaterally occurs two or more times (based on units and/or lines) on the same date of service, all or some codes *with* a 50 modifier | Return claim to provider | 17 |

There is a list of codes that are considered inherently bilateral even if a modifier of 50 is not present. The following edits apply to these bilateral procedures**.

| Condition | Action | Edit |
|---|---|---|
| The same bilateral code occurs two or more times (based on units and/or lines) on the same date of service | Return claim to provider | 17 |

There are two lists of codes, one is considered conditionally bilateral and the other independently bilateral if a modifier 50 is present. The following edit applies to these bilateral procedures (effective 10/1/06).

| Condition | Action | Edit |
|---|---|---|
| The bilateral code occurs with modifier 50 and more than one unit of service on the same line | Return claim to provider | 74 |

Note: For ER and observation claims, all services on the claim are treated like any normal claim, including multiple day processing.

*Note: The "exclusively bilateral" list was eliminated, effective 10/1/05 (v6.3); edits 16 and 17 will not be triggered by the presence/absence of modifier 50 on certain bilateral codes for dates of service on or after 10/1/05.

** Exception: For codes with SI of V that are also on the Inherent Bilateral list, condition code 'G0' will take precedence over the bilateral edit; these claims will not receive edit 17 nor be returned to provider.

# Appendix B
# Rules for Medical and Procedure Visits on the Same Day and for Multiple Medical Visits on Same Day

Under some circumstances, medical visits on the same date as a procedure will result in additional payments. A modifier of **25** with an Evaluation and Management (E&M) code, status indicator V, is used to report a medical visit that takes place on the same date that a procedure with status indicator S or T is performed, but that is significant and separately identifiable from the procedure. However, if any E&M code that occurs on a day with a type "T" or "S" procedure does not have a modifier of 25, then edit 21 will apply and there will be a line item rejection.

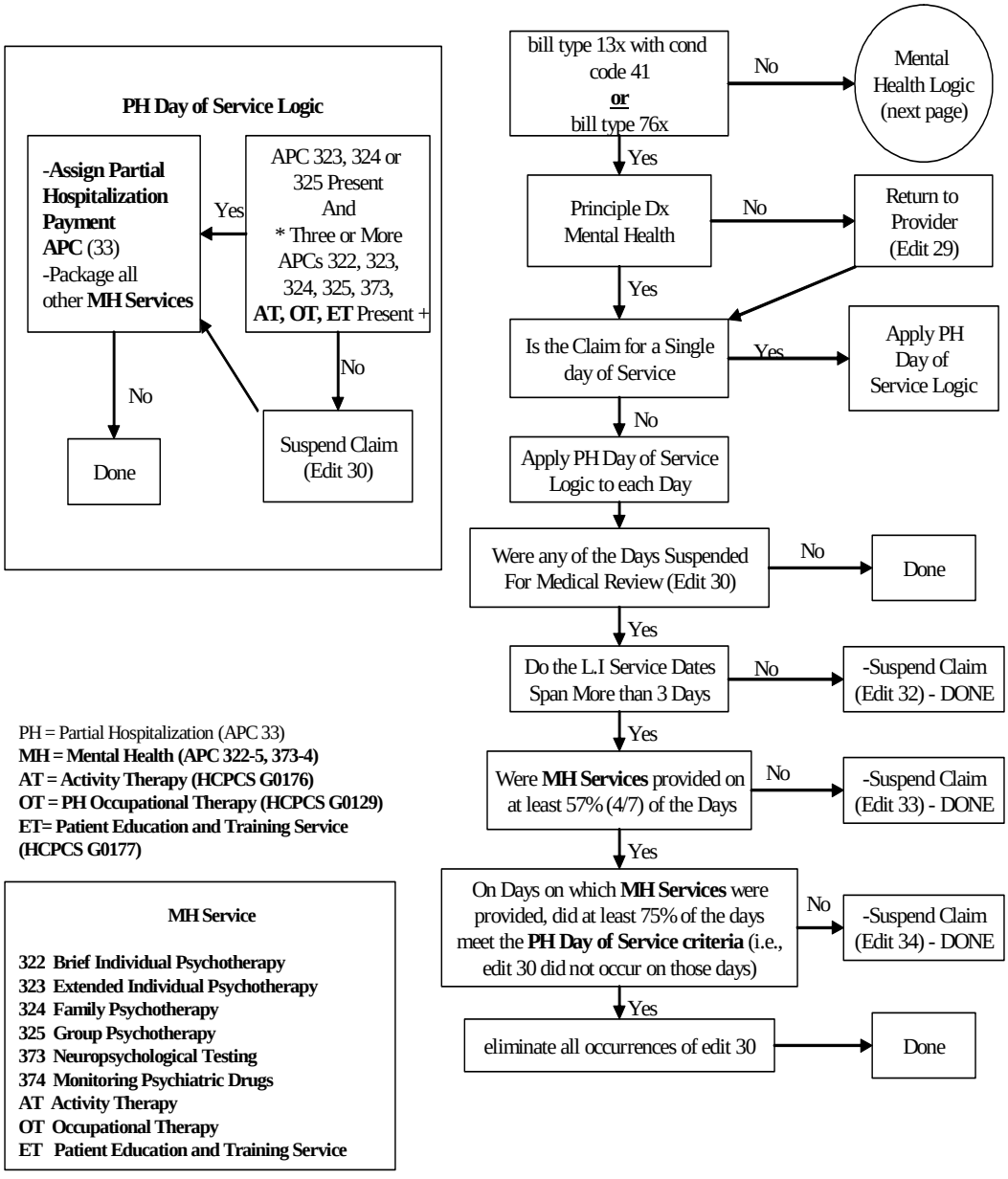
If there are multiple E&M codes on the same day, on the same claim the rules associated with multiple medical visits are shown in the following table.

| E&M Code | Revenue Center | Condition Code | Action | Edit |
|---|---|---|---|---|
| 2 or more | Revenue center is different for each E&M code, and all E&M codes have units equal to 1. | Not G0 | Assign medical APC to each line item with E&M code | - |
| 2 or more | Two or more E&M codes have the same revenue center<br>**OR**<br>One or more E&M codes with units greater than one had same revenue center | Not G0 | Assign medical APC to each line item with E&M code and Return Claim to Provider | 42 |
| 2 or more | Two or more E&M codes have the same revenue center<br>**OR**<br>one or more E&M codes with units greater than one had same revenue center | G0* | Assign medical APC to each line item with E&M code | - |

The condition code G0 specifies that multiple medical visits occurred on the same day with the same revenue center, and that these visits were distinct and constituted independent visits (e.g., two visits to the ER for chest pain).

* For codes with SI of V that are also on the Inherent Bilateral list, condition code 'G0' will take precedence over the bilateral edit to allow multiple medical visits on the same day.

# Appendix C
# Partial Hospitalization Logic




PH = Partial Hospitalization (APC 33)
**MH = Mental Health (APC 322-5, 373-4)**
**AT = Activity Therapy (HCPCS G0176)**
**OT = PH Occupational Therapy (HCPCS G0129)**
**ET= Patient Education and Training Service (HCPCS G0177)**

**MH Service**

**322 Brief Individual Psychotherapy**
**323 Extended Individual Psychotherapy**
**324 Family Psychotherapy**
**325 Group Psychotherapy**
**373 Neuropsychological Testing**
**374 Monitoring Psychiatric Drugs**
**AT Activity Therapy**
**OT Occupational Therapy**
**ET Patient Education and Training Service**

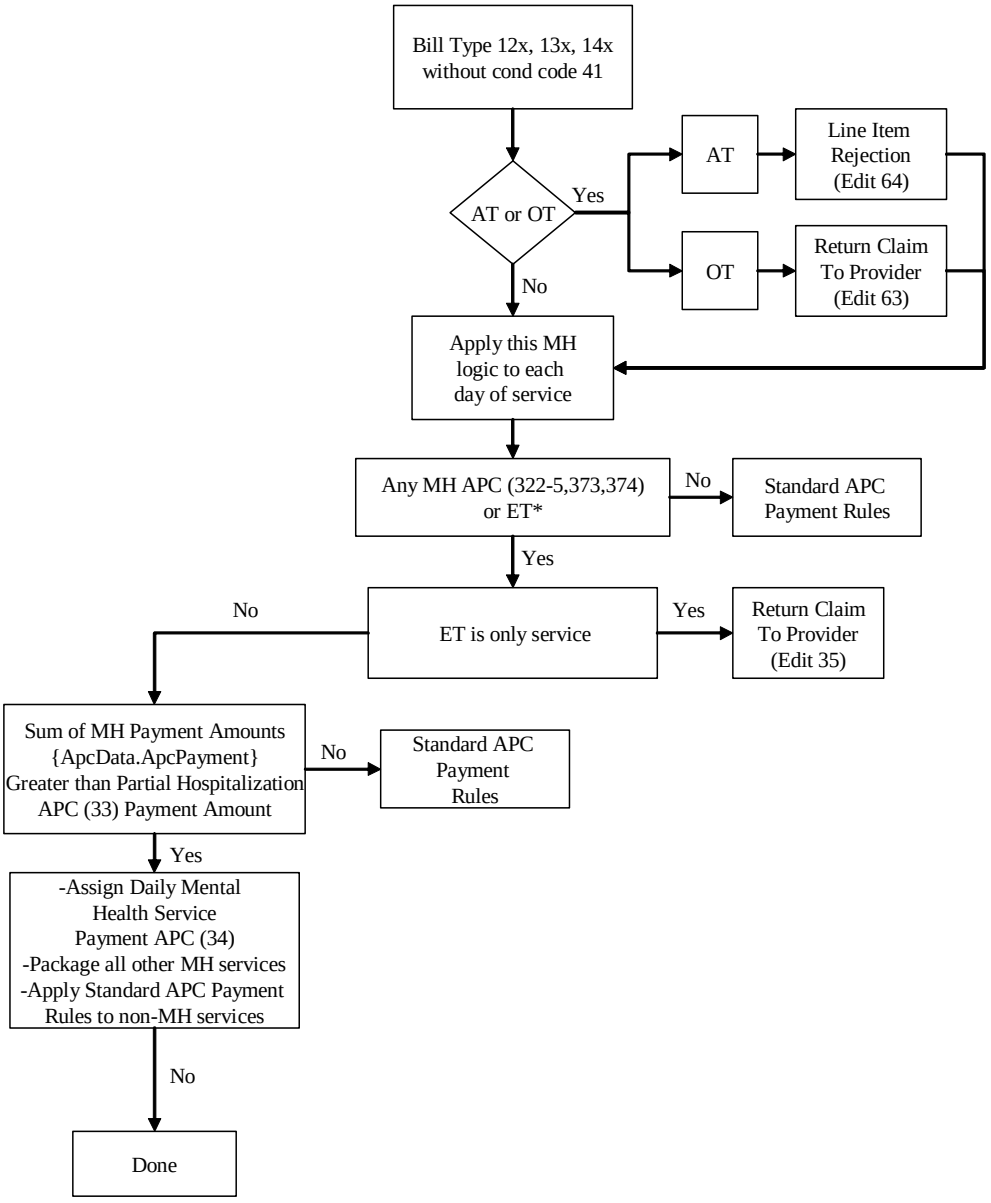
+ Multiple occurrences of APC 322, 323, 324, 325, and 373; AT and ET are treated as separate units in determining whether 3 or more MH services are present. However, multiple occurrences of OT are treated as a single service.

*To avoid confusion over this programming language, the OCE will continue to verify that the claim has, at a minimum, a total of 3 partial hospitalization HCPCS codes for each day of service, one of which must be a psychotherapy HCPCS that groups to APC 323, 324 or 325.

**Assign Partial Hospitalization Payment APC**
For any day that has a MH Service, the first listed line item from the following hierarchical list (APC 323, 324, 325, 322, 373, 374; AT, OT, ET) is assigned a payment APC of 33, a status indicator of P a payment indicator of 8, a discounting factor of 1, a line item denial or rejection indicator of 0, a packaging flag of 0, a payment adjustment flag of 0, and a service unit of 1

For all other line items with a **mental health service** (APC 322, 323, 324, 325, 373, 374, AT, OT, ET)the packaging flag is set to 2.

# Appendix C (cont'd)
# Mental Health Logic




**Assign Daily Mental Health Service Payment APC**
The first listed line item with HCPCS APC from the list of MH APCs (322-5, 373, 374) is assigned a payment APC of 34, a status indicator of P, a payment indicator of 8, a discounting factor of 1, a line item denial or rejection indicator of 0, a packaging flag of 0, a payment adjustment flag of 0 and a service unit of 1.

For all other line items with a **mental health service** (APC 322-5, 373, 374, ET) the packaging flag is set to 2.

*NOTE: The use of code G0177 (ET) is allowed on MH claims that are not billed as Partial Hospitalization

# Appendix D
# Computation of Discounting Fraction

Type "T" Multiple and Terminated Procedure Discounting:
Line items with a status indicator of "T" are subject to multiple-procedure discounting *unless modifiers 76, 77, 78 and/or 79 are present.* The "T" line item with the highest payment amount will *not* be multiple procedure discounted, and all other "T" line items will be multiple procedure discounted. All line items that do not have a status indicator of "T" will be ignored in determining the multiple procedure discount. A modifier of 52 or 73 indicates that a procedure was terminated prior to anesthesia. A terminated type "T" procedure will also be discounted although not necessarily at the same level as the discount for multiple type "T" procedures.

Terminated bilateral procedures or terminated procedures with units greater than one should not occur, and ~~for type "T" procedures,~~ have the discounting factor set so as to result in the equivalent of a single procedure. Claims submitted with terminated bilateral procedures or terminated procedure with units greater than one are returned to the provider (edit 37).

Bilateral procedures are identified from the "bilateral" field in the physician fee schedule. Bilateral procedures have the following values in the "bilateral" field:

1. Conditional bilateral (i.e. procedure is considered bilateral if the modifier 50 is present)
2. Inherent bilateral (i.e. procedure in and of itself is bilateral)
3. Independent bilateral (i.e., procedure is considered bilateral if the modifier 50 is present, but full payment should be made for each procedure (e.g., certain radiological procedures))

Inherent bilateral procedures will be treated as a non-bilateral procedure since the bilateralism of the procedure is encompassed in the code. For bilateral procedures the type "T" procedure discounting rules will take precedence over the discounting specified in the physician fee schedule. All line items for which the line item denial or reject indicator is 1 and the line item action flag is zero, or the line item action flag is 2, 3 or 4, will be ignored in determining the discount; packaged line items, (the packaging flag is not zero or 3), will also be ignored in determining the discount. The discounting process will utilize an APC payment amount file. The discounting factor for bilateral procedures is the same as the discounting factor for multiple type "T" procedures.

Non-Type T Procedure Discounting:
Line items with SI other than "T" are subject to bilateral procedure discounting with modifier 50, if identified in the physician fee schedule as Conditional bilateral; and to terminated procedure discounting when modifier 52 or 73 is present. ~~Modifier 52 or 73 on a non-type "T" procedure line will result in a 50% discount being applied to that line.~~

There are eight different discount formulas that can be applied to a line item.

1. 1.0
2. (1.0 + D(U-1))/U
3. T/U
4. (1 + D)/U
5. D
6. TD/U
7. D(1 + D)/U
8. 2.0

Where

**D =** discounting fraction (currently 0.5)
**U** = number of units
**T** = terminated procedure discount (currently 0.5)

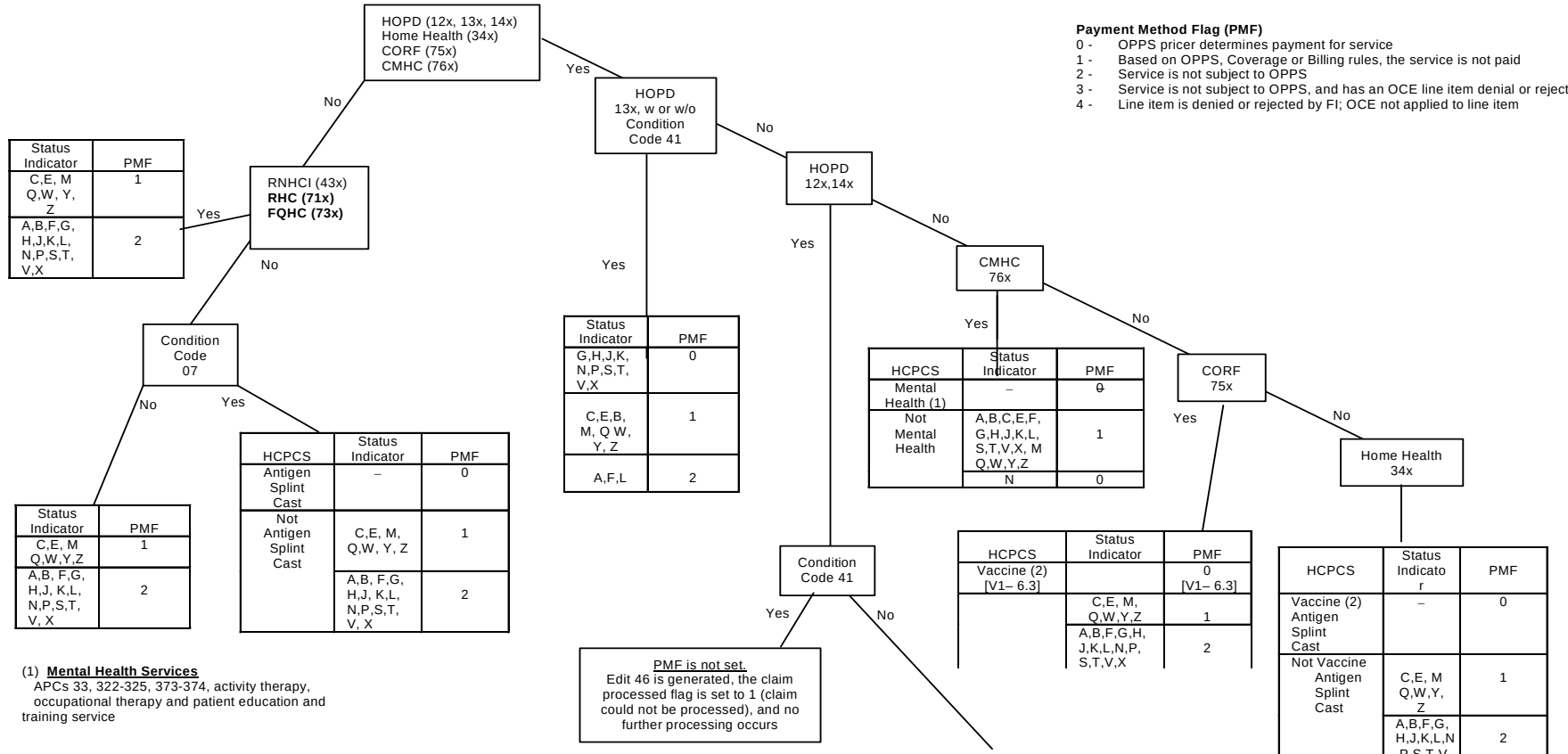
The discount formula that applies is summarized in the following table.

| | | | Discounting Formula Number | | | |
|---|---|---|---|---|---|---|
| | | | Type "T" Procedure | | Non Type "T" Procedure | |
| **Payment Amount** | **Modifier 52 or 73** | **Modifier 50** | **Conditional or Independent Bilateral** | **Inherent or Non Bilateral** | **Conditional or Independent Bilateral** | **Inherent or Non Bilateral** |
| Highest | No | No | 2 | 2 | 1 | 1 |
| Highest | Yes | No | 3 | 3 | 3 | 3 |
| Highest | No | Yes | 4 | 2 | 4/8* | 1 |
| Highest | Yes | Yes | 3 | 3 | 3 | 3 |
| Not Highest | No | No | 5 | 5 | 1 | 1 |
| Not Highest | Yes | No | 6 | 6 | 3 | 3 |
| Not Highest | No | Yes | 7 | 5 | 4/8* | 1 |
| Not Highest | Yes | Yes | 6 | 6 | 3 | 3 |

For the purpose of determining which APC has the highest payment amount, the terminated procedure discount (**T**) and any applicable offset, will be applied prior to selecting the type T procedure with the highest payment amount. If both offset and terminated procedure discount apply, the offset will be applied first before the terminated procedure discount.

*If not terminated, non-type T Conditional bilateral procedures with modifier 50 will be assigned discount formula #4; non-type T Independent bilateral procedures with modifier 50 will be assigned to formula #8.

# Appendix E
# Logic for Assigning Payment Method Flag Values




| Status Indicator | PMF |
|---|---|
| C,E, M Q,W, Y, Z | 1 |
| A,B,F,G, H,J,K,L, N,P,S,T, V,X | 2 |

| Status Indicator | PMF |
|---|---|
| G,H,J,K, N,P,S,T, V,X | 0 |
| C,E,B, M, Q W, Y, Z | 1 |
| A,F,L | 2 |

| HCPCS | Status Indicator | PMF |
|---|---|---|
| Mental Health (1) | – | ~~0~~ |
| Not Mental Health | A,B,C,E,F, G,H,J,K,L, S,T,V,X, M Q,W,Y,Z | 1 |
| | N | 0 |

| HCPCS | Status Indicator | PMF |
|---|---|---|
| Antigen Splint Cast | – | 0 |
| Not Antigen Splint Cast | C,E, M, Q,W, Y, Z | 1 |
| | A,B, F,G, H,J, K,L, N,P,S,T, V, X | 2 |

| Status Indicator | PMF |
|---|---|
| C,E, M Q,W,Y,Z | 1 |
| A,B, F,G, H,J, K,L, N,P,S,T, V, X | 2 |

| HCPCS | Status Indicator | PMF |
|---|---|---|
| Vaccine (2) [V1– 6.3] | | 0 [V1– 6.3] |
| | C,E, M, Q,W,Y,Z | 1 |
| | A,B,F,G,H, J,K,L,N,P, S,T,V,X | 2 |

| HCPCS | Status Indicator | PMF |
|---|---|---|
| Vaccine (2) Antigen Splint Cast | – | 0 |
| Not Vaccine Antigen Splint Cast | C,E, M Q,W,Y, Z | 1 |
| | A,B,F,G, H,J,K,L,N ,P,S,T,V, X | 2 |

| Status Indicator | PMF |
|---|---|
| G,H,J,K, N,P,S,T, V,X | 0 |
| C,E,B,M Q,W,Y,Z | 1 |
| A,F,L | 2 |

(1) **Mental Health Services**
APCs 33, 322-325, 373-374, activity therapy, occupational therapy and patient education and training service

(2) In V1.0-V3.2, vaccine included all vaccines paid by APCs; V4.0 onward, vaccines includes Hepatitis B vaccines only, plus Flu and PPV administration

1. ***If the claim is not processed (claim processed flag is greater than 0), the PMF is not set and is left blank.***
2. ***If the line item denial or rejection flag is 1 or 2, and the PMF has been set to 2 by the process flowcharted here, the PMF is reset to 3.***
3. ***If the line item action flag is 2 or 3 the PMF is reset to 4.***
4. ***If the line item action flag is 4, the PMF is reset to 0.***
5. ***If PMF is set to a value greater than 0, reset HCPCS and Payment APC to 00000.***
6. ***Status indicator J was replaced by status indicator G starting in April 2002 (V3.0)***

a/apc/pmf

# Appendix F - OCE Edits Applied by Bill Type

| FLOW CHART CELL (*) | Provider/Bill Types | Dx [1-5] | Proc [7, 8, 9, 11, 12, 50, 53, 54, 59, 69] | HCPC [6,13] | OPPS site of svc [14] | Non Mcare [28] Non OPPS [62] | Proc & Modifier [18,38,43,45,47,49,71,73,75] | HCPC Req'd [48d] | Modifier [16,17,b22,37, 74] | CCI [19,20,39,40] | a Line Item Date [23] | Units [15] | Rev Code [41,65] | Rev Code [44] | Age, Sex [25,26] | Partial Hosp [29-34] | APC [21,27,42] | MH [35,36, 63, 64] | Bill Type [46] | APC buffer completed | Obs Logic [52,56,57], DirAdm [58], Spec Inpt [60], Manual Price [66, 70], FDA/NCD [67, 68]; Trauma [76] | Opps Proc (55) | DME (61); Not FI (72) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 12X or 14X w cond code 41 | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | Yes | No | No | No | No |
| 2 | 12X or 14X w.o cond code 41 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | No | Yes | No | No | Yes |
| 3 | 13X w condition code 41 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No | Yes | Yes | No | Yes |
| 4 | 13X w.o condition code 41 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | No | Yes | Yes | No | Yes |
| 5 | 76X (CMHC) | Yes | Yes | Yes | No | No | Yes | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes | No | No | No | No | Yes | No | Yes | Yes |
| 6 | 34X[h](HHA) w Vaccine[e], Antigen, Splint or Cast | Yes | Yes | Yes | No | Yes | Yes | No | No | Yes | Yes | No | Yes | Yes | Yes | No | No | No | No | No | Yes | No | Yes | No |
| 7 | 34X[h] (HHA) w.o Vaccine[e], Antigen, Splint or Cast | Yes | Yes | Yes | No | No | No | No | No | Yes | No | No | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | No |
| 8 | 75X(CORF) w Vac(PPS)[v1-6.3] | Yes | Yes | Yes | No | Yes | Yes | Yes | No | Yes | Yes | No | Yes | Yes | Yes | No | No | No | No | No | Yes | No | Yes | Yes |
| 9 | 43X (RNHCI) | No | No | No | No | No | No | No | No | No | No | No | Yes | Yes | Yes | No | No | No | Yes | No | No | No | Yes | No |
| 10 | 71X (RHC), 73X (FQHC) | Yes | No | No | No | No | No | No | No | No | No | No | Yes | No | Yes | No | No | No | No | No | No | No | No | Yes |
| 11 | Any bill type except 12x,13x, 14x, 34x, 43x, 71x, 73x, 76x, w CC 07, w Antigen, Splint or Cast | Yes[f] | Yes[f] | Yes | No | Yes | Yes | No | No | No | No | Yes | Yes | Yes | Yes | No | No | No | No | Yes | No | Yes | No | No |
| 12 | 75X[h] (CORFs) | Yes | Yes | Yes | No | No | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | Yes |
| 13 | 22X[hj], 23X[hj] (SNF), 24X[g] | Yes | Yes | Yes | No | Yes[J] | No | No | No | Yes | No | Yes | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | Yes |
| 14 | 32X, 33X (HHA) | Yes[f] | Yes[f] | No | No | No | No | No | No | No | No | No | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | No |
| 15 | 72X (ESRD) | Yes | Yes | No | No | No | No | No | No | No | No | No | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | Yes |
| 16 | 74X[h] (OPTs) | Yes | Yes | Yes | No | No | No | Yes | No | Yes | No | No | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | Yes |
| 17 | 81x (Hospice), 82x | Yes | Yes | No | No | No | No | No | No | No | No | No | Yes | Yes | Yes | No | No | No | No | No | No | No | Yes | Yes |

**(*) FLOW CHART CELLS ARE IN HIERARCHICAL ORDER** **Yes = edits apply, No = edits do not apply**

**Edit 10, and Edits 23 and 24 for From/Through dates, are not dependent on AppxF**

[a] **if edit 23 is not applied, the lowest service (or From) date is substituted for invalid dates, and processing continues.**

[b] **Bypass edit 22 if Revenue code is 540** [c] **Edits 53 not relevant for bill type 13x**

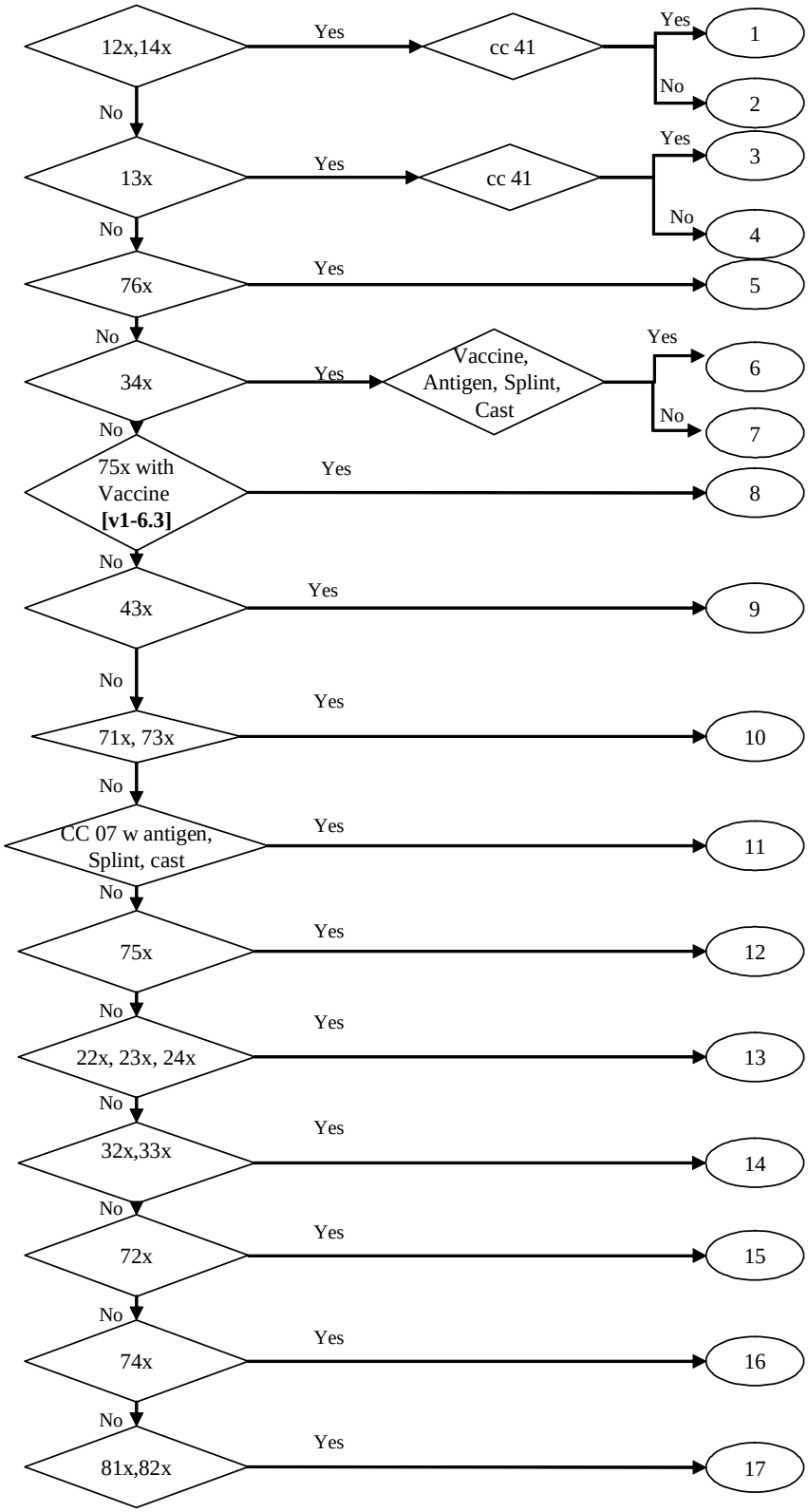
[d] **Bypass edit 48 if Revenue code is 100x, 210x, 310x,0905, 0906, 0907; 0500, 0509, 0583, 0660-0663, 0669, 0931, 0932; 0521, 0522, 0524, 0525, 0527, 0528**

[e] **In V1.0 to V3.2,"vaccines" included all vaccines paid by APCs; from V4.0 onward, "vaccines" includes Hepatitis B vaccines only, plus Flu and PPV administration**

[f] **Bypass diagnosis edits (1-5) for bill types 32X and 33X (HHA) if from date is <10/1/xx and Through date is >= 10/1/xx**

[g] **Delete TOB 24X effective 10/1/05** [h] **Apply CCI edits to TOB 22x, 23x, 34x, 74x and 75x, effective 1/1/06** [j] **Apply edit 28, effective 10/1/05**

# Appendix F Flow Chart



# Appendix G

The payment adjustment flag for a line item is set based on the criteria in the following chart:

| **Criteria** | **Payment Adjustment Flag Value** |
|---|---|
| Status indicator G | 1 |
| Status indicator H | 2 |
| Status indicator J [1] | 3 |
| Code is flagged as 'deductible not applicable' | 4 |
| Blood product with modifier BL on RC 38X line[2] | 5 |
| Blood product with modifier BL on RC 39X line[2] | 6 |
| Item provided without cost to provider | 7 |
| All others | 0 |

[1] Status indicator J was replaced by status indicator G starting in April 2002 (V3.0)
[2] See Appendix J for assignment logic (v6.2)

# Appendix H
# OCE Observation Criteria

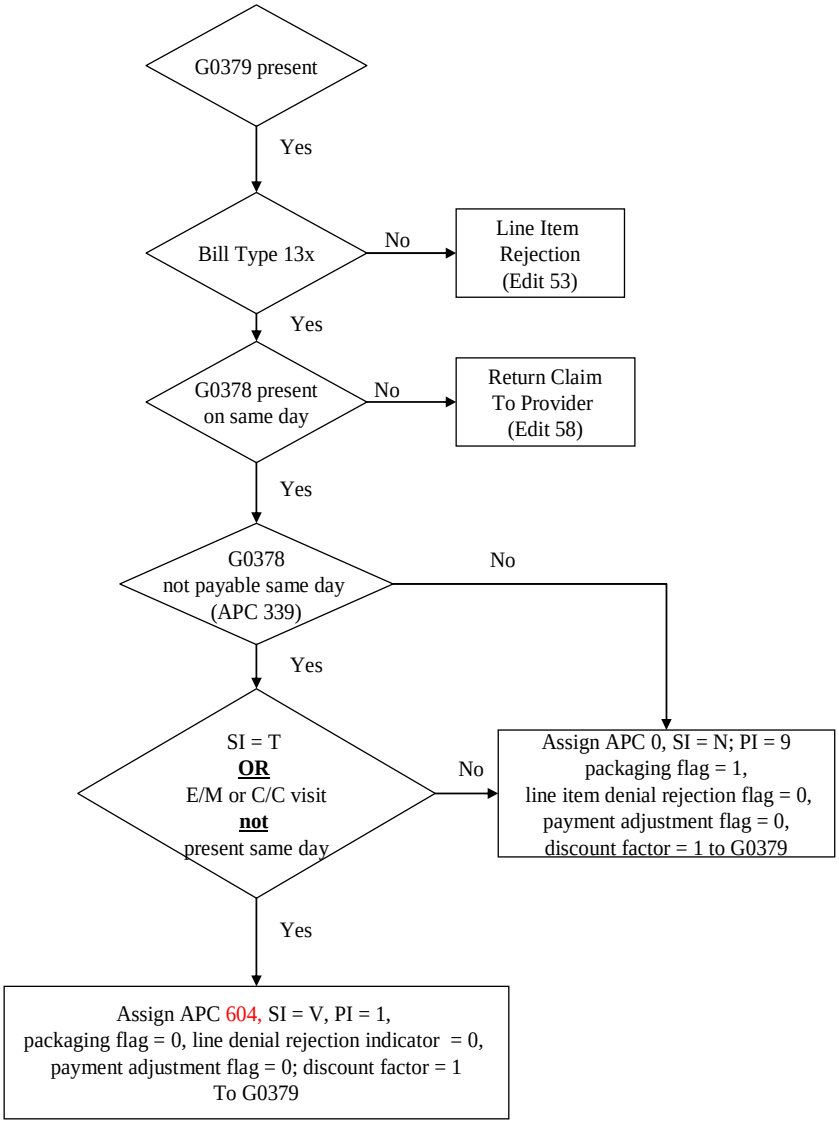
**Rules:**

1. Code G0378 is used to identify all outpatient observations, regardless of the reason for observation (diagnosis) or the duration of the service.
2. Code G0379 is used to identify direct admission from a physician's office to observation care, regardless of the reason for observation.
3. Code G0378 has default Status Indicator "Q" and default APC 0
    a. If the criteria are met for payable observation, the SI is changed to "S" and APC 339 is assigned.
    b. If the criteria for payable observation are not met, the SI is changed to "N".
4. Code G0379 has default Status Indicator "Q" and default APC 0
    a. If associated with a payable observation (payable G0378 present on the same day), the SI for G0379 is changed to "N".
    b. If the observation on the same day is not payable, the SI is changed to "V" and APC 604 is assigned.
5. Observation logic is performed only for claims with bill type 13x, with or without condition code 41. Lines with G0378 and G0379 are rejected if the bill type is not 13x.
6. If any of the criteria for separately payable observation is not met, the observation is packaged, or the claim or line is suspended or rejected according to the disposition of the observation edits.
7. In order to qualify for separate payment, each observation must be paired with a unique E/M or critical care (C/C) visit, or with code G0379 (Direct admission from physician's office).
   E/M or C/C visit is required the day before or day of observation; Direct admission is required on the day of observation.
8. If an observation cannot be paired with an E/M or C/C visit or Direct admission, the observation is packaged.
9. E/M or C/C visit or Direct admission on the same day as observation takes precedence over E/M or C/C visit on the day before observation.
10. E/M, C/C visit or Direct admission that have been denied or rejected, either externally or by OCE edits, are ignored.
11. Both the associated E/M or C/C visit (APCs 604 - 616, 617) and observation are paid separately if the criteria are met for separately payable observation.
12. If a "T" procedure occurs on the day of or the day before observation, the observation is packaged.
13. Multiple observations on a claim are paid separately if the required criteria are met for each one.
14. If there are multiple observations within the same time period and only one meets the criteria for separate APC payment, the observation with the most hours is considered to have met the criteria, and the other observations will be packaged.
15. Observation date is assumed to be the date admitted for observation.
16. The diagnoses (admitting or principal) required for the separately payable observation criteria are:

| Chest Pain | Asthma | CHF |
|---|---|---|
| 4110, 1, 81, 89 | 49301, 02, 11, 12, 21, 22, 91, 92 | 3918 |
| 4130, 1, 9 | | 39891 |
| 78605, 50, 51, 52, 59 | | 40201, 11, 91 |
| | | 40401, 03, 11, 13, 91, 93 |
| | | 4280, 1, 9, 20-23, 30-33, 40-43 |

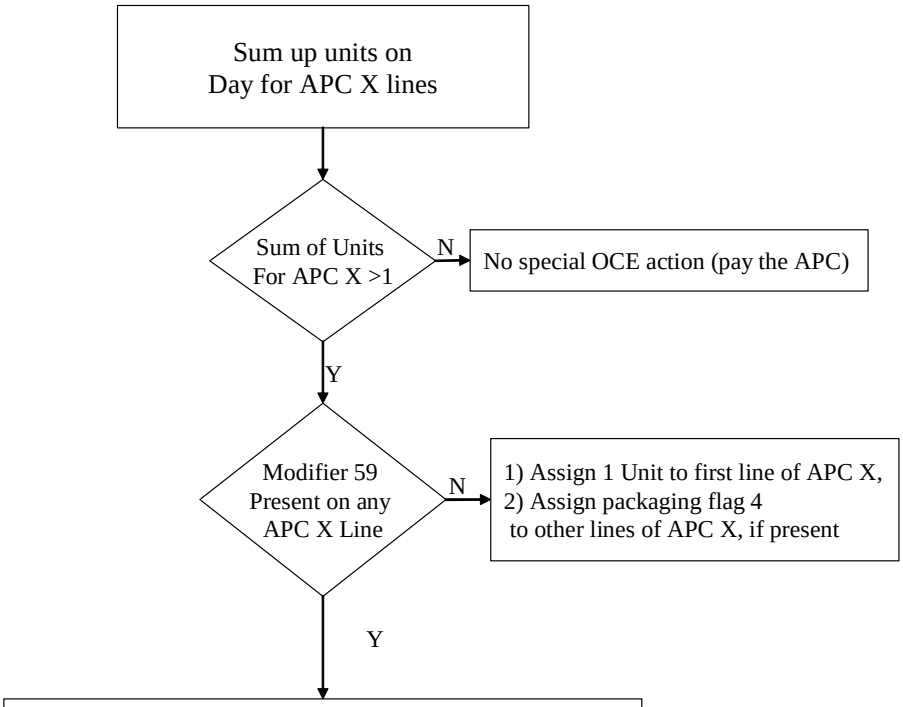
17. The APCs required for the observation criteria to identify E/M or C/C visits are 604 - 616, 617.

# Appendix H
# OCE Observation Criteria (cont'd)



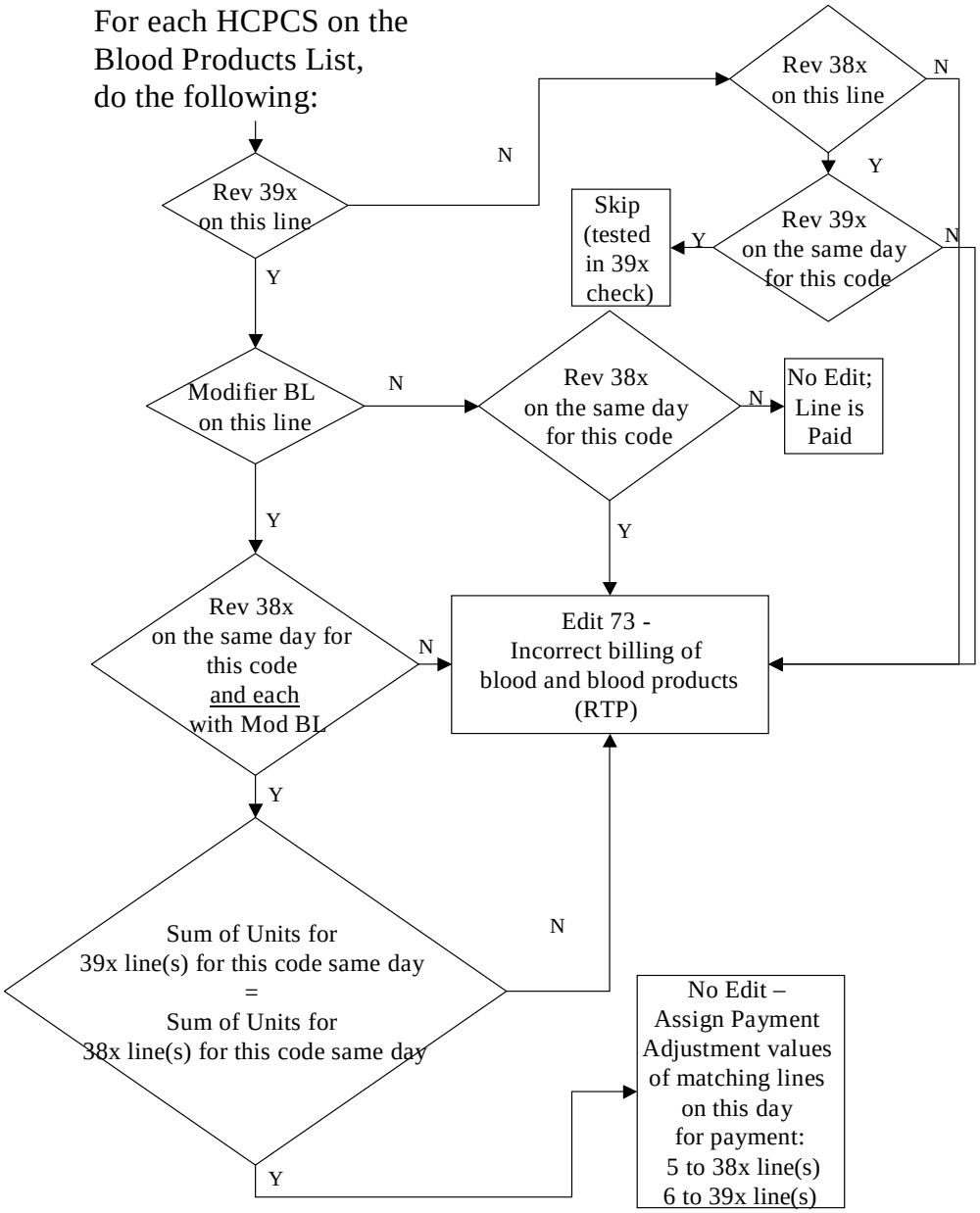
# Appendix I
# Drug Administration (v6.0 – v7.3 only)

For each APC X subjected to Y maximum allowed units
do the following (each day);




| DA APC | Max APC units without modifier 59 | Max APC units with modifier 59 |
|---|---|---|
| 116 | 1 | 2 |
| 117 | 1 | 2 |
| 120 | 1 | 4 |

# Appendix J
# Billing for blood/blood products



# Appendix K
# OCE overview

1. If claim from/through dates span more than one day, subdivide the line items on the claim into separate days based on the calendar day of the line item service date.
2. Assign the default values to each line item in the APC return buffer.
   The default values for the APC return buffer for variables not transferred from input, or not pre-assigned, are as follows:

| | |
|---|---|
| Payment APC | 00000 |
| HCPCS APC | 00000 |
| Status indicator | W |
| Payment indicator | 3 |
| Discounting formula number | 1 |
| Line item denial or rejection flag | 0 |
| Packaging flag | 0 |
| Payment adjustment flag | 0 |
| Payment method flag | Assigned in steps 8, 20 and 21 |

3. If no HCPCS code is on a line item and the revenue code is from one of four specific lists, then assign the following values to the line item in the APC return buffer.

| | N-list | E-list | B-list | F-list |
|---|---|---|---|---|
| HCPCS APC | 00000 | 00000 | 00000 | 00000 |
| Payment APC: | 00000 | 00000 | 00000 | 00000 |
| Status Indicator: | N | E | B | F |
| Payment Indicator | 9 | 3 | 3 | 4 |
| Packaging flag: | 1 | 0 | 0 | 0 |

If there is no HCPCS code on a line, and the revenue center is not on any of the specified lists, assign default values as follows:

| | |
|---|---|
| HCPCS APC | 00000 |
| Payment APC: | 00000 |
| Status Indicator: | **Z** |
| Payment Indicator | 3 |
| Packaging flag: | 0 |

If the HCPCS code is invalid, or the revenue code is invalid and the HCPCS is blank, assign default values as follows:

| | |
|---|---|
| HCPCS APC | 00000 |
| Payment APC: | 00000 |
| Status Indicator: | **W** |
| Payment Indicator | 3 |
| Packaging flag: | 0 |

4. If applicable based on Appendix F, assign HCPCS APC in the APC return buffer for each line item that contains an applicable HCPCS code.
5. If procedure with status indicator “C” and modifier CA is present on a claim and patient status = 20, assign payment APC 375 to “C” procedure line and set the discounting factor to 1. Change SI to “N” and set the packaging flag to 1 for all other line items occurring on the same day as the line item with status indicator “C” and modifier CA. If multiple lines, or one line with multiple units, have SI = C and modifier CA, generate edit 60 for all lines with SI = C and modifier CA.

# Appendix K
# OCE Overview (cont'd)

6. If edit 18 is present on a claim, generate edit 49 for all other line items occurring on the same day as the line item with edit 18, and set the line item denial or rejection flag to 1 for each of them. Go to step 15.

7. If all of the lines on the claim are incidental, and all of the line item action flags are zero, generate edit 27. Go to step 14.
8. If the line item action flag for a line item has a value of 2 or 3 then reset the values of the Payment APC and HCPCS APC to 00000, and set the payment method flag to 4. If the line item action flag for a line item has a value of 4, set the payment method flag to 0. Ignore line items with a line item action flag of 2, 3 or 4 in all subsequent steps.
9. If bill type is 13x and condition code = 41, or type of bill = 76x, apply partial hospitalization logic from Appendix C. Go to step 11.
10. If bill type is 12x, 13x or 14x without condition code 41 apply mental health logic from Appendix C.
11. If bill type is 13x apply observation logic from Appendix H.
    If bill type is not 13x, and observation G codes (G0378, G0379) present, generate edit 53.
12. If code is on the "sometimes therapy" list, reassign the status indicator to A, APC 0 when there is a therapy revenue code or a therapy modifier on the line.
13. If a code from the 'special packaged' list is present without another service subject to APC payment on the same day, change SI and assign specified APC; otherwise, change SI to N.
14. If the payment APC for a line item has not been assigned a value in step 9 thru 13, set payment APC in the APC return buffer for the line item equal to the HCPCS APC for the line item.
15. If edits 9, 13, 19, 20, 21, 28 39, 40, 45, 47, 49, 50, 53, 64, 65, 67, 68, 69, 76 are present in the edit return buffer for a line item, the line item denial or rejection flag for the line item is set to 1.
16. Compute the discounting formula number based on Appendix D for each line item that has a status indicator of "T", a modifier of 52, 73 or 50, or is a non type "T" bilateral procedure, or is a non-type "T" procedure with modifier 52 or 73. Note: If the SI or APC of a code is changed during claims processing, the newly assigned SI or APC is used in computing the discount formula. Line items that meet any of the following conditions are not included in the discounting logic.
    - Line item action flag is 2, 3, or 4
    - Line item rejection disposition or line item denial disposition in the APC return buffer is 1 and the line item action flag is not 1
    - Packaging flag is not 0 or 3
17. If the packaging flag has not been assigned a value of 1 or 2 in previous steps and the status indicator is "N", then set the packaging flag for the line item to 1.
18. If the submitted charges for HCPCS surgical procedures (SI = T, or SI = S in code range 10000-69999) is less than $1.01 for any line with a packaging flag of 0, then reset the packaging flag for that line to 3 when there are other surgical procedures on the claim with charges greater than $1.00.
19. For all bill types where APCs are assigned, apply drug administration APC consolidation logic from appendix I. (v6.0 – v7.3 only)
20. Set the payment adjustment flag for a line item based on the criteria in Appendix G and Appendix J.
21. Set the payment method flag for a line item based on the criteria in Appendix E. If any payment method flag is set to a value that is greater than zero, reset the HCPCS and Payment APC values for that line to '00000'.
22. If the line item denial or rejection flag is 1 or 2 and the payment method flag has been set to 2 in the previous step, reset the payment method flag to 3.

# Appendix L
# Summary of Modifications

The modifications of the OCE/APC for the January 2007 release (V8.0) are summarized in the attached table. *Readers should also read through the specifications and note the highlighted sections, which also indicate change from the prior release of the software.*

Some OCE/APC modifications in the release may also be retroactively applied to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

| | Mod. Type | Effective Date | Edit | |
|---|---|---|---|---|
| 1. | Logic | 1/1/07 | | Add new payment adjustment flag (PAF) 7; assign to procedures subject to offset, when modifier FB is present.<br>Reduce APC payment rate by offset amount before application of discounting logic |
| 2. | Logic | 1/1/07 | 75 | New edit 75 – Incorrect billing of modifier FB (RTP)<br>- If modifier FB is present and SI is not S, T, V or X |
| 3. | Logic | 1/1/07 | | Special packaged codes with SI = Q<br>- Change SI and assign APC if no other code subject to APC payment is present on the same day<br>- Change SI to N if another code that is subject to APC payment is present on the same day<br>- Pay the highest APC if more than one special packaged code qualify for payment on the same day |
| 4. | Logic | 1/1/07 | | Add G0104, G0105, G0106, G0120, G0121 and G0389 to the 'Deductible Not Applicable' list. |
| 5. | Logic | 1/1/07 | | Deactivate special drug administration logic (appendix I)<br>Deactivate packaging flag 4 (Packaged as part of drug administration APC payment) |
| 6. | Logic | 1/1/07 | 71 | Expand edit 71 to trigger if some specified devices are present on a claim without the required procedure (reverse device edit). |
| 7. | Logic | 1/1/07 | 76 | New edit 76 – Trauma response critical care code without revenue code 068x and CPT 99291 (LIR)<br>- If the trauma response critical care code is present without revenue code 068x and CPT code 99291 on the same DOS. |
| 8. | Logic | 1/1/07 | 15 | Assign unit of service = 1 for code G0390 |
| 9. | Logic | 7/1/02 | | Remove bill type 74x from the box in appendix E that assigns only Payment Method Flags 1 & 2 |
| 10 | Logic | 1/1/07 | | Update medical visit APC numbers in appendix H. |
| 11 | Content | | | Make HCPCS/APC/SI changes, as specified by CMS. |
| 12 | Content | | 19,20,<br>39,40 | Implement version **12.3** of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911); and the following Drug Admin code pairs: C8950-C8952, C8953-C8950,C8953-C8952,C8954-C8950, C8954-C8952,C8954-C8953.<br>Change modifier indicator from 0 to 1, effective 4/1/06, for the following code pairs:<br>G0245 97597<br>G0245 97598<br>G0246 97597<br>G0246 97598<br>G0247 97597<br>G0247 97598<br>67221 C8950<br>67221 90760<br>67221 90765 |
| 13 | Content | **1/1/06** | 22 | Correct the effective date of new CPT modifiers (genetic testing category) added to global 'valid modifier' list. |
| 14 | Content | | | Add and delete modifiers as specified by CMS and/or as found on the HCPCS master tape. |
| 15 | Doc | | 71 | Modify description for edit 71: Claim lacks required device or procedure code |
| 16 | Doc | | 10 | Modify description for edit 10: Service submitted for denial (condition code 21) |
| 17 | Doc | | | UB-04 form locators for claim input values added to tables #1 and #2 |
| 18 | Doc | | | Appendix C – Revise text of PH payment APC assignment footnote to clarify that AT, OT and ET are not assigned to HCPCS APCs. |

# Final

## Summary of Data Changes

## OCE/APC v 8.0

## Effective January 1, 2007

# Table of Contents

# DEFINITIONS

- A blank in a field indicates ‘no change’

- The “old” column describes the attribute prior to the change being made in the current update, which is indicated in the “new” column. If the effective date of the change is the same as the effective date of the new update, ‘old’ describes the attribute up to the last day of the previous quarter. If the effective date is retroactive, then ‘old’ describes the attribute for the same date in the previous release of the software.

- “Unassigned”, “Pre-defined” or “Placeholder” in APC or HCPCS descriptions indicates that the APC or HCPCS code is inactive. When the APC or HCPCS code is activated, it becomes valid for use in the OCE, and a new description appears in the “new description” column, with the appropriate effective date.

- Activation Date (ActivDate) indicates the mid-quarter date of FDA approval for a drug, or the mid-quarter date of a new or changed code resulting from a National Coverage Determination (NCD). The Activation Date is the date the code becomes valid for use in the OCE. If the Activation Date is blank, then the effective date takes precedence.

- Termination Date (TermDate) indicates the mid-quarter date when a code or change becomes inactive. A code is not valid for use in the OCE after its termination date.

# APC CHANGES

## Added APCs

The following Apc(s) were added to the OCE/APC, **effective 01-01-07**

| APC | APCDesc | StatusIndicator |
|---|---|---|
| 00031 | Smoking Cessation Services | X |
| 00038 | Spontaneous MEG | S |
| 00062 | Level I Treatment Fracture/Dislocation | T |
| 00063 | Level II Treatment Fracture/Dislocation | T |
| 00064 | Level III Treatment Fracture/Dislocation | T |
| 00065 | Level I Stereotactic Radiosurgery | S |
| 00066 | Level II Stereotactic Radiosurgery | S |
| 00067 | Level III Stereotactic Radiosurgery | S |
| 00126 | Level I Urinary and Anal Procedures | T |
| 00171 | Level V Anal/Rectal Procedures | T |
| 00257 | Level I Therapeutic Radiologic Procedures | S |
| 00293 | Level V Anterior Segment Eye Procedures | T |
| 00298 | Level IV Therapeutic Radiologic Procedures | S |
| 00308 | Non-Myocardial Positron Emission Tomography (PET) imaging | S |
| 00309 | Level II Ultrasound Guidance Procedures | S |
| 00408 | Level II Tumor/Infection Imaging | S |
| 00413 | Level II Radionuclide Therapy | S |
| 00436 | Level I Drug Administration | S |
| 00437 | Level II Drug Administration | S |
| 00438 | Level III Drug Administration | S |
| 00439 | Level IV Drug Administration | S |
| 00440 | Level V Drug Administration | S |
| 00441 | Level VI Drug Administration | S |
| 00442 | Dosimetric Drug Administration | S |
| 00443 | Overnight Pulse Oximetry | X |
| 00604 | Level 1 Hospital Clinic Visits | V |
| 00605 | Level 2 Hospital Clinic Visits | V |
| 00606 | Level 3 Hospital Clinic Visits | V |
| 00607 | Level 4 Hospital Clinic Visits | V |
| 00608 | Level 5 Hospital Clinic Visits | V |
| 00609 | Level 1 Emergency Visits | V |
| 00613 | Level 2 Emergency Visits | V |
| 00614 | Level 3 Emergency Visits | V |
| 00615 | Level 4 Emergency Visits | V |
| 00616 | Level 5 Emergency Visits | V |
| 00617 | Critical Care | S |
| 00618 | Trauma Response with Critical Care | S |
| 00624 | Minor Vascular Access Device Procedures | X |
| 00625 | Level IV Vascular Access Procedures | T |
| 00663 | Level I Electronic Analysis of Neurostimulator Pulse Generators | S |
| 00722 | Tc99m pentetate | H |
| 00723 | Co57/58 | H |

| APC | APCDesc | StatusIndicator |
|---|---|---|
| 00724 | Co57 cyano | H |
| 00739 | Tc99m depreotide | H |
| 00740 | Tc99m gluceptate | H |
| 00741 | Cr51 chromate | H |
| 00742 | Tc99m labeled rbc | H |
| 00743 | Tc99m mertiatide | H |
| 00744 | Plague vaccine, im | K |
| 00746 | Dacarbazine 100 mg inj | K |
| 00747 | Chlorothiazide sodium inj | K |
| 00748 | Bleomycin sulfate injection | K |
| 00751 | Mechlorethamine hcl inj | K |
| 00752 | Dactinomycin actinomycin d | K |
| 00753 | Spectinomycn di-hcl inj | K |
| 00759 | Naltrexone, depot form | K |
| 00760 | Anadulafungin injection | G |
| 00766 | Apomorphine hydrochloride | K |
| 00767 | Enfuvirtide injection | K |
| 00804 | Immune globulin subcutaneous | K |
| 00805 | Mecasermin injection | K |
| 00806 | Hyaluronidase recombinant | G |
| 00808 | Nabilone oral | K |
| 00825 | Nelarabine injection | K |
| 00829 | Technetium TC-99m aerosol | H |
| 00837 | Non-human, non-metab tissue | K |
| 00873 | Hyalgan/supartz inj per dose | K |
| 00874 | Synvisc inj per dose | K |
| 00875 | Euflexxa inj per dose | K |
| 00877 | Orthovisc inj per dose | K |
| 01032 | Aud osseo dev, int/ext comp | H |
| 01821 | Interspinous implant | H |
| 03032 | Dtp/hib vaccine, im | K |
| 03038 | Inj biperiden lactate/5 mg | K |
| 03039 | Inj metaraminol bitartrate | K |
| 03041 | Bivalirudin | K |
| 03042 | Foscarnet sodium injection | K |
| 03043 | Gamma globulin 1 CC inj | K |
| 03045 | Meropenem | K |
| 03048 | Doxorubic hcl 10 MG vl chemo | K |
| 03049 | Cyclophosphamide lyophilized | K |
| 03050 | Sermorelin acetate injection | K |
| 09232 | Injection, idursulfase | G |
| 09233 | Injection, ranibizumab | G |
| 09234 | Inj, alglucosidase alfa | K |
| 09235 | Injection, panitumumab | G |
| 09350 | Porous collagen tube per cm | G |
| 09351 | Acellular derm tissue percm2 | G |

## Deleted APCs

The following Apc(s) were deleted from the OCE/APC, **effective 04-01-06**

| APC | APCDesc |
|---|---|
| 00745 | Zoster vacc, sc |

The following Apc(s) were deleted from the OCE/APC, **effective 01-01-07**

| APC | APCDesc |
|---|---|
| 00046 | Open/Percutaneous Treatment Fracture or Dislocation |
| 00116 | Chemotherapy Administration by Other Technique Except Infusion |
| 00117 | Chemotherapy Administration by Infusion Only |
| 00120 | Infusion Therapy Except Chemotherapy |
| 00306 | Myocardial Positron Emission Tomography (PET) imaging, single study, metabolic evaluation |
| 00352 | Level I Injections |
| 00353 | Level II Injections |
| 00359 | Level III Injections |
| 00600 | Low Level Clinic Visits |
| 00601 | Mid Level Clinic Visits |
| 00602 | High Level Clinic Visits |
| 00610 | Low Level Emergency Visits |
| 00611 | Mid Level Emergency Visits |
| 00612 | High Level Emergency Visits |
| 00620 | Critical Care |
| 00671 | Level II Echocardiogram Except Transesophageal |
| 00819 | Dacarbazine 100 mg inj |
| 00857 | Bleomycin sulfate injection |
| 00893 | Calcitonin salmon injection |
| 01065 | I131 iodide sol, dx |
| 01085 | Gallium nitrate injection |
| 01210 | Inj dihydroergotamine mesylt |
| 01602 | Tc99m apcitide |
| 01611 | Hylan G-F 20 injection |
| 01634 | Td vaccine no prsrv >/= 7 im |
| 01635 | Oxacillin sodium injeciton |
| 01636 | Yellow fever vaccine, sc |
| 01637 | Hyaluronidase injection |
| 01638 | Dimecaprol injection |
| 01639 | Aurothioglucose injeciton |
| 01640 | Injection, methylene blue |
| 01641 | Tc99m depreotide |
| 01649 | Tc99m gluceptate |
| 01652 | Cr51 chromate |
| 01653 | I125 iothalamate, dx |
| 01673 | Tc99m labeled rbc |
| 01674 | Tc99m mertiatide |
| 01679 | Technetium TC-99m aerosol |
| 01681 | Amikacin sulfate injection |
| 01698 | Pentastarch 10% solution |
| 01699 | Sincalide injection |
| 01702 | Ovine, up to 999 USP units |
| 01708 | Oral dexamethasone |
| 01714 | HOCM <=149 mg/ml iodine |
| 01715 | HOCM 200-249mg/ml iodine |
| 01734 | HOCM 250-299mg/ml iodine |

| APC | APCDesc |
|---|---|
| 01735 | HOCM 300-349mg/ml iodine |
| 01736 | HOCM 350-399mg/ml iodine |
| 01737 | HOCM>= 400mg/ml iodine |
| 02730 | Pralidoxime chloride inj |
| 07316 | Sodium hyaluronate injection |
| 07515 | Cyclosporine oral 25 mg |
| 09030 | Amphotericin B |
| 09055 | Injectable human tissue |
| 09136 | Adenovirus vaccine, type 4 |
| 09138 | Hep a/hep b vacc, adult im |
| 09142 | Chicken pox vaccine, sc |
| 09146 | Tc99m disofenin |
| 09149 | I131 max 100uCi |
| 09150 | I125 serum albumin, dx |
| 09166 | Dyphylline injection |
| 09169 | Anthrax vaccine, sc |
| 09170 | Lyme disease vaccine, im |
| 09220 | Sodium hyaluronate |
| 09221 | Graftjacket Reg Matrix |

## APC Description Changes

The following Apc(s) had description changes, **effective 01-01-07**

| APC | Old Description | New Description |
|---|---|---|
| 00035 | Venous Cutdown | Arterial/Venous Puncture |
| 00105 | Revision/Removal of Pacemakers, AICD, or Vascular | Repair/Revision/Removal of Pacemakers, AICDs, or Vascular Devices |
| 00106 | Insertion/Replacement/Repair of Pacemaker and/or Electrodes | Insertion/Replacement of Pacemaker Leads and/or Electrodes |
| 00127 | Stereotactic Radiosurgery | Level IV Stereotactic Radiosurgery |
| 00156 | Level II Urinary and Anal Procedures | Level III Urinary and Anal Procedures |
| 00164 | Level I Urinary and Anal Procedures | Level II Urinary and Anal Procedures |
| 00165 | Level III Urinary and Anal Procedures | Level IV Urinary and Anal Procedures |
| 00209 | Extended EEG Studies and Sleep Studies, Level II | Level II MEG, Extended EEG Studies and Sleep Studies |
| 00213 | Extended EEG Studies and Sleep Studies, Level I | Level I MEG, Extended EEG Studies and Sleep Studies |
| 00265 | Level I Diagnostic Ultrasound | Level I Diagnostic and Screening Ultrasound |
| 00266 | Level II Diagnostic Ultrasound | Level II Diagnostic and Screening Ultrasound |
| 00267 | Level III Diagnostic Ultrasound | Level III Diagnostic and Screening Ultrasound |
| 00268 | Ultrasound Guidance Procedures | Level I Ultrasound Guidance Procedures |
| 00269 | Level III Echocardiogram Except Transesophageal | Level II Echocardiogram Except Transesophageal |
| 00272 | Level I Fluoroscopy | Fluoroscopy |
| 00283 | Computerized Axial Tomography with Contrast Material | Computed Tomography with Contrast |
| 00284 | Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contras | Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contrast |
| 00296 | Level I Therapeutic Radiologic Procedures | Level II Therapeutic Radiologic Procedures |
| 00297 | Level II Therapeutic Radiologic Procedures | Level III Therapeutic Radiologic Procedures |

| APC | Old Description | New Description |
|---|---|---|
| 00307 | Myocardial Positron Emission Tomography (PET) imaging, multiple studies | Myocardial Positron Emission Tomography (PET) imaging |
| 00332 | Computerized Axial Tomography and Computerized Angiography without Contras | Computed Tomography without Contrast |
| 00333 | Computerized Axial Tomography and Computerized Angiography without Contrast followed by Contrast | Computed Tomography without Contrast followed by Contrast) |
| 00336 | Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont | Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast |
| 00337 | MRI and Magnetic Resonance Angiography without Contrast Material followed | Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast followed by Contrast |
| 00406 | Tumor/Infection Imaging | Level I Tumor/Infection Imaging |
| 00407 | Radionuclide Therapy | Level I Radionuclide Therapy |
| 00648 | Breast Reconstruction with Prosthesis | Level IV Breast Surgery |
| 00652 | Insertion of Intraperitoneal Catheters | Insertion of Intraperitoneal and Pleural Catheters |
| 00692 | Electronic Analysis of Neurostimulator Pulse Generators | Level II Electronic Analysis of Neurostimulator Pulse Generators |
| 01064 | Th I131 so iodide cap millic | I131 iodide cap, rx |
| 01178 | BUSULFAN IV, 6 Mg | Busulfan injection |
| 01524 | New Technology - Level XIV ($3000-$3500) | New Technology - Level XXIV ($3000-$3500) |
| 01648 | Tc99m arcitumomab | Technetium tc99m arcitumomab |
| 01688 | Ethanolamine oleate | Ethanolamine oleate 100 mg |
| 01689 | Fomepizole | Fomepizole, 15 mg |
| 01690 | Hemin | Hemin, 1 mg |
| 01704 | Inj Vonwillebrand factor iu | Inj Vonwillebrand factor IU |
| 01712 | Paclitaxel injection | Paclitaxel protein bound |
| 02632 | Brachytx sol, I-125, per mCi | Iodine I-125 sodium iodide |
| 02636 | Brachytx linear source, P-103 | Brachytx linear source,P-103 |
| 09165 | Oral MR contrast | Oral MR contrast, 100 ml |
| 09167 | Valrubicin | Valrubicin, 200 mg |
| 09222 | Graftjacket SftTis | Injectable human tissue |
| 09224 | Injection, galsulfase | Galsulfase injection |
| 09225 | Fluocinolone acetonide | Fluocinolone acetonide implt |
| 09227 | Injection, micafungin sodium | Micafungin sodium injection |
| 09228 | Injection, tigecycline | Tigecycline injection |
| 09229 | Injection ibandronate sodium | Ibandronate sodium injection |
| 09230 | Injection, abatacept | Abatacept injection |
| 09231 | Injection, decitabine | Decitabine injection |

## APC Status Indicator Changes

The following Apc(s) had Status Indicator changes, **effective 01-01-07**

| APC | Old SI | New SI |
|---|---|---|
| 00350 | X | S |
| 00738 | G | K |
| 09124 | G | K |
| 09125 | G | K |
| 09213 | G | K |
| 09214 | G | K |

| APC | Old SI | New SI |
|---|---|---|
| 09215 | G | K |
| 09216 | G | K |
| 09219 | G | K |
| 09222 | G | K |
| 09300 | G | K |

# HCPCS/CPT PROCEDURE CODE CHANGES

## Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the OCE/APC, **effective 01-01-07**

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| 00625 | Anes spine tranthor w/o vent | N | 00000 | | | |
| 00626 | Anes, spine transthor w/vent | N | 00000 | | | |
| 0162T | Anal program gast neurostim | S | 00692 | | | |
| 0163T | Lumb artif diskectomy addl | C | 00000 | | | |
| 0164T | Remove lumb artif disc addl | C | 00000 | | | |
| 0165T | Revise lumb artif disc addl | C | 00000 | | | |
| 0166T | Tcath vsd close w/o bypass | C | 00000 | | | |
| 0167T | Tcath vsd close w bypass | C | 00000 | | | |
| 0168T | Rhinophototx light app bilat | T | 00251 | | | |
| 0169T | Place stereo cath brain | C | 00000 | | | |
| 0170T | Anorectal fistula plug rpr | T | 00150 | | | |
| 0171T | Lumbar spine proces distract | T | 00050 | | | |
| 0172T | Lumbar spine proces addl | T | 00050 | | | |
| 0173T | Iop monit io pressure | N | 00000 | | | |
| 0174T | Cad cxr with interp | N | 00000 | | | |
| 0175T | Cad cxr remote | N | 00000 | | | |
| 0176T | Aqu canal dilat w/o retent | T | 00673 | | | |
| 0177T | Aqu canal dilat w retent | T | 00673 | | | |
| 0505F | Hemodialysis plan doc'd | M | 00000 | 72 | | |
| 0507F | Periton dialysis plan doc'd | M | 00000 | 72 | | |
| 1040F | Dsm-IV info mdd doc'd | M | 00000 | 72 | | |
| 1050F | History of mole changes | M | 00000 | 72 | | |
| 1055F | Visual funct status assess | M | 00000 | 72 | | |
| 15002 | Wnd prep, ch/inf, trk/arm/lg | T | 00025 | | | |
| 15003 | Wnd prep, ch/inf addl 100 cm | T | 00025 | | | |
| 15004 | Wnd prep ch/inf, f/n/hf/g | T | 00025 | | | |
| 15005 | Wnd prep, f/n/hf/g, addl cm | T | 00025 | | | |
| 15731 | Forehead flap w/vasc pedicle | T | 00686 | | | |
| 15830 | Exc skin abd | T | 00022 | | | |
| 15847 | Exc skin abd add-on | T | 00022 | | | |
| 17311 | Mohs, 1 stage, h/n/hf/g | T | 00694 | | | |
| 17312 | Mohs addl stage | T | 00694 | | | |
| 17313 | Mohs, 1 stage, t/a/l | T | 00694 | | | |
| 17314 | Mohs, addl stage, t/a/l | T | 00694 | | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| 17315 | Mohs surg, addl block | T | 00694 | | | |
| 19105 | Cryosurg ablate fa, each | T | 00029 | | | |
| 19300 | Removal of breast tissue | T | 00028 | | | |
| 19301 | Partical mastectomy | T | 00028 | | | |
| 19302 | P-mastectomy w/ln removal | T | 00693 | | | |
| 19303 | Mast, simple, complete | T | 00029 | | | |
| 19304 | Mast, subq | T | 00029 | | | |
| 19305 | Mast, radical | C | 00000 | | | |
| 19306 | Mast, rad, urban type | C | 00000 | | | |
| 19307 | Mast, mod rad | T | 00030 | | | |
| 2019F | Dilated macul exam done | M | 00000 | 72 | | |
| 2020F | Dilated fundus eval done | M | 00000 | 72 | | |
| 2021F | Dilat macul+exam done | M | 00000 | 72 | | |
| 2027F | Optic nerve head eval done | M | 00000 | 72 | | |
| 2029F | Complete phys skin exam done | M | 00000 | 72 | | |
| 2030F | H2O stat doc'd, normal | M | 00000 | 72 | | |
| 2031F | H2O stat doc'd, dehydrated | M | 00000 | 72 | | |
| 22526 | Idet, single level | T | 00050 | | | |
| 22527 | Idet, 1 or more levels | T | 00050 | | | |
| 22857 | Lumbar artif diskectomy | C | 00000 | | | |
| 22862 | Revise lumbar artif disc | C | 00000 | | | |
| 22865 | Remove lumb artif disc | C | 00000 | | | |
| 25109 | Excise tendon forearm/wrist | T | 00049 | | | |
| 25606 | Treat fx distal radial | T | 00062 | | | |
| 25607 | Treat fx rad extra-articul | T | 00064 | | | |
| 25608 | Treat fx rad intra-articul | T | 00064 | | | |
| 25609 | Treat fx radial 3+ frag | T | 00064 | | | |
| 27325 | Neurectomy, hamstring | T | 00220 | | | |
| 27326 | Neurectomy, popliteal | T | 00220 | | | |
| 28055 | Neurectomy, foot | T | 00220 | | | |
| 3044F | HG a1c level < 7.0% | M | 00000 | 72 | | |
| 3045F | HG a1c level 7.0-9.0% | M | 00000 | 72 | | |
| 3073F | Pre-surg eye measures doc'd | M | 00000 | 72 | | |
| 3074F | Syst bp < 130 mm hg | M | 00000 | 72 | | |
| 3075F | Syst bp >=130-139 mm hg | M | 00000 | 72 | | |
| 3082F | Kt/v <1.2 | M | 00000 | 72 | | |
| 3083F | Kt/v >= 1.2 and <1.7 | M | 00000 | 72 | | |
| 3084F | Kt/v >= 1.7 | M | 00000 | 72 | | |
| 3085F | Suicide risk assessed | M | 00000 | 72 | | |
| 3088F | Mdd, mild | M | 00000 | 72 | | |
| 3089F | Mdd, moderate | M | 00000 | 72 | | |
| 3090F | Mdd, severe; w/o psych | M | 00000 | 72 | | |
| 3091F | MDD, severe; w/psych | M | 00000 | 72 | | |
| 3092F | Mdd, in remission | M | 00000 | 72 | | |
| 3093F | Doc new diag 1st/addl. mdd | M | 00000 | 72 | | |
| 3095F | Central dexa results doc'd | M | 00000 | 72 | | |
| 3096F | Central dexa ordered | M | 00000 | 72 | | |
| 32998 | Perq rf ablate tx, pul tumor | T | 00423 | | | |
| 33202 | Insert epicard eltrd, open | C | 00000 | | | |
| 33203 | Insert epicard eltrd, endo | C | 00000 | | | |
| 33254 | Ablate atria, lmtd | C | 00000 | | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| 33255 | Ablate atria w/o bypass, ext | C | 00000 | | | |
| 33256 | Ablate atria w/bypass, exten | C | 00000 | | | |
| 33265 | Ablate atria w/bypass, endo | C | 00000 | | | |
| 33266 | Ablate atria w/o bypass endo | C | 00000 | | | |
| 33675 | Close mult vsd | C | 00000 | | | |
| 33676 | Close mult vsd w/resection | C | 00000 | | | |
| 33677 | Cl mult vsd w/rem pul band | C | 00000 | | | |
| 33724 | Repair venous anomaly | C | 00000 | | | |
| 33726 | Repair pul venous stenosis | C | 00000 | | | |
| 35302 | Rechanneling of artery | C | 00000 | | | |
| 35303 | Rechanneling of artery | C | 00000 | | | |
| 35304 | Rechanneling of artery | C | 00000 | | | |
| 35305 | Rechanneling of artery | C | 00000 | | | |
| 35306 | Rechanneling of artery | C | 00000 | | | |
| 35537 | Artery bypass graft | C | 00000 | | | |
| 35538 | Artery bypass graft | C | 00000 | | | |
| 35539 | Artery bypass graft | C | 00000 | | | |
| 35540 | Artery bypass graft | C | 00000 | | | |
| 35637 | Artery bypass graft | C | 00000 | | | |
| 35638 | Artery bypass graft | C | 00000 | | | |
| 35883 | Revise graft w/nonauto graft | T | 00088 | | | |
| 35884 | Revise graft w/vein | T | 00088 | | | |
| 37210 | Embolization uterine fibroid | T | 00202 | | | |
| 4005F | Pharm thx for op rx'd | M | 00000 | 72 | | |
| 4007F | Antiox vit/min supp rx'd | M | 00000 | 72 | | |
| 4019F | Doc recpt counsl vit d/calc+ | M | 00000 | 72 | | |
| 4051F | Referred for an av fistula | M | 00000 | 72 | | |
| 4052F | Hemodialysis via av fistula | M | 00000 | 72 | | |
| 4053F | Hemodialysis via av graft | M | 00000 | 72 | | |
| 4054F | Hemodialysis via catheter | M | 00000 | 72 | | |
| 4055F | Pt. rcvng periton dialysis | M | 00000 | 72 | | |
| 4056F | Approp. oral rehyd. recomm'd | M | 00000 | 72 | | |
| 4058F | Ped gastro ed given, caregvr | M | 00000 | 72 | | |
| 4060F | Psych svcs provided | M | 00000 | 72 | | |
| 4062F | Pt referral psych doc'd | M | 00000 | 72 | | |
| 4064F | Antidepressant rx | M | 00000 | 72 | | |
| 4065F | Antipsychotic rx | M | 00000 | 72 | | |
| 4066F | Ect provided | M | 00000 | 72 | | |
| 4067F | Pt referral for ect doc'd | M | 00000 | 72 | | |
| 43647 | Lap impl electrode, antrum | T | 00130 | | | |
| 43648 | Lap revise/remv eltrd antrum | T | 00130 | | | |
| 43881 | Impl/redo electrd, antrum | C | 00000 | | | |
| 43882 | Revise/remove electrd antrum | C | 00000 | | | |
| 44157 | Colectomy w/ileoanal anast | C | 00000 | | | |
| 44158 | Colectomy w/neo-rectum pouch | C | 00000 | | | |
| 47719 | Fusion of bile duct cyst | C | 00000 | | | |
| 48105 | Resect/debride pancreas | C | 00000 | | | |
| 48548 | Fuse pancreas and bowel | C | 00000 | | | |
| 49324 | Lap insertion perm ip cath | T | 00130 | | | |
| 49325 | Lap revision perm ip cath | T | 00130 | | | |
| 49326 | Lap w/omentopexy add-on | T | 00130 | | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| 49402 | Remove foreign body, adbomen | T | 00153 | | | |
| 49435 | Insert subq exten to ip cath | T | 00427 | | | |
| 49436 | Embedded ip cath exit-site | T | 00427 | | | |
| 5005F | Pt counsld on exam for moles | M | 00000 | 72 | | |
| 5010F | Macul+fndngs to dr mng dm | M | 00000 | 72 | | |
| 5015F | Doc fx & test/txmnt for op | M | 00000 | 72 | | |
| 54865 | Explore epididymis | T | 00183 | | | |
| 55875 | Transperi needle place, pros | T | 00163 | | | |
| 55876 | Place rt device/marker, pros | T | 00156 | | | |
| 56442 | Hymenotomy | T | 00193 | | | |
| 57296 | Revise vag graft, open abd | C | 00000 | | | |
| 57558 | D&c of cervical stump | T | 00196 | | | |
| 58541 | Lsh, uterus 250 g or less | T | 00131 | | | |
| 58542 | Lsh w/t/o ut 250 g or less | T | 00131 | | | |
| 58543 | Lsh uterus above 250 g | T | 00131 | | | |
| 58544 | Lsh w/t/o uterus above 250 g | T | 00131 | | | |
| 58548 | Lap radical hyst | C | 00000 | | | |
| 58957 | Resect recurrent gyn mal | C | 00000 | | | |
| 58958 | Resect recur gyn mal w/lym | C | 00000 | | | |
| 64910 | Nerve repair w/allograft | T | 00220 | | | |
| 64911 | Neurorraphy w/vein autograft | T | 00220 | | | |
| 67346 | Biopsy, eye muscle | T | 00699 | | | |
| 70554 | Fmri brain by tech | S | 00336 | | | |
| 70555 | Fmri brain by phys/psych | S | 00336 | | | |
| 72291 | Perq vertebroplasty, fluor | S | 00274 | | | |
| 72292 | Perq vertebroplasty, ct | S | 00274 | | | |
| 76776 | Us exam k transpl w/doppler | S | 00266 | | | |
| 76813 | Ob us nuchal meas, 1 gest | S | 00266 | | | |
| 76814 | Ob us nuchal meas, add-on | S | 00265 | | | |
| 76998 | Us guide, intraop | S | 00266 | | | |
| 77001 | Fluoroguide for vein device | N | 00000 | | | |
| 77002 | Needle localization by xray | N | 00000 | | | |
| 77003 | Fluoroguide for spine inject | N | 00000 | | | |
| 77011 | Ct scan for localization | S | 00283 | | | |
| 77012 | Ct scan for needle biopsy | S | 00283 | | | |
| 77013 | Ct guide for tissue ablation | S | 00333 | | | |
| 77014 | Ct scan for therapy guide | S | 00282 | | | |
| 77021 | Mr guidance for needle place | S | 00335 | | | |
| 77022 | Mri for tissue ablation | S | 00335 | | | |
| 77031 | Stereotact guide for brst bx | X | 00264 | | | |
| 77032 | Guidance for needle, breast | X | 00263 | | | |
| 77051 | Computer dx mammogram add-on | A | 00000 | | | |
| 77052 | Comp screen mammogram add-on | A | 00000 | | | |
| 77053 | X-ray of mammary duct | X | 00263 | | | |
| 77054 | X-ray of mammary ducts | X | 00263 | | | |
| 77055 | Mammogram, one breast | A | 00000 | | | |
| 77056 | Mammogram, both breasts | A | 00000 | | | |
| 77057 | Mammogram, screening | A | 00000 | | | |
| 77058 | Mri, one breast | B | 00000 | 62 | | |
| 77059 | Mri, both breasts | B | 00000 | 62 | | |
| 77071 | X-ray stress view | X | 00260 | | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| 77072 | X-rays for bone age | X | 00260 | | | |
| 77073 | X-rays, bone length studies | X | 00260 | | | |
| 77074 | X-rays, bone survey, limited | X | 00261 | | | |
| 77075 | X-rays, bone survey complete | X | 00261 | | | |
| 77076 | X-rays, bone survey, infant | X | 00260 | | | |
| 77077 | Joint survey, single view | X | 00260 | | | |
| 77078 | Ct bone density, axial | S | 00288 | | | |
| 77079 | Ct bone density, peripheral | S | 00282 | | | |
| 77080 | Dxa bone density, axial | S | 00288 | | | |
| 77081 | Dxa bone density/peripheral | S | 00665 | | | |
| 77082 | Dxa bone density, vert fx | X | 00260 | | | |
| 77083 | Radiographic absorptiometry | X | 00261 | | | |
| 77084 | Magnetic image, bone marrow | S | 00335 | | | |
| 77371 | Srs, multisource | S | 00127 | | | |
| 77372 | Srs, linear based | B | 00000 | 62 | | |
| 77373 | Sbrt delivery | B | 00000 | 62 | | |
| 77435 | Sbrt management | N | 00000 | | | |
| 82107 | Alpha-fetoprotein l3 | A | 00000 | | | |
| 83698 | Assay lipoprotein pla2 | A | 00000 | | | |
| 83913 | Molecular, rna stabilization | A | 00000 | | | |
| 86788 | West nile virus ab, igm | A | 00000 | | | |
| 86789 | West nile virus antibody | A | 00000 | | | |
| 87305 | Aspergillus ag, eia | A | 00000 | | | |
| 87498 | Enterovirus, dna, amp probe | A | 00000 | | | |
| 87640 | Staph a, dna, amp probe | A | 00000 | | | |
| 87641 | Mr-staph, dna, amp probe | A | 00000 | | | |
| 87653 | Strep b, dna, amp probe | A | 00000 | | | |
| 87808 | Trichomonas assay w/optic | A | 00000 | | | |
| 91111 | Esophageal capsule endoscopy | T | 00141 | | | |
| 92025 | Corneal topography | S | 00698 | | | |
| 92640 | Aud brainstem implt programg | X | 00365 | | | |
| 94002 | Vent mgmt inpat, init day | S | 00079 | | | |
| 94003 | Vent mgmt inpat, subq day | S | 00079 | | | |
| 94004 | Vent mgmt nf per day | B | 00000 | 62 | | |
| 94005 | Home vent mgmt supervision | B | 00000 | 62 | | |
| 94610 | Surfactant admin thru tube | S | 00077 | | | |
| 94644 | Cbt, 1st hour | S | 00078 | | | |
| 94645 | Cbt, each addl hour | S | 00078 | | | |
| 94774 | Ped home apnea rec, compl | B | 00000 | 62 | | |
| 94775 | Ped home apnea rec, hk-up | X | 00097 | | | |
| 94776 | Ped home apnea rec, downld | X | 00097 | | | |
| 94777 | Ped home apnea rec, report | B | 00000 | 62 | | |
| 95012 | Exhaled nitric oxide meas | X | 00367 | | | |
| 96020 | Functional brain mapping | X | 00373 | | | |
| 96040 | Genetic counseling, 30 min | B | 00000 | 62 | | |
| 96904 | Whole body photography | N | 00000 | | | |
| 99363 | Anticoag mgmt, init | B | 00000 | 62 | | |
| 99364 | Anticoag mgmt, subseq | B | 00000 | 62 | | |
| A4461 | Surgicl dress hold non-reuse | A | 00000 | | | |
| A4463 | Surgical dress holder reuse | A | 00000 | | | |
| A4559 | Coupling gel or paste | Y | 00000 | 61 | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| A4600 | Sleeve, inter limb comp dev | Y | 00000 | 61 | | |
| A4601 | Lith ion batt, non-pros use | Y | 00000 | 61 | | |
| A8000 | Soft protect helmet prefab | Y | 00000 | 61 | | |
| A8001 | Hard protect helmet prefab | Y | 00000 | 61 | | |
| A8002 | Soft protect helmet custom | Y | 00000 | 61 | | |
| A8003 | Hard protect helmet custom | Y | 00000 | 61 | | |
| A8004 | Repl soft interface, helmet | Y | 00000 | 61 | | |
| A9279 | Monitoring feature/deviceNOC | E | 00000 | 28 | | |
| A9527 | Iodine I-125 sodium iodide | H | 02632 | | | |
| A9568 | Technetium tc99m arcitumomab | H | 01648 | | | |
| C1821 | Interspinous implant | H | 01821 | 55 | | |
| C9232 | Injection, idursulfase | G | 09232 | 55 | | |
| C9233 | Injection, ranibizumab | G | 09233 | 55 | | |
| C9234 | Inj, alglucosidase alfa | K | 09234 | 55 | | |
| C9235 | Injection, panitumumab | G | 09235 | 55 | | |
| C9350 | Porous collagen tube per cm | G | 09350 | 55 | | |
| C9351 | Acellular derm tissue percm2 | G | 09351 | 55 | | |
| D0145 | Oral evaluation, pt < 3yrs | E | 00000 | 50 | | |
| D0273 | Bitewings - three films | E | 00000 | 50 | | |
| D0360 | Cone beam ct | E | 00000 | 50 | | |
| D0362 | Cone beam, two dimensional | E | 00000 | 50 | | |
| D0363 | Cone beam, three dimensional | E | 00000 | 50 | | |
| D0486 | Accession of brush biopsy | E | 00000 | 50 | | |
| D1206 | Topical fluoride varnish | E | 00000 | 50 | | |
| D1555 | Remove fix space maintainer | E | 00000 | 50 | | |
| D4230 | Ana crown exp 4 or> per quad | E | 00000 | 50 | | |
| D4231 | Ana crown exp 1-3 per quad | E | 00000 | 50 | | |
| D6012 | Endosteal implant | E | 00000 | 50 | | |
| D6091 | Repl semi/precision attach | E | 00000 | 50 | | |
| D6092 | Recement supp crown | E | 00000 | 50 | | |
| D6093 | Recement supp part denture | E | 00000 | 50 | | |
| D7292 | Screw retained plate | E | 00000 | 50 | | |
| D7293 | Temp anchorage dev w flap | E | 00000 | 50 | | |
| D7294 | Temp anchorage dev w/o flap | E | 00000 | 50 | | |
| D7951 | Sinus aug w bone/bone sup | E | 00000 | 50 | | |
| D7998 | Intraoral place of fix dev | E | 00000 | 50 | | |
| D8693 | Rebond/cement/repair retain | E | 00000 | 50 | | |
| D9120 | Fix partial denture section | E | 00000 | 50 | | |
| D9612 | Thera par drugs 2 or > admin | E | 00000 | 50 | | |
| E0676 | Inter limb compress dev NOS | Y | 00000 | 61 | | |
| E0936 | CPM device, other than knee | E | 00000 | 9 | | |
| E2373 | Hand/chin ctrl spec joystick | Y | 00000 | 61 | | |
| E2374 | Hand/chin ctrl std joystick | Y | 00000 | 61 | | |
| E2375 | Non-expandable controller | Y | 00000 | 61 | | |
| E2376 | Expandable controller, repl | Y | 00000 | 61 | | |
| E2377 | Expandable controller, initl | Y | 00000 | 61 | | |
| E2381 | Pneum drive wheel tire | Y | 00000 | 61 | | |
| E2382 | Tube, pneum wheel drive tire | Y | 00000 | 61 | | |
| E2383 | Insert, pneum wheel drive | Y | 00000 | 61 | | |
| E2384 | Pneumatic caster tire | Y | 00000 | 61 | | |
| E2385 | Tube, pneumatic caster tire | Y | 00000 | 61 | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| E2386 | Foam filled drive wheel tire | Y | 00000 | 61 | | |
| E2387 | Foam filled caster tire | Y | 00000 | 61 | | |
| E2388 | Foam drive wheel tire | Y | 00000 | 61 | | |
| E2389 | Foam caster tire | Y | 00000 | 61 | | |
| E2390 | Solid drive wheel tire | Y | 00000 | 61 | | |
| E2391 | Solid caster tire | Y | 00000 | 61 | | |
| E2392 | Solid caster tire, integrate | Y | 00000 | 61 | | |
| E2393 | Valve, pneumatic tire tube | Y | 00000 | 61 | | |
| E2394 | Drive wheel excludes tire | Y | 00000 | 61 | | |
| E2395 | Caster wheel excludes tire | Y | 00000 | 61 | | |
| E2396 | Caster fork | Y | 00000 | 61 | | |
| G0377 | Administra Part D vaccine | S | 00437 | | | |
| G0380 | Lev 1 hosp type B ED visit | V | 00604 | | | |
| G0381 | Lev 2 hosp type B ED visit | V | 00605 | | | |
| G0382 | Lev 3 hosp type B ED visit | V | 00606 | | | |
| G0383 | Lev 4 hosp type B ED visit | V | 00607 | | | |
| G0384 | Lev 5 hosp type B ED visit | V | 00608 | | | |
| G0389 | Ultrasound exam AAA screen | S | 00266 | | | |
| G0390 | Trauma Respons w/hosp criti | S | 00618 | | | |
| G0392 | AV fistula or graft arterial | T | 00081 | | | |
| G0393 | AV fistula or graft venous | T | 00081 | | | |
| G0394 | Blood occult test,colorectal | A | 00000 | | | |
| G8191 | Antibiotic given prior surg | M | 00000 | 72 | | |
| G8192 | Antib given prior surg incis | M | 00000 | 72 | | |
| G8193 | Antibio not doc prior surg | M | 00000 | 72 | | |
| G8194 | Pt not elig for antibiotic | M | 00000 | 72 | | |
| G8195 | Antibiotic given prior surg | M | 00000 | 72 | | |
| G8196 | Antibio not docum prior surg | M | 00000 | 72 | | |
| G8197 | Antib order prior to surg | M | 00000 | 72 | | |
| G8198 | Cefazolin documented ordered | M | 00000 | 72 | | |
| G8199 | Cefazolin given prophylaxis | M | 00000 | 72 | | |
| G8200 | Cefazolin not docum prophy | M | 00000 | 72 | | |
| G8201 | Pt not eligi for cefazolin | M | 00000 | 72 | | |
| G8202 | Order given to d/c antibio | M | 00000 | 72 | | |
| G8203 | Antib was D/C 24hrs surg tim | M | 00000 | 72 | | |
| G8204 | MD not doc order to d/c anti | M | 00000 | 72 | | |
| G8205 | Pt not eligi for proph antib | M | 00000 | 72 | | |
| G8206 | MD doc prophylactic AB given | M | 00000 | 72 | | |
| G8207 | Clini doc order to D/C antib | M | 00000 | 72 | | |
| G8208 | Clini doc AB was D/C 48 h | M | 00000 | 72 | | |
| G8209 | Clinician did not doc | M | 00000 | 72 | | |
| G8210 | Clini doc pt ineligib anti | M | 00000 | 72 | | |
| G8211 | Clini doc proph AB giv | M | 00000 | 72 | | |
| G8212 | Clini order given for VTE | M | 00000 | 72 | | |
| G8213 | Clini given VTE prop | M | 00000 | 72 | | |
| G8214 | Clini not doc order VTE | M | 00000 | 72 | | |
| G8215 | Clini doc pt inelig VTE | M | 00000 | 72 | | |
| G8216 | Pt received DVT prophylaxis | M | 00000 | 72 | | |
| G8217 | Pt not received DVT proph | M | 00000 | 72 | | |
| G8218 | Pt inelig DVT prophylaxis | M | 00000 | 72 | | |
| G8219 | Received DVT proph day 2 | M | 00000 | 72 | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| G8220 | Pt not rec DVT proph day 2 | M | 00000 | 72 | | |
| G8221 | Pt inelig for DVT proph | M | 00000 | 72 | | |
| G8222 | Pt prescribe platelet at D/C | M | 00000 | 72 | | |
| G8223 | Pt not doc for presc antipla | M | 00000 | 72 | | |
| G8224 | Pt inelig for antiplat proph | M | 00000 | 72 | | |
| G8225 | Pt prescrib anticoag at D/C | M | 00000 | 72 | | |
| G8226 | Pt no prescr anticoa at D/C | M | 00000 | 72 | | |
| G8227 | Pt not doc to have perm/AF | M | 00000 | 72 | | |
| G8228 | Clin pt inelig anticoag D/C | M | 00000 | 72 | | |
| G8229 | Pt doc to have admin t-PA | M | 00000 | 72 | | |
| G8230 | Pt inelig t-PA isch strok>3h | M | 00000 | 72 | | |
| G8231 | Pt not doc for admin t-PA | M | 00000 | 72 | | |
| G8232 | Pt received dysphagia screen | M | 00000 | 72 | | |
| G8234 | Pt not doc dysphagia screen | M | 00000 | 72 | | |
| G8235 | Pt received NPO | M | 00000 | 72 | | |
| G8236 | Pt inelig dysphagia screen | M | 00000 | 72 | | |
| G8237 | Pt doc rec rehab serv | M | 00000 | 72 | | |
| G8238 | Pt not doc to rec rehab serv | M | 00000 | 72 | | |
| G8239 | Inter carotid stenosis <30% | M | 00000 | 72 | | |
| G8240 | Inter carotid stenosis30-99% | M | 00000 | 72 | | |
| G8241 | Pt inelig candidate ito meas | M | 00000 | 72 | | |
| G8242 | Pt doc to have CT/MRI w/les | M | 00000 | 72 | | |
| G8243 | Pt not doc MRI/CT w/o lesion | M | 00000 | 72 | | |
| G8245 | Clini doc prese/abs alarm | M | 00000 | 72 | | |
| G8246 | Pt inelig hx w new/chg mole | M | 00000 | 72 | | |
| G8247 | Pt w/alarm symp upper endo | M | 00000 | 72 | | |
| G8248 | Pt w/one alarm symp not doc | M | 00000 | 72 | | |
| G8249 | Pt inelig for upper endo | M | 00000 | 72 | | |
| G8250 | Pt w/Barretts esoph endo re | M | 00000 | 72 | | |
| G8251 | Pt not doc w/Barretts, endo | M | 00000 | 72 | | |
| G8252 | Pt inelig for esophag biop | M | 00000 | 72 | | |
| G8253 | Pt rec order for barium | M | 00000 | 72 | | |
| G8254 | Pt w/no doc order for barium | M | 00000 | 72 | | |
| G8255 | Clini doc pt inelig bar swal | M | 00000 | 72 | | |
| G8256 | Clini doc rev D/C meds w/med | M | 00000 | 72 | | |
| G8257 | Pt not doc rev meds D/C | M | 00000 | 72 | | |
| G8258 | Pt inelig for d/c meds rev | M | 00000 | 72 | | |
| G8259 | Pt doc to hav decision maker | M | 00000 | 72 | | |
| G8260 | Pt not doc to have dec maker | M | 00000 | 72 | | |
| G8261 | Clin doc pt inelig dec maker | M | 00000 | 72 | | |
| G8262 | Pt doc assess uriny incon | M | 00000 | 72 | | |
| G8263 | Pt not doc assess urinary in | M | 00000 | 72 | | |
| G8264 | Pt inelig assess urinary inc | M | 00000 | 72 | | |
| G8265 | Pt doc rec charc urin incon | M | 00000 | 72 | | |
| G8266 | Pt not doc charc urin incon | M | 00000 | 72 | | |
| G8267 | Pt doc rec plan urinary inco | M | 00000 | 72 | | |
| G8268 | Pt not doc rec care urin inc | M | 00000 | 72 | | |
| G8269 | Clin not prov care urin inco | M | 00000 | 72 | | |
| G8270 | Pt receiv screen for fall | M | 00000 | 72 | | |
| G8271 | Pt no doc screen fall | M | 00000 | 72 | | |
| G8272 | Clin doc pt inelig fall risk | M | 00000 | 72 | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| G8273 | Clin not prov care scre fall | M | 00000 | 72 | | |
| G8274 | Clini not doc pres/abs alarm | M | 00000 | 72 | | |
| G8275 | Pt hx w/ new moles | M | 00000 | 72 | | |
| G8276 | Pt not doc mole change | M | 00000 | 72 | | |
| G8277 | Pt inelig for assess mole | M | 00000 | 72 | | |
| G8278 | Pt doc rec PE skin | M | 00000 | 72 | | |
| G8279 | Pt not doc rec PE | M | 00000 | 72 | | |
| G8280 | Pt inelig PE skin | M | 00000 | 72 | | |
| G8281 | Pt rec counsel for self-exam | M | 00000 | 72 | | |
| G8282 | Pt not doc to rec couns | M | 00000 | 72 | | |
| G8283 | Pt inelig for counsel | M | 00000 | 72 | | |
| G8284 | Pt doc to rec pres osteo | M | 00000 | 72 | | |
| G8285 | Pt did not rec pres osteo | M | 00000 | 72 | | |
| G8286 | Pt inelig to rec pres osteo | M | 00000 | 72 | | |
| G8287 | Clin not prov care for pharm | M | 00000 | 72 | | |
| G8288 | Pt doc rec Ca/Vit D | M | 00000 | 72 | | |
| G8289 | Pt not doc rec Ca/Vit D | M | 00000 | 72 | | |
| G8290 | Clin doc pt inelig Ca/Vit D | M | 00000 | 72 | | |
| G8291 | Clin no pro care pt Ca/Vit D | M | 00000 | 72 | | |
| G8292 | COPD pt w/spir results | M | 00000 | 72 | | |
| G8293 | COPD pt w/o spir results | M | 00000 | 72 | | |
| G8294 | COPD pt inelig spir results | M | 00000 | 72 | | |
| G8295 | COPD pt doc bronch ther | M | 00000 | 72 | | |
| G8296 | COPD pt not doc bronch ther | M | 00000 | 72 | | |
| G8297 | COPD pt inelig bronch therap | M | 00000 | 72 | | |
| G8298 | Pt doc optic nerve eval | M | 00000 | 72 | | |
| G8299 | Pt not doc optic nerv eval | M | 00000 | 72 | | |
| G8300 | Pt inelig for optic nerv eva | M | 00000 | 72 | | |
| G8301 | Clin not prov care POAG | M | 00000 | 72 | | |
| G8302 | Pt doc w/ target IOP | M | 00000 | 72 | | |
| G8303 | Pt not doc w/ IOP | M | 00000 | 72 | | |
| G8304 | Clin doc pt inelig IOP | M | 00000 | 72 | | |
| G8305 | Clin not prov care POAG | M | 00000 | 72 | | |
| G8306 | POAG w/ IOP rec care plan | M | 00000 | 72 | | |
| G8307 | POAG w/ IOP no care plan | M | 00000 | 72 | | |
| G8308 | POAG w/ IOP not doc plan | M | 00000 | 72 | | |
| G8309 | Pt doc rec antioxidant | M | 00000 | 72 | | |
| G8310 | Pt not doc rec antiox | M | 00000 | 72 | | |
| G8311 | Pt inelig for antioxidant | M | 00000 | 72 | | |
| G8312 | Clin no prov care for antiox | M | 00000 | 72 | | |
| G8313 | Pt doc rec macular exam | M | 00000 | 72 | | |
| G8314 | Pt not doc to rec mac exam | M | 00000 | 72 | | |
| G8315 | Clin doc pt inelig mac exam | M | 00000 | 72 | | |
| G8316 | Clin no pro care for mac deg | M | 00000 | 72 | | |
| G8317 | Pt doc to have visual func | M | 00000 | 72 | | |
| G8318 | Pt doc not have visual func | M | 00000 | 72 | | |
| G8319 | Pt inelig for vis func stat | M | 00000 | 72 | | |
| G8320 | Clin not prov care catarac | M | 00000 | 72 | | |
| G8321 | Pt doc to pre axial leng | M | 00000 | 72 | | |
| G8322 | Pt not doc pre axial leng | M | 00000 | 72 | | |
| G8323 | Pt inelig for pre surg axial | M | 00000 | 72 | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| G8324 | Clin not prov care for IOL | M | 00000 | 72 | | |
| G8325 | Pt rec fund exam prior surg | M | 00000 | 72 | | |
| G8326 | Pt not doc rec fundus exam | M | 00000 | 72 | | |
| G8327 | Pt inelig for pre surg fundu | M | 00000 | 72 | | |
| G8328 | Clin not prov care fund eval | M | 00000 | 72 | | |
| G8329 | Pt doc rec dilated macular | M | 00000 | 72 | | |
| G8330 | Pt not doc rec dilated mac | M | 00000 | 72 | | |
| G8331 | Pt inelig dilate fundus | M | 00000 | 72 | | |
| G8332 | Clin prov no care diabetic r | M | 00000 | 72 | | |
| G8333 | Pt doc to have macular exam | M | 00000 | 72 | | |
| G8334 | Doc of macular not giv MD | M | 00000 | 72 | | |
| G8335 | Clin doc pt inelig macular | M | 00000 | 72 | | |
| G8336 | Clin did not pro care diabet | M | 00000 | 72 | | |
| G8337 | Clin doc pt was test osteo | M | 00000 | 72 | | |
| G8338 | Clin not doc pt test osteo | M | 00000 | 72 | | |
| G8339 | Pt inelig for test osteo | M | 00000 | 72 | | |
| G8340 | Pt doc have DEXA | M | 00000 | 72 | | |
| G8341 | Pt not doc for DEXA | M | 00000 | 72 | | |
| G8342 | Clin doc pt inelig DEXA | M | 00000 | 72 | | |
| G8343 | Clin not prov care DEXA | M | 00000 | 72 | | |
| G8344 | Pt doc have DEXA perform | M | 00000 | 72 | | |
| G8345 | Pt not doc have DEXA | M | 00000 | 72 | | |
| G8346 | Clin doc pt inelig DEXA | M | 00000 | 72 | | |
| G8347 | Clin not prov care DEXA | M | 00000 | 72 | | |
| G9131 | Onc dx brst unknown NOS | M | 00000 | 72 | | |
| G9132 | Onc dx prostate mets no cast | M | 00000 | 72 | | |
| G9133 | Onc dx prostate clinical met | M | 00000 | 72 | | |
| G9134 | Onc NHLstg 1-2 no relap no | M | 00000 | 72 | | |
| G9135 | Onc dx NHL stg 3-4 not relap | M | 00000 | 72 | | |
| G9136 | Onc dx NHL trans to lg Bcell | M | 00000 | 72 | | |
| G9137 | Onc dx NHL relapse/refractor | M | 00000 | 72 | | |
| G9138 | Onc dx NHL stg unknown | M | 00000 | 72 | | |
| G9139 | Onc dx CML dx status unknown | M | 00000 | 72 | | |
| J0129 | Abatacept injection | G | 09230 | | | |
| J0348 | Anadulafungin injection | G | 00760 | | | |
| J0364 | Apomorphine hydrochloride | K | 00766 | | | |
| J0594 | Busulfan injection | K | 01178 | | | |
| J0894 | Decitabine injection | G | 09231 | | | |
| J1324 | Enfuvirtide injection | K | 00767 | | | |
| J1458 | Galsulfase injection | K | 09224 | | | |
| J1562 | Immune globulin subcutaneous | K | 00804 | | | |
| J1740 | Ibandronate sodium injection | G | 09229 | | | |
| J2170 | Mecasermin injection | K | 00805 | | | |
| J2248 | Micafungin sodium injection | G | 09227 | | | |
| J2315 | Naltrexone, depot form | K | 00759 | | | |
| J3243 | Tigecycline injection | G | 09228 | | | |
| J3473 | Hyaluronidase recombinant | G | 00806 | | | |
| J7187 | Inj Vonwillebrand factor IU | K | 01704 | | | |
| J7311 | Fluocinolone acetonide implt | G | 09225 | | | |
| J7319 | Sodium Hyaluronate Injection | E | 00000 | 28 | | |
| J7345 | Non-human, non-metab tissue | K | 00837 | | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| J7346 | Injectable human tissue | K | 09222 | | | |
| J7607 | Levalbuterol comp con | B | 00000 | 62 | | |
| J7609 | Albuterol comp unit | B | 00000 | 62 | | |
| J7610 | Albuterol comp con | B | 00000 | 62 | | |
| J7615 | Levalbuterol comp unit | B | 00000 | 62 | | |
| J7634 | Budesonide comp con | B | 00000 | 62 | | |
| J7645 | Ipratropium bromide comp | B | 00000 | 62 | | |
| J7647 | Isoetharine comp con | B | 00000 | 62 | | |
| J7650 | Isoetharine comp unit | B | 00000 | 62 | | |
| J7657 | Isoproterenol comp con | B | 00000 | 62 | | |
| J7660 | Isoproterenol comp unit | B | 00000 | 62 | | |
| J7667 | Metaproterenol comp con | B | 00000 | 62 | | |
| J7670 | Metaproterenol comp unit | B | 00000 | 62 | | |
| J7685 | Tobramycin comp unit | B | 00000 | 62 | | |
| J8650 | Nabilone oral | K | 00808 | | | |
| J9261 | Nelarabine injection | K | 00825 | | | |
| L1001 | CTLSO infant immobilizer | A | 00000 | | | |
| L3806 | WHFO w/joint(s) custom fab | A | 00000 | | | |
| L3808 | WHFO, rigid w/o joints | A | 00000 | | | |
| L3915 | WHO w nontor jnt(s) prefab | A | 00000 | | | |
| L5993 | Heavy duty feature, foot | A | 00000 | | | |
| L5994 | Heavy duty feature, knee | A | 00000 | | | |
| L6611 | Additional switch, ext power | A | 00000 | | | |
| L6624 | Flex/ext/rotation wrist unit | A | 00000 | | | |
| L6639 | Heavy duty elbow feature | A | 00000 | | | |
| L6703 | Term dev, passive hand mitt | A | 00000 | | | |
| L6704 | Term dev, sport/rec/work att | A | 00000 | | | |
| L6706 | Term dev mech hook vol open | A | 00000 | | | |
| L6707 | Term dev mech hook vol close | A | 00000 | | | |
| L6708 | Term dev mech hand vol open | A | 00000 | | | |
| L6709 | Term dev mech hand vol close | A | 00000 | | | |
| L7007 | Adult electric hand | A | 00000 | | | |
| L7008 | Pediatric electric hand | A | 00000 | | | |
| L7009 | Adult electric hook | A | 00000 | | | |
| L8690 | Aud osseo dev, int/ext comp | H | 01032 | | | |
| L8691 | Aud osseo dev ext snd proces | A | 00000 | | | |
| L8695 | External recharg sys extern | A | 00000 | | | |
| Q4081 | Epoetin alfa, 100 units ESRD | A | 00000 | | | |
| Q4082 | Drug/bio NOC part B drug CAP | B | 00000 | 62 | | |
| Q4083 | Hyalgan/supartz inj per dose | K | 00873 | | | |
| Q4084 | Synvisc inj per dose | K | 00874 | | | |
| Q4085 | Euflexxa inj per dose | K | 00875 | | | |
| Q4086 | Orthovisc inj per dose | K | 00877 | | | |
| Q5001 | Hospice in patient home | B | 00000 | 62 | | |
| Q5002 | Hospice in assisted living | B | 00000 | 62 | | |
| Q5003 | Hospice in LT/non-skilled NF | B | 00000 | 62 | | |
| Q5004 | Hospice in SNF | B | 00000 | 62 | | |
| Q5005 | Hospice, inpatient hospital | B | 00000 | 62 | | |
| Q5006 | Hospice in hospice facility | B | 00000 | 62 | | |
| Q5007 | Hospice in LTCH | B | 00000 | 62 | | |
| Q5008 | Hospice in inpatient psych | B | 00000 | 62 | | |

| HCPCS | CodeDesc | SI | APC | Edit | ActivDate | TermDate |
|---|---|---|---|---|---|---|
| Q5009 | Hospice care, NOS | B | 00000 | 62 | | |
| S0180 | Etonogestrel implant system | E | 00000 | 28 | | |
| S2344 | Endosc balloon sinuplasty | E | 00000 | 28 | | |
| S3855 | Gene test presenilin-1 gene | E | 00000 | 28 | | |
| T4543 | Disp bariatric brief/diaper | E | 00000 | 28 | | |

## Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the OCE/APC, **effective 10-01-06 and re-added effective 01-01-07**

| HCPCS | CodeDesc |
|---|---|
| H0049 | Alcohol/drug screening |
| H0050 | Alcohol/drug service 15 min |

The following HCPCS/CPT code(s) were deleted from the OCE/APC, **effective 01-01-07**

| HCPCS | CodeDesc |
|---|---|
| 0003T | Cervicography |
| 0008T | Upper gi endoscopy w/suture |
| 0018T | Transcranial magnetic stimul |
| 0021T | Fetal oximetry, trnsvag/cerv |
| 0044T | Whole body photography |
| 0045T | Whole body photography |
| 0082T | Stereotactic rad delivery |
| 0083T | Stereotactic rad tx mngmt |
| 0091T | Lumbar artific disc |
| 0094T | Lumbar artific diskectomy |
| 0097T | Rev lumbar artific disc |
| 0120T | Fibroadenoma cryoablate, ea |
| 0152T | Computer chest add-on |
| 01995 | Regional anesthesia limb |
| 1001F | Tobacco use, non-smoking |
| 15000 | Wound prep, 1st 100 sq cm |
| 15001 | Wound prep, addl 100 sq cm |
| 15831 | Excise excessive skin tissue |
| 17304 | 1 stage mohs, up to 5 spec |
| 17305 | 2 stage mohs, up to 5 spec |
| 17306 | 3 stage mohs, up to 5 spec |
| 17307 | Mohs addl stage up to 5 spec |
| 17310 | Mohs any stage > 5 spec each |
| 19140 | Removal of breast tissue |
| 19160 | Partial mastectomy |
| 19162 | P-mastectomy w/ln removal |
| 19180 | Removal of breast |
| 19182 | Removal of breast |
| 19200 | Removal of breast |
| 19220 | Removal of breast |
| 19240 | Removal of breast |
| 2003F | Auscultation heart perform |
| 21300 | Treatment of skull fracture |

| HCPCS | CodeDesc |
|---|---|
| 25611 | Treat fracture radius/ulna |
| 25620 | Treat fracture radius/ulna |
| 26504 | Hand tendon reconstruction |
| 27315 | Partial removal, thigh nerve |
| 27320 | Partial removal, thigh nerve |
| 28030 | Removal of foot nerve |
| 3000F | Blood press </= 140/90 mmhg |
| 3002F | Blood pressure > 140/90 mmhg |
| 31700 | Insertion of airway catheter |
| 31708 | Instill airway contrast dye |
| 31710 | Insertion of airway catheter |
| 33200 | Insertion of heart pacemaker |
| 33201 | Insertion of heart pacemaker |
| 33245 | Insert epic eltrd pace-defib |
| 33246 | Insert epic eltrd/generator |
| 33253 | Reconstruct atria |
| 35381 | Rechanneling of artery |
| 35507 | Artery bypass graft |
| 35541 | Artery bypass graft |
| 35546 | Artery bypass graft |
| 35641 | Artery bypass graft |
| 44152 | Removal of colon/ileostomy |
| 44153 | Removal of colon/ileostomy |
| 47716 | Fusion of bile duct cyst |
| 48005 | Resect/debride pancreas |
| 48180 | Fuse pancreas and bowel |
| 49085 | Remove abdomen foreign body |
| 54152 | Circumcision |
| 54820 | Exploration of epididymis |
| 55859 | Percut/needle insert, pros |
| 56720 | Incision of hymen |
| 57820 | D & c of residual cervix |
| 67350 | Biopsy eye muscle |
| 75998 | Fluoroguide for vein device |
| 76003 | Needle localization by x-ray |
| 76005 | Fluoroguide for spine inject |
| 76006 | X-ray stress view |
| 76012 | Percut vertebroplasty fluor |
| 76013 | Percut vertebroplasty, ct |
| 76020 | X-rays for bone age |
| 76040 | X-rays, bone evaluation |
| 76061 | X-rays, bone survey |
| 76062 | X-rays, bone survey |
| 76065 | X-rays, bone evaluation |
| 76066 | Joint survey, single view |
| 76070 | Ct bone density, axial |
| 76071 | Ct bone density, peripheral |
| 76075 | Dxa bone density, axial |
| 76076 | Dxa bone density/peripheral |
| 76077 | Dxa bone density/v-fracture |
| 76078 | Radiographic absorptiometry |

| HCPCS | CodeDesc |
|---|---|
| 76082 | Computer mammogram add-on |
| 76083 | Computer mammogram add-on |
| 76086 | X-ray of mammary duct |
| 76088 | X-ray of mammary ducts |
| 76090 | Mammogram, one breast |
| 76091 | Mammogram, both breasts |
| 76092 | Mammogram, screening |
| 76093 | Magnetic image, breast |
| 76094 | Magnetic image, both breasts |
| 76095 | Stereotactic breast biopsy |
| 76096 | X-ray of needle wire, breast |
| 76355 | Ct scan for localization |
| 76360 | Ct scan for needle biopsy |
| 76362 | Ct guide for tissue ablation |
| 76370 | Ct scan for therapy guide |
| 76393 | Mr guidance for needle place |
| 76394 | Mri for tissue ablation |
| 76400 | Magnetic image, bone marrow |
| 76778 | Us exam kidney transplant |
| 76986 | Ultrasound guide intraoper |
| 78704 | Imaging renogram |
| 78715 | Renal vascular flow exam |
| 78760 | Testicular imaging |
| 91060 | Gastric saline load test |
| 92573 | Lombard test |
| 94656 | Initial ventilator mgmt |
| 94657 | Continued ventilator mgmt |
| 95078 | Provocative testing |
| A0800 | Amb trans 7pm-7am |
| A4348 | Male ext cath extended wear |
| A4359 | Urinary suspensory w/o leg b |
| A4462 | Abdmnl drssng holder/binder |
| A4632 | Infus pump rplcemnt battery |
| A9549 | Tc99m arcitumomab |
| C1178 | BUSULFAN IV, 6 Mg |
| C2632 | Brachytx sol, I-125, per mCi |
| C8950 | IV inf, tx/dx, up to 1 hr |
| C8951 | IV inf, tx/dx, each addl hr |
| C8952 | Tx, prophy, dx IV push |
| C8953 | Chemotx adm, IV push |
| C8954 | Chemotx adm, IV inf up to 1h |
| C8955 | Chemotx adm, IV inf, addl hr |
| C9220 | Sodium hyaluronate |
| C9221 | Graftjacket Reg Matrix |
| C9222 | Graftjacket SftTis |
| C9224 | Injection, galsulfase |
| C9225 | Fluocinolone acetonide |
| C9227 | Injection, micafungin sodium |
| C9228 | Injection, tigecycline |
| C9229 | Injection ibandronate sodium |
| C9230 | Injection, abatacept |

| HCPCS | CodeDesc |
|---|---|
| C9231 | Injection, decitabine |
| D1201 | Topical fluor w prophy child |
| D1205 | Topical fluoride w/ prophy a |
| D6971 | Cast post bridge retainer |
| E0164 | Commode chair mobile fixed a |
| E0166 | Commode chair mobile detach |
| E0180 | Press pad alternating w pump |
| E0701 | Helmet w face guard prefab |
| E0977 | Wheelchair wedge cushion |
| E0997 | Wheelchair caster w/ a fork |
| E0998 | Wheelchair caster w/o a fork |
| E0999 | Wheelchr pneumatic tire w/wh |
| E2320 | Hand chin control |
| G0107 | CA screen; fecal blood test |
| G0243 | Multisour photon stero treat |
| G9076 | Onc dx brst unknown NOS |
| G9081 | Onc dx prostate mets no cast |
| G9082 | Onc dx prostate castrate met |
| G9118 | Onc NHLstg 1-2 no relap no |
| G9119 | Onc dx NHL stg 3-4 not relap |
| G9120 | Onc dx NHL trans to lg Bcell |
| G9121 | Onc dx NHL relapse/refractor |
| G9122 | Onc dx NHL stg unknown |
| G9127 | Onc dx CML dx status unknown |
| J2912 | Sodium chloride injection |
| J7188 | Inj Vonwillebrand factor iu |
| J7317 | Sodium hyaluronate injection |
| J7320 | Hylan G-F 20 injection |
| J7350 | Injectable human tissue |
| K0090 | Rear tire power wheelchair |
| K0091 | Rear tire tube power whlchr |
| K0092 | Rear assem cmplt powr whlchr |
| K0093 | Rear zero pressure tire tube |
| K0094 | Wheel tire for power base |
| K0095 | Wheel tire tube each base |
| K0096 | Wheel assem powr base complt |
| K0097 | Wheel zero presure tire tube |
| K0099 | Pwr wheelchair front caster |
| L0100 | Cranial orthosis/helmet mold |
| L0110 | Cranial orthosis/helmet nonm |
| L3902 | Whfo ext power compress gas |
| L3914 | WHO wrist extension cock-up |
| L6700 | Terminal device model #3 |
| L6705 | Terminal device model #5 |
| L6710 | Terminal device model #5x |
| L6715 | Terminal device model #5xa |
| L6720 | Terminal device model #6 |
| L6725 | Terminal device model #7 |
| L6730 | Terminal device model #7lo |
| L6735 | Terminal device model #8 |
| L6740 | Terminal device model #8x |

| HCPCS | CodeDesc |
|---|---|
| L6745 | Terminal device model #88x |
| L6750 | Terminal device model #10p |
| L6755 | Terminal device model #10x |
| L6765 | Terminal device model #12p |
| L6770 | Terminal device model #99x |
| L6775 | Terminal device model#555 |
| L6780 | Terminal device model #ss555 |
| L6790 | Hooks-accu hook or equal |
| L6795 | Hooks-2 load or equal |
| L6800 | Hooks-aprl vc or equal |
| L6806 | Trs grip vc or equal |
| L6807 | Term device grip1/2 or equal |
| L6808 | Term device infant or child |
| L6809 | Trs super sport passive |
| L6825 | Hands dorrance vo |
| L6830 | Hand aprl vc |
| L6835 | Hand sierra vo |
| L6840 | Hand becker imperial |
| L6845 | Hand becker lock grip |
| L6850 | Term dvc-hand becker plylite |
| L6855 | Hand robin-aids vo |
| L6860 | Hand robin-aids vo soft |
| L6865 | Hand passive hand |
| L6867 | Hand detroit infant hand |
| L6868 | Passive inf hand steeper/hos |
| L6870 | Hand child mitt |
| L6872 | Hand nyu child hand |
| L6873 | Hand mech inf steeper or equ |
| L6875 | Hand bock vc |
| L6880 | Hand bock vo |
| L7010 | Hand otto back steeper/eq sw |
| L7015 | Hand sys teknik village swit |
| L7020 | Electronic greifer switch ct |
| L7025 | Electron hand myoelectronic |
| L7030 | Hand sys teknik vill myoelec |
| L7035 | Electron greifer myoelectro |
| S2262 | Abortion maternal indic>=25w |
| S4036 | Intravag cult case rate |

## HCPCS Description Changes

The following code descriptions were changed, **effective 08-01-00**

| HCPCS | Old Description | New Description |
|---|---|---|
| 59160 | D & C after delivery | D & c after delivery |

The following code descriptions were changed, **effective 01-01-04**

| HCPCS | Old Description | New Description |
|---|---|---|
| E0990 | Whellchair elevating leg res | Wheelchair elevating leg res |

The following code descriptions were changed, **effective 01-01-06**

| HCPCS | Old Description | New Description |
|---|---|---|
| 4009F | Ace inhibitor therapy rx | Ace/arb inhibitor therapy rx |
| G8085 | ESRD pt inelig autogenous Fis | ESRD PT inelig auto AV FISTU |
| G9071 | Onc dx brst stg1-2B HR, no p | Onc dx brst stg1-2B HR,nopro |
| G9072 | Onc dx brst stg1-2 no progre | Onc dx brst stg1-2 noprogres |
| G9073 | Onc dx brst stg3- HR, no pro | Onc dx brst stg3-HR, no pro |
| G9074 | Onc dx brst stg3- no progres | Onc dx brst stg3-noprogress |
| G9088 | Onc dx colon metas no evid d | Onc dx colon metas noevid dx |

The following code descriptions were changed, **effective 04-01-06**

| HCPCS | Old Description | New Description |
|---|---|---|
| 4009F | ACE/ARB inhibitor therapy Rx | Ace/arb inhibitor therapy rx |
| S0346 | HOME ECG MONITRNG TECH 24H | Home ecg monitrng tech 24hr |

The following code descriptions were changed, **effective 10-01-06**

| HCPCS | Old Description | New Description |
|---|---|---|
| K0800 | POV group 1 std up to 300 lbs | POV group 1 std up to 300lbs |
| K0826 | PWC gp2 vhd seat/back | PWC gp 2 vhd seat/back |
| K0827 | PWC gp 2 vhd cap chair | PWC gp vhd cap chair |
| K0899 | Pow mobility dev no sadmerc | Pow mobil dev no SADMERC |

The following code descriptions were changed, **effective 01-01-07**

| HCPCS | Old Description | New Description |
|---|---|---|
| 0046T | Cath lavage, mammary duct(s | Cath lavage, mammary duct(s) |
| 0153T | Implant aneur sensor add-on | Tcath sensor aneurysm sac |
| 0154T | Implant aneur sensor study | Study sensor aneurysm sac |
| 0155T | Lap ins gastr eltrd for mo | Lap impl gast curve electrd |
| 0156T | Lap redo gastr eltrd for mo | Lap remv gast curve electrd |
| 0157T | Opn ins gastr eltrd for mo | Open impl gast curve electrd |
| 0158T | Opn redo gastr eltrd for mo | Open remv gast curve electrd |
| 0159T | Computer breast MRI add-on | Cad breast mri |
| 0160T | Transcran mag stim planning | Tcranial magn stim tx plan |
| 0161T | Transcran mag stim delivery | Tcranial magn stim tx deliv |
| 17000 | Destroy benign/premlg lesion | Destruct premalg lesion |
| 17003 | Destroy lesions, 2-14 | Destruct premalg les, 2-14 |
| 17004 | Destroy lesions, 15 or more | Destroy premlg lesions 15+ |
| 17110 | Destruct lesion, 1-14 | Destruct b9 lesion, 1-14 |
| 19361 | Breast reconstruction | Breast reconstr w/lat flap |
| 3022F | Lvef >= 40% systolic | Lvef =40% systolic |
| 3027F | Spirom fev/fvc >=70% w/o copd | Spirom fev/fvc=70%/ w/o copd |
| 3035F | O2 saturation <=88% /pa0 <=55 | O2 saturation =88% /pa0 =55 |
| 3037F | O2 saturation> 88% /pa0>55 | O2 saturation> 88% /pao>55 |
| 3042F | Fev>= 40% predicted value | Fev=40% predicted value |
| 3046F | Hemoglobin A1c level > 9.0% | Hemoglobin a1c level > 9.0% |
| 3047F | Hemoglobin A1c level <= 9.0% | Hemoglobin A1c level = 9.0% |
| 3050F | LDL-C >= 130 mg/dL | LDL-C = 130 mg/dL |
| 3077F | Syst bp >= 140 mm hg | Syst bp = 140 mm hg |
| 3080F | Diast bp >= 90 mm hg | Diast bp = 90 mm hg |
| 4025F | Inhaled broncholidator rx | Inhaled bronchodilator rx |
| 44211 | Laparo total proctocolectomy | Lap colectomy w/proctectomy |
| 45400 | Laparoscopic proctopexy | Laparoscopic proc |

| HCPCS | Old Description | New Description |
|---|---|---|
| 51999 | Laparoscope proc, bladder | Laparoscope proc, bla |
| 52204 | Cystoscopy | Cystoscopy w/biopsy(s) |
| 54150 | Circumcision | Circumcision w/regionl block |
| 54160 | Circumcision | Circumcision, neonate |
| 54161 | Circumcision | Circum 28 days or older |
| 57295 | Change vaginal graft | Revise vag graft via vagina |
| 64590 | Insrt/redo perph n generator | Insrt/redo pn/gastr stimul |
| 64595 | Revise/remove neuroreceiver | Revise/rmv pn/gastr stimul |
| 76604 | Us exam, chest, b-scan | Us exam, chest |
| 78700 | Kidney imaging, static | Kidney imaging, morphol |
| 78707 | Kidney flow/function image | K flow/funct image w/o drug |
| 78708 | Kidney flow/function image | K flow/funct image w/drug |
| 78709 | Kidney flow/function image | K flow/funct image, multiple |
| 78761 | Testicular imaging/flow | Testicular imaging w/flow |
| 82270 | Occult blood, other sources | Occult blood, feces |
| 82271 | Occult blood, feces, single | Occult blood, other sources |
| 82272 | Blood occult peroxidase | Occult blood, feces, single |
| 88104 | Cytopathology, fluids | Cytopath fl nongyn, smears |
| 88106 | Cytopathology, fluids | Cytopath fl nongyn, filter |
| 88107 | Cytopathology, fluids | Cytopath fl nongyn, sm/fltr |
| 90657 | Flu vaccine, 6-35 mo, im | Flu vaccine, 3 yrs, im |
| 90658 | Flu vaccine age 3 & over, im | Flu vaccine, 3 yrs & >, im |
| 93526 | Rt & Lt heart catheters | Rt & lT heart catheters |
| 93527 | Rt & Lt heart catheters | Rt & lT heart catheters |
| 93528 | Rt & Lt heart catheters | Rt & lT heart catheters |
| 96119 | Neuropsych testing by tech | Neuropsych testing by tec |
| 99251 | Initial inpatient consult | Inpatient consultation |
| 99252 | Initial inpatient consult | Inpatient consultation |
| 99253 | Initial inpatient consult | Inpatient consultation |
| 99254 | Initial inpatient consult | Inpatient consultation |
| 99255 | Initial inpatient consult | Inpatient consultation |
| 99381 | Prev visit, new, infant | Init pm e/m, new pat, inf |
| 99382 | Prev visit, new, age 1-4 | Init pm e/m, new pat 1-4 yrs |
| 99387 | Prev visit, new, 65 & over | Init pm e/m, new pat 65+ yrs |
| 99391 | Prev visit, est, infant | Per pm reeval, est pat, inf |
| 99397 | Prev visit, est, 65 & over | Per pm reeval est pat 65+ yr |
| 99450 | Life/disability evaluation | Basic life disability exam |
| 99455 | Disability examination | Work related disability exam |
| A4306 | Drug delivery system <=5 ML | Drug delivery system <=50 ml |
| A4558 | Conductive paste or gel | Conductive gel or paste |
| E0163 | Commode chair stationry fxd | Commode chair with fixed arm |
| E0165 | Commode chair stationry det | Commode chair with detacharm |
| E0182 | Pressure pad alternating pum | Replace pump, alt press pad |
| E0967 | Wheelchair hand rims | Manual wc hand rim w project |
| G0177 | OPPS/PHP train & educ serv | OPPS/PHP; train & educ serv |
| J0886 | Epoetin alfa, esrd | Epoetin alfa 1000 units ESRD |
| J7611 | Albuterol concentrated form | Albuterol non-comp con |
| J7612 | Levalbuterol concentrated | Levalbuterol non-comp con |
| J7613 | Albuterol unit dose | Albuterol non-comp unit |
| J7614 | Levalbuterol unit dose | Levalbuterol non-comp unit |
| J7620 | Albuterol non-compounded | Albuterol ipratrop non-comp |

| HCPCS | Old Description | New Description |
|---|---|---|
| J7622 | Beclomethasone inhalatn sol | Beclomethasone comp unit |
| J7624 | Betamethasone inhalation sol | Betamethasone comp unit |
| J7626 | Budesonide, non-compounded | Budesonide non-comp unit |
| J7627 | Budesonide, compounded | Budesonide comp unit |
| J7628 | Bitolterol mes inhal sol con | Bitolterol mesylate comp con |
| J7629 | Bitolterol mes inh sol u d | Bitolterol mesylate comp unt |
| J7633 | Budesonide concentrated sol | Budesonide non-comp con |
| J7635 | Atropine inhal sol con | Atropine comp con |
| J7636 | Atropine inhal sol unit dose | Atropine comp unit |
| J7637 | Dexamethasone inhal sol con | Dexamethasone comp con |
| J7638 | Dexamethasone inhal sol u d | Dexamethasone comp unit |
| J7640 | Formoterol injection | Formoterol comp unit |
| J7641 | Flunisolide, inhalation sol | Flunisolide comp unit |
| J7642 | Glycopyrrolate inhal sol con | Glycopyrrolate comp con |
| J7643 | Glycopyrrolate inhal sol u d | Glycopyrrolate comp unit |
| J7644 | Ipratropium brom inh sol u d | Ipratropium bromide non-comp |
| J7648 | Isoetharine hcl inh sol con | Isoetharine non-comp con |
| J7649 | Isoetharine hcl inh sol u d | Isoetharine non-comp unit |
| J7658 | Isoproterenolhcl inh sol con | Isoproterenol non-comp con |
| J7659 | Isoproterenol hcl inh sol ud | Isoproterenol non-comp unit |
| J7668 | Metaproterenol inh sol con | Metaproterenol non-comp con |
| J7669 | Metaproterenol inh sol u d | Metaproterenol non-comp unit |
| J7680 | Terbutaline so4 inh sol con | Terbutaline sulf comp con |
| J7681 | Terbutaline so4 inh sol u d | Terbutaline sulf comp unit |
| J7682 | Tobramycin inhalation sol | Tobramycin non-comp unit |
| J7683 | Triamcinolone inh sol con | Triamcinolone comp con |
| J7684 | Triamcinolone inh sol u d | Triamcinolone comp unit |
| J9264 | Paclitaxel injection | Paclitaxel protein bound |
| L6805 | Modifier wrist flexion unit | Term dev modifier wrist unit |
| L6810 | Pincher tool otto bock or eq | Term dev precision pinch dev |
| L6881 | Autograsp feature ul term dv | Term dev auto grasp feature |
| L7040 | Prehensile actuator hosmer s | Prehensile actuator |
| L7045 | Electron hook child michigan | Pediatric electric hook |
| L8614 | Cochlear device/system | Cochlear device |
| L8689 | External recharging system | External recharg sys intern |
| Q1003 | Ntiol category 3 | NTIOL category 3 |
| S2265 | Abortion 25-28wks fetal indi | Induced abortion 25-28 wks |
| S2266 | Abortion 29-31wks fetal indi | Induced abortion 29-31 wks |
| S2267 | Abortion >=32wks fetal indic | Induced abortion 32 or more |
| T5001 | Special position seat/vehicl | Position seat spec orth need |

## HCPCS Changes- APC, Status Indicator and/or Edit Assignments

The following code(s) had an APC and/or SI and/or edit change, **effective 08-01-00** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| A9900 | Supply/accessory/service | | | | | 14 | 9 |
| A9901 | Delivery/set up/dispensing | | | | | 14 | 9 |
| B4034 | Enter feed supkit syr by day | | | A | Y | N/A | 61 |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| B4035 | Enteral feed supp pump per d | | | A | Y | N/A | 61 |
| B4036 | Enteral feed sup kit grav by | | | A | Y | N/A | 61 |
| B4081 | Enteral ng tubing w/ stylet | | | A | Y | N/A | 61 |
| B4082 | Enteral ng tubing w/o stylet | | | A | Y | N/A | 61 |
| B4083 | Enteral stomach tube levine | | | A | Y | N/A | 61 |
| B4150 | Enteral formulae category i | | | A | Y | N/A | 61 |
| B4152 | Enteral formulae category ii | | | A | Y | N/A | 61 |
| B4153 | Enteral formulae category ii | | | A | Y | N/A | 61 |
| B4154 | Enteral formulae category iv | | | A | Y | N/A | 61 |
| B4155 | Enteral formulae category v | | | A | Y | N/A | 61 |
| B4164 | Parenteral 50% dextrose solu | | | A | Y | N/A | 61 |
| B4168 | Parenteral sol amino acid 3. | | | A | Y | N/A | 61 |
| B4172 | Parenteral sol amino acid 5. | | | A | Y | N/A | 61 |
| B4176 | Parenteral sol amino acid 7- | | | A | Y | N/A | 61 |
| B4178 | Parenteral sol amino acid > | | | A | Y | N/A | 61 |
| B4180 | Parenteral sol carb > 50% | | | A | Y | N/A | 61 |
| B4189 | Parenteral sol amino acid & | | | A | Y | N/A | 61 |
| B4193 | Parenteral sol 52-73 gm prot | | | A | Y | N/A | 61 |
| B4197 | Parenteral sol 74-100 gm pro | | | A | Y | N/A | 61 |
| B4199 | Parenteral sol > 100gm prote | | | A | Y | N/A | 61 |
| B4216 | Parenteral nutrition additiv | | | A | Y | N/A | 61 |
| B4220 | Parenteral supply kit premix | | | A | Y | N/A | 61 |
| B4222 | Parenteral supply kit homemi | | | A | Y | N/A | 61 |
| B4224 | Parenteral administration ki | | | A | Y | N/A | 61 |
| B5000 | Parenteral sol renal-amirosy | | | A | Y | N/A | 61 |
| B5100 | Parenteral sol hepatic-fream | | | A | Y | N/A | 61 |
| B5200 | Parenteral sol stres-brnch c | | | A | Y | N/A | 61 |
| B9000 | Enter infusion pump w/o alrm | | | A | Y | N/A | 61 |
| B9002 | Enteral infusion pump w/ ala | | | A | Y | N/A | 61 |
| B9004 | Parenteral infus pump portab | | | A | Y | N/A | 61 |
| B9006 | Parenteral infus pump statio | | | A | Y | N/A | 61 |
| B9998 | Enteral supp not otherwise c | | | A | Y | N/A | 61 |
| B9999 | Parenteral supp not othrws c | | | A | Y | N/A | 61 |
| J7300 | Intraut copper contraceptive | | | | | 9 | 50 |

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-01** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| A9900 | Supply/accessory/service | | | A | E | N/A | 9 |
| A9901 | Delivery/set up/dispensing | | | A | E | N/A | 9 |

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-02** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| B4086 | Gastrostomy/jejunostomy tube | | | A | Y | N/A | 61 |

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-06** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 0090T | Cervical artific disc | | | C | E | N/A | 9 |

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-06** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 90736 | Zoster vacc, sc | 00745 | 00000 | K | B | N/A | 62 |
| S0345 | HOME ECG MONITRNG GLOBAL 24H | | | | | 28 | 9 |
| S0346 | Home ecg monitrng tech 24hr | | | | | 28 | 9 |
| S0347 | HOME ECG MONITRNG PROF 24HR | | | | | 28 | 9 |

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-06** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| S5523 | HIP midline cath insert kit | | | | | 28 | 9 |

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-06** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| S0147 | Alglucosidase alfa 20 mg | | | | | 28 | 9 |
| S0316 | Follow-up/reassessment | | | | | 28 | 9 |
| S2325 | Hip core decompression | | | | | 28 | 9 |

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-07** **A blank in the field indicates no change.

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 00404 | Anesth, surgery of breast | | | C | N | | |
| 00406 | Anesth, surgery of breast | | | C | N | | |
| 0070T | Interp only heart sound | | | N | B | N/A | 62 |
| 0101T | Extracorp shockwv tx,hi enrg | 01547 | 00050 | | | | |
| 0102T | Extracorp shockwv tx,anesth | 01547 | 00050 | | | | |
| 0133T | Esophageal implant injexn | 01556 | 00422 | | | | |
| 0135T | Perq cryoablate renal tumor | 00163 | 00423 | | | | |
| 0160T | Tcranial magn stim tx plan | 00340 | 00216 | X | S | | |
| 0161T | Tcranial magn stim tx deliv | 00340 | 00216 | X | S | | |
| 11970 | Replace tissue expander | 00027 | 00051 | | | | |
| 13151 | Repair of wound or lesion | 00024 | 00025 | | | | |
| 14021 | Skin tissue rearrangement | 00027 | 00686 | | | | |
| 14041 | Skin tissue rearrangement | 00027 | 00686 | | | | |
| 14060 | Skin tissue rearrangement | 00027 | 00686 | | | | |
| 15170 | Acell graft trunk/arms/legs | 00024 | 00025 | | | | |
| 15171 | Acell graft t/arm/leg add-on | 00024 | 00025 | | | | |
| 15175 | Acellular graft, f/n/hf/g | 00024 | 00025 | | | | |
| 15176 | Acell graft, f/n/hf/g add-on | 00024 | 00025 | | | | |
| 15200 | Skin full graft, trunk | 00027 | 00686 | | | | |
| 15220 | Skin full graft sclp/arm/leg | 00027 | 00686 | | | | |
| 15300 | Apply skinallogrft, t/arm/lg | 00027 | 00025 | | | | |
| 15340 | Apply cult skin substitute | 00024 | 00025 | | | | |
| 15341 | Apply cult skin sub add-on | 00024 | 00025 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 15360 | Apply cult derm sub, t/a/l | 00024 | 00025 | | | | |
| 15361 | Aply cult derm sub t/a/l add | 00024 | 00025 | | | | |
| 15365 | Apply cult derm sub f/n/hf/g | 00024 | 00025 | | | | |
| 15366 | Apply cult derm f/hf/g add | 00024 | 00025 | | | | |
| 15823 | Revision of upper eyelid | 00027 | 00686 | | | | |
| 15860 | Test for blood flow in graft | 00359 | 00340 | | | | |
| 16035 | Incision of burn scab, initi | 00000 | 00016 | C | T | | |
| 17110 | Destruct b9 lesion, 1-14 | 00013 | 00012 | | | | |
| 17340 | Cryotherapy of skin | 00012 | 00016 | | | | |
| 17999 | Skin tissue procedure | 00006 | 00012 | | | | |
| 19001 | Drain breast lesion add-on | 00004 | 00002 | | | | |
| 19296 | Place po breast cath for rad | 01524 | 00648 | S | T | | |
| 19297 | Place breast cath for rad | 01523 | 00648 | S | T | | |
| 20982 | Ablate, bone tumor(s) perq | 01557 | 00051 | | | | |
| 21336 | Treat nasal septal fracture | 00046 | 00063 | | | | |
| 21550 | Biopsy of neck/chest | 00021 | 00020 | | | | |
| 21805 | Treatment of rib fracture | 00046 | 00062 | | | | |
| 22851 | Apply spine prosth device | 00000 | 00049 | C | T | | |
| 22899 | Spine surgery procedure | 00043 | 00049 | | | | |
| 22999 | Abdomen surgery procedure | 00019 | 00049 | | | | |
| 23065 | Biopsy shoulder tissues | 00021 | 00020 | | | | |
| 23410 | Repair rotator cuff, acute | 00052 | 00051 | | | | |
| 23412 | Repair rotator cuff, chronic | 00052 | 00051 | | | | |
| 23420 | Repair of shoulder | 00052 | 00051 | | | | |
| 23430 | Repair biceps tendon | 00052 | 00051 | | | | |
| 23440 | Remove/transplant tendon | 00052 | 00051 | | | | |
| 23462 | Repair shoulder capsule | 00052 | 00051 | | | | |
| 23466 | Repair shoulder capsule | 00052 | 00051 | | | | |
| 23485 | Revision of collar bone | 00051 | 00052 | | | | |
| 23491 | Reinforce shoulder bones | 00051 | 00052 | | | | |
| 23515 | Treat clavicle fracture | 00046 | 00064 | | | | |
| 23530 | Treat clavicle dislocation | 00046 | 00063 | | | | |
| 23532 | Treat clavicle dislocation | 00046 | 00062 | | | | |
| 23550 | Treat clavicle dislocation | 00046 | 00063 | | | | |
| 23552 | Treat clavicle dislocation | 00046 | 00063 | | | | |
| 23585 | Treat scapula fracture | 00046 | 00064 | | | | |
| 23615 | Treat humerus fracture | 00046 | 00064 | | | | |
| 23616 | Treat humerus fracture | 00046 | 00064 | | | | |
| 23630 | Treat humerus fracture | 00046 | 00064 | | | | |
| 23660 | Treat shoulder dislocation | 00046 | 00063 | | | | |
| 23670 | Treat dislocation/fracture | 00046 | 00064 | | | | |
| 23680 | Treat dislocation/fracture | 00046 | 00063 | | | | |
| 23800 | Fusion of shoulder joint | 00051 | 00052 | | | | |
| 24150 | Extensive humerus surgery | 00052 | 00051 | | | | |
| 24152 | Extensive radius surgery | 00052 | 00051 | | | | |
| 24330 | Revision of arm muscles | 00051 | 00052 | | | | |
| 24344 | Reconstruct elbow lat ligmnt | 00051 | 00052 | | | | |
| 24430 | Repair of humerus | 00051 | 00052 | | | | |
| 24435 | Repair humerus with graft | 00051 | 00052 | | | | |
| 24498 | Reinforce humerus | 00051 | 00052 | | | | |
| 24515 | Treat humerus fracture | 00046 | 00064 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 24516 | Treat humerus fracture | 00046 | 00064 | | | | |
| 24538 | Treat humerus fracture | 00046 | 00062 | | | | |
| 24545 | Treat humerus fracture | 00046 | 00064 | | | | |
| 24546 | Treat humerus fracture | 00046 | 00064 | | | | |
| 24566 | Treat humerus fracture | 00046 | 00062 | | | | |
| 24575 | Treat humerus fracture | 00046 | 00064 | | | | |
| 24579 | Treat humerus fracture | 00046 | 00064 | | | | |
| 24582 | Treat humerus fracture | 00046 | 00062 | | | | |
| 24586 | Treat elbow fracture | 00046 | 00064 | | | | |
| 24587 | Treat elbow fracture | 00046 | 00064 | | | | |
| 24615 | Treat elbow dislocation | 00046 | 00064 | | | | |
| 24635 | Treat elbow fracture | 00046 | 00064 | | | | |
| 24665 | Treat radius fracture | 00046 | 00063 | | | | |
| 24666 | Treat radius fracture | 00046 | 00064 | | | | |
| 24685 | Treat ulnar fracture | 00046 | 00063 | | | | |
| 25065 | Biopsy forearm soft tissues | 00021 | 00020 | | | | |
| 25170 | Extensive forearm surgery | 00052 | 00051 | | | | |
| 25316 | Revise palsy hand tendon(s) | 00051 | 00052 | | | | |
| 25350 | Revision of radius | 00051 | 00052 | | | | |
| 25420 | Repair/graft radius & ulna | 00051 | 00052 | | | | |
| 25440 | Repair/graft wrist bone | 00051 | 00052 | | | | |
| 25515 | Treat fracture of radius | 00046 | 00063 | | | | |
| 25525 | Treat fracture of radius | 00046 | 00063 | | | | |
| 25526 | Treat fracture of radius | 00046 | 00063 | | | | |
| 25545 | Treat fracture of ulna | 00046 | 00063 | | | | |
| 25574 | Treat fracture radius & ulna | 00046 | 00064 | | | | |
| 25575 | Treat fracture radius/ulna | 00046 | 00064 | | | | |
| 25628 | Treat wrist bone fracture | 00046 | 00063 | | | | |
| 25645 | Treat wrist bone fracture | 00046 | 00063 | | | | |
| 25651 | Pin ulnar styloid fracture | 00046 | 00062 | | | | |
| 25652 | Treat fracture ulnar styloid | 00046 | 00063 | | | | |
| 25670 | Treat wrist dislocation | 00046 | 00062 | | | | |
| 25671 | Pin radioulnar dislocation | 00046 | 00062 | | | | |
| 25676 | Treat wrist dislocation | 00046 | 00062 | | | | |
| 25685 | Treat wrist fracture | 00046 | 00062 | | | | |
| 25695 | Treat wrist dislocation | 00046 | 00062 | | | | |
| 25800 | Fusion of wrist joint | 00051 | 00052 | | | | |
| 25810 | Fusion/graft of wrist joint | 00051 | 00052 | | | | |
| 25830 | Fusion, radioulnar jnt/ulna | 00051 | 00052 | | | | |
| 26608 | Treat metacarpal fracture | 00046 | 00062 | | | | |
| 26615 | Treat metacarpal fracture | 00046 | 00063 | | | | |
| 26650 | Treat thumb fracture | 00046 | 00062 | | | | |
| 26665 | Treat thumb fracture | 00046 | 00063 | | | | |
| 26676 | Pin hand dislocation | 00046 | 00062 | | | | |
| 26685 | Treat hand dislocation | 00046 | 00063 | | | | |
| 26686 | Treat hand dislocation | 00046 | 00064 | | | | |
| 26715 | Treat knuckle dislocation | 00046 | 00063 | | | | |
| 26727 | Treat finger fracture, each | 00046 | 00062 | | | | |
| 26735 | Treat finger fracture, each | 00046 | 00063 | | | | |
| 26746 | Treat finger fracture, each | 00046 | 00063 | | | | |
| 26756 | Pin finger fracture, each | 00046 | 00062 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 26765 | Treat finger fracture, each | 00046 | 00063 | | | | |
| 26776 | Pin finger dislocation | 00046 | 00062 | | | | |
| 26785 | Treat finger dislocation | 00046 | 00062 | | | | |
| 27035 | Denervation of hip joint | 00052 | 00051 | | | | |
| 27202 | Treat tail bone fracture | 00046 | 00063 | | | | |
| 27323 | Biopsy, thigh soft tissues | 00021 | 00020 | | | | |
| 27407 | Repair of knee ligament | 00051 | 00052 | | | | |
| 27427 | Reconstruction, knee | 00052 | 00051 | | | | |
| 27509 | Treatment of thigh fracture | 00046 | 00062 | | | | |
| 27524 | Treat kneecap fracture | 00046 | 00063 | | | | |
| 27566 | Treat kneecap dislocation | 00046 | 00063 | | | | |
| 27615 | Remove tumor, lower leg | 00046 | 00050 | | | | |
| 27652 | Repair/graft achilles tendon | 00051 | 00052 | | | | |
| 27745 | Reinforce tibia | 00051 | 00052 | | | | |
| 27756 | Treatment of tibia fracture | 00046 | 00062 | | | | |
| 27758 | Treatment of tibia fracture | 00046 | 00063 | | | | |
| 27759 | Treatment of tibia fracture | 00046 | 00064 | | | | |
| 27766 | Treatment of ankle fracture | 00046 | 00063 | | | | |
| 27784 | Treatment of fibula fracture | 00046 | 00063 | | | | |
| 27792 | Treatment of ankle fracture | 00046 | 00063 | | | | |
| 27814 | Treatment of ankle fracture | 00046 | 00063 | | | | |
| 27822 | Treatment of ankle fracture | 00046 | 00063 | | | | |
| 27823 | Treatment of ankle fracture | 00046 | 00064 | | | | |
| 27826 | Treat lower leg fracture | 00046 | 00063 | | | | |
| 27827 | Treat lower leg fracture | 00046 | 00064 | | | | |
| 27828 | Treat lower leg fracture | 00046 | 00064 | | | | |
| 27829 | Treat lower leg joint | 00046 | 00063 | | | | |
| 27832 | Treat lower leg dislocation | 00046 | 00063 | | | | |
| 27846 | Treat ankle dislocation | 00046 | 00063 | | | | |
| 27848 | Treat ankle dislocation | 00046 | 00063 | | | | |
| 27870 | Fusion of ankle joint, open | 00051 | 00052 | | | | |
| 27871 | Fusion of tibiofibular joint | 00051 | 00052 | | | | |
| 28043 | Excision of foot lesion | 00021 | 00022 | | | | |
| 28406 | Treatment of heel fracture | 00046 | 00062 | | | | |
| 28415 | Treat heel fracture | 00046 | 00063 | | | | |
| 28420 | Treat/graft heel fracture | 00046 | 00063 | | | | |
| 28436 | Treatment of ankle fracture | 00046 | 00062 | | | | |
| 28445 | Treat ankle fracture | 00046 | 00063 | | | | |
| 28456 | Treat midfoot fracture | 00046 | 00062 | | | | |
| 28465 | Treat midfoot fracture, each | 00046 | 00063 | | | | |
| 28476 | Treat metatarsal fracture | 00046 | 00062 | | | | |
| 28485 | Treat metatarsal fracture | 00046 | 00063 | | | | |
| 28496 | Treat big toe fracture | 00046 | 00062 | | | | |
| 28505 | Treat big toe fracture | 00046 | 00063 | | | | |
| 28525 | Treat toe fracture | 00046 | 00063 | | | | |
| 28531 | Treat sesamoid bone fracture | 00046 | 00063 | | | | |
| 28545 | Treat foot dislocation | 00045 | 00062 | | | | |
| 28546 | Treat foot dislocation | 00046 | 00062 | | | | |
| 28555 | Repair foot dislocation | 00046 | 00063 | | | | |
| 28576 | Treat foot dislocation | 00046 | 00062 | | | | |
| 28585 | Repair foot dislocation | 00046 | 00063 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 28606 | Treat foot dislocation | 00046 | 00062 | | | | |
| 28615 | Repair foot dislocation | 00046 | 00063 | | | | |
| 28636 | Treat toe dislocation | 00046 | 00062 | | | | |
| 28645 | Repair toe dislocation | 00046 | 00063 | | | | |
| 28666 | Treat toe dislocation | 00046 | 00062 | | | | |
| 28675 | Repair of toe dislocation | 00046 | 00063 | | | | |
| 28890 | High energy eswt, plantar f | 01547 | 00050 | | | | |
| 30915 | Ligation, nasal sinus artery | 00091 | 00092 | | | | |
| 31237 | Nasal/sinus endoscopy, surg | 00075 | 00074 | | | | |
| 32019 | Insert pleural catheter | 00427 | 00652 | | | | |
| 33218 | Repair lead pace-defib, one | 00106 | 00105 | | | | |
| 33220 | Repair lead pace-defib, dual | 00106 | 00105 | | | | |
| 36478 | Endovenous laser, 1st vein | 00091 | 00092 | | | | |
| 36479 | Endovenous laser vein addon | 00091 | 00092 | | | | |
| 36540 | Collect blood venous device | | | N | Q | | |
| 36566 | Insert tunneled cv cath | 01564 | 00625 | | | | |
| 36600 | Withdrawal of arterial blood | | | N | Q | | |
| 37184 | Prim art mech thrombectomy | 00653 | 00088 | | | | |
| 37185 | Prim art m-thrombect add-on | 00103 | 00088 | | | | |
| 37186 | Sec art m-thrombect add-on | 00103 | 00088 | | | | |
| 37187 | Venous mech thrombectomy | 00653 | 00088 | | | | |
| 37188 | Venous m-thrombectomy add-on | 00653 | 00088 | | | | |
| 37500 | Endoscopy ligate perf veins | 00092 | 00091 | | | | |
| 37606 | Ligation of neck artery | 00091 | 00092 | | | | |
| 37615 | Ligation of neck artery | 00091 | 00092 | | | | |
| 37650 | Revision of major vein | 00091 | 00092 | | | | |
| 37718 | Ligate/strip short leg vein | 00092 | 00091 | | | | |
| 37722 | Ligate/strip long leg vein | 00092 | 00091 | | | | |
| 37735 | Removal of leg veins/lesion | 00092 | 00091 | | | | |
| 37760 | Ligation, leg veins, open | 00091 | 00092 | | | | |
| 37765 | Phleb veins - extrem - to 20 | 00091 | 00092 | | | | |
| 37766 | Phleb veins - extrem 20+ | 00091 | 00092 | | | | |
| 37780 | Revision of leg vein | 00091 | 00092 | | | | |
| 37785 | Ligate/divide/excise vein | 00091 | 00092 | | | | |
| 38792 | Identify sentinel node | | | N | Q | | |
| 40800 | Drainage of mouth lesion | 00251 | 00006 | | | | |
| 41800 | Drainage of gum lesion | 00251 | 00006 | | | | |
| 42800 | Biopsy of throat | 00253 | 00252 | | | | |
| 43130 | Removal of esophagus pouch | 00254 | 00256 | | | | |
| 44799 | Unlisted procedure intestine | 00142 | 00153 | | | | |
| 45108 | Removal of anorectal lesion | 00150 | 00149 | | | | |
| 45160 | Excision of rectal lesion | 00150 | 00149 | | | | |
| 45170 | Excision of rectal lesion | 00150 | 00149 | | | | |
| 45190 | Destruction, rectal tumor | 00150 | 00149 | | | | |
| 46020 | Placement of seton | 00150 | 00149 | | | | |
| 46045 | Incision of rectal abscess | 00150 | 00149 | | | | |
| 46060 | Incision of rectal abscess | 00150 | 00149 | | | | |
| 46083 | Incise external hemorrhoid | 00148 | 00164 | | | | |
| 46200 | Removal of anal fissure | 00150 | 00149 | | | | |
| 46211 | Removal of anal crypts | 00150 | 00149 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 46250 | Hemorrhoidectomy | 00150 | 00149 | | | | |
| 46255 | Hemorrhoidectomy | 00150 | 00149 | | | | |
| 46257 | Remove hemorrhoids & fissure | 00150 | 00149 | | | | |
| 46258 | Remove hemorrhoids & fistula | 00150 | 00149 | | | | |
| 46260 | Hemorrhoidectomy | 00150 | 00149 | | | | |
| 46261 | Remove hemorrhoids & fissure | 00150 | 00149 | | | | |
| 46262 | Remove hemorrhoids & fistula | 00150 | 00149 | | | | |
| 46270 | Removal of anal fistula | 00150 | 00149 | | | | |
| 46275 | Removal of anal fistula | 00150 | 00149 | | | | |
| 46280 | Removal of anal fistula | 00150 | 00149 | | | | |
| 46285 | Removal of anal fistula | 00150 | 00149 | | | | |
| 46288 | Repair anal fistula | 00150 | 00149 | | | | |
| 46320 | Removal of hemorrhoid clot | 00148 | 00155 | | | | |
| 46700 | Repair of anal stricture | 00150 | 00149 | | | | |
| 46750 | Repair of anal sphincter | 00150 | 00171 | | | | |
| 46753 | Reconstruction of anus | 00150 | 00149 | | | | |
| 46760 | Repair of anal sphincter | 00150 | 00171 | | | | |
| 46761 | Repair of anal sphincter | 00150 | 00171 | | | | |
| 46762 | Implant artificial sphincter | 00150 | 00171 | | | | |
| 47399 | Liver surgery procedure | 00002 | 00004 | | | | |
| 50391 | Instll rx agnt into rnal tub | 00156 | 00126 | | | | |
| 50686 | Measure ureter pressure | 00164 | 00126 | | | | |
| 51005 | Drainage of bladder | 00164 | 00126 | | | | |
| 51703 | Insert bladder cath, complex | 00164 | 00126 | | | | |
| 51720 | Treatment of bladder lesion | 00156 | 00164 | | | | |
| 51725 | Simple cystometrogram | 00156 | 00164 | | | | |
| 51736 | Urine flow measurement | 00164 | 00126 | | | | |
| 51741 | Electro-uroflowmetry, first | 00164 | 00126 | | | | |
| 51772 | Urethra pressure profile | 00156 | 00164 | | | | |
| 51784 | Anal/urinary muscle study | 00164 | 00126 | | | | |
| 51785 | Anal/urinary muscle study | 00164 | 00126 | | | | |
| 51792 | Urinary reflex study | 00164 | 00126 | | | | |
| 51992 | Laparo sling operation | 00132 | 00131 | | | | |
| 53601 | Dilate urethra stricture | 00164 | 00126 | | | | |
| 53660 | Dilation of urethra | 00164 | 00126 | | | | |
| 53661 | Dilation of urethra | 00164 | 00126 | | | | |
| 53899 | Urology surgery procedure | 00164 | 00126 | | | | |
| 54200 | Treatment of penis lesion | 00156 | 00164 | | | | |
| 54220 | Treatment of penis lesion | 00156 | 00164 | | | | |
| 54240 | Penis study | 00164 | 00126 | | | | |
| 55100 | Drainage of scrotum abscess | 00008 | 00007 | | | | |
| 55899 | Genital surgery procedure | 00164 | 00126 | | | | |
| 56420 | Drainage of gland abscess | 00189 | 00188 | | | | |
| 57267 | Insert mesh/pelvic flr addon | 00154 | 00195 | | | | |
| 57282 | Colpopexy, extraperitoneal | 00000 | 00202 | C | T | | |
| 57283 | Colpopexy, intraperitoneal | 00000 | 00202 | C | T | | |
| 57287 | Revise/remove sling repair | 00202 | 00195 | | | | |
| 57292 | Construct vagina with graft | 00000 | 00195 | C | T | | |
| 57335 | Repair vagina | 00000 | 00195 | C | T | | |
| 57452 | Exam of cervix w/scope | 00189 | 00188 | | | | |
| 57500 | Biopsy of cervix | 00192 | 00189 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 57511 | Cryocautery of cervix | 00189 | 00188 | | | | |
| 58260 | Vaginal hysterectomy | 00000 | 00195 | C | T | | |
| 58262 | Vag hyst including t/o | 00000 | 00195 | C | T | | |
| 58263 | Vag hyst w/t/o & vag repair | 00000 | 00195 | C | T | | |
| 58270 | Vag hyst w/enterocele repair | 00000 | 00195 | C | T | | |
| 58290 | Vag hyst complex | 00000 | 00202 | C | T | | |
| 58291 | Vag hyst incl t/o, complex | 00000 | 00202 | C | T | | |
| 58292 | Vag hyst t/o & repair, compl | 00000 | 00202 | C | T | | |
| 58294 | Vag hyst w/enterocele, compl | 00000 | 00202 | C | T | | |
| 58301 | Remove intrauterine device | 00189 | 00188 | | | | |
| 59020 | Fetal contract stress test | 00192 | 00189 | | | | |
| 60502 | Re-explore parathyroids | 00000 | 00256 | C | T | | |
| 60520 | Removal of thymus gland | 00000 | 00256 | C | T | | |
| 61720 | Incise skull/brain surgery | 00000 | 00221 | C | T | | |
| 62000 | Treat skull fracture | 00000 | 00254 | C | T | | |
| 64804 | Remove sympathetic nerves | 00000 | 00220 | C | T | | |
| 65093 | Revise eye with implant | 00241 | 00242 | | | | |
| 65770 | Revise cornea with implant | 00244 | 00293 | | | | |
| 66172 | Incision of eye | 00673 | 00234 | | | | |
| 67227 | Treatment of retinal lesion | 00236 | 00237 | | | | |
| 68325 | Revise/graft eyelid lining | 00242 | 00241 | | | | |
| 68550 | Remove tear gland lesion | 00242 | 00241 | | | | |
| 68720 | Create tear sac drain | 00242 | 00241 | | | | |
| 68750 | Create tear duct drain | 00242 | 00241 | | | | |
| 68760 | Close tear duct opening | 00698 | 00231 | | | | |
| 68840 | Explore/irrigate tear ducts | 00231 | 00698 | | | | |
| 68899 | Tear duct system surgery | 00230 | 00238 | S | T | | |
| 69222 | Clean out mastoid cavity | 00253 | 00252 | | | | |
| 74235 | Remove esophagus obstruction | 00296 | 00257 | | | | |
| 74260 | X-ray exam of small bowel | 00277 | 00276 | | | | |
| 74360 | X-ray guide, GI dilation | 00296 | 00257 | | | | |
| 75893 | Venous sampling by catheter | | | N | Q | | |
| 75894 | X-rays, transcath therapy | 00297 | 00298 | | | | |
| 75896 | X-rays, transcath therapy | 00297 | 00298 | | | | |
| 75940 | X-ray placement, vein filter | 00297 | 00298 | | | | |
| 75992 | Atherectomy, x-ray exam | 00279 | 00668 | | | | |
| 75993 | Atherectomy, x-ray exam | 00279 | 00668 | | | | |
| 75994 | Atherectomy, x-ray exam | 00279 | 00668 | | | | |
| 75995 | Atherectomy, x-ray exam | 00279 | 00668 | | | | |
| 75996 | Atherectomy, x-ray exam | 00279 | 00668 | | | | |
| 76604 | Us exam, chest | 00266 | 00265 | | | | |
| 76812 | Ob us, detailed, addl fetus | 00266 | 00265 | | | | |
| 76817 | Transvaginal us, obstetric | 00266 | 00265 | | | | |
| 76825 | Echo exam of fetal heart | 00671 | 00697 | | | | |
| 76827 | Echo exam of fetal heart | 00671 | 00697 | | | | |
| 76886 | Us exam infant hips, static | 00266 | 00265 | | | | |
| 76932 | Echo guide for heart biopsy | 00268 | 00309 | | | | |
| 76936 | Echo guide for artery repair | 00268 | 00309 | | | | |
| 76948 | Echo guide, ova aspiration | 00268 | 00309 | | | | |
| 76965 | Echo guidance radiotherapy | 00268 | 00309 | | | | |
| 77421 | Stereoscopic x-ray guidance | 01502 | 00257 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 77799 | Radium/radioisotope therapy | 00313 | 00312 | | | | |
| 78350 | Bone mineral, single photon | 00260 | 00000 | X | E | N/A | 9 |
| 78459 | Heart muscle imaging (PET) | 00306 | 00307 | | | | |
| 78491 | Heart image (pet), single | 00306 | 00307 | | | | |
| 78608 | Brain imaging (PET) | 01513 | 00308 | | | | |
| 78804 | Tumor imaging, whole body | 01508 | 00408 | | | | |
| 78811 | Tumor imaging (pet), limited | 01513 | 00308 | | | | |
| 78812 | Tumor image (pet)/skul-thigh | 01513 | 00308 | | | | |
| 78813 | Tumor image (pet) full body | 01513 | 00308 | | | | |
| 78814 | Tumor image pet/ct, limited | 01514 | 01511 | | | | |
| 78815 | Tumorimage pet/ct skul-thigh | 01514 | 01511 | | | | |
| 78816 | Tumor image pet/ct full body | 01514 | 01511 | | | | |
| 79200 | Nuclear rx, intracav admin | 00407 | 00413 | | | | |
| 79403 | Hematopoietic nuclear tx | 01507 | 00413 | | | | |
| 79440 | Nuclear rx, intra-articular | 00407 | 00413 | | | | |
| 86965 | Pooling blood platelets | 00345 | 00346 | | | | |
| 86975 | RBC pretreatment, serum | 00345 | 00346 | | | | |
| 86977 | RBC pretreatment, serum | 00345 | 00346 | | | | |
| 86978 | RBC pretreatment, serum | 00345 | 00346 | | | | |
| 88125 | Forensic cytopathology | 00342 | 00433 | | | | |
| 88182 | Cell marker study | 00344 | 00343 | | | | |
| 88184 | Flowcytometry/ tc, 1 marker | 00344 | 00433 | | | | |
| 88185 | Flowcytometry/tc, add-on | 00343 | 00433 | | | | |
| 88311 | Decalcify tissue | 00342 | 00433 | | | | |
| 88360 | Tumor immunohistochem/manual | 00344 | 00343 | | | | |
| 90471 | Immunization admin | 00353 | 00437 | X | S | | |
| 90472 | Immunization admin, each add | 00353 | 00436 | X | S | | |
| 90473 | Immune admin oral/nasal | 01491 | 00436 | | | | |
| 90474 | Immune admin oral/nasal addl | 01491 | 00436 | | | | |
| 90476 | Adenovirus vaccine, type 4 | 09136 | 00000 | K | N | | |
| 90581 | Anthrax vaccine, sc | 09169 | 00000 | K | N | | |
| 90636 | Hep a/hep b vacc, adult im | 09138 | 00000 | K | N | | |
| 90649 | H papilloma vacc 3 dose im | | | E | B | 28 | 62 |
| 90665 | Lyme disease vaccine, im | 09170 | 00000 | K | N | | |
| 90693 | Typhoid vaccine, akd, sc | | | N | B | N/A | 62 |
| 90714 | Td vaccine no prsrv >/= 7 im | 01634 | 00000 | K | N | | |
| 90716 | Chicken pox vaccine, sc | 09142 | 00000 | K | B | N/A | 62 |
| 90717 | Yellow fever vaccine, sc | 01636 | 00000 | K | N | | |
| 90720 | Dtp/hib vaccine, im | 00000 | 03032 | N | K | | |
| 90727 | Plague vaccine, im | 00000 | 00744 | N | K | | |
| 90760 | Hydration iv infusion, init | 00000 | 00440 | B | S | 62 | N/A |
| 90761 | Hydrate iv infusion, add-on | 00000 | 00437 | B | S | 62 | N/A |
| 90765 | Ther/proph/diag iv inf, init | 00000 | 00440 | B | S | 62 | N/A |
| 90766 | Ther/proph/dg iv inf, add-on | 00000 | 00437 | B | S | 62 | N/A |
| 90767 | Tx/proph/dg addl seq iv inf | 00000 | 00437 | B | S | 62 | N/A |
| 90768 | Ther/diag concurrent inf | | | B | N | 62 | N/A |
| 90772 | Ther/proph/diag inj, sc/im | 00353 | 00437 | X | S | | |
| 90773 | Ther/proph/diag inj, ia | 00359 | 00438 | X | S | | |
| 90774 | Ther/proph/diag inj, iv push | 00000 | 00438 | B | S | 62 | N/A |
| 90775 | Ther/proph/diag inj add-on | 00000 | 00438 | B | S | 62 | N/A |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 90779 | Ther/prop/diag inj/inf proc | 00352 | 00436 | X | S | | |
| 91035 | G-esoph reflx tst w/electrod | 01506 | 00361 | S | X | | |
| 91120 | Rectal sensation test | 00156 | 00126 | | | | |
| 91122 | Anal pressure record | 00156 | 00164 | | | | |
| 92002 | Eye exam, new patient | 00601 | 00605 | | | | |
| 92004 | Eye exam, new patient | 00602 | 00606 | | | | |
| 92012 | Eye exam established pat | 00600 | 00604 | | | | |
| 92014 | Eye exam & treatment | 00601 | 00605 | | | | |
| 92065 | Orthoptic/pleoptic training | 00698 | 00230 | | | | |
| 92140 | Glaucoma provocative tests | 00698 | 00230 | | | | |
| 92230 | Eye exam with photos | 00699 | 00231 | T | S | | |
| 92260 | Ophthalmoscopy/dynamometry | 00698 | 00230 | | | | |
| 93320 | Doppler echo exam, heart | 00671 | 00697 | | | | |
| 93640 | Evaluation heart device | 00084 | 00000 | S | N | | |
| 93641 | Electrophysiology evaluation | 00084 | 00000 | S | N | | |
| 93799 | Cardiovascular procedure | 00096 | 00097 | S | X | | |
| 93888 | Intracranial study | 00266 | 00265 | | | | |
| 94260 | Thoracic gas volume | 00367 | 00368 | | | | |
| 94350 | Lung nitrogen washout curve | 00367 | 00368 | | | | |
| 94453 | Hast w/oxygen titrate | 00368 | 00367 | | | | |
| 94690 | Exhaled air analysis | 00368 | 00367 | | | | |
| 94750 | Pulmonary compliance study | 00368 | 00367 | | | | |
| 94762 | Measure blood oxygen level | | | N | Q | | |
| 95115 | Immunotherapy, one injection | 00352 | 00436 | X | S | | |
| 95117 | Immunotherapy injections | 00353 | 00437 | X | S | | |
| 95144 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95145 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95146 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95147 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95148 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95149 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95165 | Antigen therapy services | 00353 | 00437 | X | S | | |
| 95170 | Antigen therapy services | 00352 | 00437 | X | S | | |
| 95199 | Allergy immunology services | 00370 | 00381 | | | | |
| 95921 | Autonomic nerv function test | 00218 | 00215 | | | | |
| 95922 | Autonomic nerv function test | 00218 | 00215 | | | | |
| 95923 | Autonomic nerv function test | 00218 | 00215 | | | | |
| 95937 | Neuromuscular junction test | 00218 | 00215 | | | | |
| 95965 | Meg, spontaneous | 01523 | 00038 | | | | |
| 95966 | Meg, evoked, single | 01514 | 00209 | | | | |
| 95967 | Meg, evoked, each add'l | 01510 | 00209 | | | | |
| 95973 | Analyze neurostim, complex | 00692 | 00663 | | | | |
| 95979 | Analyz neurostim brain addon | 00692 | 00663 | | | | |
| 96401 | Chemo, anti-neopl, sq/im | 00116 | 00438 | | | | |
| 96402 | Chemo hormon antineopl sq/im | 00116 | 00438 | | | | |
| 96405 | Chemo intralesional, up to 7 | 00116 | 00438 | | | | |
| 96406 | Chemo intralesional over 7 | 00116 | 00438 | | | | |
| 96409 | Chemo, iv push, sngl drug | 00000 | 00439 | B | S | 62 | N/A |
| 96411 | Chemo, iv push, addl drug | 00000 | 00439 | B | S | 62 | N/A |
| 96413 | Chemo, iv infusion, 1 hr | 00000 | 00441 | B | S | 62 | N/A |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| 96415 | Chemo, iv infusion, addl hr | 00000 | 00438 | B | S | 62 | N/A |
| 96416 | Chemo prolong infuse w/pump | 00117 | 00441 | | | | |
| 96417 | Chemo iv infus each addl seq | 00000 | 00438 | B | S | 62 | N/A |
| 96420 | Chemo, ia, push tecnique | 00116 | 00439 | | | | |
| 96422 | Chemo ia infusion up to 1 hr | 00117 | 00441 | | | | |
| 96423 | Chemo ia infuse each addl hr | 00000 | 00438 | N | S | | |
| 96425 | Chemotherapy,infusion method | 00117 | 00441 | | | | |
| 96440 | Chemotherapy, intracavitary | 00116 | 00441 | | | | |
| 96445 | Chemotherapy, intracavitary | 00116 | 00441 | | | | |
| 96450 | Chemotherapy, into CNS | 00116 | 00441 | | | | |
| 96521 | Refill/maint, portable pump | 00125 | 00440 | T | S | | |
| 96522 | Refill/maint pump/resvr syst | 00125 | 00440 | T | S | | |
| 96523 | Irrig drug delivery device | | | N | Q | | |
| 96542 | Chemotherapy injection | 00116 | 00438 | | | | |
| 96549 | Chemotherapy, unspecified | 00116 | 00436 | | | | |
| 99201 | Office/outpatient visit, new | 00600 | 00604 | | | | |
| 99202 | Office/outpatient visit, new | 00600 | 00605 | | | | |
| 99203 | Office/outpatient visit, new | 00601 | 00606 | | | | |
| 99204 | Office/outpatient visit, new | 00602 | 00607 | | | | |
| 99205 | Office/outpatient visit, new | 00602 | 00608 | | | | |
| 99211 | Office/outpatient visit, est | 00600 | 00604 | | | | |
| 99212 | Office/outpatient visit, est | 00600 | 00605 | | | | |
| 99213 | Office/outpatient visit, est | 00601 | 00605 | | | | |
| 99214 | Office/outpatient visit, est | 00602 | 00606 | | | | |
| 99215 | Office/outpatient visit, est | 00602 | 00607 | | | | |
| 99241 | Office consultation | 00600 | 00604 | | | | |
| 99242 | Office consultation | 00600 | 00605 | | | | |
| 99243 | Office consultation | 00601 | 00605 | | | | |
| 99244 | Office consultation | 00602 | 00606 | | | | |
| 99245 | Office consultation | 00602 | 00607 | | | | |
| 99281 | Emergency dept visit | 00610 | 00609 | | | | |
| 99282 | Emergency dept visit | 00610 | 00613 | | | | |
| 99283 | Emergency dept visit | 00611 | 00614 | | | | |
| 99284 | Emergency dept visit | 00612 | 00615 | | | | |
| 99285 | Emergency dept visit | 00612 | 00616 | | | | |
| 99291 | Critical care, first hour | 00620 | 00617 | | | | |
| 99431 | Initial care, normal newborn | 00600 | 00605 | | | | |
| A4211 | Supp for self-adm injections | | | B | E | 62 | 9 |
| A4305 | Drug delivery system >=50 ML | | | A | N | | |
| A4306 | Drug delivery system <=50 ml | | | A | N | | |
| A4614 | Hand-held PEFR meter | | | A | N | | |
| A5512 | Multi den insert direct form | | | B | Y | 62 | 61 |
| A5513 | Multi den insert custom mold | | | B | Y | 62 | 61 |
| A9504 | Tc99m apcitide | 01602 | 00000 | H | N | | |
| A9510 | Tc99m disofenin | 09146 | 00000 | H | N | | |
| A9529 | I131 iodide sol, dx | 01065 | 00000 | H | N | | |
| A9531 | I131 max 100uCi | 09149 | 00000 | H | N | | |
| A9532 | I125 serum albumin, dx | 09150 | 00000 | H | N | | |
| A9535 | Injection, methylene blue | 01640 | 00000 | K | N | | |
| A9536 | Tc99m depreotide | 01641 | 00739 | | | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| A9539 | Tc99m pentetate | 00000 | 00722 | N | H | | |
| A9546 | Co57/58 | 00000 | 00723 | N | H | | |
| A9550 | Tc99m gluceptate | 01649 | 00740 | | | | |
| A9553 | Cr51 chromate | 01652 | 00741 | | | | |
| A9554 | I125 iothalamate, dx | 01653 | 00000 | H | N | | |
| A9559 | Co57 cyano | 00000 | 00724 | N | H | | |
| A9560 | Tc99m labeled rbc | 01673 | 00742 | | | | |
| A9562 | Tc99m mertiatide | 01674 | 00743 | | | | |
| A9567 | Technetium TC-99m aerosol | 01679 | 00829 | | | | |
| C8957 | Prolonged IV inf, req pump | 00120 | 00441 | | | | |
| C9716 | Radiofrequency energy to anu | 01519 | 00150 | S | T | | |
| E0221 | Infrared heating pad system | | | E | Y | 9 | 61 |
| E1399 | Durable medical equipment mi | | | N | Y | N/A | 61 |
| G0008 | Admin influenza virus vac | | | X | S | | |
| G0009 | Admin pneumococcal vaccine | | | X | S | | |
| G0101 | CA screen;pelvic/breast exam | 00600 | 00604 | | | | |
| G0173 | Linear acc stereo radsur com | 01528 | 00067 | | | | |
| G0175 | OPPS Service,sched team conf | 00602 | 00608 | | | | |
| G0245 | Initial foot exam pt lops | 00600 | 00604 | | | | |
| G0246 | Followup eval of foot pt lop | 00600 | 00605 | | | | |
| G0248 | Demonstrate use home inr mon | 01503 | 00421 | S | X | | |
| G0249 | Provide test material,equipm | 01503 | 00421 | S | X | | |
| G0251 | Linear acc based stero radio | 01513 | 00065 | | | | |
| G0293 | Non-cov surg proc,clin trial | 01505 | 00340 | S | X | | |
| G0294 | Non-cov proc, clinical trial | 01502 | 00340 | S | X | | |
| G0339 | Robot lin-radsurg com, first | 01528 | 00067 | | | | |
| G0340 | Robt lin-radsurg fractx 2-5 | 01525 | 00066 | | | | |
| G0344 | Initial preventive exam | 00601 | 00605 | | | | |
| G0364 | Bone marrow aspirate &biopsy | 00342 | 00002 | X | T | | |
| G0375 | Smoke/tobacco counselng 3-10 | 01491 | 00031 | S | X | | |
| G0376 | Smoke/tobacco counseling >10 | 01491 | 00031 | S | X | | |
| G3001 | Admin + supply, tositumomab | 01522 | 00442 | | | | |
| G9050 | Oncology work-up evaluation | | | M | E | 72 | 28 |
| G9051 | Oncology tx decision-mgmt | | | M | E | 72 | 28 |
| G9052 | Onc surveillance for disease | | | M | E | 72 | 28 |
| G9053 | Onc expectant management pt | | | M | E | 72 | 28 |
| G9054 | Onc supervision palliative | | | M | E | 72 | 28 |
| G9055 | Onc visit unspecified NOS | | | M | E | 72 | 28 |
| G9056 | Onc prac mgmt adheres guide | | | M | E | 72 | 28 |
| G9057 | Onc pract mgmt differs trial | | | M | E | 72 | 28 |
| G9058 | Onc prac mgmt disagree w/gui | | | M | E | 72 | 28 |
| G9059 | Onc prac mgmt pt opt alterna | | | M | E | 72 | 28 |
| G9060 | Onc prac mgmt dif pt comorb | | | M | E | 72 | 28 |
| G9061 | Onc prac cond noadd by guide | | | M | E | 72 | 28 |
| G9062 | Onc prac guide differs nos | | | M | E | 72 | 28 |
| J0128 | Abarelix injection | | | G | K | | |
| J0190 | Inj biperiden lactate/5 mg | 00000 | 03038 | N | K | | |
| J0278 | Amikacin sulfate injection | 01681 | 00000 | K | N | | |
| J0285 | Amphotericin B | 09030 | 00000 | K | N | | |
| J0380 | Inj metaraminol bitartrate | 00000 | 03039 | N | K | | |
| J0470 | Dimecaprol injection | 01638 | 00000 | K | N | | |

| HCPCS | CodeDesc | Old APC | New APC | Old SI | New SI | Old Edit | New Edit |
|---|---|---|---|---|---|---|---|
| J0583 | Bivalirudin | 00000 | 03041 | N | K | | |
| J0630 | Calcitonin salmon injection | 00893 | 00000 | K | N | | |
| J0878 | Daptomycin injection | | | G | K | | |
| J1110 | Inj dihydroergotamine mesylt | 01210 | 00000 | K | N | | |
| J1180 | Dyphylline injection | 09166 | 00000 | K | N | | |
| J1205 | Chlorothiazide sodium inj | 00000 | 00747 | N | K | | |
| J1455 | Foscarnet sodium injection | 00000 | 03042 | N | K | | |
| J1457 | Gallium nitrate injection | 01085 | 00000 | K | N | | |
| J1460 | Gamma globulin 1 CC inj | 00000 | 03043 | N | K | | |
| J2185 | Meropenem | 00000 | 03045 | N | K | | |
| J2357 | Omalizumab injection | | | G | K | | |
| J2513 | Pentastarch 10% solution | 01698 | 00000 | K | N | | |
| J2700 | Oxacillin sodium injeciton | 01635 | 00000 | K | N | | |
| J2730 | Pralidoxime chloride inj | 02730 | 00000 | K | N | | |
| J2783 | Rasburicase | | | G | K | | |
| J2794 | Risperidone, long acting | | | G | K | | |
| J2805 | Sincalide injection | 01699 | 00000 | K | N | | |
| J2910 | Aurothioglucose injeciton | 01639 | 00000 | K | N | | |
| J3320 | Spectinomycn di-hcl inj | 00000 | 00753 | N | K | | |
| J3470 | Hyaluronidase injection | 01637 | 00000 | K | N | | |
| J3471 | Ovine, up to 999 USP units | 01702 | 00000 | K | N | | |
| J7515 | Cyclosporine oral 25 mg | 07515 | 00000 | K | N | | |
| J7518 | Mycophenolic acid | | | G | K | | |
| J8540 | Oral dexamethasone | 01708 | 00000 | K | N | | |
| J9000 | Doxorubic hcl 10 MG vl chemo | 00000 | 03048 | N | K | | |
| J9035 | Bevacizumab injection | | | G | K | | |
| J9040 | Bleomycin sulfate injection | 00857 | 00748 | | | | |
| J9055 | Cetuximab injection | | | G | K | | |
| J9093 | Cyclophosphamide lyophilized | 00000 | 03049 | N | K | | |
| J9120 | Dactinomycin actinomycin d | 00000 | 00752 | N | K | | |
| J9130 | Dacarbazine 100 mg inj | 00819 | 00746 | | | | |
| J9230 | Mechlorethamine hcl inj | 00000 | 00751 | N | K | | |
| J9305 | Pemetrexed injection | | | G | K | | |
| P9612 | Catheterize for urine spec | | | N | A | | |
| Q0515 | Sermorelin acetate injection | 00000 | 03050 | N | K | | |
| Q9958 | HOCM <=149 mg/ml iodine, 1ml | 01714 | 00000 | K | N | | |
| Q9960 | HOCM 200-249mg/ml iodine,1ml | 01715 | 00000 | K | N | | |
| Q9961 | HOCM 250-299mg/ml iodine,1ml | 01734 | 00000 | K | N | | |
| Q9962 | HOCM 300-349mg/ml iodine,1ml | 01735 | 00000 | K | N | | |
| Q9963 | HOCM 350-399mg/ml iodine,1ml | 01736 | 00000 | K | N | | |
| Q9964 | HOCM>= 400mg/ml iodine, 1ml | 01737 | 00000 | K | N | | |

## Hcpcs Edit Changes

The following code(s) were added to the list of male procedures, **effective 01-01-07**

| Hcpcs |
|---|
| 54865 |
| 55875 |
| 55876 |

The following code(s) were added to the list of female procedures, **effective 01-01-07**

| Hcpcs |
|---|
| 37210 |
| 56442 |
| 57296 |
| 57558 |
| 58541 |
| 58542 |
| 58543 |
| 58544 |
| 58548 |
| 58957 |
| 58958 |
| 76813 |
| 76814 |
| S0180 |

## Edit Assignments

The following code(s) were added to Deductible n/a, **effective 01-01-07**

| HCPCS |
|---|
| G0104 |
| G0105 |
| G0106 |
| G0120 |
| G0121 |
| G0389 |

The following code(s) were added to the conditional bilateral list, **effective 01-01-06**

| HCPCS |
|---|
| 63035 |
| 63043 |
| 63044 |
| 64480 |
| 64484 |

The following code(s) were added to the conditional bilateral list, **effective 01-01-07**

| HCPCS |
|---|

| HCPCS |
|---|
| 19105 |
| 19300 |
| 19301 |
| 19302 |
| 19303 |
| 19304 |
| 19305 |
| 19306 |
| 19307 |
| 25109 |
| 25606 |
| 25607 |
| 25608 |
| 25609 |
| 27325 |
| 27326 |
| 35302 |
| 35303 |
| 35304 |
| 35305 |
| 35539 |
| 35540 |
| 35883 |
| 35884 |
| 67346 |
| G0392 |
| G0393 |

The following code(s) were added to the independent bilateral list, **effective 01-01-07**

| HCPCS |
|---|
| 70554 |
| 70555 |
| 77071 |

The following code(s) were added to the inherently bilateral list, **effective 01-01-07**

| HCPCS |
|---|
| 58548 |
| 58957 |
| 58958 |
| 77057 |
| 77059 |
| 92640 |

The following code(s) were added to the lab/pathology list, **effective 01-01-07**

| HCPCS |
|---|
| 82107 |
| 83698 |
| 83913 |

| HCPCS |
|---|
| 86788 |
| 86789 |
| 87305 |
| 87498 |
| 87640 |
| 87641 |
| 87653 |
| 87808 |

## Procedure/ Device Pair Changes

The following procedure/device code pair requirements were added, **effective 01-01-07**

| Proc | Device1 |
|---|---|
| 19296 | C1728 |
| 19297 | C1728 |
| 36566 | C1881 |
| 65770 | C1818 |
| 65770 | L8609 |

## Device/Procedure Pair Changes

The following device/procedure code pair requirements were added, **effective 01-01-07**

| Device1 | Proc |
|---|---|
| C1721 | 33224 |
| C1721 | G0298 |
| C1721 | G0300 |
| C1722 | G0297 |
| C1722 | G0299 |
| C1767 | 61885 |
| C1767 | 61886 |
| C1767 | 63685 |
| C1767 | 64590 |
| C1777 | 33216 |
| C1777 | 33217 |
| C1777 | G0299 |
| C1777 | G0300 |
| C1778 | 63650 |
| C1778 | 63655 |
| C1778 | 64553 |
| C1778 | 64555 |
| C1778 | 64560 |
| C1778 | 64561 |
| C1778 | 64565 |
| C1778 | 64573 |
| C1778 | 64575 |
| C1778 | 64577 |

| Device1 | Proc |
|---|---|
| C1778 | 64580 |
| C1778 | 64581 |
| C1779 | 33206 |
| C1779 | 33207 |
| C1779 | 33208 |
| C1779 | 33210 |
| C1779 | 33211 |
| C1779 | 33214 |
| C1779 | 33216 |
| C1779 | 33217 |
| C1785 | 33206 |
| C1785 | 33207 |
| C1785 | 33208 |
| C1785 | 33213 |
| C1785 | 33214 |
| C1785 | 33224 |
| C1786 | 33206 |
| C1786 | 33207 |
| C1786 | 33212 |
| C1820 | 63685 |
| C1820 | 64590 |
| C1882 | 33224 |
| C1882 | G0297 |
| C1882 | G0298 |
| C1882 | G0299 |
| C1882 | G0300 |
| C1895 | 33216 |
| C1895 | 33217 |
| C1895 | G0299 |
| C1895 | G0300 |
| C1896 | 33216 |
| C1896 | 33217 |
| C1896 | G0299 |
| C1896 | G0300 |
| C1897 | 63650 |
| C1897 | 63655 |
| C1897 | 64553 |
| C1897 | 64555 |
| C1897 | 64560 |
| C1897 | 64561 |
| C1897 | 64565 |
| C1897 | 64573 |
| C1897 | 64575 |
| C1897 | 64577 |
| C1897 | 64580 |
| C1897 | 64581 |
| C1898 | 33206 |
| C1898 | 33207 |
| C1898 | 33208 |
| C1898 | 33210 |
| C1898 | 33211 |

| Device1 | Proc |
|---|---|
| C1898 | 33214 |
| C1898 | 33216 |
| C1898 | 33217 |
| C1899 | 33216 |
| C1899 | 33217 |
| C1899 | G0299 |
| C1899 | G0300 |
| C1900 | 33224 |
| C1900 | 33225 |
| C2619 | 33206 |
| C2619 | 33207 |
| C2619 | 33208 |
| C2619 | 33213 |
| C2619 | 33214 |
| C2619 | 33224 |
| C2620 | 33206 |
| C2620 | 33207 |
| C2620 | 33212 |
| C2620 | 33224 |
| C2621 | 33206 |
| C2621 | 33207 |
| C2621 | 33208 |
| C2621 | 33212 |
| C2621 | 33213 |
| C2621 | 33214 |
| C2621 | 33224 |

# MODIFIERS

## Added Modifiers

The following modifier(s) were added to the list of valid modifiers, **effective 01-01-07**

| modif | ACTIVATIONDATE |
|---|---|
| JA | 0 |
| JB | 0 |
| M2 | 0 |

## Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 01-01-05 and re-added effective 01-01-06**

| modif | ACTIVATIONDATE |
|---|---|
| 0C | 0 |
| 0N | 0 |

| modif | ACTIVATIONDATE |
|---|---|
| 0O | 0 |
| 0P | 0 |
| 0Z | 0 |
| 1A | 0 |
| 1B | 0 |
| 1C | 0 |
| 1D | 0 |
| 1E | 0 |
| 1F | 0 |
| 1G | 0 |
| 1H | 0 |
| 1I | 0 |
| 1J | 0 |
| 2L | 0 |
| 2M | 0 |
| 2N | 0 |
| 2O | 0 |
| 2Q | 0 |
| 2R | 0 |
| 2S | 0 |
| 2T | 0 |
| 2Z | 0 |
| 3K | 0 |
| 4I | 0 |
| 4J | 0 |
| 4K | 0 |
| 4L | 0 |
| 4M | 0 |
| 4N | 0 |
| 4O | 0 |
| 6E | 0 |
| 6F | 0 |
| 7F | 0 |
| 8B | 0 |
| 9B | 0 |
| 9D | 0 |