



Federal Register

**Friday,
March 28, 2003**

Part II

Department of Health and Human Services

**Centers for Medicare and Medicaid
Services**

**42 CFR Part 416
Medicare Program; Update of Ambulatory
Surgical Center List of Covered
Procedures Effective July 1, 2003; Final
Rule**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 416

[CMS-1885-FC]

RIN 0938-AM02

Medicare Program; Update of Ambulatory Surgical Center List of Covered Procedures Effective July 1, 2003

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule with comment period.

SUMMARY: This final rule with comment period will make additions to and deletions from the current list of Medicare approved ambulatory surgical center (ASCs) procedures. In addition, it responds to comments received on the June 12, 1998 proposed rule (63 FR 32290) that addressed proposed additions to and deletions from the list of ASC covered procedures. This rule also implements requirements of section 1833(i)(1) and (2) of the Social Security Act.

DATES: *Effective date:* These regulations are effective for services furnished on or after July 1, 2003.

Comment date: We will consider comments on new proposed additions to and deletions from the ASC list of covered procedures if we receive them at the appropriate address, as provided below, no later than May 27, 2003.

ADDRESSES: Mail written comments (1 original and 2 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1885-FC, P.O. Box 8013, Baltimore, MD 21244-8013.

To insure that mailed comments are received in time for us to consider them, please allow for possible delays in delivering them.

Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code CMS-1885-FC.

If you prefer, you may deliver (by hand or courier) your written comments (1 original and 2 copies) to one of the following addresses: Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201 or Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-8013.

(Because access to the interior of the HHH Building is not readily available to

persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Bob Cereghino, 410-786-4675.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments

Comments received timely will be available for public inspection as they are received, generally beginning approximately 2 weeks after the close of the comment period, at the headquarters of the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 5 p.m. To schedule an appointment to view public comments, please call (410) 786-7197.

Copies

To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512-1800 or by faxing to (202) 512-2250. The cost for each copy is \$10. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

This **Federal Register** document is also available from the **Federal Register** online database through GPO access, a service of the U.S. Government Printing Office. The Web site address is <http://www.access.gpo.gov/nara/index.html>.

I. Background

A. Legislative History

Specific provisions of the proposed rule are discussed in detail in Section II below.

Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) provides that benefits under the Medicare Supplementary Medical Insurance program (Part B) include payment for facility services furnished in connection with surgical procedures we specify and which are performed in an ambulatory surgical center (ASC). We are to review and update the list of ASC procedures biennially. To participate in the Medicare program as an ASC, a facility must meet the standards specified under section 1832(a)(2)(F)(i) of the Act and 42 CFR 416.25, which sets forth general conditions and requirements for ASCs.

Generally, there are two primary elements in the total cost of performing a surgical procedure—the cost of the physician's professional services for performing the procedure and the cost of services furnished by the facility where the procedure is performed (for example, surgical supplies and equipment and nursing services). Section 1833(i)(2)(A) of the Act addresses what the ASC facility fee is intended to represent and how the amount of the Medicare payment for ASC facility services is to be determined. It requires us to review and update ASC payment amounts annually.

The ASC payment rate is to be a standard overhead amount established on the basis of our estimate of a fair fee that takes into account the costs incurred by ASCs generally in providing facility services in connection with performing a specific procedure. The Report of the Conference Committee accompanying section 934 of the Omnibus Budget Reconciliation Act of 1980 (Pub. L. 96-499), which enacted the ASC benefit in December 1980, states that this overhead factor is expected to be calculated on a prospective basis using sample survey and similar techniques to establish reasonable estimated overhead allowances, which take account of volume (within reasonable limits), for each of the listed procedures. (See H.R. Rep. No. 1479, at 134 (1980).) To estimate the amount of those reasonable allowances, we are required by section 1833(i)(2)(A)(i) of the Act to survey the actual audited costs incurred by a representative sample of facilities in connection with a representative sample of procedures. Because payment for ASC facility services is subject to the usual Medicare Part B deductible and coinsurance requirements, Medicare pays participating ASCs 80 percent of the prospectively-determined rate, adjusted for regional wage variations. Section 1833(i)(2)(A)(ii) of the Act requires that the ASC payment rates result in substantially lower Medicare

expenditures than would have been paid if the same procedure had been performed on an inpatient basis in a hospital. Section 1833(i)(2)(A)(iii) of the Act requires that payment for insertion of an intraocular lens (IOL) include an allowance for the IOL that is reasonable and related to the cost of acquiring the class of lens involved.

Section 13531 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) (Pub. L. 103-66), prohibited us from providing for any inflation update in the payment amounts for ASCs determined under section 1833(i)(2)(A) of the Act for fiscal years (FYs) 1994 and 1995. Section 13533 of OBRA 1993

established \$150 as the amount of payment allowed for an IOL inserted during or subsequent to cataract surgery in an ASC on or after January 1, 1994, and before January 1, 1999. Section 141(a)(1) of the Social Security Act Amendments of 1994 (SSAA 1994) (Public Law 103-432) amended section 1833(i)(2)(A)(i) of the Act to require that a quinquennial survey of ASCs be taken beginning not later than January 1, 1995.

Section 141(a)(2) of SSAA 1994 added section 1833(i)(2)(C) to the Act to provide that, beginning with FY 1996, there be an adjustment for inflation during fiscal years when we do not update ASC rates based on actual audited costs determined by surveying a representative sample of facilities. Section 1833(i)(2)(C) of the Act provides that ASC payment rates are to be increased by the percentage increase in the consumer price index for urban consumers (CPI-U), that we estimate for the 12-month period ending with the midpoint of the year involved, beginning with FY 1996. Section 141(a)(3) of SSAA 1994 amended section 1833(i)(1) of the Act to require us to consult with appropriate medical organizations in specifying the procedures that constitute the ASC list.

Section 141(b) of SSAA 1994 requires us to establish a process for reviewing the appropriateness of the payment amount provided under section 1833(i)(2)(A)(iii) of the Act for IOLs with respect to a class of new-technology IOLs. That process was the subject of a separate notice of proposed rulemaking entitled *Adjustment in Payment Amounts for New Technology Intraocular Lenses* published in the **Federal Register** on September 9, 1997 (62 FR 46698).

Section 4555 of BBA 1997 amended section 1833(i)(2)(C) of the Act to limit the annual adjustment of ASC payment rates provided for in that paragraph to the CPI-U increase reduced by 2.0 percentage points (but not below zero) for fiscal years 1998 through 2002.

B. Extensions of Comment Periods for Proposed Rule

On June 12, 1998, we published in the **Federal Register** a proposed rule that would revise the ratesetting methodology and payment rates and update the list of surgical procedures payable by Medicare for ASCs. The closing date of the comment period for the June 12, 1998 proposed rule was extended several times. The first extension notice was published in the **Federal Register** August 14, 1998 (63 FR 43655). The reason for the extension was that, due to the complexity and scope of the proposed rule, numerous members of the industry and professional associations requested more time to analyze the potential consequences of the rule. The closing date was extended to September 10, 1998.

On September 8, 1998, a proposed rule outlining the provisions of a Medicare prospective payment system (PPS) for hospital outpatient services was published in the **Federal Register** (63 FR 47551). On October 1, 1998 a second extension notice extending the comment period for the June 12, 1998 proposed rule was published in the **Federal Register** (63 FR 52663) with a new closing date of November 9, 1998. This second extension notice was issued because members of trade and professional associations urged us to postpone implementing the changes contained in the June 12, 1998 ASC proposed rule from October 1, 1998 to January 1, 1999 to coincide with implementation of the OPSS. They based their argument for delaying implementation of the ASC changes both on the need for more time for cross-analysis of the ASC proposed rule with the hospital outpatient prospective payment system (OPSS) proposed rule and the overlap and interrelationship between the two payment systems. This second extension notice also explained that there would be no inflationary update of the ASC rates on October 1, 1998 because reducing the fiscal year CPI-U factor of 2.1 percent by 2.0 percent would result in a change of less than \$1 for each payment group.

A third notice, which extended the comment period to January 8, 1999, was published in the **Federal Register** on November 15, 1998. This extension was necessary because the OPSS proposed rule comment period was being extended and Medicare payments to ASCs were closely linked to the way Medicare proposed to pay hospitals under the OPSS. A fourth extension notice was published in the **Federal Register** on January 12, 1999 (64 FR

1785). The reason given was the same as the prior extension notice, that is, because the comment period for the OPSS rule was being extended for further examination and because the two proposed payment systems were closely related. The new closing date of March 9, 1999 would run concurrently with the OPSS extension. On March 2, 1999, a fifth extension notice with the same rationale as the fourth notice was published in the **Federal Register** (64 FR 12278) and extended the comment period for an additional 60 days.

The sixth and final extension was published in the **Federal Register** July 6, 1999 (64 FR 36321). On June 30, 1999 we published a correction notice (64 FR 35258) in the **Federal Register** that corrected a number of technical and typographical errors contained in the September 8, 1998 OPSS proposed rule. To provide commenters adequate time to analyze the potential impact of the corrections to the OPSS proposed rule on ASC payments and because of the link between Medicare ASC payments and hospital outpatient payments, we found it appropriate to extend the comment period for the ASC proposed rule to July 30, 1999.

II. Provisions of the Proposed Regulations

In the June 12, 1998, proposed rule, we proposed the following:

- Clarification of the definition of ASC.
- Revision of the basic requirements in § 416.3 and § 416.4.
- Additions to and deletions from the ASC list.
- Revision of the criteria for determining surgical procedures payable in an ASC in § 416.65 and elimination of numeric thresholds.
- Establishment of an ASC Advisory Group.
- Replacement of eight ASC payment groups with ambulatory payment classification (APC) groups that are clinically homogeneous and consist of procedures with similar resource inputs, modeled on the APC groups proposed for the OPSS.
- Redefinition of the ASC ratesetting methodology.
- Rebased payment rates to reflect a survey of ASC costs that was conducted in 1994.

A combination of circumstances has resulted in our delaying publication of a final rule to implement the changes proposed in the June 12, 1998 ASC proposed rule. First, as discussed above, we extended the public comment period to July 30, 1999 in response to requests from the industry to allow adequate opportunity for comparison of the

proposed ASC rates and ratesetting methodology with the proposed OPPS that was published in the **Federal Register** on September 8, 1998, followed by publication of an OPPS correction notice on June 30, 1999.

Notwithstanding the close of the comment period on July 30, 1999, the changes required to implement a new payment system for ASC facility services could not be implemented because our contractors had to prepare Medicare claims processing systems to be Year 2000 ("Y2K") compliant.

On November 29, 1999, the Balanced Budget Refinement Act of 1999 (BBRA)(Pub. L. 106-113) was enacted. Section 226 of BBRA required that full implementation of the proposed ASC rates be delayed over a 3 year period. Specifically, the BBRA stated that if a prospective payment system for ASCs, that is, one involving the June 1998 proposed rates, was implemented prior to incorporating data from a 1999 or subsequent Medicare cost survey, in the first year of implementation no more than 1/3 of the new ASC payment would consist of this new rate and the remainder would consist of the current payment rate. In the following year, no more than 2/3 of the new rate would consist of the June 1998 proposed rate and the remainder would consist of the current rate.

Significant changes in the OPPS were also required as a result of the enactment of the BBRA. Substantial pressures to implement the OPPS combined with the new OPPS requirements resulting from enactment of the BBRA compelled us to focus all available resources on the OPPS, which was implemented on August 1, 2000.

On December 21, 2000, the Medicare, Medicaid and SCHIP Benefit Improvement and Protection Act of 2000 (BIPA)(Pub. L. 106-554) was enacted. Section 424 of BIPA prohibited implementation of a revised prospective payment system for ASC facility services before January 1, 2002, extended the phase-in of the APC system for ASCs to four years and required that by January 1, 2003, ASC rates be rebased using data from a 1999 or later Medicare survey.

The changes mandated by the BBRA and the BIPA, combined with the diversion of resources necessitated by Y2K compliance activities and implementation and start-up issues related to the OPPS have resulted in the delay in issuing a final ASC rule to implement the changes in the June 12, 1998 proposed rule. As stated above, Section 424 of BIPA requires that payment rates effective January 1, 2003 be based on a survey of ASCs conducted

after 1999. We have developed an ASC survey instrument, but our experience in collecting ASC cost data in 1994 suggests that completion of the survey instrument, followed by an audit of the data reported by ASCs and the subsequent compilation of cost data upon which to base ASC payment rates, takes at least 2 years. Therefore, rather than delaying further the biennial update of the ASC list mandated by the statute, in this final rule with comment period we are making final only the additions to and deletions from the ASC list that we proposed in the June 12, 1998 proposed rule. We are not implementing at this time any of the other changes proposed in the June 1998 proposed rule. That is, we are not making final the regulatory changes in part 416 that we proposed or the proposed ratesetting methodology based on APC groups and survey data of ASC costs collected in 1994. We recognize that we are not in compliance with the requirements enacted by section 424 of BIPA, that we rebase rates by January 1, 2003 using data from a survey of ASC costs taken in 1999 or later. While we are committed to rebasing and restructuring the ASC payment rates, we are also committed to ensuring that the method we use to rebase ASC payment rates does not inadvertently result in rates that amplify payment differentials across ambulatory sites of service. We are studying approaches to ratesetting, some of which may require legislative change that will provide adequate payments to ASCs for surgical services and that are in line with what Medicare pays under the OPPS and the physician fee schedule for the same service.

In section III of this preamble, we respond to comments that we received timely on our proposed additions to and deletions from the ASC list. In addition, we are proposing to add to the list a limited number of new CPT codes that were added to CPT in 1999, 2000, 2001, 2002, and 2003 and that are similar to procedures on the updated ASC list. These new CPT codes are designated by an "A*" in column 2 of the Addendum. We solicit comments on the addition of these new CPT codes and the payment rates proposed for these new codes.

In the June 1998 proposed rule, we listed codes with corresponding new payment rates based on the 1994 survey of ASC costs. Because we do not have current survey data upon which to base new payment rates, we have assigned the codes being added to the ASC list in this final rule to one of the nine existing payment groups under which payments for ASC facility services are currently made. With the guidance of our medical advisors, we matched additions to the

ASC list with codes for procedures already on the ASC list that they most closely resemble in terms of clinical work and resource inputs such as equipment, supplies, and time required in the operating suite. We assigned the additions to the list to the same payment group to which the matching codes are currently assigned. For example, our medical advisors determined that CPT code 24341, Repair tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff), is in the same family of codes as CPT code 24340, Tenodesis of biceps tendon at elbow (separate procedure) and CPT code 24342, Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft. CPT codes 24340 and 24342 are both currently assigned to payment group 3. Because the resource inputs such as supplies, equipment, and time in the operating suite for CPT code 24341 are similar to the resources required to perform CPT codes 24340 and 24342, we assigned CPT code 24341 to group 3 to maintain consistency in payment for this family of closely related codes.

In the case of some codes, such as CPT 47511, Introduction of percutaneous transhepatic stent for biliary drainage, we identified procedures on the current list that they most closely resemble clinically and in terms of resource inputs, but we assigned the code to a higher payment group to take into account expensive equipment or supplies that are required to perform the procedure. Therefore, while CPT code 47511 is similar to CPT code 47510, which is currently on the ASC list and assigned to payment group 2, we assigned CPT code 47511 to payment group 9 to take into account the added cost of expensive supplies required for this procedure.

There are some procedures that we proposed to add to the ASC list in the June 1998 proposed rule that we are not adding to the list at this time. We are not adding to the ASC list procedures that are inconsistent with our current criteria in § 416.65 for determining surgical procedures payable in an ASC. Also, we are not adding to the list procedures that would otherwise have met the criteria for inclusion on the ASC list, except that they would be significantly overpaid in the lowest ASC payment group, which could create an incentive to shift these procedures to an ASC setting. The payment rates proposed for many of these procedures in the June 12, 1998 proposed rule were significantly less than the lowest current ASC payment group because we were proposing a different ratesetting method

using APC groups. We are also eliminating proposed additions to the ASC list that were deleted from CPT after 1998, and there are some codes that we proposed to add but are not adding on the basis of comments. The codes that we are not adding to the ASC list for these reasons are listed in the following table. We recognize that most of the additions and deletions to the ASC list that are being implemented through this final rule were proposed nearly 5 years ago. Our medical advisors have reviewed all of the changes reflected in this final rule and we believe that, taking patient safety into account, the final updated list reasonably reflects contemporary surgery performed in an ASC in the year 2003.

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED

| HCPSCS | Short descriptor |
|--------|-------------------------------|
| 11752 | Remove nail bed/finger tip. |
| 11760 | Repair of nail bed. |
| 11762 | Reconstruction of nail bed. |
| 11920 | Correct skin color defects. |
| 11921 | Correct skin color defects. |
| 11922 | Correct skin color defects. |
| 11950 | Therapy for contour defects. |
| 11951 | Therapy for contour defects. |
| 11952 | Therapy for contour defects. |
| 11954 | Therapy for contour defects. |
| 12001 | Repair superficial wound(s). |
| 12002 | Repair superficial wound(s). |
| 12004 | Repair superficial wound(s). |
| 12011 | Repair superficial wound(s). |
| 12013 | Repair superficial wound(s). |
| 12014 | Repair superficial wound(s). |
| 12015 | Repair superficial wound(s). |
| 12031 | Layer closure of wound(s). |
| 12032 | Layer closure of wound(s). |
| 12041 | Layer closure of wound(s). |
| 12042 | Layer closure of wound(s). |
| 12051 | Layer closure of wound(s). |
| 12052 | Layer closure of wound(s). |
| 12053 | Layer closure of wound(s). |
| 15819 | Plastic surgery, neck. |
| 15836 | Excise excessive skin tissue. |
| 15837 | Excise excessive skin tissue. |
| 15838 | Excise excessive skin tissue. |
| 15839 | Excise excessive skin tissue. |
| 15860 | Test for blood flow in graft. |
| 16010 | Treatment of burn(s). |
| 16040 | Deleted by CPT. |
| 16041 | Deleted by CPT. |
| 16042 | Deleted by CPT. |
| 17106 | Destruction of skin lesions. |
| 17107 | Destruction of skin lesions. |
| 17108 | Destruction of skin lesions. |
| 17304 | Chemosurgery of skin lesion. |
| 17305 | 2nd stage chemosurgery. |
| 17306 | 3rd stage chemosurgery. |
| 17307 | Followup skin lesion therapy. |
| 17310 | Extensive skin chemosurgery. |
| 19396 | Design custom breast implant. |
| 21030 | Removal of face bone lesion. |
| 21031 | Remove exostosis, mandible. |
| 21032 | Remove exostosis, maxilla. |

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED—Continued

| HCPSCS | Short descriptor |
|--------|-------------------------------|
| 21110 | Interdental fixation. |
| 21120 | Reconstruction of chin. |
| 21125 | Augmentation, lower jaw bone. |
| 21260 | Revise eye sockets. |
| 20500 | Injection of sinus tract. |
| 20950 | Fluid pressure, muscle. |
| 24640 | Treat elbow dislocation. |
| 24650 | Treat radius fracture. |
| 25500 | Treat fracture of radius. |
| 25530 | Treat fracture of ulna. |
| 25560 | Treat fracture radius & ulna. |
| 25600 | Treat fracture radius/ulna. |
| 25622 | Treat wrist bone fracture. |
| 25630 | Treat wrist bone fracture. |
| 25650 | Treat wrist bone fracture. |
| 26600 | Treat metacarpal fracture. |
| 26641 | Treat thumb dislocation. |
| 26670 | Treat hand dislocation. |
| 26700 | Treat knuckle dislocation. |
| 26720 | Treat finger fracture, each. |
| 26725 | Treat finger fracture, each. |
| 26740 | Treat finger fracture, each. |
| 26750 | Treat finger fracture, each. |
| 26755 | Treat finger fracture, each. |
| 26770 | Treat finger dislocation. |
| 26775 | Treat finger dislocation. |
| 27200 | Treat tail bone fracture. |
| 27220 | Treat hip socket fracture. |
| 27256 | Treat hip dislocation. |
| 27556 | Treat knee dislocation. |
| 28001 | Drainage of bursa of foot. |
| 28010 | Incision of toe tendon. |
| 28108 | Removal of toe lesions. |
| 28124 | Partial removal of toe. |
| 28220 | Release of foot tendon. |
| 28230 | Incision of foot tendon(s). |
| 28232 | Incision of toe tendon. |
| 28272 | Release of toe joint, each. |
| 28360 | Reconstruct cleft foot. |
| 28430 | Treatment of ankle fracture. |
| 28450 | Treat midfoot fracture, each. |
| 28455 | Treat midfoot fracture, each. |
| 28470 | Treat metatarsal fracture. |
| 28475 | Treat metatarsal fracture. |
| 28490 | Treat big toe fracture. |
| 28495 | Treat big toe fracture. |
| 28510 | Treatment of toe fracture. |
| 28515 | Treatment of toe fracture. |
| 28530 | Treat sesamoid bone fracture. |
| 28540 | Treat foot dislocation. |
| 28570 | Treat foot dislocation. |
| 28600 | Treat foot dislocation. |
| 28630 | Treat toe dislocation. |
| 28660 | Treat toe dislocation. |
| 30901 | Control of nosebleed. |
| 31040 | Exploration behind upper jaw. |
| 31502 | Change of windpipe airway. |
| 31520 | Diagnostic laryngoscopy. |
| 32960 | Therapeutic pneumothorax. |
| 36493 | Repositioning of cvc. |
| 37618 | Ligation of extremity artery. |
| 40702 | Repair cleft lip/nasal. |
| 40830 | Repair mouth laceration. |
| 41822 | Excision of gum lesion. |
| 41823 | Excision of gum lesion |
| 42227 | Lengthening of palate. |
| 42326 | Create salivary cyst drain. |
| 42400 | Biopsy of salivary gland |
| 42800 | Biopsy of throat. |
| 42842 | Extensive surgery of throat |

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED—Continued

| HCPSCS | Short descriptor |
|--------|-------------------------------|
| 42844 | Extensive surgery of throat. |
| 42970 | Control nose/throat bleeding |
| 43020 | Incision of esophagus |
| 43030 | Throat muscle surgery |
| 43761 | Reposition gastrostomy tube. |
| 45300 | Proctosigmoidoscopy dx. |
| 45303 | Proctosigmoidoscopy dilate. |
| 45330 | Diagnostic sigmoidoscopy |
| 46604 | Anoscopy and dilation. |
| 46614 | Anoscopy/control bleeding. |
| 46900 | Destruction, anal lesion(s). |
| 46910 | Destruction, anal lesion(s). |
| 46916 | Cryosurgery, anal lesion(s). |
| 49429 | Removal of shunt. |
| 50590 | Lithotripsy. |
| 51705 | Change of bladder tube |
| 52265 | Cystoscopy and treatment |
| 52301 | Cystoscopy and treatment |
| 52339 | Deleted by CPT. |
| 53025 | Incision of urethra. |
| 53060 | Drainage of urethra abscess. |
| 53852 | Prostatic rf thermotx. |
| 54050 | Destruction, penis lesion(s). |
| 54055 | Destruction, penis lesion(s). |
| 54056 | Cryosurgery, penis lesion(s). |
| 54402 | Deleted by CPT. |
| 54407 | Deleted by CPT. |
| 54409 | Deleted by CPT. |
| 55450 | Ligation of sperm duct. |
| 56311 | Deleted by CPT. |
| 56312 | Deleted by CPT. |
| 56313 | Deleted by CPT. |
| 56314 | Deleted by CPT. |
| 56318 | Deleted by CPT. |
| 56320 | Deleted by CPT. |
| 56346 | Deleted by CPT. |
| 56353 | Deleted by CPT. |
| 56355 | Deleted by CPT. |
| 56501 | Destroy, vulva lesions, simp. |
| 57284 | Repair paravaginal defect. |
| 57288 | Repair bladder defect. |
| 57460 | Cervix excision. |
| 57555 | Remove cervix/repair vagina. |
| 58345 | Reopen fallopian tube. |
| 58970 | Retrieval of oocyte |
| 59300 | Episiotomy or vaginal repair. |
| 60100 | Biopsy of thyroid. |
| 60210 | Partial thyroid excision. |
| 60240 | Removal of thyroid |
| 61000 | Remove cranial cavity fluid. |
| 61001 | Remove cranial cavity fluid. |
| 62292 | Injection into disk lesion. |
| 62298 | Deleted by CPT |
| 63615 | Remove lesion of spinal cord. |
| 64555 | Implant neuroelectrodes. |
| 64560 | Implant neuroelectrodes. |
| 64565 | Implant neuroelectrodes. |
| 64761 | Incision of pelvis nerve. |
| 65286 | Repair of eye wound. |
| 65450 | Treatment of corneal lesion. |
| 65820 | Relieve inner eye pressure. |
| 65855 | Laser surgery of eye. |
| 65860 | Incise inner eye adhesions. |
| 66761 | Revision of iris. |
| 66762 | Revision of iris. |
| 66770 | Removal of inner eye lesion. |
| 66820 | Incision, secondary cataract. |
| 67101 | Repair detached retina |
| 67110 | Repair detached retina. |
| 67208 | Treatment of retinal lesion. |

PROCEDURES PROPOSED FOR ADDITION TO THE ASC LIST THAT ARE NOT BEING ADDED—Continued

| HCPCS | Short descriptor |
|-------------|------------------------------|
| 67343 | Release eye tissue. |
| 68100 | Biopsy of eyelid lining. |
| 68110 | Remove eyelid lining lesion. |
| 68135 | Remove eyelid lining lesion. |
| 69433 | Create eardrum opening. |

We are not adding to the ASC list CPT code 50590 Extracorporeal Shock Wave Lithotripsy (ESWL), for which we had proposed a payment of \$2107 in the June 1998 proposed rule. In *American Lithotripsy Society v. Sullivan*, 785, F. Supp. 1035 (D.D.C. 1992), the District Court ordered that we “publish the data and other information we are relying on in setting a (lithotripsy) rate and allow time for comment before issuing a final notice * * *”. The data and other information that we would rely on in setting a payment rate for ESWL are part of the ratesetting methodology that we proposed in the June 1998 proposed rule. Because we are not making that ratesetting methodology final at this time, we might not be in compliance with the District Court order if we were to add CPT code 50590 to the ASC list in this final rule under the current payment rate structure. In addition, comments submitted by the American Lithotripsy Society opposed the \$2,107 payment rate that we proposed in the June 1998 proposed rule. Therefore, we are not including CPT code 50590 among the additions to the ASC list that are implemented by this final rule.

III. Analysis of and Responses to Public Comments

In response to the publication of the June 12, 1998 proposed rule, we received approximately 13,000 comments, many of which were duplicate comments that were resubmitted each time we extended the comment period. We received comments from individual ASCs, physicians, health care workers, professional and trade associations, and medical societies and organizations. The majority of the comments addressed our proposal to adopt ambulatory payment classification (APC) groups as the basis for setting ASC payment rates. In addition, we received numerous comments regarding our proposal to package payment for corneal tissue into the payment rate for corneal transplant surgery. We also received numerous comments regarding proposed reductions in payment for gastroenterological procedures. Those comments will be addressed in a

subsequent rule when we implement changes in the ASC ratesetting methodology. In this final rule with comment, we only respond to comments that address additions to and deletions from the list of approved procedures.

Overall, the commenters who addressed our proposed additions to and deletions from the ASC list favored the proposed additions. Most commenters supported expansion of the ASC list to the maximum possible extent to permit Medicare payment to ASCs for procedures that are performed on an outpatient basis in hospitals. We respond below to commenters who recommended the addition or deletion of specific CPT codes. In reviewing the comments regarding our proposed additions to and deletions from the ASC list, we consulted our medical advisors, and we took into account Congressional intent when the ASC benefit was enacted as well as the current standards for the ASC list that are codified in § 416.65.

As we explain above, we do not include in the list of ASC approved procedures, procedures currently performed on an ambulatory basis in a physician's office that do not generally require the more elaborate facilities of an ASC. Also, the ASC list does not include procedures that are appropriately performed in an inpatient hospital setting but would not be safely performed in an ASC, consistent with the criteria in § 416.65(b)(3).

We also recognized that there are some procedures that might be appropriately performed in ASC for the younger patient who is generally healthy. But for the larger number of beneficiaries whose health is more likely to be compromised by age or disability, an ASC may be a questionable setting for those same procedures. Therefore, we are adding to the ASC list only those procedures that can be safely performed in an ASC on the general Medicare population in at least a significant number of cases.

We believe that the ASC list resulting from the additions and deletions that we are implementing in this final rule with comment is an improvement over the existing list. We have updated the ASC list by adding a significant number of the procedures that we proposed to add in the June 1998 proposed rule as well as new CPT codes established since 1998 that are consistent with our criteria for the ASC list. The resulting updated list allows ASCs to furnish to Medicare beneficiaries surgical services that reflect the practice of contemporary surgery without compromising patient safety. We will continue to update the list through notice and comment within

the biennial timeframe established under the statute. As part of the next biennial update, we will also consider proposing revised criteria to apply in determining which procedures are appropriate for the ASC list.

Comment: A number of commenters favored elimination of the ASC list. The commenters stated that the decision regarding where to perform a procedure should rest with the physician and the patient, not with CMS.

Response: Section 1833(i)(1) of the Act requires us to determine which surgical procedures are safely and appropriately performed in an ASC. Therefore, we cannot adopt this recommendation.

Comment: A national medical association commented that we should not add certain codes that we proposed to add because these procedures are hospital procedures and are not appropriate for same day surgery in an ASC. These procedures are CPT codes 57284 (paravaginal defect repair), 57288 (stress incontinence), 57555 (cervical stump excision), 58345 (fallopian tube catheter), and 57460 (colposcopy).

Response: After a review of our most recent claims data for site of service and an examination of the clinical nature of the surgical procedures in question, we agree with the commenter, and we are not adding these codes to the list.

Comment: The same commenter agreed with our proposal to add CPT codes 57291 (artificial vagina construction) and 57556 (cervical stump excision) to the ASC list and our proposal to delete CPT codes 56405 (vulva drainage) and 57800 (cervix dilation) from the ASC list.

Response: We agree with the commenter. We are adding CPT codes 57291 and 57556 to the ASC list and deleting CPT codes 56405 and 57800.

Comment: A medical specialty society commented that we should delete from the ASC list CPT codes 15842 (microsurgical muscle graft), 26035 (decompression fingers, injection injury), 26037 (decompressive fasciotomy, hand), 27440 (arthroplasty, knee, tibial plateau), 42225 (palatoplasty w. attached pharyngeal flap), 60220 (total thyroid lobectomy), and 60225 (total thyroid lobectomy). The commenter states that these procedures are hospital procedures and not appropriate for an ASC.

Response: We agree with the commenter and we are deleting these 7 procedures from the current list.

Comment: The same commenter disagreed with our proposal to add to the list the following procedures: CPT codes 42842 (extensive throat surgery), 42844 (extensive throat surgery), 57284

(paravaginal defect repair), 60210 (thyroid partial excision), and 60240 (thyroid removal). The commenter stated that these procedures are hospital procedures and not appropriate for same day surgery performance in an ASC. Another medical organization also recommended not adding CPT code 57284 to the list.

Response: Our medical staff have reviewed these codes and agree with the commenters. Therefore, we are not implementing these proposed additions to the list.

Comment: The same medical specialty society further stated that the following codes should be deleted from the ASC list: 15840 (face nerve palsy graft), 15841 (face nerve palsy graft), 15845 (skin and muscle repair, face), 19318 (large breast reduction), and 19340 (immediate breast prosthesis). The commenter stated these procedures are not appropriate for an ASC setting.

Response: Our medical staff have reviewed the clinical nature of these procedures and have determined that they may appropriately be performed in an ASC. Further, our 2001 claims data show that these procedures are being performed in a significant number of cases in an outpatient setting. Therefore, we are retaining these procedures on the ASC list.

Comment: The same commenter states that we should not add proposed CPT code 40700 (repair cleft lip, nasal), because this procedure is not appropriate for an ASC.

Response: Our 2001 claims data indicate that equal numbers of cases were reported as being performed in a hospital inpatient, hospital outpatient, and ASC setting. Our medical advisors reviewed the clinical nature of this procedure and determined that it is appropriately performed in an ASC setting. Therefore, we will add this code to the list.

Comment: Commenters suggested that we add to the ASC list the following CPT codes: 27096 (injection, sacroiliac joint), 62284 (myelography, injection), 62287 (Aspiration/decompression, nucleus pulposus), 62290 (discography injection, lumbar), 62291 (discography injection, cervical), 62292 (chemonucleolysis injection), 62298 (injection, other than anesthetic), 64640 (destruction by neurolytic agent, peripheral nerve), and 64714 (neuroplasty).

Response: Our medical staff reviewed the clinical nature of these codes and agreed that CPT codes 27096, 62292, and 62298 were appropriate additions to the ASC list. Note that in CY 2000, CPT code 62298 was replaced by code 62310, which we added to the ASC list in 2000

by program memorandum. CPT codes 27096 and 62292, while clinically appropriate for the list, would be significantly overpaid in the lowest ASC payment group, so we are not adding them to the ASC list. CPT code 64714 is already on the ASC list. CPT codes 62284, 62290 and 62291 are codes for injections used in connection with diagnostic imaging procedures that are not payable as ASC services. Therefore, we would not pay separately for these procedures in the ASC setting. According to our Medicare billing data, CPT 64640 is performed 68 percent of the time in a physician's office, so this procedure is not being added to the list. CPT 62287, which we proposed for addition to the list, will be added.

Comment: Some commenters believed that it was appropriate to add CPT codes 42415 (parotid surgery), 31254 (partial ethmoid endoscopy), 31255 (ethmoid endoscopy), 31256 (nasal endoscopy with antrostomy), 31267 (nasal endoscopy with maxillary endoscopy), and 31276 (nasal endoscopy with frontal endoscopy) to the list. The commenters asserted that all of these procedures are suitable and routinely performed in an ASC setting.

Response: After review by clinical staff, we agree with the commenter and we are adding CPT code 42415 to the list. CPT codes 31254, 31255, 31256, 31267 and 31276 are currently on the ASC list and will remain on the list.

Comment: We received comments stating that certain laproscopic procedures should be added to the ASC list. They are: CPT codes 56340, 56341 and 56342 (laparoscopic cholecystectomy with and without cholangiography and common duct exploration) and CPT code 56348 (laparoscopic assisted vaginal hysterectomy). Commenters stated these procedures are routinely performed in an outpatient setting and would be appropriate for an ASC.

Response: Our medical staff determined that these procedures may be appropriately performed in an ASC for many non-Medicare beneficiaries in the 65-and-under age group. However, these procedures often involve an overnight stay for Medicare beneficiaries and they do not conform to our standard for ASC procedures in § 416.65(b)(ii). Therefore, we are not adding them to the ASC list.

Comment: Some commenters wrote that we should retain the following procedures proposed for deletion: CPT codes 51726 (Complex cystometrogram), 51772 (Urethra pressure profile), 51785 (Anal/urinary pressure study), 50392 (Insert kidney drain), 50393 (Insert ureteral tube), 50395 (Create passage for

kidney), 50684 (Injection for ureter x-ray), 50690 (Injection for ureter x-ray), 51600 (Injection for bladder x-ray), 51605 (Preparation for bladder x-ray), and 51610 (Injection for bladder x-ray).

Response: Our medical staff reviewed these codes in light of the commenters' arguments against deleting them, and we agree that CPT codes 51726, 51772, 51785, 50392, 50393, and 50395 should be retained on the ASC list. CPT codes 50684, 50690, 51600, 51605, and 51610 are services that involve injections, which are packaged into imaging procedures that are not payable in an ASC, and we are making final their deletion from the ASC list.

Comment: Some of the same commenters also agreed with our proposal to delete CPT code 51725, Simple Cystometrogram and not add to the list CPT codes 51736 Simple Uroflowmetry and 51741 Complex Uroflowmetry.

Response: In the absence of disagreement from commenters, we are making our proposal regarding these codes final.

Comment: Another commenter recommended that we not remove the following CPT codes from the list: 50970, 50972, 50974, 50976, 50978, and 50980, all of which are ureteral endoscopy codes.

Response: We reviewed these procedures and we agree with the commenter that they are appropriate to the ASC setting and consistent with our criteria for the ASC list. Therefore, we are not removing these codes from the list.

Comment: A few commenters wanted us not to delete CPT codes 51005 (Aspiration of bladder) and 51010 (Aspiration of bladder). These commenters also wanted us to add the following codes to the ASC list: 54450 (Foreskin manipulation), 51000 (Aspiration bladder), 53600 (Dilate urethral stricture), 53601 (Dilate urethral stricture), 53621 (Dilate urethral stricture), 53660 (Dilation female urethra), 53661 (Subsequent dilation female urethra), 53675 (Catheterization, complicated), and 54200 (Injection procedure, Peyronie).

Response: We reviewed our utilization data and agree with the commenters that CPT code 51010 should remain on the ASC list. With the exception of CPT code 53675, all of the other procedures recommended by the commenters are performed more than 50 percent of the time in physicians' offices, some as frequently as 99 percent of the reported cases. Therefore, we are not adding these procedures to the list consistent with our current regulation at § 416.65(a)(2), which requires that the

ASC list not include procedures that are commonly performed or that may be safely performed in physicians' offices. CPT code 53675, Complex catheterization, would be significantly overpaid in the lowest ASC payment group. Therefore, we are not adding this procedure to the list.

Comment: A few commenters opposed our proposal to remove the following codes from the ASC list: CPT codes 50520 (Closure of nephrocuteaneous fistula), 50570 (Renal endoscopy), 50572 (Renal endoscopy), 50574 (Renal endoscopy), 50576 (Renal endoscopy), 50578 (Renal endoscopy), and 50580 (Renal endoscopy).

Response: These codes describe procedures that are not consistent with our criteria in section § 416.65(b)(3) and therefore are not appropriate to be performed in an ASC. Therefore, we are making our proposal final and we are deleting these codes from the list.

Comment: In our proposed rule we proposed to delete the following nerve injection CPT codes: 64410, 64415, 64417, 64420, 64421, 64430, 64442, 64443, 64510, 64520, 64530, 64600, 64605, 64610, 64620, 64622, 64623, 64630, and 64680. These proposed deletions prompted numerous comments from ASCs specializing in pain management and from interventional pain physicians. Commenters argued that concerns about patient safety supported retaining these nerve block injection codes on the ASC list. They stated that the minimally acceptable requirements for safe completion of these procedures include continuous monitoring of heart function, lung function and breathing. The placement of injections in the spinal area requires the highest infection control standards. In addition, fluoroscopic guidance is necessary to assure precise needle placement. Injections can provoke severe hypertension, chest pain, cardiac arrhythmias, myocardial infarction, severe pain and vasovagal reactions. Risks include seizures, respiratory and cardiac arrest, hypotension, respiratory depression, pneumothorax, total spinal anesthesia, infection, local anesthetic toxicity, paralysis and death. Commenters argued that because of the risks associated with these procedures, they require the health and safety protections assured by the conditions for coverage of ASC services found in part 416 of the regulations.

A few commenters supported deletion of the nerve injection codes from the ASC list. These commenters stated that they are able to perform these nerve injections in their offices. However, these commenters also stated that they

operate in environments with resuscitation facilities and radiological guidance, more typically found in an ASC or a hospital outpatient setting than in a physician's office.

Response: The preponderance of comments opposing deletion of these codes from the ASC list stressed that assuring patient safety requires monitoring and special equipment not customarily found in the physician office setting. Even the minority supporting deletion noted the need for special safety measures in their comments. In light of these comments, we have retained these procedures on the ASC list (with the exception of CPT codes 64442 and 64443, which have been deleted by CPT) because as required by the conditions for coverage in §§ 416.41 and 416.44, ASCs are specifically equipped to provide the level of patient care and monitoring needed to ensure patient health and safety when these procedures are performed. In addition, ASCs are required to have in place appropriate procedures to address emergencies should they occur.

IV. Provisions of the Final Regulations

This final rule with comment period makes additions to and deletions from the current list of Medicare approved ASC procedures. In addition, this final rule with comment period responds to comments received from the June 12, 1998 proposed rule (63 FR 32290) that addressed proposed additions to and deletions from the list of ASC approved procedures. This final rule with comment period implements requirements of section 1833(i)(1) and (2) of the Act.

The addendum that follows this preamble contains the complete list of surgical procedures that are approved for an ASC facility fee payment effective for services furnished on or after July 1, 2003. The addendum also designates those CPT codes that are additions to or deletions from the current ASC list. The CPT code for each procedure is listed in column 1. In column 2, the letter "A" indicates a code that is being added to the ASC in this final rule. The letter "A*" (with an asterisk) indicates a code added to CPT since 1998 that we are adding to the list but that we did not propose to add in the June 1998 proposed rule. CPT codes designated with "A*" are those for which we are soliciting comments. The letter "D" in column 2 indicates a code that is being deleted from the ASC list. Column 3 provides the short descriptor for the CPT code in column 1. Column 4 indicates the current payment group to which an approved code is assigned.

Column 5 indicates the FY 2003 payment amount for the assigned payment group. We solicit comments on additions to the ASC list designated with "A*" in column 2 and the payment group to which these additions are assigned. The codes designated by "A*" in column 2 are new CPT codes that were added to CPT in 1999, 2000, 2001, 2002, and 2003 that are similar to procedures on the updated ASC list.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

VI. Waiver of Proposed Rulemaking

We ordinarily publish a proposed notice in the **Federal Register** and invite public comment when we add to the ASC list HCPCS codes that describe new surgical procedures. The proposed notice includes a reference to the legal authority under which the additions to the list are proposed and a description of the subjects and issues involved. We solicit comment both on the appropriateness of performing the new procedures in an ASC and the payment rate that we propose as the ASC facility fee for the new procedures. This process can be waived, however, if the agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule that is issued.

For reasons that we explain elsewhere in this preamble, we have not previously issued a rule to make final the additions and deletions proposed in the June 12, 1998 proposed rule. For the same reasons, we have not issued proposed notices regarding the addition to the ASC list of new CPT codes that were created during the years since publication of the June 12 proposed rule. This final rule with comment adopts some provisions set forth in the June 12, 1998 proposed rule (63 FR 32290). In this final rule with comment, we are also making certain additions to the ASC list that were not proposed in the June 12 rule and that are subject to comment. Specifically, we are adding new CPT codes for surgical procedures that were added to CPT in 1999, 2000, 2001, 2002, and 2003, and we are assigning those codes to an existing ASC payment group.

We are making the addition of these new CPT codes to the ASC list effective for services furnished on or after July 1, 2003 because we believe that were we not to add them in this final rule, we would limit beneficiary access to surgical procedures that can be appropriately performed in the ASC setting. If these codes are not payable under the ASC benefit, beneficiaries are limited to receiving the services that they describe in a hospital setting. Also, ASCs cannot receive a facility fee for these services under the Medicare ASC benefit if we do not add them to the list. Therefore, delay in adding these new surgical procedures to the ASC list is contrary to the public interest.

Also, it is impracticable not to add the applicable new CPT codes created from 1999 through 2003 until after we have received public comments, analyzed those comments, and issued a final rule. To do so could mean that the new CPT codes would not be made final under the ASC benefit until 2004, at the earliest.

For these reasons, we find good cause to waive the notice of proposed rulemaking and to issue this final rule with comment. We are providing a 60-day public comment period regarding the addition of the new CPT codes, designated by an "A*" in the addendum and the payment group to which these codes are assigned. We will respond to timely comments in the next final notice or final rule that we issue regarding the ASC benefit.

VII. Regulatory Impact Statement

A. Overall Impact

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 16, 1980, Pub. L. 96-354), Section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). Our Office of the Actuary has prepared a fiscal impact estimate. As shown in the table below, for fiscal years 2003 through 2007, the cost to the Medicare program is estimated to be \$5

million per year. Therefore, this is not considered a major rule.

| Fiscal year | Cost ¹ |
|-------------|-------------------|
| 2003 | \$5 |
| 2004 | 5 |
| 2005 | 5 |
| 2006 | 5 |
| 2007 | 5 |

¹ Cost in millions, rounded to the nearest 5 million.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 to \$29 million in any 1 year. According to the small business associations, approximately 73 percent of all ASCs are considered small entities by having revenues of \$11.5 million or less. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. This rule does not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This rule will not have an effect on the governments mentioned and the private sector costs will be less than the \$110 threshold.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a final rule that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. This rule will not have a substantial effect on State or local governments.

B. Anticipated Effects

The entities affected by this final rule with comment period are Medicare certified ASCs and beneficiaries. No

other providers are affected. This rule will not affect state or local governments or the private sector other than ASCs. There are more than 3,000 ASCs currently certified by Medicare, nearly three-quarters of which fit the definition of a "small entity."

The result of this rule is to increase the number of ASC procedures approved for Medicare payment by approximately 300, thereby making more surgical services payable by Medicare in an ASC available to beneficiaries. ASCs will benefit from our expanding the list of Medicare approved ASC procedures because the number of services for which Medicare will pay a facility fee will increase as a result. Currently, if ASCs perform these procedures, Medicare does not allow payment of a facility fee. Our adding these codes to the ASC list also enables ASCs to serve a greater number of beneficiaries by being able to offer access to an increased number of surgical services. The number of claims for ASC services would increase. No specific provisions of this final rule have yet been implemented. If this final rule is not issued, beneficiaries would be denied access to approximately 300 surgical procedures in the ASC setting and this would limit beneficiary choice.

Some individuals have advocated the elimination of the ASC list on the basis that the decision regarding where to perform a procedure rests ultimately with the physician. These same individuals support payment of an ASC facility fee for any surgical procedure covered by Medicare in a clinic or hospital outpatient setting. The requirements for an ASC list are imposed by the statute, so we cannot adopt this recommendation.

ASCs that specialize in dermatology, gastroenterology, and orthopedics may object to our not adding certain procedures that we proposed in our June 1998 proposed rule. In particular, we are not adding procedures performed more than 50 percent of the time in a physician's office, procedures that are not appropriately or safely performed in an ambulatory setting, or procedures that would otherwise have met the criteria for inclusion on the ASC list except that they would be significantly overpaid in the lowest ASC payment group. We have determined that the adverse economic impact on the Medicare program that could result from a shift of such services to an ASC setting outweighs the potential negative reaction of these medical specialties.

ASCs that furnish extracorporeal shockwave lithotripsy (ESWL) services may also object to our not adding this procedure to the ASC list. However, as

we explained above, because we are not updating the ASC payment rates and ratesetting methodology in this final rule, we would not be in compliance with the District Court order issued in *American Lithotripsy Society v. Sullivan*, 785, F. Supp. 1035 (D.D.C. 1992) if we were to add ESWL to the ASC list without further data and information. Overall, we believe the increased beneficiary access to surgical services and the expansion of the ASC list that will result from this final rule outweighs potential objections to our not including certain additions that were proposed in 1998 to the ASC list.

For the above reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and we certify, that this rule would not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

C. Alternatives Considered

As stated above, we are issuing this final rule with comment to implement additions to and deletions from the ASC list proposed in the June 1998 proposed rule. However, we are not implementing the ratesetting method, rebased payment rates, and changes in the regulations that were also proposed in the June 1998 proposed rule. We considered not updating the ASC list until we completed a survey of ASC costs to use in rebasing the ASC payment rates. However, we decided against this approach because it could have resulted in delaying the update of the list for several years while we conducted the survey and audited and compiled the data upon which to rebase the rates.

We considered basing payment rates for procedures being added to the ASC list in this final rule on the ASC payment group that most closely approximated the payment amount for the same procedures under the hospital outpatient prospective payment system (OPPS). However, the statute requires

that payment rates be tied to ASC, not hospital outpatient costs, so we decided, as explained previously in this preamble, to match the additions to the list to procedures already on the list that are similar in terms of clinical work and resource inputs and to assign the new code to the same payment group as the current code. This approach better maintains internal consistency in ASC payment rates among codes on the list that are similar.

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

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)
Dated: October 16, 2002.

Thomas A. Scully,
Administrator, Centers for Medicare and Medicaid Services.

Approved: February 14, 2003.

Tommy G. Thompson,
Secretary.

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 10121 | A | Remove foreign body | 2 | 446 |
| 10180 | | Complex drainage, wound | 2 | 446 |
| 11010 | A | Debride skin, fx | 2 | 446 |
| 11011 | A | Debride skin/muscle, fx | 2 | 446 |
| 11012 | A | Debride skin/muscle/bone, fx | 2 | 446 |
| 11042 | | Debride skin/tissue | 2 | 446 |
| 11043 | | Debride tissue/muscle | 2 | 446 |
| 11044 | | Debride tissue/muscle/bone | 2 | 446 |
| 11404 | | Removal of skin lesion | 1 | 333 |
| 11406 | | Removal of skin lesion | 2 | 446 |
| 11424 | | Removal of skin lesion | 2 | 446 |
| 11426 | | Removal of skin lesion | 2 | 446 |
| 11444 | | Removal of skin lesion | 1 | 333 |
| 11446 | | Removal of skin lesion | 2 | 446 |
| 11450 | | Removal, sweat gland lesion | 2 | 446 |
| 11451 | | Removal, sweat gland lesion | 2 | 446 |
| 11462 | | Removal, sweat gland lesion | 2 | 446 |
| 11463 | | Removal, sweat gland lesion | 2 | 446 |
| 11470 | | Removal, sweat gland lesion | 2 | 446 |
| 11471 | | Removal, sweat gland lesion | 2 | 446 |
| 11604 | | Removal of skin lesion | 2 | 446 |
| 11606 | | Removal of skin lesion | 2 | 446 |
| 11624 | | Removal of skin lesion | 2 | 446 |
| 11626 | | Removal of skin lesion | 2 | 446 |
| 11644 | | Removal of skin lesion | 2 | 446 |
| 11646 | | Removal of skin lesion | 2 | 446 |
| 11770 | | Removal of pilonidal lesion | 3 | 510 |
| 11771 | | Removal of pilonidal lesion | 3 | 510 |
| 11772 | | Removal of pilonidal lesion | 3 | 510 |
| 11960 | | Insert tissue expander(s) | 2 | 446 |
| 11970 | | Replace tissue expander | 3 | 510 |
| 11971 | | Remove tissue expander(s) | 1 | 333 |
| 12005 | | Repair superficial wound(s) | 2 | 446 |
| 12006 | | Repair superficial wound(s) | 2 | 446 |
| 12007 | | Repair superficial wound(s) | 2 | 446 |
| 12016 | | Repair superficial wound(s) | 2 | 446 |
| 12017 | | Repair superficial wound(s) | 2 | 446 |
| 12018 | | Repair superficial wound(s) | 2 | 446 |
| 12020 | | Closure of split wound | 1 | 333 |
| 12021 | | Closure of split wound | 1 | 333 |
| 12034 | | Layer closure of wound(s) | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 12035 | | Layer closure of wound(s) | 2 | 446 |
| 12036 | | Layer closure of wound(s) | 2 | 446 |
| 12037 | | Layer closure of wound(s) | 2 | 446 |
| 12044 | | Layer closure of wound(s) | 2 | 446 |
| 12045 | | Layer closure of wound(s) | 2 | 446 |
| 12046 | | Layer closure of wound(s) | 2 | 446 |
| 12047 | | Layer closure of wound(s) | 2 | 446 |
| 12054 | | Layer closure of wound(s) | 2 | 446 |
| 12055 | | Layer closure of wound(s) | 2 | 446 |
| 12056 | | Layer closure of wound(s) | 2 | 446 |
| 12057 | | Layer closure of wound(s) | 2 | 446 |
| 13100 | | Repair of wound or lesion | 2 | 446 |
| 13101 | | Repair of wound or lesion | 3 | 510 |
| 13120 | | Repair of wound or lesion | 2 | 446 |
| 13121 | | Repair of wound or lesion | 3 | 510 |
| 13131 | | Repair of wound or lesion | 2 | 446 |
| 13132 | | Repair of wound or lesion | 3 | 510 |
| 13150 | | Repair of wound or lesion | 3 | 510 |
| 13151 | | Repair of wound or lesion | 3 | 510 |
| 13152 | | Repair of wound or lesion | 3 | 510 |
| 13160 | | Late closure of wound | 2 | 446 |
| 14000 | | Skin tissue rearrangement | 2 | 446 |
| 14001 | | Skin tissue rearrangement | 3 | 510 |
| 14020 | | Skin tissue rearrangement | 3 | 510 |
| 14021 | | Skin tissue rearrangement | 3 | 510 |
| 14040 | | Skin tissue rearrangement | 2 | 446 |
| 14041 | | Skin tissue rearrangement | 3 | 510 |
| 14060 | | Skin tissue rearrangement | 3 | 510 |
| 14061 | | Skin tissue rearrangement | 3 | 510 |
| 14300 | | Skin tissue rearrangement | 4 | 630 |
| 14350 | | Skin tissue rearrangement | 3 | 510 |
| 15000 | | Skin graft | 2 | 446 |
| 15050 | | Skin pinch graft | 2 | 446 |
| 15100 | | Skin split graft | 2 | 446 |
| 15101 | | Skin split graft add-on | 3 | 510 |
| 15120 | | Skin split graft | 2 | 446 |
| 15121 | | Skin split graft add-on | 3 | 510 |
| 15200 | | Skin full graft | 3 | 510 |
| 15201 | | Skin full graft add-on | 2 | 446 |
| 15220 | | Skin full graft | 2 | 446 |
| 15221 | | Skin full graft add-on | 2 | 446 |
| 15240 | | Skin full graft | 3 | 510 |
| 15241 | | Skin full graft add-on | 3 | 510 |
| 15260 | | Skin full graft | 2 | 446 |
| 15261 | | Skin full graft add-on | 2 | 446 |
| 15350 | | Skin homograft | 2 | 446 |
| 15351 | A* | Skin homograft add-on | 2 | 446 |
| 15400 | | Skin heterograft | 2 | 446 |
| 15401 | A* | Skin heterograft add-on | 2 | 446 |
| 15570 | | Form Skin pedicle flap | 3 | 510 |
| 15572 | | Form Skin pedicle flap | 3 | 510 |
| 15574 | | Form Skin pedicle flap | 3 | 510 |
| 15576 | | Form Skin pedicle flap | 3 | 510 |
| 15600 | | Skin graft | 3 | 510 |
| 15610 | | Skin graft | 3 | 510 |
| 15620 | | Skin graft | 4 | 630 |
| 15630 | | Skin graft | 3 | 510 |
| 15650 | | Transfer skin pedicle flap | 5 | 717 |
| 15732 | | Muscle-skin graft, head/neck | 3 | 510 |
| 15734 | | Muscle-skin graft, trunk | 3 | 510 |
| 15736 | | Muscle-skin graft, arm | 3 | 510 |
| 15738 | | Muscle-skin graft, leg | 3 | 510 |
| 15740 | | Island pedicle flap graft | 2 | 446 |
| 15750 | | Neurovascular pedicle graft | 2 | 446 |
| 15756 | D | Free muscle flap, microvasc | 3 | 510 |
| 15757 | D | Free skin flap, microvasc | 3 | 510 |
| 15758 | D | Free fascial flap, microvasc | 3 | 510 |
| 15760 | | Composite skin graft | 2 | 446 |
| 15770 | | Derma-fat-fascia graft | 3 | 510 |
| 15775 | A | Hair transplant punch grafts | 3 | 510 |
| 15776 | A | Hair transplant punch grafts | 3 | 510 |
| 15820 | A | Revision of lower eyelid | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 15821 | A | Revision of lower eyelid | 3 | 510 |
| 15822 | A | Revision of upper eyelid | 3 | 510 |
| 15823 | A | Revision of upper eyelid | 5 | 717 |
| 15824 | A | Removal of forehead wrinkles | 3 | 510 |
| 15825 | A | Removal of neck wrinkles | 3 | 510 |
| 15826 | A | Removal of brow wrinkles | 3 | 510 |
| 15828 | A | Removal of face wrinkles | 3 | 510 |
| 15829 | A | Removal of skin wrinkles | 5 | 717 |
| 15831 | A | Excise excessive skin tissue | 3 | 510 |
| 15832 | A | Excise excessive skin tissue | 3 | 510 |
| 15833 | A | Excise excessive skin tissue | 3 | 510 |
| 15834 | A | Excise excessive skin tissue | 3 | 510 |
| 15835 | A | Excise excessive skin tissue | 3 | 510 |
| 15840 | | Graft for face nerve palsy | 4 | 630 |
| 15841 | | Graft for face nerve palsy | 4 | 630 |
| 15842 | D | Flap for face nerve palsy | 4 | 630 |
| 15845 | | Skin and muscle repair, face | 4 | 630 |
| 15876 | A | Suction assisted lipectomy | 3 | 510 |
| 15877 | A | Suction assisted lipectomy | 3 | 510 |
| 15878 | A | Suction assisted lipectomy | 3 | 510 |
| 15879 | A | Suction assisted lipectomy | 3 | 510 |
| 15920 | | Removal of tail bone ulcer | 3 | 510 |
| 15922 | | Removal of tail bone ulcer | 4 | 630 |
| 15931 | | Remove sacrum pressure sore | 3 | 510 |
| 15933 | | Remove sacrum pressure sore | 3 | 510 |
| 15934 | | Remove sacrum pressure sore | 3 | 510 |
| 15935 | | Remove sacrum pressure sore | 4 | 630 |
| 15936 | | Remove sacrum pressure sore | 4 | 630 |
| 15937 | | Remove sacrum pressure sore | 4 | 630 |
| 15940 | | Remove hip pressure sore | 3 | 510 |
| 15941 | | Remove hip pressure sore | 3 | 510 |
| 15944 | | Remove hip pressure sore | 3 | 510 |
| 15945 | | Remove hip pressure sore | 4 | 630 |
| 15946 | | Remove hip pressure sore | 4 | 630 |
| 15950 | | Remove thigh pressure sore | 3 | 510 |
| 15951 | | Remove thigh pressure sore | 4 | 630 |
| 15952 | | Remove thigh pressure sore | 3 | 510 |
| 15953 | | Remove thigh pressure sore | 4 | 630 |
| 15956 | | Remove thigh pressure sore | 3 | 510 |
| 15958 | | Remove thigh pressure sore | 4 | 630 |
| 16015 | | Treatment of burn(s) | 2 | 446 |
| 16030 | D | Treatment of burn(s) | 1 | 333 |
| 16035 | D | Incision of burn scab, initi | 2 | 446 |
| 19020 | | Incision of breast lesion | 2 | 446 |
| 19100 | | Bx breast percut w/o image | 1 | 333 |
| 19101 | | Biopsy of breast, open | 2 | 446 |
| 19102 | | Bx breast percut w/image | 2 | 446 |
| 19103 | | Bx breast percut w/device | 2 | 446 |
| 19110 | | Nipple exploration | 2 | 446 |
| 19112 | | Excise breast duct fistula | 3 | 510 |
| 19120 | | Removal of breast lesion | 3 | 510 |
| 19125 | | Excision, breast lesion | 3 | 510 |
| 19126 | | Excision, addl breast lesion | 3 | 510 |
| 19140 | | Removal of breast tissue | 4 | 630 |
| 19160 | | Removal of breast tissue | 3 | 510 |
| 19162 | | Remove breast tissue, nodes | 7 | 995 |
| 19180 | | Removal of breast | 4 | 630 |
| 19182 | | Removal of breast | 4 | 630 |
| 19260 | D | Removal of chest wall lesion | 5 | 717 |
| 19290 | | Place needle wire, breast | 1 | 333 |
| 19291 | | Place needle wire, breast | 1 | 333 |
| 19316 | A | Suspension of breast | 4 | 630 |
| 19318 | | Reduction of large breast | 4 | 630 |
| 19324 | A | Enlarge breast | 4 | 630 |
| 19325 | A | Enlarge breast with implant | 9 | 1339 |
| 19328 | | Removal of breast implant | 1 | 333 |
| 19330 | | Removal of implant material | 1 | 333 |
| 19340 | | Immediate breast prosthesis | 2 | 446 |
| 19342 | | Delayed breast prosthesis | 3 | 510 |
| 19350 | | Breast reconstruction | 4 | 630 |
| 19355 | A | Correct inverted nipple(s) | 4 | 630 |
| 19357 | | Breast reconstruction | 5 | 717 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|----------------------------------|-------------|--------------|
| 19364 | D | Breast reconstruction | 5 | 717 |
| 19366 | | Breast reconstruction | 5 | 717 |
| 19370 | | Surgery of breast capsule | 4 | 630 |
| 19371 | | Removal of breast capsule | 4 | 630 |
| 19380 | | Revise breast reconstruction | 5 | 717 |
| 20005 | | Incision of deep abscess | 2 | 446 |
| 20200 | | Muscle biopsy | 2 | 446 |
| 20205 | | Deep muscle biopsy | 3 | 510 |
| 20206 | | Needle biopsy, muscle | 1 | 333 |
| 20220 | | Bone biopsy, trocar/needle | 1 | 333 |
| 20225 | | Bone biopsy, trocar/needle | 2 | 446 |
| 20240 | | Bone biopsy, excisional | 2 | 446 |
| 20245 | | Bone biopsy, excisional | 3 | 510 |
| 20250 | | Open bone biopsy | 3 | 510 |
| 20251 | | Open bone biopsy | 3 | 510 |
| 20525 | | Removal of foreign body | 3 | 510 |
| 20650 | | Insert and remove bone pin | 3 | 510 |
| 20660 | D | Apply, remove fixation device | 2 | 446 |
| 20661 | D | Application of head brace | 3 | 510 |
| 20662 | D | Application of pelvis brace | 3 | 510 |
| 20663 | D | Application of thigh brace | 3 | 510 |
| 20665 | D | Removal of fixation device | 1 | 333 |
| 20670 | | Removal of support implant | 1 | 333 |
| 20680 | | Removal of support implant | 3 | 510 |
| 20690 | | Apply bone fixation device | 2 | 446 |
| 20692 | A | Apply bone fixation device | 3 | 510 |
| 20693 | A | Adjust bone fixation device | 3 | 510 |
| 20694 | | Remove bone fixation device | 1 | 333 |
| 20900 | | Removal of bone for graft | 3 | 510 |
| 20902 | | Removal of bone for graft | 4 | 630 |
| 20910 | | Remove cartilage for graft | 3 | 510 |
| 20912 | | Remove cartilage for graft | 3 | 510 |
| 20920 | | Removal of fascia for graft | 4 | 630 |
| 20922 | | Removal of fascia for graft | 3 | 510 |
| 20924 | | Removal of tendon for graft | 4 | 630 |
| 20926 | | Removal of tissue for graft | 4 | 630 |
| 20955 | D | Fibula bone graft, microvasc | 4 | 630 |
| 20962 | D | Other bone graft, microvasc | 4 | 630 |
| 20969 | D | Bone/skin graft, microvasc | 4 | 630 |
| 20970 | D | Bone/skin graft, iliac crest | 4 | 630 |
| 20972 | D | Bone/skin graft, metatarsal | 4 | 630 |
| 20973 | D | Bone/skin graft, great toe | 4 | 630 |
| 20975 | | Electrical bone stimulation | 2 | 446 |
| 21010 | | Incision of jaw joint | 2 | 446 |
| 21015 | A | Resection of facial tumor | 3 | 510 |
| 21025 | | Excision of bone, lower jaw | 2 | 446 |
| 21026 | | Excision of facial bone(s) | 2 | 446 |
| 21029 | A | Contour of face bone lesion | 2 | 446 |
| 21034 | | Removal of face bone lesion | 3 | 510 |
| 21040 | | Removal of jaw bone lesion | 2 | 446 |
| 21041 | D | Removal of jaw bone lesion | 2 | 446 |
| 21044 | | Removal of jaw bone lesion | 2 | 446 |
| 21046 | A | Excision, benign tumor, mandible | 2 | 446 |
| 21047 | A | Excision, benign tumor, mandible | 2 | 446 |
| 21050 | | Removal of jaw joint | 3 | 510 |
| 21060 | | Remove jaw joint cartilage | 2 | 446 |
| 21070 | | Remove coronoid process | 3 | 510 |
| 21100 | | Maxillofacial fixation | 2 | 446 |
| 21121 | A | Reconstruction of chin | 7 | 995 |
| 21122 | A | Reconstruction of chin | 7 | 995 |
| 21123 | A | Reconstruction of chin | 7 | 995 |
| 21127 | A | Augmentation, lower jaw bone | 9 | 1339 |
| 21181 | A | Contour cranial bone lesion | 7 | 995 |
| 21206 | | Reconstruct upper jaw bone | 5 | 717 |
| 21208 | | Augmentation of facial bones | 7 | 995 |
| 21209 | | Reduction of facial bones | 5 | 717 |
| 21210 | | Face bone graft | 7 | 995 |
| 21215 | | Lower jaw bone graft | 7 | 995 |
| 21230 | | Rib cartilage graft | 7 | 995 |
| 21235 | | Ear cartilage graft | 7 | 995 |
| 21240 | | Reconstruction of jaw joint | 4 | 630 |
| 21242 | | Reconstruction of jaw joint | 5 | 717 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 21243 | | Reconstruction of jaw joint | 5 | 717 |
| 21244 | | Reconstruction of lower jaw | 7 | 995 |
| 21245 | | Reconstruction of jaw | 7 | 995 |
| 21246 | | Reconstruction of jaw | 7 | 995 |
| 21248 | | Reconstruction of jaw | 7 | 995 |
| 21249 | | Reconstruction of jaw | 7 | 995 |
| 21267 | | Revise eye sockets | 7 | 995 |
| 21270 | | Augmentation, cheek bone | 5 | 717 |
| 21275 | | Revision, orbitofacial bones | 7 | 995 |
| 21280 | | Revision of eyelid | 5 | 717 |
| 21282 | | Revision of eyelid | 5 | 717 |
| 21295 | A | Reconst lwr jaw w/o fixation | 1 | 333 |
| 21296 | A | Reconst lwr jaw w/fixation | 1 | 333 |
| 21300 | | Treatment of skull fracture | 2 | 446 |
| 21310 | | Treatment of nose fracture | 2 | 446 |
| 21315 | | Treatment of nose fracture | 2 | 446 |
| 21320 | | Treatment of nose fracture | 2 | 446 |
| 21325 | | Treatment of nose fracture | 4 | 630 |
| 21330 | | Treatment of nose fracture | 5 | 717 |
| 21335 | | Treatment of nose fracture | 7 | 995 |
| 21336 | A | Treat nasal septal fracture | 4 | 630 |
| 21337 | | Treat nasal septal fracture | 2 | 446 |
| 21338 | | Treat nasoethmoid fracture | 4 | 630 |
| 21339 | | Treat nasoethmoid fracture | 5 | 717 |
| 21340 | | Treatment of nose fracture | 4 | 630 |
| 21343 | D | Treatment of sinus fracture | 5 | 717 |
| 21345 | A | Treat nose/jaw fracture | 7 | 995 |
| 21355 | | Treat cheek bone fracture | 3 | 510 |
| 21360 | D | Treat cheek bone fracture | 4 | 630 |
| 21365 | | Treat cheek bone fracture | 5 | 717 |
| 21385 | D | Treat eye socket fracture | 5 | 717 |
| 21386 | D | Treat eye socket fracture | 5 | 717 |
| 21387 | D | Treat eye socket fracture | 5 | 717 |
| 21390 | D | Treat eye socket fracture | 7 | 995 |
| 21395 | D | Treat eye socket fracture | 7 | 995 |
| 21400 | | Treat eye socket fracture | 2 | 446 |
| 21401 | | Treat eye socket fracture | 3 | 510 |
| 21406 | D | Treat eye socket fracture | 4 | 630 |
| 21407 | D | Treat eye socket fracture | 5 | 717 |
| 21421 | | Treat mouth roof fracture | 4 | 630 |
| 21422 | D | Treat mouth roof fracture | 5 | 717 |
| 21440 | | Treat dental ridge fracture | 3 | 510 |
| 21445 | | Treat dental ridge fracture | 4 | 630 |
| 21450 | | Treat lower jaw fracture | 3 | 510 |
| 21451 | | Treat lower jaw fracture | 4 | 630 |
| 21452 | | Treat lower jaw fracture | 2 | 446 |
| 21453 | | Treat lower jaw fracture | 3 | 510 |
| 21454 | | Treat lower jaw fracture | 5 | 717 |
| 21461 | | Treat lower jaw fracture | 4 | 630 |
| 21462 | | Treat lower jaw fracture | 5 | 717 |
| 21465 | | Treat lower jaw fracture | 4 | 630 |
| 21470 | D | Treat lower jaw fracture | 5 | 717 |
| 21480 | | Reset dislocated jaw | 1 | 333 |
| 21485 | | Reset dislocated jaw | 2 | 446 |
| 21490 | | Repair dislocated jaw | 3 | 510 |
| 21493 | | Treat hyoid bone fracture | 3 | 510 |
| 21494 | | Treat hyoid bone fracture | 4 | 630 |
| 21495 | D | Treat hyoid bone fracture | 4 | 630 |
| 21497 | | Interdental wiring | 2 | 446 |
| 21501 | | Drain neck/chest lesion | 2 | 446 |
| 21502 | | Drain chest lesion | 2 | 446 |
| 21510 | D | Drainage of bone lesion | 3 | 510 |
| 21550 | D | Biopsy of neck/chest | 1 | 333 |
| 21555 | | Remove lesion, neck/chest | 2 | 446 |
| 21556 | | Remove lesion, neck/chest | 2 | 446 |
| 21600 | | Partial removal of rib | 2 | 446 |
| 21610 | | Partial removal of rib | 2 | 446 |
| 21620 | D | Partial removal of sternum | 2 | 446 |
| 21700 | | Revision of neck muscle | 2 | 446 |
| 21720 | | Revision of neck muscle | 3 | 510 |
| 21725 | | Revision of neck muscle | 3 | 510 |
| 21800 | | Treatment of rib fracture | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|-------------------------------|-------------|--------------|
| 21805 | | Treatment of rib fracture | 2 | 446 |
| 21810 | D | Treatment of rib fracture(s) | 2 | 446 |
| 21820 | | Treat sternum fracture | 1 | 333 |
| 21920 | D | Biopsy soft tissue of back | 1 | 333 |
| 21925 | | Biopsy soft tissue of back | 2 | 446 |
| 21930 | | Remove lesion, back or flank | 2 | 446 |
| 21935 | | Remove tumor, back | 3 | 510 |
| 22100 | D | Remove part of neck vertebra | 3 | 510 |
| 22101 | D | Remove part, thorax vertebra | 3 | 510 |
| 22102 | D | Remove part, lumbar vertebra | 3 | 510 |
| 22103 | D | Remove extra spine segment | 3 | 510 |
| 22305 | | Treat spine process fracture | 1 | 333 |
| 22310 | | Treat spine fracture | 1 | 333 |
| 22315 | | Treat spine fracture | 2 | 446 |
| 22325 | D | Treat spine fracture | 3 | 510 |
| 22326 | D | Treat neck spine fracture | 3 | 510 |
| 22327 | D | Treat thorax spine fracture | 3 | 510 |
| 22328 | D | Treat each add spine fx | 3 | 510 |
| 22505 | | Manipulation of spine | 2 | 446 |
| 22900 | | Remove abdominal wall lesion | 4 | 630 |
| 23000 | | Removal of calcium deposits | 2 | 446 |
| 23020 | | Release shoulder joint | 2 | 446 |
| 23030 | | Drain shoulder lesion | 1 | 333 |
| 23031 | A | Drain shoulder bursa | 3 | 510 |
| 23035 | | Drain shoulder bone lesion | 3 | 510 |
| 23040 | | Exploratory shoulder surgery | 3 | 510 |
| 23044 | | Exploratory shoulder surgery | 4 | 630 |
| 23065 | D | Biopsy shoulder tissues | 1 | 333 |
| 23066 | | Biopsy shoulder tissues | 2 | 446 |
| 23075 | | Removal of shoulder lesion | 2 | 446 |
| 23076 | | Removal of shoulder lesion | 2 | 446 |
| 23077 | | Remove tumor of shoulder | 3 | 510 |
| 23100 | | Biopsy of shoulder joint | 2 | 446 |
| 23101 | | Shoulder joint surgery | 7 | 995 |
| 23105 | | Remove shoulder joint lining | 4 | 630 |
| 23106 | | Incision of collarbone joint | 4 | 630 |
| 23107 | | Explore treat shoulder joint | 4 | 630 |
| 23120 | | Partial removal, collar bone | 5 | 717 |
| 23125 | | Removal of collar bone | 5 | 717 |
| 23130 | | Remove shoulder bone, part | 5 | 717 |
| 23140 | | Removal of bone lesion | 4 | 630 |
| 23145 | | Removal of bone lesion | 5 | 717 |
| 23146 | | Removal of bone lesion | 5 | 717 |
| 23150 | | Removal of humerus lesion | 4 | 630 |
| 23155 | | Removal of humerus lesion | 5 | 717 |
| 23156 | | Removal of humerus lesion | 5 | 717 |
| 23170 | | Remove collar bone lesion | 2 | 446 |
| 23172 | | Remove shoulder blade lesion | 2 | 446 |
| 23174 | | Remove humerus lesion | 2 | 446 |
| 23180 | | Remove collar bone lesion | 4 | 630 |
| 23182 | | Remove shoulder blade lesion | 4 | 630 |
| 23184 | | Remove humerus lesion | 4 | 630 |
| 23190 | | Partial removal of scapula | 4 | 630 |
| 23195 | | Removal of head of humerus | 5 | 717 |
| 23330 | | Remove shoulder foreign body | 1 | 333 |
| 23331 | | Remove shoulder foreign body | 1 | 333 |
| 23395 | | Muscle transfer, shoulder/arm | 5 | 717 |
| 23397 | | Muscle transfers | 7 | 995 |
| 23400 | | Fixation of shoulder blade | 7 | 995 |
| 23405 | | Incision of tendon & muscle | 2 | 446 |
| 23406 | | Incise tendon(s) & muscle(s) | 2 | 446 |
| 23410 | | Repair of tendon(s) | 5 | 717 |
| 23412 | | Repair of tendon(s) | 7 | 995 |
| 23415 | | Release of shoulder ligament | 5 | 717 |
| 23420 | | Repair of shoulder | 7 | 995 |
| 23430 | | Repair biceps tendon | 4 | 630 |
| 23440 | | Remove/transplant tendon | 4 | 630 |
| 23450 | | Repair shoulder capsule | 5 | 717 |
| 23455 | | Repair shoulder capsule | 7 | 995 |
| 23460 | | Repair shoulder capsule | 5 | 717 |
| 23462 | | Repair shoulder capsule | 7 | 995 |
| 23465 | | Repair shoulder capsule | 5 | 717 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 23466 | | Repair shoulder capsule | 7 | 995 |
| 23480 | | Revision of collar bone | 4 | 630 |
| 23485 | | Revision of collar bone | 7 | 995 |
| 23490 | | Reinforce clavicle | 3 | 510 |
| 23491 | | Reinforce shoulder bones | 3 | 510 |
| 23500 | | Treat clavicle fracture | 1 | 333 |
| 23505 | | Treat clavicle fracture | 1 | 333 |
| 23515 | | Treat clavicle fracture | 3 | 510 |
| 23520 | | Treat clavicle dislocation | 1 | 333 |
| 23525 | | Treat clavicle dislocation | 1 | 333 |
| 23530 | | Treat clavicle dislocation | 3 | 510 |
| 23532 | | Treat clavicle dislocation | 4 | 630 |
| 23540 | | Treat clavicle dislocation | 1 | 333 |
| 23545 | | Treat clavicle dislocation | 1 | 333 |
| 23550 | | Treat clavicle dislocation | 3 | 510 |
| 23552 | | Treat clavicle dislocation | 4 | 630 |
| 23570 | | Treat shoulder blade fx | 1 | 333 |
| 23575 | | Treat shoulder blade fx | 1 | 333 |
| 23585 | | Treat scapula fracture | 3 | 510 |
| 23600 | | Treat humerus fracture | 1 | 333 |
| 23605 | | Treat humerus fracture | 2 | 446 |
| 23615 | | Treat humerus fracture | 4 | 630 |
| 23616 | | Treat humerus fracture | 4 | 630 |
| 23620 | | Treat humerus fracture | 1 | 333 |
| 23625 | | Treat humerus fracture | 2 | 446 |
| 23630 | | Treat humerus fracture | 5 | 717 |
| 23650 | | Treat shoulder dislocation | 1 | 333 |
| 23655 | | Treat shoulder dislocation | 1 | 333 |
| 23660 | | Treat shoulder dislocation | 3 | 510 |
| 23665 | | Treat dislocation/fracture | 2 | 446 |
| 23670 | | Treat dislocation/fracture | 3 | 510 |
| 23675 | | Treat dislocation/fracture | 2 | 446 |
| 23680 | | Treat dislocation/fracture | 3 | 510 |
| 23700 | | Fixation of shoulder | 1 | 333 |
| 23800 | | Fusion of shoulder joint | 4 | 630 |
| 23802 | | Fusion of shoulder joint | 7 | 995 |
| 23921 | | Amputation follow-up surgery | 3 | 510 |
| 23930 | | Drainage of arm lesion | 1 | 333 |
| 23931 | | Drainage of arm bursa | 2 | 446 |
| 23935 | | Drain arm/elbow bone lesion | 2 | 446 |
| 24000 | | Exploratory elbow surgery | 4 | 630 |
| 24006 | A | Release elbow joint | 4 | 630 |
| 24065 | D | Biopsy arm/elbow soft tissue | 1 | 333 |
| 24066 | | Biopsy arm/elbow soft tissue | 2 | 446 |
| 24075 | | Remove arm/elbow lesion | 2 | 446 |
| 24076 | | Remove arm/elbow lesion | 2 | 446 |
| 24077 | | Remove tumor of arm/elbow | 3 | 510 |
| 24100 | | Biopsy elbow joint lining | 1 | 333 |
| 24101 | | Explore/treat elbow joint | 4 | 630 |
| 24102 | | Remove elbow joint lining | 4 | 630 |
| 24105 | | Removal of elbow bursa | 3 | 510 |
| 24110 | | Remove humerus lesion | 2 | 446 |
| 24115 | | Remove/graft bone lesion | 3 | 510 |
| 24116 | | Remove/graft bone lesion | 3 | 510 |
| 24120 | | Remove elbow lesion | 3 | 510 |
| 24125 | | Remove/graft bone lesion | 3 | 510 |
| 24126 | | Remove/graft bone lesion | 3 | 510 |
| 24130 | | Removal of head of radius | 3 | 510 |
| 24134 | | Removal of arm bone lesion | 2 | 446 |
| 24136 | | Remove radius bone lesion | 2 | 446 |
| 24138 | | Remove elbow bone lesion | 2 | 446 |
| 24140 | | Partial removal of arm bone | 3 | 510 |
| 24145 | | Partial removal of radius | 3 | 510 |
| 24147 | | Partial removal of elbow | 2 | 446 |
| 24150 | D | Extensive humerus surgery | 3 | 510 |
| 24151 | D | Extensive humerus surgery | 4 | 630 |
| 24152 | D | Extensive radius surgery | 3 | 510 |
| 24153 | D | Extensive radius surgery | 4 | 630 |
| 24155 | | Removal of elbow joint | 3 | 510 |
| 24160 | | Remove elbow joint implant | 2 | 446 |
| 24164 | | Remove radius head implant | 3 | 510 |
| 24201 | | Removal of arm foreign body | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 24301 | | Muscle/tendon transfer | 4 | 630 |
| 24305 | A | Arm tendon lengthening | 4 | 630 |
| 24310 | | Revision of arm tendon | 3 | 510 |
| 24320 | | Repair of arm tendon | 3 | 510 |
| 24330 | | Revision of arm muscles | 3 | 510 |
| 24331 | | Revision of arm muscles | 3 | 510 |
| 24340 | | Repair of biceps tendon | 3 | 510 |
| 24341 | A | Repair arm tendon/muscle | 3 | 510 |
| 24342 | | Repair of ruptured tendon | 3 | 510 |
| 24345 | A* | Repr elbw med ligmnt w/tissu | 2 | 446 |
| 24350 | | Repair of tennis elbow | 3 | 510 |
| 24351 | | Repair of tennis elbow | 3 | 510 |
| 24352 | | Repair of tennis elbow | 3 | 510 |
| 24354 | | Repair of tennis elbow | 3 | 510 |
| 24356 | | Revision of tennis elbow | 3 | 510 |
| 24360 | | Reconstruct elbow joint | 5 | 717 |
| 24361 | | Reconstruct elbow joint | 5 | 717 |
| 24362 | | Reconstruct elbow joint | 5 | 717 |
| 24363 | | Replace elbow joint | 7 | 995 |
| 24365 | | Reconstruct head of radius | 5 | 717 |
| 24366 | | Reconstruct head of radius | 5 | 717 |
| 24400 | | Revision of humerus | 4 | 630 |
| 24410 | | Revision of humerus | 4 | 630 |
| 24420 | | Revision of humerus | 3 | 510 |
| 24430 | | Repair of humerus | 3 | 510 |
| 24435 | | Repair humerus with graft | 4 | 630 |
| 24470 | | Revision of elbow joint | 3 | 510 |
| 24495 | | Decompression of forearm | 2 | 446 |
| 24498 | | Reinforce humerus | 3 | 510 |
| 24500 | | Treat humerus fracture | 1 | 333 |
| 24505 | | Treat humerus fracture | 1 | 333 |
| 24515 | | Treat humerus fracture | 4 | 630 |
| 24516 | | Treat humerus fracture | 4 | 630 |
| 24530 | | Treat humerus fracture | 1 | 333 |
| 24535 | | Treat humerus fracture | 1 | 333 |
| 24538 | | Treat humerus fracture | 2 | 446 |
| 24545 | | Treat humerus fracture | 4 | 630 |
| 24546 | | Treat humerus fracture | 5 | 717 |
| 24560 | | Treat humerus fracture | 1 | 333 |
| 24565 | | Treat humerus fracture | 2 | 446 |
| 24566 | | Treat humerus fracture | 2 | 446 |
| 24575 | | Treat humerus fracture | 3 | 510 |
| 24576 | | Treat humerus fracture | 1 | 333 |
| 24577 | | Treat humerus fracture | 1 | 333 |
| 24579 | | Treat humerus fracture | 3 | 510 |
| 24582 | | Treat humerus fracture | 2 | 446 |
| 24586 | | Treat elbow fracture | 4 | 630 |
| 24587 | | Treat elbow fracture | 5 | 717 |
| 24600 | | Treat elbow dislocation | 1 | 333 |
| 24605 | | Treat elbow dislocation | 2 | 446 |
| 24615 | | Treat elbow dislocation | 3 | 510 |
| 24620 | | Treat elbow fracture | 2 | 446 |
| 24635 | | Treat elbow fracture | 3 | 510 |
| 24655 | | Treat radius fracture | 1 | 333 |
| 24665 | | Treat radius fracture | 4 | 630 |
| 24666 | | Treat radius fracture | 4 | 630 |
| 24670 | | Treat ulnar fracture | 1 | 333 |
| 24675 | | Treat ulnar fracture | 1 | 333 |
| 24685 | | Treat ulnar fracture | 3 | 510 |
| 24800 | | Fusion of elbow joint | 4 | 630 |
| 24802 | | Fusion/graft of elbow joint | 5 | 717 |
| 24925 | | Amputation follow-up surgery | 3 | 510 |
| 25000 | | Incision of tendon sheath | 3 | 510 |
| 25020 | | Decompress forearm 1 space | 3 | 510 |
| 25023 | | Decompress forearm 1 space | 3 | 510 |
| 25024 | | Decompress forearm 2 spaces | 3 | 510 |
| 25025 | | Decompress forearm 2 spaces | 3 | 510 |
| 25028 | | Drainage of forearm lesion | 1 | 333 |
| 25031 | | Drainage of forearm bursa | 2 | 446 |
| 25035 | | Treat forearm bone lesion | 2 | 446 |
| 25040 | | Explore/treat wrist joint | 5 | 717 |
| 25065 | D | Biopsy forearm soft tissues | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 25066 | | Biopsy forearm soft tissues | 2 | 446 |
| 25075 | | Remove forearm lesion subcut | 2 | 446 |
| 25076 | | Remove forearm lesion deep | 3 | 510 |
| 25077 | | Remove tumor, forearm/wrist | 3 | 510 |
| 25085 | | Incision of wrist capsule | 3 | 510 |
| 25100 | | Biopsy of wrist joint | 2 | 446 |
| 25101 | | Explore/treat wrist joint | 3 | 510 |
| 25105 | | Remove wrist joint lining | 4 | 630 |
| 25107 | | Remove wrist joint cartilage | 3 | 510 |
| 25110 | | Remove wrist tendon lesion | 3 | 510 |
| 25111 | | Remove wrist tendon lesion | 3 | 510 |
| 25112 | | Reremove wrist tendon lesion | 4 | 630 |
| 25115 | | Remove wrist/forearm lesion | 4 | 630 |
| 25116 | | Remove wrist/forearm lesion | 4 | 630 |
| 25118 | | Excise wrist tendon sheath | 2 | 446 |
| 25119 | | Partial removal of ulna | 3 | 510 |
| 25120 | | Removal of forearm lesion | 3 | 510 |
| 25125 | | Remove/graft forearm lesion | 3 | 510 |
| 25126 | | Remove/graft forearm lesion | 3 | 510 |
| 25130 | | Removal of wrist lesion | 3 | 510 |
| 25135 | | Remove & graft wrist lesion | 3 | 510 |
| 25136 | | Remove & graft wrist lesion | 3 | 510 |
| 25145 | | Remove forearm bone lesion | 2 | 446 |
| 25150 | | Partial removal of ulna | 2 | 446 |
| 25151 | | Partial removal of radius | 2 | 446 |
| 25170 | D | Extensive forearm surgery | 3 | 510 |
| 25210 | | Removal of wrist bone | 3 | 510 |
| 25215 | | Removal of wrist bones | 4 | 630 |
| 25230 | | Partial removal of radius | 4 | 630 |
| 25240 | | Partial removal of ulna | 4 | 630 |
| 25248 | | Remove forearm foreign body | 2 | 446 |
| 25250 | | Removal of wrist prosthesis | 1 | 333 |
| 25251 | | Removal of wrist prosthesis | 1 | 333 |
| 25260 | | Repair forearm tendon/muscle | 4 | 630 |
| 25263 | | Repair forearm tendon/muscle | 2 | 446 |
| 25265 | | Repair forearm tendon/muscle | 3 | 510 |
| 25270 | | Repair forearm tendon/muscle | 4 | 630 |
| 25272 | | Repair forearm tendon/muscle | 3 | 510 |
| 25274 | | Repair forearm tendon/muscle | 4 | 630 |
| 25275 | | Repair forearm tendon sheath | 4 | 630 |
| 25280 | | Revise wrist/forearm tendon | 4 | 630 |
| 25290 | | Incise wrist/forearm tendon | 3 | 510 |
| 25295 | | Release wrist/forearm tendon | 3 | 510 |
| 25300 | | Fusion of tendons at wrist | 3 | 510 |
| 25301 | | Fusion of tendons at wrist | 3 | 510 |
| 25310 | | Transplant forearm tendon | 3 | 510 |
| 25312 | | Transplant forearm tendon | 4 | 630 |
| 25315 | | Revise palsy hand tendon(s) | 3 | 510 |
| 25316 | | Revise palsy hand tendon(s) | 3 | 510 |
| 25320 | | Repair/revise wrist joint | 3 | 510 |
| 25332 | | Revise wrist joint | 5 | 717 |
| 25335 | | Realignment of hand | 3 | 510 |
| 25337 | A | Reconstruct ulna/radioulnar | 5 | 717 |
| 25350 | | Revision of radius | 3 | 510 |
| 25355 | | Revision of radius | 3 | 510 |
| 25360 | | Revision of ulna | 3 | 510 |
| 25365 | | Revise radius & ulna | 3 | 510 |
| 25370 | | Revise radius or ulna | 3 | 510 |
| 25375 | | Revise radius & ulna | 4 | 630 |
| 25390 | | Shorten radius or ulna | 3 | 510 |
| 25391 | | Lengthen radius or ulna | 4 | 630 |
| 25392 | | Shorten radius & ulna | 3 | 510 |
| 25393 | | Lengthen radius & ulna | 4 | 630 |
| 25400 | | Repair radius or ulna | 3 | 510 |
| 25405 | | Repair/graft radius or ulna | 4 | 630 |
| 25415 | | Repair radius & ulna | 3 | 510 |
| 25420 | | Repair/graft radius & ulna | 4 | 630 |
| 25425 | | Repair/graft radius or ulna | 3 | 510 |
| 25426 | | Repair/graft radius & ulna | 4 | 630 |
| 25440 | | Repair/graft wrist bone | 4 | 630 |
| 25441 | | Reconstruct wrist joint | 5 | 717 |
| 25442 | | Reconstruct wrist joint | 5 | 717 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 25443 | | Reconstruct wrist joint | 5 | 717 |
| 25444 | | Reconstruct wrist joint | 5 | 717 |
| 25445 | | Reconstruct wrist joint | 5 | 717 |
| 25446 | | Wrist replacement | 7 | 995 |
| 25447 | | Repair wrist joint(s) | 5 | 717 |
| 25449 | | Remove wrist joint implant | 5 | 717 |
| 25450 | | Revision of wrist joint | 3 | 510 |
| 25455 | | Revision of wrist joint | 3 | 510 |
| 25490 | | Reinforce radius | 3 | 510 |
| 25491 | | Reinforce ulna | 3 | 510 |
| 25492 | | Reinforce radius and ulna | 3 | 510 |
| 25505 | | Treat fracture of radius | 1 | 333 |
| 25515 | | Treat fracture of radius | 3 | 510 |
| 25520 | | Treat fracture of radius | 1 | 333 |
| 25525 | | Treat fracture of radius | 4 | 630 |
| 25526 | | Treat fracture of radius | 5 | 717 |
| 25535 | | Treat fracture of ulna | 1 | 333 |
| 25545 | | Treat fracture of ulna | 3 | 510 |
| 25565 | | Treat fracture radius & ulna | 2 | 446 |
| 25574 | | Treat fracture radius & ulna | 3 | 510 |
| 25575 | | Treat fracture radius/ulna | 3 | 510 |
| 25605 | | Treat fracture radius/ulna | 3 | 510 |
| 25611 | | Treat fracture radius/ulna | 3 | 510 |
| 25620 | | Treat fracture radius/ulna | 5 | 717 |
| 25624 | | Treat wrist bone fracture | 2 | 446 |
| 25628 | | Treat wrist bone fracture | 3 | 510 |
| 25635 | | Treat wrist bone fracture | 1 | 333 |
| 25645 | | Treat wrist bone fracture | 3 | 510 |
| 25660 | | Treat wrist dislocation | 1 | 333 |
| 25670 | | Treat wrist dislocation | 3 | 510 |
| 25671 | | Pin radioulnar dislocation | 1 | 333 |
| 25675 | | Treat wrist dislocation | 1 | 333 |
| 25676 | | Treat wrist dislocation | 2 | 446 |
| 25680 | | Treat wrist fracture | 2 | 446 |
| 25685 | | Treat wrist fracture | 3 | 510 |
| 25690 | | Treat wrist dislocation | 1 | 333 |
| 25695 | | Treat wrist dislocation | 2 | 446 |
| 25800 | | Fusion of wrist joint | 4 | 630 |
| 25805 | | Fusion/graft of wrist joint | 5 | 717 |
| 25810 | | Fusion/graft of wrist joint | 5 | 717 |
| 25820 | | Fusion of hand bones | 4 | 630 |
| 25825 | | Fuse hand bones with graft | 5 | 717 |
| 25830 | A | Fusion, radioulnar jnt/ulna | 5 | 717 |
| 25907 | | Amputation follow-up surgery | 3 | 510 |
| 25922 | | Amputate hand at wrist | 3 | 510 |
| 25929 | | Amputation follow-up surgery | 3 | 510 |
| 26011 | | Drainage of finger abscess | 1 | 333 |
| 26020 | | Drain hand tendon sheath | 2 | 446 |
| 26025 | | Drainage of palm bursa | 1 | 333 |
| 26030 | | Drainage of palm bursa(s) | 2 | 446 |
| 26034 | | Treat hand bone lesion | 2 | 446 |
| 26035 | D | Decompress fingers/hand | 4 | 630 |
| 26037 | D | Decompress fingers/hand | 4 | 630 |
| 26040 | | Release palm contracture | 4 | 630 |
| 26045 | | Release palm contracture | 3 | 510 |
| 26055 | | Incise finger tendon sheath | 2 | 446 |
| 26060 | | Incision of finger tendon | 2 | 446 |
| 26070 | | Explore/treat hand joint | 2 | 446 |
| 26075 | | Explore/treat finger joint | 4 | 630 |
| 26080 | | Explore/treat finger joint | 4 | 630 |
| 26100 | | Biopsy hand joint lining | 2 | 446 |
| 26105 | | Biopsy finger joint lining | 1 | 333 |
| 26110 | | Biopsy finger joint lining | 1 | 333 |
| 26115 | | Remove hand lesion subcut | 2 | 446 |
| 26116 | | Remove hand lesion, deep | 2 | 446 |
| 26117 | | Remove tumor, hand/finger | 3 | 510 |
| 26121 | | Release palm contracture | 4 | 630 |
| 26123 | | Release palm contracture | 4 | 630 |
| 26125 | | Release palm contracture | 4 | 630 |
| 26130 | | Remove wrist joint lining | 3 | 510 |
| 26135 | | Revise finger joint, each | 4 | 630 |
| 26140 | | Revise finger joint, each | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 26145 | | Tendon excision, palm/finger | 3 | 510 |
| 26160 | | Remove tendon sheath lesion | 3 | 510 |
| 26170 | | Removal of palm tendon, each | 3 | 510 |
| 26180 | | Removal of finger tendon | 3 | 510 |
| 26185 | A | Remove finger bone | 4 | 630 |
| 26200 | | Remove hand bone lesion | 2 | 446 |
| 26205 | | Remove/graft bone lesion | 3 | 510 |
| 26210 | | Removal of finger lesion | 2 | 446 |
| 26215 | | Remove/graft finger lesion | 3 | 510 |
| 26230 | | Partial removal of hand bone | 7 | 995 |
| 26235 | | Partial removal, finger bone | 3 | 510 |
| 26236 | | Partial removal, finger bone | 3 | 510 |
| 26250 | | Extensive hand surgery | 3 | 510 |
| 26255 | | Extensive hand surgery | 3 | 510 |
| 26260 | | Extensive finger surgery | 3 | 510 |
| 26261 | | Extensive finger surgery | 3 | 510 |
| 26262 | | Partial removal of finger | 2 | 446 |
| 26320 | | Removal of implant from hand | 2 | 446 |
| 26350 | | Repair finger/hand tendon | 1 | 333 |
| 26352 | | Repair/graft hand tendon | 4 | 630 |
| 26356 | | Repair finger/hand tendon | 4 | 630 |
| 26357 | | Repair finger/hand tendon | 4 | 630 |
| 26358 | | Repair/graft hand tendon | 4 | 630 |
| 26370 | | Repair finger/hand tendon | 4 | 630 |
| 26372 | | Repair/graft hand tendon | 4 | 630 |
| 26373 | | Repair finger/hand tendon | 3 | 510 |
| 26390 | | Revise hand/finger tendon | 4 | 630 |
| 26392 | | Repair/graft hand tendon | 3 | 510 |
| 26410 | | Repair hand tendon | 3 | 510 |
| 26412 | | Repair/graft hand tendon | 3 | 510 |
| 26415 | | Excision, hand/finger tendon | 4 | 630 |
| 26416 | | Graft hand or finger tendon | 3 | 510 |
| 26418 | | Repair finger tendon | 4 | 630 |
| 26420 | | Repair/graft finger tendon | 4 | 630 |
| 26426 | | Repair finger/hand tendon | 3 | 510 |
| 26428 | | Repair/graft finger tendon | 3 | 510 |
| 26432 | | Repair finger tendon | 3 | 510 |
| 26433 | | Repair finger tendon | 3 | 510 |
| 26434 | | Repair/graft finger tendon | 3 | 510 |
| 26437 | | Realignment of tendons | 3 | 510 |
| 26440 | | Release palm/finger tendon | 3 | 510 |
| 26442 | | Release palm & finger tendon | 3 | 510 |
| 26445 | | Release hand/finger tendon | 3 | 510 |
| 26449 | | Release forearm/hand tendon | 3 | 510 |
| 26450 | | Incision of palm tendon | 3 | 510 |
| 26455 | | Incision of finger tendon | 3 | 510 |
| 26460 | | Incise hand/finger tendon | 3 | 510 |
| 26471 | | Fusion of finger tendons | 2 | 446 |
| 26474 | | Fusion of finger tendons | 2 | 446 |
| 26476 | | Tendon lengthening | 1 | 333 |
| 26477 | | Tendon shortening | 1 | 333 |
| 26478 | | Lengthening of hand tendon | 1 | 333 |
| 26479 | | Shortening of hand tendon | 1 | 333 |
| 26480 | | Transplant hand tendon | 3 | 510 |
| 26483 | | Transplant/graft hand tendon | 3 | 510 |
| 26485 | | Transplant palm tendon | 2 | 446 |
| 26489 | | Transplant/graft palm tendon | 3 | 510 |
| 26490 | | Revise thumb tendon | 3 | 510 |
| 26492 | | Tendon transfer with graft | 3 | 510 |
| 26494 | | Hand tendon/muscle transfer | 3 | 510 |
| 26496 | | Revise thumb tendon | 3 | 510 |
| 26497 | | Finger tendon transfer | 3 | 510 |
| 26498 | | Finger tendon transfer | 4 | 630 |
| 26499 | | Revision of finger | 3 | 510 |
| 26500 | | Hand tendon reconstruction | 4 | 630 |
| 26502 | | Hand tendon reconstruction | 4 | 630 |
| 26504 | | Hand tendon reconstruction | 4 | 630 |
| 26508 | | Release thumb contracture | 3 | 510 |
| 26510 | | Thumb tendon transfer | 3 | 510 |
| 26516 | | Fusion of knuckle joint | 1 | 333 |
| 26517 | | Fusion of knuckle joints | 3 | 510 |
| 26518 | | Fusion of knuckle joints | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 26520 | | Release knuckle contracture | 3 | 510 |
| 26525 | | Release finger contracture | 3 | 510 |
| 26530 | | Revise knuckle joint | 3 | 510 |
| 26531 | | Revise knuckle with implant | 7 | 995 |
| 26535 | | Revise finger joint | 5 | 717 |
| 26536 | | Revise/implant finger joint | 5 | 717 |
| 26540 | | Repair hand joint | 4 | 630 |
| 26541 | | Repair hand joint with graft | 7 | 995 |
| 26542 | | Repair hand joint with graft | 4 | 630 |
| 26545 | | Reconstruct finger joint | 4 | 630 |
| 26546 | A | Repair nonunion hand | 4 | 630 |
| 26548 | | Reconstruct finger joint | 4 | 630 |
| 26550 | | Construct thumb replacement | 2 | 446 |
| 26551 | D | Great toe-hand transfer | 4 | 630 |
| 26553 | D | Single transfer, toe-hand | 2 | 446 |
| 26554 | D | Double transfer, toe-hand | 2 | 446 |
| 26555 | | Positional change of finger | 3 | 510 |
| 26560 | | Repair of web finger | 2 | 446 |
| 26561 | | Repair of web finger | 3 | 510 |
| 26562 | | Repair of web finger | 4 | 630 |
| 26565 | | Correct metacarpal flaw | 5 | 717 |
| 26567 | | Correct finger deformity | 5 | 717 |
| 26568 | | Lengthen metacarpal/finger | 3 | 510 |
| 26580 | | Repair hand deformity | 5 | 717 |
| 26587 | | Reconstruct extra finger | 5 | 717 |
| 26590 | | Repair finger deformity | 5 | 717 |
| 26591 | | Repair muscles of hand | 3 | 510 |
| 26593 | | Release muscles of hand | 3 | 510 |
| 26596 | | Excision constricting tissue | 2 | 446 |
| 26605 | | Treat metacarpal fracture | 2 | 446 |
| 26607 | | Treat metacarpal fracture | 2 | 446 |
| 26608 | A | Treat metacarpal fracture | 4 | 630 |
| 26615 | | Treat metacarpal fracture | 4 | 630 |
| 26645 | | Treat thumb fracture | 1 | 333 |
| 26650 | | Treat thumb fracture | 2 | 446 |
| 26665 | | Treat thumb fracture | 4 | 630 |
| 26675 | | Treat hand dislocation | 2 | 446 |
| 26676 | | Pin hand dislocation | 2 | 446 |
| 26685 | | Treat hand dislocation | 3 | 510 |
| 26686 | | Treat hand dislocation | 3 | 510 |
| 26705 | | Treat knuckle dislocation | 2 | 446 |
| 26706 | | Pin knuckle dislocation | 2 | 446 |
| 26715 | | Treat knuckle dislocation | 4 | 630 |
| 26727 | | Treat finger fracture, each | 7 | 995 |
| 26735 | | Treat finger fracture, each | 4 | 630 |
| 26742 | | Treat finger fracture, each | 2 | 446 |
| 26746 | | Treat finger fracture, each | 5 | 717 |
| 26756 | | Pin finger fracture, each | 2 | 446 |
| 26765 | | Treat finger fracture, each | 4 | 630 |
| 26776 | | Pin finger dislocation | 2 | 446 |
| 26785 | | Treat finger dislocation | 2 | 446 |
| 26820 | | Thumb fusion with graft | 5 | 717 |
| 26841 | | Fusion of thumb | 4 | 630 |
| 26842 | | Thumb fusion with graft | 4 | 630 |
| 26843 | | Fusion of hand joint | 3 | 510 |
| 26844 | | Fusion/graft of hand joint | 3 | 510 |
| 26850 | | Fusion of knuckle | 4 | 630 |
| 26852 | | Fusion of knuckle with graft | 4 | 630 |
| 26860 | | Fusion of finger joint | 3 | 510 |
| 26861 | | Fusion of finger jnt, add-on | 2 | 446 |
| 26862 | | Fusion/graft of finger joint | 4 | 630 |
| 26863 | | Fuse/graft added joint | 3 | 510 |
| 26910 | | Amputate metacarpal bone | 3 | 510 |
| 26951 | | Amputation of finger/thumb | 2 | 446 |
| 26952 | | Amputation of finger/thumb | 4 | 630 |
| 26990 | | Drainage of pelvis lesion | 1 | 333 |
| 26991 | | Drainage of pelvis bursa | 1 | 333 |
| 26992 | D | Drainage of bone lesion | 2 | 446 |
| 27000 | | Incision of hip tendon | 2 | 446 |
| 27001 | | Incision of hip tendon | 3 | 510 |
| 27003 | | Incision of hip tendon | 3 | 510 |
| 27030 | D | Drainage of hip joint | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 27033 | | Exploration of hip joint | 3 | 510 |
| 27035 | | Denervation of hip joint | 4 | 630 |
| 27040 | | Biopsy of soft tissues | 1 | 333 |
| 27041 | | Biopsy of soft tissues | 2 | 446 |
| 27047 | | Remove hip/pelvis lesion | 2 | 446 |
| 27048 | | Remove hip/pelvis lesion | 3 | 510 |
| 27049 | | Remove tumor, hip/pelvis | 3 | 510 |
| 27050 | | Biopsy of sacroiliac joint | 3 | 510 |
| 27052 | | Biopsy of hip joint | 3 | 510 |
| 27060 | | Removal of ischial bursa | 5 | 717 |
| 27062 | | Remove femur lesion/bursa | 5 | 717 |
| 27065 | | Removal of hip bone lesion | 5 | 717 |
| 27066 | | Removal of hip bone lesion | 5 | 717 |
| 27067 | A | Remove/graft hip bone lesion | 5 | 717 |
| 27080 | | Removal of tail bone | 2 | 446 |
| 27086 | | Remove hip foreign body | 1 | 333 |
| 27087 | | Remove hip foreign body | 3 | 510 |
| 27097 | | Revision of hip tendon | 3 | 510 |
| 27098 | | Transfer tendon to pelvis | 3 | 510 |
| 27100 | | Transfer of abdominal muscle | 4 | 630 |
| 27105 | | Transfer of spinal muscle | 4 | 630 |
| 27110 | | Transfer of iliopsoas muscle | 4 | 630 |
| 27111 | | Transfer of iliopsoas muscle | 4 | 630 |
| 27193 | | Treat pelvic ring fracture | 1 | 333 |
| 27194 | | Treat pelvic ring fracture | 2 | 446 |
| 27202 | | Treat tail bone fracture | 2 | 446 |
| 27230 | | Treat thigh fracture | 1 | 333 |
| 27238 | | Treat thigh fracture | 1 | 333 |
| 27246 | | Treat thigh fracture | 1 | 333 |
| 27250 | | Treat hip dislocation | 1 | 333 |
| 27252 | | Treat hip dislocation | 2 | 446 |
| 27257 | A | Treat hip dislocation | 3 | 510 |
| 27265 | | Treat hip dislocation | 1 | 333 |
| 27266 | | Treat hip dislocation | 2 | 446 |
| 27275 | | Manipulation of hip joint | 2 | 446 |
| 27301 | | Drain thigh/knee lesion | 3 | 510 |
| 27303 | D | Drainage of bone lesion | 2 | 446 |
| 27305 | | Incise thigh tendon & fascia | 2 | 446 |
| 27306 | | Incision of thigh tendon | 3 | 510 |
| 27307 | | Incision of thigh tendons | 3 | 510 |
| 27310 | | Exploration of knee joint | 4 | 630 |
| 27315 | | Partial removal, thigh nerve | 2 | 446 |
| 27320 | | Partial removal, thigh nerve | 2 | 446 |
| 27323 | | Biopsy, thigh soft tissues | 1 | 333 |
| 27324 | | Biopsy, thigh soft tissues | 1 | 333 |
| 27327 | | Removal of thigh lesion | 2 | 446 |
| 27328 | | Removal of thigh lesion | 3 | 510 |
| 27329 | A | Remove tumor, thigh/knee | 4 | 630 |
| 27330 | | Biopsy, knee joint lining | 4 | 630 |
| 27331 | | Explore/treat knee joint | 4 | 630 |
| 27332 | | Removal of knee cartilage | 4 | 630 |
| 27333 | | Removal of knee cartilage | 4 | 630 |
| 27334 | | Remove knee joint lining | 4 | 630 |
| 27335 | | Remove knee joint lining | 4 | 630 |
| 27340 | | Removal of kneecap bursa | 3 | 510 |
| 27345 | | Removal of knee cyst | 4 | 630 |
| 27347 | A* | Remove knee cyst | 4 | 630 |
| 27350 | | Removal of kneecap | 4 | 630 |
| 27355 | | Remove femur lesion | 3 | 510 |
| 27356 | | Remove femur lesion/graft | 4 | 630 |
| 27357 | A | Remove femur lesion/graft | 5 | 717 |
| 27358 | A | Remove femur lesion/fixation | 5 | 717 |
| 27360 | | Partial removal, leg bone(s) | 5 | 717 |
| 27372 | | Removal of foreign body | 7 | 995 |
| 27380 | | Repair of kneecap tendon | 1 | 333 |
| 27381 | | Repair/graft kneecap tendon | 3 | 510 |
| 27385 | | Repair of thigh muscle | 3 | 510 |
| 27386 | | Repair/graft of thigh muscle | 3 | 510 |
| 27390 | | Incision of thigh tendon | 1 | 333 |
| 27391 | | Incision of thigh tendons | 2 | 446 |
| 27392 | | Incision of thigh tendons | 3 | 510 |
| 27393 | | Lengthening of thigh tendon | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 27394 | | Lengthening of thigh tendons | 3 | 510 |
| 27395 | | Lengthening of thigh tendons | 3 | 510 |
| 27396 | | Transplant of thigh tendon | 3 | 510 |
| 27397 | | Transplants of thigh tendons | 3 | 510 |
| 27400 | | Revise thigh muscles/tendons | 3 | 510 |
| 27403 | | Repair of knee cartilage | 4 | 630 |
| 27405 | | Repair of knee ligament | 4 | 630 |
| 27407 | | Repair of knee ligament | 4 | 630 |
| 27409 | | Repair of knee ligaments | 4 | 630 |
| 27418 | | Repair degenerated kneecap | 3 | 510 |
| 27420 | | Revision of unstable kneecap | 3 | 510 |
| 27422 | | Revision of unstable kneecap | 7 | 995 |
| 27424 | | Revision/removal of kneecap | 3 | 510 |
| 27425 | | Lateral retinacular release | 7 | 995 |
| 27427 | | Reconstruction, knee | 3 | 510 |
| 27428 | | Reconstruction, knee | 4 | 630 |
| 27429 | | Reconstruction, knee | 4 | 630 |
| 27430 | | Revision of thigh muscles | 4 | 630 |
| 27435 | | Incision of knee joint | 4 | 630 |
| 27437 | | Revise kneecap | 4 | 630 |
| 27438 | | Revise kneecap with implant | 5 | 717 |
| 27440 | D | Revision of knee joint | 5 | 717 |
| 27441 | | Revision of knee joint | 5 | 717 |
| 27442 | | Revision of knee joint | 5 | 717 |
| 27443 | | Revision of knee joint | 5 | 717 |
| 27496 | A | Decompression of thigh/knee | 5 | 717 |
| 27497 | A | Decompression of thigh/knee | 3 | 510 |
| 27498 | A | Decompression of thigh/knee | 3 | 510 |
| 27499 | A | Decompression of thigh/knee | 3 | 510 |
| 27500 | | Treatment of thigh fracture | 1 | 333 |
| 27501 | | Treatment of thigh fracture | 2 | 446 |
| 27502 | | Treatment of thigh fracture | 2 | 446 |
| 27503 | | Treatment of thigh fracture | 3 | 510 |
| 27507 | D | Treatment of thigh fracture | 4 | 630 |
| 27508 | | Treatment of thigh fracture | 1 | 333 |
| 27509 | | Treatment of thigh fracture | 3 | 510 |
| 27510 | | Treatment of thigh fracture | 1 | 333 |
| 27511 | D | Treatment of thigh fracture | 4 | 630 |
| 27513 | D | Treatment of thigh fracture | 5 | 717 |
| 27516 | | Treat thigh fx growth plate | 1 | 333 |
| 27517 | | Treat thigh fx growth plate | 1 | 333 |
| 27520 | | Treat kneecap fracture | 1 | 333 |
| 27524 | D | Treat kneecap fracture | 3 | 510 |
| 27530 | | Treat knee fracture | 1 | 333 |
| 27532 | | Treat knee fracture | 1 | 333 |
| 27535 | D | Treat knee fracture | 3 | 510 |
| 27538 | | Treat knee fracture(s) | 1 | 333 |
| 27550 | | Treat knee dislocation | 1 | 333 |
| 27552 | | Treat knee dislocation | 1 | 333 |
| 27560 | | Treat kneecap dislocation | 1 | 333 |
| 27562 | | Treat kneecap dislocation | 1 | 333 |
| 27566 | | Treat kneecap dislocation | 2 | 446 |
| 27570 | | Fixation of knee joint | 1 | 333 |
| 27594 | A | Amputation follow-up surgery | 3 | 510 |
| 27600 | A | Decompression of lower leg | 3 | 510 |
| 27601 | A | Decompression of lower leg | 3 | 510 |
| 27602 | A | Decompression of lower leg | 3 | 510 |
| 27603 | | Drain lower leg lesion | 2 | 446 |
| 27604 | | Drain lower leg bursa | 2 | 446 |
| 27605 | | Incision of achilles tendon | 1 | 333 |
| 27606 | | Incision of achilles tendon | 1 | 333 |
| 27607 | | Treat lower leg bone lesion | 2 | 446 |
| 27610 | | Explore/treat ankle joint | 2 | 446 |
| 27612 | | Exploration of ankle joint | 3 | 510 |
| 27613 | D | Biopsy lower leg soft tissue | 1 | 333 |
| 27614 | | Biopsy lower leg soft tissue | 2 | 446 |
| 27615 | | Remove tumor, lower leg | 3 | 510 |
| 27618 | | Remove lower leg lesion | 2 | 446 |
| 27619 | | Remove lower leg lesion | 3 | 510 |
| 27620 | | Explore/treat ankle joint | 4 | 630 |
| 27625 | | Remove ankle joint lining | 4 | 630 |
| 27626 | | Remove ankle joint lining | 4 | 630 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 27630 | | Removal of tendon lesion | 3 | 510 |
| 27635 | | Remove lower leg bone lesion | 3 | 510 |
| 27637 | | Remove/graft leg bone lesion | 3 | 510 |
| 27638 | | Remove/graft leg bone lesion | 3 | 510 |
| 27640 | | Partial removal of tibia | 2 | 446 |
| 27641 | | Partial removal of fibula | 2 | 446 |
| 27647 | A | Extensive ankle/heel surgery | 3 | 510 |
| 27650 | | Repair achilles tendon | 3 | 510 |
| 27652 | | Repair/graft achilles tendon | 3 | 510 |
| 27654 | | Repair of achilles tendon | 3 | 510 |
| 27656 | | Repair leg fascia defect | 2 | 446 |
| 27658 | | Repair of leg tendon, each | 1 | 333 |
| 27659 | | Repair of leg tendon, each | 2 | 446 |
| 27664 | | Repair of leg tendon, each | 2 | 446 |
| 27665 | | Repair of leg tendon, each | 2 | 446 |
| 27675 | | Repair lower leg tendons | 2 | 446 |
| 27676 | | Repair lower leg tendons | 3 | 510 |
| 27680 | | Release of lower leg tendon | 3 | 510 |
| 27681 | | Release of lower leg tendons | 2 | 446 |
| 27685 | | Revision of lower leg tendon | 3 | 510 |
| 27686 | | Revise lower leg tendons | 3 | 510 |
| 27687 | | Revision of calf tendon | 3 | 510 |
| 27690 | | Revise lower leg tendon | 4 | 630 |
| 27691 | | Revise lower leg tendon | 4 | 630 |
| 27692 | | Revise additional leg tendon | 3 | 510 |
| 27695 | | Repair of ankle ligament | 2 | 446 |
| 27696 | | Repair of ankle ligaments | 2 | 446 |
| 27698 | | Repair of ankle ligament | 2 | 446 |
| 27700 | | Revision of ankle joint | 5 | 717 |
| 27704 | | Removal of ankle implant | 2 | 446 |
| 27705 | | Incision of tibia | 2 | 446 |
| 27707 | | Incision of fibula | 2 | 446 |
| 27709 | | Incision of tibia & fibula | 2 | 446 |
| 27715 | D | Revision of lower leg | 4 | 630 |
| 27730 | | Repair of tibia epiphysis | 2 | 446 |
| 27732 | | Repair of fibula epiphysis | 2 | 446 |
| 27734 | | Repair lower leg epiphyses | 2 | 446 |
| 27740 | | Repair of leg epiphyses | 2 | 446 |
| 27742 | | Repair of leg epiphyses | 2 | 446 |
| 27745 | | Reinforce tibia | 3 | 510 |
| 27750 | | Treatment of tibia fracture | 1 | 333 |
| 27752 | | Treatment of tibia fracture | 1 | 333 |
| 27756 | | Treatment of tibia fracture | 3 | 510 |
| 27758 | | Treatment of tibia fracture | 4 | 630 |
| 27759 | | Treatment of tibia fracture | 4 | 630 |
| 27760 | | Treatment of ankle fracture | 1 | 333 |
| 27762 | | Treatment of ankle fracture | 1 | 333 |
| 27766 | | Treatment of ankle fracture | 3 | 510 |
| 27780 | | Treatment of fibula fracture | 1 | 333 |
| 27781 | | Treatment of fibula fracture | 1 | 333 |
| 27784 | | Treatment of fibula fracture | 3 | 510 |
| 27786 | | Treatment of ankle fracture | 1 | 333 |
| 27788 | | Treatment of ankle fracture | 1 | 333 |
| 27792 | | Treatment of ankle fracture | 3 | 510 |
| 27808 | | Treatment of ankle fracture | 1 | 333 |
| 27810 | | Treatment of ankle fracture | 1 | 333 |
| 27814 | | Treatment of ankle fracture | 3 | 510 |
| 27816 | | Treatment of ankle fracture | 1 | 333 |
| 27818 | | Treatment of ankle fracture | 1 | 333 |
| 27822 | | Treatment of ankle fracture | 3 | 510 |
| 27823 | | Treatment of ankle fracture | 3 | 510 |
| 27824 | | Treat lower leg fracture | 1 | 333 |
| 27825 | | Treat lower leg fracture | 2 | 446 |
| 27826 | | Treat lower leg fracture | 3 | 510 |
| 27827 | | Treat lower leg fracture | 3 | 510 |
| 27828 | | Treat lower leg fracture | 4 | 630 |
| 27829 | | Treat lower leg joint | 2 | 446 |
| 27830 | | Treat lower leg dislocation | 1 | 333 |
| 27831 | | Treat lower leg dislocation | 1 | 333 |
| 27832 | | Treat lower leg dislocation | 2 | 446 |
| 27840 | | Treat ankle dislocation | 1 | 333 |
| 27842 | | Treat ankle dislocation | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 27846 | | Treat ankle dislocation | 3 | 510 |
| 27848 | | Treat ankle dislocation | 3 | 510 |
| 27860 | | Fixation of ankle joint | 1 | 333 |
| 27870 | | Fusion of ankle joint | 4 | 630 |
| 27871 | | Fusion of tibiofibular joint | 4 | 630 |
| 27884 | | Amputation follow-up surgery | 3 | 510 |
| 27889 | A | Amputation of foot at ankle | 3 | 510 |
| 27892 | A | Decompression of leg | 3 | 510 |
| 27893 | A | Decompression of leg | 3 | 510 |
| 27894 | A | Decompression of leg | 3 | 510 |
| 28002 | | Treatment of foot infection | 3 | 510 |
| 28003 | | Treatment of foot infection | 3 | 510 |
| 28005 | | Treat foot bone lesion | 3 | 510 |
| 28008 | | Incision of foot fascia | 3 | 510 |
| 28011 | A | Incision of toe tendons | 3 | 510 |
| 28020 | | Exploration of foot joint | 2 | 446 |
| 28022 | A | Exploration of foot joint | 2 | 446 |
| 28024 | A | Exploration of toe joint | 2 | 446 |
| 28030 | | Removal of foot nerve | 4 | 630 |
| 28035 | | Decompression of tibia nerve | 4 | 630 |
| 28043 | | Excision of foot lesion | 2 | 446 |
| 28045 | | Excision of foot lesion | 3 | 510 |
| 28046 | | Resection of tumor, foot | 3 | 510 |
| 28050 | | Biopsy of foot joint lining | 2 | 446 |
| 28052 | A | Biopsy of foot joint lining | 2 | 446 |
| 28054 | | Biopsy of toe joint lining | 2 | 446 |
| 28060 | | Partial removal, foot fascia | 2 | 446 |
| 28062 | | Removal of foot fascia | 3 | 510 |
| 28070 | | Removal of foot joint lining | 3 | 510 |
| 28072 | | Removal of foot joint lining | 3 | 510 |
| 28080 | | Removal of foot lesion | 3 | 510 |
| 28086 | | Excise foot tendon sheath | 2 | 446 |
| 28088 | | Excise foot tendon sheath | 2 | 446 |
| 28090 | | Removal of foot lesion | 3 | 510 |
| 28092 | | Removal of toe lesions | 3 | 510 |
| 28100 | | Removal of ankle/heel lesion | 2 | 446 |
| 28102 | | Remove/graft foot lesion | 3 | 510 |
| 28103 | | Remove/graft foot lesion | 3 | 510 |
| 28104 | | Removal of foot lesion | 2 | 446 |
| 28106 | | Remove/graft foot lesion | 3 | 510 |
| 28107 | | Remove/graft foot lesion | 3 | 510 |
| 28110 | | Part removal of metatarsal | 3 | 510 |
| 28111 | | Part removal of metatarsal | 3 | 510 |
| 28112 | | Part removal of metatarsal | 3 | 510 |
| 28113 | | Part removal of metatarsal | 3 | 510 |
| 28114 | | Removal of metatarsal heads | 3 | 510 |
| 28116 | | Revision of foot | 3 | 510 |
| 28118 | | Removal of heel bone | 4 | 630 |
| 28119 | | Removal of heel spur | 4 | 630 |
| 28120 | | Part removal of ankle/heel | 7 | 995 |
| 28122 | | Partial removal of foot bone | 3 | 510 |
| 28126 | A | Partial removal of toe | 3 | 510 |
| 28130 | | Removal of ankle bone | 3 | 510 |
| 28140 | | Removal of metatarsal | 3 | 510 |
| 28150 | | Removal of toe | 3 | 510 |
| 28153 | A | Partial removal of toe | 3 | 510 |
| 28160 | A | Partial removal of toe | 3 | 510 |
| 28171 | | Extensive foot surgery | 3 | 510 |
| 28173 | | Extensive foot surgery | 3 | 510 |
| 28175 | | Extensive foot surgery | 3 | 510 |
| 28192 | | Removal of foot foreign body | 2 | 446 |
| 28193 | | Removal of foot foreign body | 4 | 630 |
| 28200 | | Repair of foot tendon | 3 | 510 |
| 28202 | | Repair/graft of foot tendon | 3 | 510 |
| 28208 | | Repair of foot tendon | 3 | 510 |
| 28210 | | Repair/graft of foot tendon | 3 | 510 |
| 28222 | | Release of foot tendons | 1 | 333 |
| 28225 | | Release of foot tendon | 1 | 333 |
| 28226 | | Release of foot tendons | 1 | 333 |
| 28234 | A | Incision of foot tendon | 2 | 446 |
| 28238 | | Revision of foot tendon | 3 | 510 |
| 28240 | | Release of big toe | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 28250 | | Revision of foot fascia | 3 | 510 |
| 28260 | | Release of midfoot joint | 3 | 510 |
| 28261 | | Revision of foot tendon | 3 | 510 |
| 28262 | | Revision of foot and ankle | 4 | 630 |
| 28264 | | Release of midfoot joint | 1 | 333 |
| 28270 | A | Release of foot contracture | 3 | 510 |
| 28280 | | Fusion of toes | 2 | 446 |
| 28285 | | Repair of hammertoe | 3 | 510 |
| 28286 | | Repair of hammertoe | 4 | 630 |
| 28288 | | Partial removal of foot bone | 3 | 510 |
| 28289 | A* | Repair hallux rigidus | 3 | 510 |
| 28290 | | Correction of bunion | 2 | 446 |
| 28292 | | Correction of bunion | 2 | 446 |
| 28293 | | Correction of bunion | 3 | 510 |
| 28294 | | Correction of bunion | 3 | 510 |
| 28296 | | Correction of bunion | 3 | 510 |
| 28297 | | Correction of bunion | 3 | 510 |
| 28298 | | Correction of bunion | 3 | 510 |
| 28299 | | Correction of bunion | 5 | 717 |
| 28300 | | Incision of heel bone | 2 | 446 |
| 28302 | | Incision of ankle bone | 2 | 446 |
| 28304 | | Incision of midfoot bones | 2 | 446 |
| 28305 | | Incise/graft midfoot bones | 3 | 510 |
| 28306 | | Incision of metatarsal | 4 | 630 |
| 28307 | | Incision of metatarsal | 4 | 630 |
| 28308 | | Incision of metatarsal | 2 | 446 |
| 28309 | | Incision of metatarsals | 4 | 630 |
| 28310 | | Revision of big toe | 3 | 510 |
| 28312 | | Revision of toe | 3 | 510 |
| 28313 | | Repair deformity of toe | 2 | 446 |
| 28315 | | Removal of sesamoid bone | 4 | 630 |
| 28320 | | Repair of foot bones | 4 | 630 |
| 28322 | | Repair of metatarsals | 4 | 630 |
| 28340 | | Resect enlarged toe tissue | 4 | 630 |
| 28341 | | Resect enlarged toe | 4 | 630 |
| 28344 | | Repair extra toe(s) | 4 | 630 |
| 28345 | | Repair webbed toe(s) | 4 | 630 |
| 28400 | | Treatment of heel fracture | 1 | 333 |
| 28405 | | Treatment of heel fracture | 2 | 446 |
| 28406 | | Treatment of heel fracture | 2 | 446 |
| 28415 | | Treat heel fracture | 3 | 510 |
| 28420 | | Treat/graft heel fracture | 4 | 630 |
| 28435 | | Treatment of ankle fracture | 2 | 446 |
| 28436 | | Treatment of ankle fracture | 2 | 446 |
| 28445 | | Treat ankle fracture | 3 | 510 |
| 28456 | | Treat midfoot fracture | 2 | 446 |
| 28465 | | Treat midfoot fracture, each | 3 | 510 |
| 28476 | | Treat metatarsal fracture | 2 | 446 |
| 28485 | | Treat metatarsal fracture | 4 | 630 |
| 28496 | | Treat big toe fracture | 2 | 446 |
| 28505 | | Treat big toe fracture | 3 | 510 |
| 28525 | | Treat toe fracture | 3 | 510 |
| 28531 | A | Treat sesamoid bone fracture | 3 | 510 |
| 28545 | | Treat foot dislocation | 1 | 333 |
| 28546 | | Treat foot dislocation | 2 | 446 |
| 28555 | | Repair foot dislocation | 2 | 446 |
| 28575 | | Treat foot dislocation | 1 | 333 |
| 28576 | | Treat foot dislocation | 3 | 510 |
| 28585 | | Repair foot dislocation | 3 | 510 |
| 28605 | | Treat foot dislocation | 1 | 333 |
| 28606 | | Treat foot dislocation | 2 | 446 |
| 28615 | | Repair foot dislocation | 3 | 510 |
| 28635 | | Treat toe dislocation | 1 | 333 |
| 28636 | | Treat toe dislocation | 3 | 510 |
| 28645 | | Repair toe dislocation | 3 | 510 |
| 28665 | | Treat toe dislocation | 1 | 333 |
| 28666 | | Treat toe dislocation | 3 | 510 |
| 28675 | | Repair of toe dislocation | 3 | 510 |
| 28705 | | Fusion of foot bones | 4 | 630 |
| 28715 | | Fusion of foot bones | 4 | 630 |
| 28725 | | Fusion of foot bones | 4 | 630 |
| 28730 | | Fusion of foot bones | 4 | 630 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 28735 | | Fusion of foot bones | 4 | 630 |
| 28737 | | Revision of foot bones | 5 | 717 |
| 28740 | | Fusion of foot bones | 4 | 630 |
| 28750 | | Fusion of big toe joint | 4 | 630 |
| 28755 | | Fusion of big toe joint | 4 | 630 |
| 28760 | | Fusion of big toe joint | 4 | 630 |
| 28810 | | Amputation toe & metatarsal | 2 | 446 |
| 28820 | | Amputation of toe | 2 | 446 |
| 28825 | | Partial amputation of toe | 2 | 446 |
| 29800 | A | Jaw arthroscopy/surgery | 3 | 510 |
| 29804 | | Jaw arthroscopy/surgery | 3 | 510 |
| 29805 | | Shoulder arthroscopy, dx | 3 | 510 |
| 29806 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29807 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29819 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29820 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29821 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29822 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29823 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29824 | | Shoulder arthroscopy/surgery | 5 | 717 |
| 29825 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29826 | | Shoulder arthroscopy/surgery | 3 | 510 |
| 29827 | A* | Arthroscop rotator cuff repr | 5 | 717 |
| 29830 | | Elbow arthroscopy | 3 | 510 |
| 29834 | | Elbow arthroscopy/surgery | 3 | 510 |
| 29835 | | Elbow arthroscopy/surgery | 3 | 510 |
| 29836 | | Elbow arthroscopy/surgery | 3 | 510 |
| 29837 | | Elbow arthroscopy/surgery | 3 | 510 |
| 29838 | | Elbow arthroscopy/surgery | 3 | 510 |
| 29840 | | Wrist arthroscopy | 3 | 510 |
| 29843 | | Wrist arthroscopy/surgery | 3 | 510 |
| 29844 | | Wrist arthroscopy/surgery | 3 | 510 |
| 29845 | | Wrist arthroscopy/surgery | 3 | 510 |
| 29846 | | Wrist arthroscopy/surgery | 3 | 510 |
| 29847 | | Wrist arthroscopy/surgery | 3 | 510 |
| 29848 | A | Wrist endoscopy/surgery | 9 | 1339 |
| 29850 | | Knee arthroscopy/surgery | 4 | 630 |
| 29851 | | Knee arthroscopy/surgery | 4 | 630 |
| 29855 | | Tibial arthroscopy/surgery | 4 | 630 |
| 29856 | | Tibial arthroscopy/surgery | 4 | 630 |
| 29860 | A | Hip arthroscopy, dx | 4 | 630 |
| 29861 | A | Hip arthroscopy/surgery | 4 | 630 |
| 29862 | A | Hip arthroscopy/surgery | 9 | 1339 |
| 29863 | A | Hip arthroscopy/surgery | 4 | 630 |
| 29870 | | Knee arthroscopy, dx | 3 | 510 |
| 29871 | | Knee arthroscopy/drainage | 3 | 510 |
| 29874 | | Knee arthroscopy/surgery | 3 | 510 |
| 29875 | | Knee arthroscopy/surgery | 4 | 630 |
| 29876 | | Knee arthroscopy/surgery | 4 | 630 |
| 29877 | | Knee arthroscopy/surgery | 4 | 630 |
| 29879 | | Knee arthroscopy/surgery | 3 | 510 |
| 29880 | | Knee arthroscopy/surgery | 4 | 630 |
| 29881 | | Knee arthroscopy/surgery | 4 | 630 |
| 29882 | | Knee arthroscopy/surgery | 3 | 510 |
| 29883 | | Knee arthroscopy/surgery | 3 | 510 |
| 29884 | | Knee arthroscopy/surgery | 3 | 510 |
| 29885 | | Knee arthroscopy/surgery | 3 | 510 |
| 29886 | | Knee arthroscopy/surgery | 3 | 510 |
| 29887 | | Knee arthroscopy/surgery | 3 | 510 |
| 29888 | | Knee arthroscopy/surgery | 3 | 510 |
| 29889 | | Knee arthroscopy/surgery | 3 | 510 |
| 29891 | A | Ankle arthroscopy/surgery | 3 | 510 |
| 29892 | A | Ankle arthroscopy/surgery | 3 | 510 |
| 29893 | A | Scope, plantar fasciotomy | 9 | 1339 |
| 29894 | | Ankle arthroscopy/surgery | 3 | 510 |
| 29895 | | Ankle arthroscopy/surgery | 3 | 510 |
| 29897 | | Ankle arthroscopy/surgery | 3 | 510 |
| 29898 | | Ankle arthroscopy/surgery | 3 | 510 |
| 29899 | A* | Ankle arthroscopy/surgery | 3 | 510 |
| 29900 | | Mcp joint arthroscopy, dx | 3 | 510 |
| 29901 | | Mcp joint arthroscopy, surg | 3 | 510 |
| 29902 | | Mcp joint arthroscopy, surg | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 30115 | | Removal of nose polyp(s) | 2 | 446 |
| 30117 | | Removal of intranasal lesion | 3 | 510 |
| 30118 | | Removal of intranasal lesion | 3 | 510 |
| 30120 | | Revision of nose | 1 | 333 |
| 30124 | D | Removal of nose lesion | 1 | 333 |
| 30125 | | Removal of nose lesion | 2 | 446 |
| 30130 | | Removal of turbinate bones | 3 | 510 |
| 30140 | | Removal of turbinate bones | 2 | 446 |
| 30150 | | Partial removal of nose | 3 | 510 |
| 30160 | | Removal of nose | 4 | 630 |
| 30310 | | Remove nasal foreign body | 1 | 333 |
| 30320 | | Remove nasal foreign body | 2 | 446 |
| 30400 | | Reconstruction of nose | 4 | 630 |
| 30410 | | Reconstruction of nose | 5 | 717 |
| 30420 | | Reconstruction of nose | 5 | 717 |
| 30430 | | Revision of nose | 3 | 510 |
| 30435 | | Revision of nose | 5 | 717 |
| 30450 | | Revision of nose | 7 | 995 |
| 30460 | A | Revision of nose | 7 | 995 |
| 30462 | A | Revision of nose | 9 | 1339 |
| 30465 | A* | Repair nasal stenosis | 9 | 1339 |
| 30520 | | Repair of nasal septum | 4 | 630 |
| 30540 | | Repair nasal defect | 5 | 717 |
| 30545 | A | Repair nasal defect | 5 | 717 |
| 30560 | | Release of nasal adhesions | 2 | 446 |
| 30580 | | Repair upper jaw fistula | 4 | 630 |
| 30600 | | Repair mouth/nose fistula | 4 | 630 |
| 30620 | | Intranasal reconstruction | 7 | 995 |
| 30630 | | Repair nasal septum defect | 7 | 995 |
| 30801 | | Cauterization, inner nose | 1 | 333 |
| 30802 | | Cauterization, inner nose | 1 | 333 |
| 30903 | | Control of nosebleed | 1 | 333 |
| 30905 | | Control of nosebleed | 1 | 333 |
| 30906 | | Repeat control of nosebleed | 1 | 333 |
| 30915 | | Ligation, nasal sinus artery | 2 | 446 |
| 30920 | | Ligation, upper jaw artery | 3 | 510 |
| 30930 | A | Therapy, fracture of nose | 4 | 630 |
| 31020 | | Exploration, maxillary sinus | 2 | 446 |
| 31030 | | Exploration, maxillary sinus | 3 | 510 |
| 31032 | | Explore sinus,remove polyps | 4 | 630 |
| 31050 | | Exploration, sphenoid sinus | 2 | 446 |
| 31051 | | Sphenoid sinus surgery | 4 | 630 |
| 31070 | | Exploration of frontal sinus | 2 | 446 |
| 31075 | | Exploration of frontal sinus | 4 | 630 |
| 31080 | | Removal of frontal sinus | 4 | 630 |
| 31081 | A | Removal of frontal sinus | 4 | 630 |
| 31084 | | Removal of frontal sinus | 4 | 630 |
| 31085 | A | Removal of frontal sinus | 4 | 630 |
| 31086 | | Removal of frontal sinus | 4 | 630 |
| 31087 | A | Removal of frontal sinus | 4 | 630 |
| 31090 | | Exploration of sinuses | 5 | 717 |
| 31200 | | Removal of ethmoid sinus | 2 | 446 |
| 31201 | | Removal of ethmoid sinus | 5 | 717 |
| 31205 | | Removal of ethmoid sinus | 3 | 510 |
| 31233 | | Nasal/sinus endoscopy, dx | 2 | 446 |
| 31235 | | Nasal/sinus endoscopy, dx | 1 | 333 |
| 31237 | | Nasal/sinus endoscopy, surg | 2 | 446 |
| 31238 | | Nasal/sinus endoscopy, surg | 1 | 333 |
| 31239 | | Nasal/sinus endoscopy, surg | 4 | 630 |
| 31240 | | Nasal/sinus endoscopy, surg | 2 | 446 |
| 31254 | | Revision of ethmoid sinus | 3 | 510 |
| 31255 | | Removal of ethmoid sinus | 5 | 717 |
| 31256 | | Exploration maxillary sinus | 3 | 510 |
| 31267 | | Endoscopy, maxillary sinus | 3 | 510 |
| 31276 | | Sinus endoscopy, surgical | 3 | 510 |
| 31287 | | Nasal/sinus endoscopy, surg | 3 | 510 |
| 31288 | | Nasal/sinus endoscopy, surg | 3 | 510 |
| 31300 | | Removal of larynx lesion | 5 | 717 |
| 31320 | | Diagnostic incision, larynx | 2 | 446 |
| 31400 | A | Revision of larynx | 2 | 446 |
| 31420 | A | Removal of epiglottis | 2 | 446 |
| 31510 | | Laryngoscopy with biopsy | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 31511 | | Remove foreign body, larynx | 2 | 446 |
| 31512 | | Removal of larynx lesion | 2 | 446 |
| 31513 | | Injection into vocal cord | 2 | 446 |
| 31515 | | Laryngoscopy for aspiration | 1 | 333 |
| 31525 | | Diagnostic laryngoscopy | 1 | 333 |
| 31526 | | Diagnostic laryngoscopy | 2 | 446 |
| 31527 | | Laryngoscopy for treatment | 1 | 333 |
| 31528 | | Laryngoscopy and dilation | 2 | 446 |
| 31529 | | Laryngoscopy and dilation | 2 | 446 |
| 31530 | | Operative laryngoscopy | 2 | 446 |
| 31531 | | Operative laryngoscopy | 3 | 510 |
| 31535 | | Operative laryngoscopy | 2 | 446 |
| 31536 | | Operative laryngoscopy | 3 | 510 |
| 31540 | | Operative laryngoscopy | 3 | 510 |
| 31541 | | Operative laryngoscopy | 4 | 630 |
| 31560 | | Operative laryngoscopy | 5 | 717 |
| 31561 | | Operative laryngoscopy | 5 | 717 |
| 31570 | | Laryngoscopy with injection | 2 | 446 |
| 31571 | | Laryngoscopy with injection | 2 | 446 |
| 31576 | | Laryngoscopy with biopsy | 2 | 446 |
| 31577 | | Remove foreign body, larynx | 2 | 446 |
| 31578 | | Removal of larynx lesion | 2 | 446 |
| 31580 | | Revision of larynx | 5 | 717 |
| 31582 | | Revision of larynx | 5 | 717 |
| 31584 | D | Treat larynx fracture | 4 | 630 |
| 31585 | | Treat larynx fracture | 1 | 333 |
| 31586 | | Treat larynx fracture | 2 | 446 |
| 31588 | | Revision of larynx | 5 | 717 |
| 31590 | | Reinnervate larynx | 5 | 717 |
| 31595 | | Larynx nerve surgery | 2 | 446 |
| 31600 | D | Incision of windpipe | 2 | 446 |
| 31611 | | Surgery/speech prosthesis | 3 | 510 |
| 31612 | | Puncture/clear windpipe | 1 | 333 |
| 31613 | | Repair windpipe opening | 2 | 446 |
| 31614 | | Repair windpipe opening | 2 | 446 |
| 31615 | | Visualization of windpipe | 1 | 333 |
| 31622 | | Dx bronchoscope/wash | 1 | 333 |
| 31623 | A* | Dx bronchoscope/brush | 2 | 446 |
| 31624 | A* | Dx bronchoscope/lavage | 2 | 446 |
| 31625 | | Bronchoscopy with biopsy | 2 | 446 |
| 31628 | | Bronchoscopy with biopsy | 2 | 446 |
| 31629 | | Bronchoscopy with biopsy | 2 | 446 |
| 31630 | | Bronchoscopy with repair | 2 | 446 |
| 31631 | | Bronchoscopy with dilation | 2 | 446 |
| 31635 | | Remove foreign body, airway | 2 | 446 |
| 31640 | | Bronchoscopy & remove lesion | 2 | 446 |
| 31641 | | Bronchoscopy, treat blockage | 2 | 446 |
| 31643 | A* | Diag bronchoscope/catheter | 2 | 446 |
| 31645 | | Bronchoscopy, clear airways | 1 | 333 |
| 31646 | | Bronchoscopy, reclear airway | 1 | 333 |
| 31656 | | Bronchoscopy, inj for xray | 1 | 333 |
| 31700 | | Insertion of airway catheter | 1 | 333 |
| 31710 | D | Insertion of airway catheter | 1 | 333 |
| 31715 | D | Injection for bronchus x-ray | 1 | 333 |
| 31717 | | Bronchial brush biopsy | 1 | 333 |
| 31720 | | Clearance of airways | 1 | 333 |
| 31730 | | Intro, windpipe wire/tube | 1 | 333 |
| 31750 | | Repair of windpipe | 5 | 717 |
| 31755 | | Repair of windpipe | 2 | 446 |
| 31785 | D | Remove windpipe lesion | 4 | 630 |
| 31800 | D | Repair of windpipe injury | 2 | 446 |
| 31820 | | Closure of windpipe lesion | 1 | 333 |
| 31825 | | Repair of windpipe defect | 2 | 446 |
| 31830 | | Revise windpipe scar | 2 | 446 |
| 32000 | | Drainage of chest | 1 | 333 |
| 32002 | D | Treatment of collapsed lung | 2 | 446 |
| 32005 | D | Treat lung lining chemically | 2 | 446 |
| 32020 | D | Insertion of chest tube | 2 | 446 |
| 32400 | | Needle biopsy chest lining | 1 | 333 |
| 32405 | | Biopsy, lung or mediastinum | 1 | 333 |
| 32420 | | Puncture/clear lung | 1 | 333 |
| 33010 | | Drainage of heart sac | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 33011 | | Repeat drainage of heart sac | 2 | 446 |
| 33222 | A | Revise pocket, pacemaker | 2 | 446 |
| 33223 | A | Revise pocket, pacing-defib | 2 | 446 |
| 34101 | D | Removal of artery clot | 3 | 510 |
| 35188 | A | Repair blood vessel lesion | 4 | 630 |
| 35207 | A | Repair blood vessel lesion | 4 | 630 |
| 35875 | A | Removal of clot in graft | 9 | 1339 |
| 35876 | A | Removal of clot in graft | 9 | 1339 |
| 36260 | A | Insertion of infusion pump | 3 | 510 |
| 36261 | | Revision of infusion pump | 2 | 446 |
| 36262 | | Removal of infusion pump | 1 | 333 |
| 36488 | A | Insertion of catheter, vein | 1 | 333 |
| 36489 | | Insertion of catheter, vein | 1 | 333 |
| 36490 | A | Insertion of catheter, vein | 1 | 333 |
| 36491 | | Insertion of catheter, vein | 1 | 333 |
| 36530 | | Insertion of infusion pump | 3 | 510 |
| 36531 | | Revision of infusion pump | 2 | 446 |
| 36532 | | Removal of infusion pump | 1 | 333 |
| 36533 | | Insertion of access device | 3 | 510 |
| 36534 | | Revision of access device | 2 | 446 |
| 36535 | | Removal of access device | 1 | 333 |
| 36640 | | Insertion catheter, artery | 1 | 333 |
| 36800 | | Insertion of cannula | 3 | 510 |
| 36810 | | Insertion of cannula | 3 | 510 |
| 36815 | | Insertion of cannula | 3 | 510 |
| 36819 | | Av fusion/uppr arm vein | 9 | 1339 |
| 36820 | | Av fusion/forearm vein | 3 | 510 |
| 36821 | | Av fusion direct any site | 3 | 510 |
| 36825 | | Artery-vein graft | 4 | 630 |
| 36830 | | Artery-vein graft | 4 | 630 |
| 36831 | A* | Open thrombect av fistula | 9 | 1339 |
| 36832 | | Av fistula revision, open | 4 | 630 |
| 36833 | | Av fistula revision | 4 | 630 |
| 36835 | | Artery to vein shunt | 4 | 630 |
| 36860 | | External cannula declotting | 2 | 446 |
| 36861 | | Cannula declotting | 3 | 510 |
| 36870 | A* | Percut thrombect av fistula | 9 | 1339 |
| 37607 | A | Ligation of a-v fistula | 3 | 510 |
| 37609 | | Temporal artery procedure | 2 | 446 |
| 37650 | A | Revision of major vein | 2 | 446 |
| 37700 | | Revise leg vein | 2 | 446 |
| 37720 | | Removal of leg vein | 3 | 510 |
| 37730 | | Removal of leg veins | 3 | 510 |
| 37735 | | Removal of leg veins/lesion | 3 | 510 |
| 37760 | | Revision of leg veins | 3 | 510 |
| 37780 | | Revision of leg vein | 3 | 510 |
| 37785 | | Revise secondary varicosity | 3 | 510 |
| 37790 | A | Penile venous occlusion | 3 | 510 |
| 38300 | | Drainage, lymph node lesion | 1 | 333 |
| 38305 | | Drainage, lymph node lesion | 2 | 446 |
| 38308 | | Incision of lymph channels | 2 | 446 |
| 38500 | | Biopsy/removal, lymph nodes | 2 | 446 |
| 38505 | | Needle biopsy, lymph nodes | 1 | 333 |
| 38510 | | Biopsy/removal, lymph nodes | 2 | 446 |
| 38520 | | Biopsy/removal, lymph nodes | 2 | 446 |
| 38525 | | Biopsy/removal, lymph nodes | 2 | 446 |
| 38530 | | Biopsy/removal, lymph nodes | 2 | 446 |
| 38542 | | Explore deep node(s), neck | 2 | 446 |
| 38550 | | Removal, neck/armpit lesion | 3 | 510 |
| 38555 | | Removal, neck/armpit lesion | 4 | 630 |
| 38570 | A* | Laparoscopy, lymph node biop | 9 | 1339 |
| 38571 | A* | Laparoscopy, lymphadenectomy | 9 | 1339 |
| 38572 | A* | Laparoscopy, lymphadenectomy | 9 | 1339 |
| 38700 | D | Removal of lymph nodes, neck | 2 | 446 |
| 38740 | | Remove armpit lymph nodes | 2 | 446 |
| 38745 | | Remove armpit lymph nodes | 4 | 630 |
| 38760 | | Remove groin lymph nodes | 2 | 446 |
| 38790 | D | Inject for lymphatic x-ray | 1 | 333 |
| 40500 | | Partial excision of lip | 2 | 446 |
| 40510 | | Partial excision of lip | 2 | 446 |
| 40520 | | Partial excision of lip | 2 | 446 |
| 40525 | | Reconstruct lip with flap | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|-------------------------------|-------------|--------------|
| 40527 | | Reconstruct lip with flap | 2 | 446 |
| 40530 | | Partial removal of lip | 2 | 446 |
| 40650 | | Repair lip | 3 | 510 |
| 40652 | | Repair lip | 3 | 510 |
| 40654 | | Repair lip | 3 | 510 |
| 40700 | A | Repair cleft lip/nasal | 7 | 995 |
| 40701 | A | Repair cleft lip/nasal | 7 | 995 |
| 40720 | A | Repair cleft lip/nasal | 7 | 995 |
| 40761 | A | Repair cleft lip/nasal | 3 | 510 |
| 40801 | | Drainage of mouth lesion | 2 | 446 |
| 40805 | D | Removal, foreign body, mouth | 2 | 446 |
| 40806 | D | Incision of lip fold | 1 | 333 |
| 40814 | | Excise/repair mouth lesion | 2 | 446 |
| 40816 | | Excision of mouth lesion | 2 | 446 |
| 40818 | | Excise oral mucosa for graft | 1 | 333 |
| 40819 | | Excise lip or cheek fold | 1 | 333 |
| 40820 | D | Treatment of mouth lesion | 1 | 333 |
| 40831 | | Repair mouth laceration | 1 | 333 |
| 40840 | | Reconstruction of mouth | 2 | 446 |
| 40842 | | Reconstruction of mouth | 3 | 510 |
| 40843 | | Reconstruction of mouth | 3 | 510 |
| 40844 | | Reconstruction of mouth | 5 | 717 |
| 40845 | | Reconstruction of mouth | 5 | 717 |
| 41000 | D | Drainage of mouth lesion | 1 | 333 |
| 41005 | | Drainage of mouth lesion | 1 | 333 |
| 41006 | | Drainage of mouth lesion | 1 | 333 |
| 41007 | | Drainage of mouth lesion | 1 | 333 |
| 41008 | | Drainage of mouth lesion | 1 | 333 |
| 41009 | | Drainage of mouth lesion | 1 | 333 |
| 41010 | | Incision of tongue fold | 1 | 333 |
| 41015 | | Drainage of mouth lesion | 1 | 333 |
| 41016 | | Drainage of mouth lesion | 1 | 333 |
| 41017 | | Drainage of mouth lesion | 1 | 333 |
| 41018 | | Drainage of mouth lesion | 1 | 333 |
| 41105 | D | Biopsy of tongue | 2 | 446 |
| 41110 | D | Excision of tongue lesion | 1 | 333 |
| 41112 | | Excision of tongue lesion | 2 | 446 |
| 41113 | | Excision of tongue lesion | 2 | 446 |
| 41114 | | Excision of tongue lesion | 2 | 446 |
| 41115 | D | Excision of tongue fold | 1 | 333 |
| 41116 | | Excision of mouth lesion | 1 | 333 |
| 41120 | | Partial removal of tongue | 5 | 717 |
| 41250 | | Repair tongue laceration | 2 | 446 |
| 41251 | | Repair tongue laceration | 2 | 446 |
| 41252 | | Repair tongue laceration | 2 | 446 |
| 41500 | | Fixation of tongue | 1 | 333 |
| 41510 | | Tongue to lip surgery | 1 | 333 |
| 41520 | | Reconstruction, tongue fold | 2 | 446 |
| 41800 | | Drainage of gum lesion | 1 | 333 |
| 41805 | D | Removal foreign body, gum | 1 | 333 |
| 41806 | D | Removal foreign body, jawbone | 1 | 333 |
| 41827 | | Excision of gum lesion | 2 | 446 |
| 42000 | | Drainage mouth roof lesion | 2 | 446 |
| 42104 | D | Excision lesion, mouth roof | 2 | 446 |
| 42106 | D | Excision lesion, mouth roof | 2 | 446 |
| 42107 | | Excision lesion, mouth roof | 2 | 446 |
| 42120 | | Remove palate/lesion | 4 | 630 |
| 42140 | | Excision of uvula | 2 | 446 |
| 42145 | | Repair palate, pharynx/uvula | 5 | 717 |
| 42160 | D | Treatment mouth roof lesion | 1 | 333 |
| 42180 | | Repair palate | 1 | 333 |
| 42182 | | Repair palate | 2 | 446 |
| 42200 | | Reconstruct cleft palate | 5 | 717 |
| 42205 | | Reconstruct cleft palate | 5 | 717 |
| 42210 | | Reconstruct cleft palate | 5 | 717 |
| 42215 | | Reconstruct cleft palate | 7 | 995 |
| 42220 | | Reconstruct cleft palate | 5 | 717 |
| 42225 | D | Reconstruct cleft palate | 5 | 717 |
| 42226 | A | Lengthening of palate | 5 | 717 |
| 42235 | | Repair palate | 5 | 717 |
| 42260 | | Repair nose to lip fistula | 4 | 630 |
| 42281 | D | Insertion, palate prosthesis | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 42300 | | Drainage of salivary gland | 1 | 333 |
| 42305 | | Drainage of salivary gland | 2 | 446 |
| 42310 | | Drainage of salivary gland | 1 | 333 |
| 42320 | | Drainage of salivary gland | 1 | 333 |
| 42325 | | Create salivary cyst drain | 2 | 446 |
| 42335 | D | Removal of salivary stone | 3 | 510 |
| 42340 | | Removal of salivary stone | 2 | 446 |
| 42405 | | Biopsy of salivary gland | 2 | 446 |
| 42408 | | Excision of salivary cyst | 3 | 510 |
| 42409 | | Drainage of salivary cyst | 3 | 510 |
| 42410 | | Excise parotid gland/lesion | 3 | 510 |
| 42415 | A | Excise parotid gland/lesion | 3 | 510 |
| 42420 | | Excise parotid gland/lesion | 7 | 995 |
| 42425 | | Excise parotid gland/lesion | 7 | 995 |
| 42440 | | Excise submaxillary gland | 3 | 510 |
| 42450 | | Excise sublingual gland | 2 | 446 |
| 42500 | | Repair salivary duct | 3 | 510 |
| 42505 | | Repair salivary duct | 4 | 630 |
| 42507 | | Parotid duct diversion | 3 | 510 |
| 42508 | | Parotid duct diversion | 4 | 630 |
| 42509 | | Parotid duct diversion | 4 | 630 |
| 42510 | | Parotid duct diversion | 4 | 630 |
| 42600 | | Closure of salivary fistula | 1 | 333 |
| 42700 | | Drainage of tonsil abscess | 1 | 333 |
| 42720 | | Drainage of throat abscess | 1 | 333 |
| 42725 | | Drainage of throat abscess | 2 | 446 |
| 42802 | | Biopsy of throat | 1 | 333 |
| 42804 | | Biopsy of upper nose/throat | 1 | 333 |
| 42806 | | Biopsy of upper nose/throat | 2 | 446 |
| 42808 | | Excise pharynx lesion | 2 | 446 |
| 42810 | | Excision of neck cyst | 3 | 510 |
| 42815 | | Excision of neck cyst | 5 | 717 |
| 42820 | A | Remove tonsils and adenoids | 3 | 510 |
| 42821 | | Remove tonsils and adenoids | 5 | 717 |
| 42825 | A | Removal of tonsils | 4 | 630 |
| 42826 | | Removal of tonsils | 4 | 630 |
| 42830 | A | Removal of adenoids | 4 | 630 |
| 42831 | | Removal of adenoids | 4 | 630 |
| 42835 | A | Removal of adenoids | 4 | 630 |
| 42836 | | Removal of adenoids | 4 | 630 |
| 42860 | | Excision of tonsil tags | 3 | 510 |
| 42870 | | Excision of lingual tonsil | 3 | 510 |
| 42890 | A | Partial removal of pharynx | 7 | 995 |
| 42892 | A | Revision of pharyngeal walls | 7 | 995 |
| 42900 | | Repair throat wound | 1 | 333 |
| 42950 | | Reconstruction of throat | 2 | 446 |
| 42955 | | Surgical opening of throat | 2 | 446 |
| 42960 | | Control throat bleeding | 1 | 333 |
| 42962 | | Control throat bleeding | 2 | 446 |
| 42972 | A | Control nose/throat bleeding | 3 | 510 |
| 43200 | | Esophagus endoscopy | 1 | 333 |
| 43201 | A* | Esoph scope w/submucous inj | 1 | 333 |
| 43202 | | Esophagus endoscopy, biopsy | 1 | 333 |
| 43204 | | Esophagus endoscopy & inject | 1 | 333 |
| 43205 | A | Esophagus endoscopy/ligation | 1 | 333 |
| 43215 | | Esophagus endoscopy | 1 | 333 |
| 43216 | | Esophagus endoscopy/lesion | 1 | 333 |
| 43217 | | Esophagus endoscopy | 1 | 333 |
| 43219 | | Esophagus endoscopy | 1 | 333 |
| 43220 | | Esoph endoscopy, dilation | 1 | 333 |
| 43226 | | Esoph endoscopy, dilation | 1 | 333 |
| 43227 | | Esoph endoscopy, repair | 2 | 446 |
| 43228 | | Esoph endoscopy, ablation | 2 | 446 |
| 43231 | A* | Esoph endoscopy w/us exam | 2 | 446 |
| 43232 | A* | Esoph endoscopy w/us fn bx | 2 | 446 |
| 43234 | | Upper GI endoscopy, exam | 1 | 333 |
| 43235 | | Uppr gi endoscopy, diagnosis | 1 | 333 |
| 43236 | A* | Uppr gi scope w/submuc inj | 2 | 446 |
| 43239 | | Upper GI endoscopy, biopsy | 2 | 446 |
| 43240 | A* | Esoph endoscope w/drain cyst | 2 | 446 |
| 43241 | | Upper GI endoscopy with tube | 2 | 446 |
| 43242 | A* | Uppr gi endoscopy w/us fn bx | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 43243 | | Upper gi endoscopy & inject | 2 | 446 |
| 43244 | A | Upper GI endoscopy/ligation | 2 | 446 |
| 43245 | | Operative upper GI endoscopy | 2 | 446 |
| 43246 | | Place gastrostomy tube | 2 | 446 |
| 43247 | | Operative upper GI endoscopy | 2 | 446 |
| 43248 | | Uppr gi endoscopy/guide wire | 2 | 446 |
| 43249 | | Esoph endoscopy, dilation | 2 | 446 |
| 43250 | | Upper GI endoscopy/tumor | 2 | 446 |
| 43251 | | Operative upper GI endoscopy | 2 | 446 |
| 43255 | | Operative upper GI endoscopy | 2 | 446 |
| 43256 | A* | Uppr gi endoscopy w stent | 3 | 510 |
| 43258 | | Operative upper GI endoscopy | 3 | 510 |
| 43259 | | Endoscopic ultrasound exam | 3 | 510 |
| 43260 | | Endo cholangiopancreatograph | 2 | 446 |
| 43261 | | Endo cholangiopancreatograph | 2 | 446 |
| 43262 | | Endo cholangiopancreatograph | 2 | 446 |
| 43263 | | Endo cholangiopancreatograph | 2 | 446 |
| 43264 | | Endo cholangiopancreatograph | 2 | 446 |
| 43265 | | Endo cholangiopancreatograph | 2 | 446 |
| 43267 | | Endo cholangiopancreatograph | 2 | 446 |
| 43268 | | Endo cholangiopancreatograph | 2 | 446 |
| 43269 | | Endo cholangiopancreatograph | 2 | 446 |
| 43271 | | Endo cholangiopancreatograph | 2 | 446 |
| 43272 | | Endo cholangiopancreatograph | 2 | 446 |
| 43450 | | Dilate esophagus | 1 | 333 |
| 43453 | | Dilate esophagus | 1 | 333 |
| 43456 | | Dilate esophagus | 2 | 446 |
| 43458 | | Dilate esophagus | 2 | 446 |
| 43600 | | Biopsy of stomach | 1 | 333 |
| 43653 | A* | Laparoscopy, gastrostomy | 9 | 1339 |
| 43750 | | Place gastrostomy tube | 2 | 446 |
| 43760 | | Change gastrostomy tube | 1 | 333 |
| 43870 | | Repair stomach opening | 1 | 333 |
| 44100 | | Biopsy of bowel | 1 | 333 |
| 44312 | | Revision of ileostomy | 1 | 333 |
| 44340 | | Revision of colostomy | 3 | 510 |
| 44345 | D | Revision of colostomy | 4 | 630 |
| 44346 | D | Revision of colostomy | 4 | 630 |
| 44360 | | Small bowel endoscopy | 2 | 446 |
| 44361 | | Small bowel endoscopy/biopsy | 2 | 446 |
| 44363 | | Small bowel endoscopy | 2 | 446 |
| 44364 | | Small bowel endoscopy | 2 | 446 |
| 44365 | | Small bowel endoscopy | 2 | 446 |
| 44366 | | Small bowel endoscopy | 2 | 446 |
| 44369 | | Small bowel endoscopy | 2 | 446 |
| 44370 | A* | Small bowel endoscopy/stent | 9 | 1339 |
| 44372 | | Small bowel endoscopy | 2 | 446 |
| 44373 | | Small bowel endoscopy | 2 | 446 |
| 44376 | A | Small bowel endoscopy | 2 | 446 |
| 44377 | A | Small bowel endoscopy/biopsy | 2 | 446 |
| 44378 | A | Small bowel endoscopy | 2 | 446 |
| 44379 | A* | S bowel endoscope w/stent | 9 | 1339 |
| 44380 | | Small bowel endoscopy | 1 | 333 |
| 44382 | | Small bowel endoscopy | 1 | 333 |
| 44383 | A* | Ileoscopy w/stent | 9 | 1339 |
| 44385 | | Endoscopy of bowel pouch | 1 | 333 |
| 44386 | | Endoscopy, bowel pouch/biop | 1 | 333 |
| 44388 | | Colon endoscopy | 1 | 333 |
| 44389 | | Colonoscopy with biopsy | 1 | 333 |
| 44390 | | Colonoscopy for foreign body | 1 | 333 |
| 44391 | | Colonoscopy for bleeding | 1 | 333 |
| 44392 | | Colonoscopy & polypectomy | 1 | 333 |
| 44393 | | Colonoscopy, lesion removal | 1 | 333 |
| 44394 | | Colonoscopy w/snare | 1 | 333 |
| 45000 | | Drainage of pelvic abscess | 1 | 333 |
| 45005 | | Drainage of rectal abscess | 2 | 446 |
| 45020 | | Drainage of rectal abscess | 2 | 446 |
| 45100 | | Biopsy of rectum | 1 | 333 |
| 45108 | | Removal of anorectal lesion | 2 | 446 |
| 45150 | | Excision of rectal stricture | 2 | 446 |
| 45160 | A | Excision of rectal lesion | 2 | 446 |
| 45170 | | Excision of rectal lesion | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 45190 | A | Destruction, rectal tumor | 9 | 1339 |
| 45305 | | Proctosigmoidoscopy w/bx | 1 | 333 |
| 45307 | | Proctosigmoidoscopy fb | 1 | 333 |
| 45308 | | Proctosigmoidoscopy removal | 1 | 333 |
| 45309 | | Proctosigmoidoscopy removal | 1 | 333 |
| 45315 | | Proctosigmoidoscopy removal | 1 | 333 |
| 45317 | | Proctosigmoidoscopy bleed | 1 | 333 |
| 45320 | | Proctosigmoidoscopy ablate | 1 | 333 |
| 45321 | | Proctosigmoidoscopy volvul | 1 | 333 |
| 45331 | | Sigmoidoscopy and biopsy | 1 | 333 |
| 45332 | | Sigmoidoscopy w/fb removal | 1 | 333 |
| 45333 | | Sigmoidoscopy & polypectomy | 1 | 333 |
| 45334 | | Sigmoidoscopy for bleeding | 1 | 333 |
| 45335 | A* | Sigmoidoscope w/submub inj | 1 | 333 |
| 45337 | | Sigmoidoscopy & decompress | 1 | 333 |
| 45338 | | Sigmoidoscopy w/tumr remove | 1 | 333 |
| 45339 | | Sigmoidoscopy w/ablate tumr | 1 | 333 |
| 45340 | A* | Sig w/balloon dilation | 1 | 333 |
| 45355 | | Surgical colonoscopy | 1 | 333 |
| 45378 | | Diagnostic colonoscopy | 2 | 446 |
| 45379 | | Colonoscopy w/fb removal | 2 | 446 |
| 45380 | | Colonoscopy and biopsy | 2 | 446 |
| 45381 | A* | Colonoscope, submucous inj | 2 | 446 |
| 45382 | | Colonoscopy/control bleeding | 2 | 446 |
| 45383 | | Lesion removal colonoscopy | 2 | 446 |
| 45384 | | Lesion remove colonoscopy | 2 | 446 |
| 45385 | | Lesion removal colonoscopy | 2 | 446 |
| 45386 | A* | Colonoscope dilate stricture | 2 | 446 |
| 45500 | | Repair of rectum | 2 | 446 |
| 45505 | | Repair of rectum | 2 | 446 |
| 45560 | | Repair of rectocele | 2 | 446 |
| 45900 | | Reduction of rectal prolapse | 1 | 333 |
| 45905 | | Dilation of anal sphincter | 1 | 333 |
| 45910 | | Dilation of rectal narrowing | 1 | 333 |
| 45915 | | Remove rectal obstruction | 1 | 333 |
| 46020 | | Placement of seton | 3 | 510 |
| 46030 | | Removal of rectal marker | 1 | 333 |
| 46040 | | Incision of rectal abscess | 3 | 510 |
| 46045 | | Incision of rectal abscess | 2 | 446 |
| 46050 | | Incision of anal abscess | 1 | 333 |
| 46060 | | Incision of rectal abscess | 2 | 446 |
| 46080 | | Incision of anal sphincter | 3 | 510 |
| 46200 | | Removal of anal fissure | 2 | 446 |
| 46210 | | Removal of anal crypt | 2 | 446 |
| 46211 | | Removal of anal crypts | 2 | 446 |
| 46220 | | Removal of anal tab | 1 | 333 |
| 46250 | | Hemorrhoidectomy | 3 | 510 |
| 46255 | | Hemorrhoidectomy | 3 | 510 |
| 46257 | | Remove hemorrhoids & fissure | 3 | 510 |
| 46258 | | Remove hemorrhoids & fistula | 3 | 510 |
| 46260 | | Hemorrhoidectomy | 3 | 510 |
| 46261 | | Remove hemorrhoids & fissure | 4 | 630 |
| 46262 | | Remove hemorrhoids & fistula | 4 | 630 |
| 46270 | | Removal of anal fistula | 3 | 510 |
| 46275 | | Removal of anal fistula | 3 | 510 |
| 46280 | | Removal of anal fistula | 4 | 630 |
| 46285 | | Removal of anal fistula | 1 | 333 |
| 46288 | A | Repair anal fistula | 4 | 630 |
| 46608 | | Anoscopy/remove for body | 1 | 333 |
| 46610 | | Anoscopy/remove lesion | 1 | 333 |
| 46611 | | Anoscopy | 1 | 333 |
| 46612 | | Anoscopy/remove lesions | 1 | 333 |
| 46615 | A | Anoscopy | 2 | 446 |
| 46700 | | Repair of anal stricture | 3 | 510 |
| 46750 | | Repair of anal sphincter | 3 | 510 |
| 46753 | | Reconstruction of anus | 3 | 510 |
| 46754 | | Removal of suture from anus | 2 | 446 |
| 46760 | | Repair of anal sphincter | 2 | 446 |
| 46761 | A | Repair of anal sphincter | 3 | 510 |
| 46762 | A | Implant artificial sphincter | 7 | 995 |
| 46917 | A | Laser surgery, anal lesions | 1 | 333 |
| 46922 | | Excision of anal lesion(s) | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 46924 | | Destruction, anal lesion(s) | 1 | 333 |
| 46937 | | Cryotherapy of rectal lesion | 2 | 446 |
| 46938 | | Cryotherapy of rectal lesion | 2 | 446 |
| 47000 | | Needle biopsy of liver | 1 | 333 |
| 47510 | | Insert catheter, bile duct | 2 | 446 |
| 47511 | A | Insert bile duct drain | 9 | 1339 |
| 47525 | | Change bile duct catheter | 1 | 333 |
| 47530 | | Revise/reinsert bile tube | 1 | 333 |
| 47552 | | Biliary endoscopy thru skin | 2 | 446 |
| 47553 | | Biliary endoscopy thru skin | 3 | 510 |
| 47554 | | Biliary endoscopy thru skin | 3 | 510 |
| 47555 | | Biliary endoscopy thru skin | 3 | 510 |
| 47556 | A | Biliary endoscopy thru skin | 9 | 1339 |
| 47560 | | Laparoscopy w/cholangio | 3 | 510 |
| 47561 | | Laparo w/cholangio/biopsy | 3 | 510 |
| 47630 | | Remove bile duct stone | 3 | 510 |
| 48102 | | Needle biopsy, pancreas | 1 | 333 |
| 49000 | D | Exploration of abdomen | 4 | 630 |
| 49080 | | Puncture, peritoneal cavity | 2 | 446 |
| 49081 | | Removal of abdominal fluid | 2 | 446 |
| 49085 | | Remove abdomen foreign body | 2 | 446 |
| 49180 | | Biopsy, abdominal mass | 1 | 333 |
| 49250 | | Excision of umbilicus | 4 | 630 |
| 49320 | | Diag laparo separate proc | 3 | 510 |
| 49321 | | Laparoscopy, biopsy | 4 | 630 |
| 49322 | | Laparoscopy, aspiration | 4 | 630 |
| 49400 | D | Air injection into abdomen | 1 | 333 |
| 49420 | | Insert abdominal drain | 1 | 333 |
| 49421 | | Insert abdominal drain | 1 | 333 |
| 49422 | A | Remove perm cannula/catheter | 1 | 333 |
| 49425 | D | Insert abdomen-venous drain | 2 | 446 |
| 49426 | | Revise abdomen-venous shunt | 2 | 446 |
| 49495 | A | Rpr ing hernia baby, reduc | 4 | 630 |
| 49496 | A | Rpr ing hernia baby, blocked | 4 | 630 |
| 49500 | A | Rpr ing hernia, init, reduce | 4 | 630 |
| 49501 | A | Rpr ing hernia, init blocked | 9 | 1339 |
| 49505 | | Rpr i/hern init reduc>5 yr | 4 | 630 |
| 49507 | A | Rpr i/hern init block>5 yr | 9 | 1339 |
| 49520 | | Rerepair ing hernia, reduce | 7 | 995 |
| 49521 | A | Rerepair ing hernia, blocked | 9 | 1339 |
| 49525 | | Repair ing hernia, sliding | 4 | 630 |
| 49540 | | Repair lumbar hernia | 2 | 446 |
| 49550 | | Rpr fem hernia, init, reduce | 5 | 717 |
| 49553 | A | Rpr fem hernia, init blocked | 9 | 1339 |
| 49555 | | Rerepair fem hernia, reduce | 5 | 717 |
| 49557 | A | Rerepair fem hernia, blocked | 9 | 1339 |
| 49560 | | Rpr ventral hern init, reduc | 4 | 630 |
| 49561 | A | Rpr ventral hern init, block | 9 | 1339 |
| 49565 | | Rerepair ventrl hern, reduce | 4 | 630 |
| 49566 | A | Rerepair ventrl hern, block | 9 | 1339 |
| 49568 | A | Hernia repair w/mesh | 7 | 995 |
| 49570 | | Rpr epigastric hern, reduce | 4 | 630 |
| 49572 | A | Rpr epigastric hern, blocked | 9 | 1339 |
| 49580 | A | Rpr umbil hern, reduc <5 yr | 4 | 630 |
| 49582 | A | Rpr umbil hern, block < 5 yr | 9 | 1339 |
| 49585 | | Rpr umbil hern, reduc > 5 yr | 4 | 630 |
| 49587 | A | Rpr umbil hern, block > 5 yr | 9 | 1339 |
| 49590 | | Repair spigelian hernia | 3 | 510 |
| 49600 | A | Repair umbilical lesion | 4 | 630 |
| 49650 | | Laparo hernia repair initial | 4 | 630 |
| 49651 | | Laparo hernia repair recur | 7 | 995 |
| 50020 | D | Renal abscess, open drain | 2 | 446 |
| 50040 | D | Drainage of kidney | 3 | 510 |
| 50200 | | Biopsy of kidney | 1 | 333 |
| 50390 | | Drainage of kidney lesion | 1 | 333 |
| 50392 | | Insert kidney drain | 1 | 333 |
| 50393 | | Insert ureteral tube | 1 | 333 |
| 50395 | | Create passage to kidney | 1 | 333 |
| 50396 | | Measure kidney pressure | 1 | 333 |
| 50398 | | Change kidney tube | 1 | 333 |
| 50520 | D | Close kidney-skin fistula | 1 | 333 |
| 50551 | | Kidney endoscopy | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 50553 | | Kidney endoscopy | 1 | 333 |
| 50555 | | Kidney endoscopy & biopsy | 1 | 333 |
| 50557 | | Kidney endoscopy & treatment | 1 | 333 |
| 50559 | | Renal endoscopy/radiotracer | 1 | 333 |
| 50561 | | Kidney endoscopy & treatment | 1 | 333 |
| 50570 | D | Kidney endoscopy | 1 | 333 |
| 50572 | D | Kidney endoscopy | 1 | 333 |
| 50574 | D | Kidney endoscopy & biopsy | 1 | 333 |
| 50576 | D | Kidney endoscopy & treatment | 1 | 333 |
| 50578 | D | Renal endoscopy/radiotracer | 1 | 333 |
| 50580 | D | Kidney endoscopy & treatment | 1 | 333 |
| 50684 | D | Injection for ureter x-ray | 1 | 333 |
| 50688 | | Change of ureter tube | 1 | 333 |
| 50690 | D | Injection for ureter x-ray | 1 | 333 |
| 50947 | A* | Laparo new ureter/bladder | 9 | 1339 |
| 50948 | A* | Laparo new ureter/bladder | 9 | 1339 |
| 50951 | | Endoscopy of ureter | 1 | 333 |
| 50953 | | Endoscopy of ureter | 1 | 333 |
| 50955 | | Ureter endoscopy & biopsy | 1 | 333 |
| 50957 | | Ureter endoscopy & treatment | 1 | 333 |
| 50959 | | Ureter endoscopy & tracer | 1 | 333 |
| 50961 | | Ureter endoscopy & treatment | 1 | 333 |
| 50970 | | Ureter endoscopy | 1 | 333 |
| 50972 | | Ureter endoscopy & catheter | 1 | 333 |
| 50974 | | Ureter endoscopy & biopsy | 1 | 333 |
| 50976 | | Ureter endoscopy & treatment | 1 | 333 |
| 50978 | | Ureter endoscopy & tracer | 1 | 333 |
| 50980 | | Ureter endoscopy & treatment | 1 | 333 |
| 51005 | D | Drainage of bladder | 1 | 333 |
| 51010 | | Drainage of bladder | 1 | 333 |
| 51020 | | Incise & treat bladder | 4 | 630 |
| 51030 | | Incise & treat bladder | 4 | 630 |
| 51040 | | Incise & drain bladder | 4 | 630 |
| 51045 | | Incise bladder/drain ureter | 4 | 630 |
| 51050 | A | Removal of bladder stone | 4 | 630 |
| 51065 | A | Remove ureter calculus | 4 | 630 |
| 51080 | A | Drainage of bladder abscess | 1 | 333 |
| 51500 | | Removal of bladder cyst | 4 | 630 |
| 51520 | A | Removal of bladder lesion | 4 | 630 |
| 51600 | D | Injection for bladder x-ray | 1 | 333 |
| 51605 | D | Preparation for bladder xray | 1 | 333 |
| 51610 | D | Injection for bladder x-ray | 1 | 333 |
| 51710 | | Change of bladder tube | 1 | 333 |
| 51715 | A | Endoscopic injection/implant | 3 | 510 |
| 51725 | D | Simple cystometrogram | 1 | 333 |
| 51726 | | Complex cystometrogram | 1 | 333 |
| 51772 | | Urethra pressure profile | 1 | 333 |
| 51785 | | Anal/urinary muscle study | 1 | 333 |
| 51865 | D | Repair of bladder wound | 4 | 630 |
| 51880 | | Repair of bladder opening | 1 | 333 |
| 51900 | D | Repair bladder/vagina lesion | 4 | 630 |
| 51920 | D | Close bladder-uterus fistula | 3 | 510 |
| 52000 | | Cystoscopy | 1 | 333 |
| 52001 | | Cystoscopy, removal of clots | 2 | 446 |
| 52005 | | Cystoscopy & ureter catheter | 2 | 446 |
| 52007 | | Cystoscopy and biopsy | 2 | 446 |
| 52010 | | Cystoscopy & duct catheter | 2 | 446 |
| 52204 | | Cystoscopy | 2 | 446 |
| 52214 | | Cystoscopy and treatment | 2 | 446 |
| 52224 | | Cystoscopy and treatment | 2 | 446 |
| 52234 | | Cystoscopy and treatment | 2 | 446 |
| 52235 | | Cystoscopy and treatment | 3 | 510 |
| 52240 | | Cystoscopy and treatment | 3 | 510 |
| 52250 | | Cystoscopy and radiotracer | 4 | 630 |
| 52260 | | Cystoscopy and treatment | 2 | 446 |
| 52270 | | Cystoscopy & revise urethra | 2 | 446 |
| 52275 | | Cystoscopy & revise urethra | 2 | 446 |
| 52276 | | Cystoscopy and treatment | 3 | 510 |
| 52277 | | Cystoscopy and treatment | 2 | 446 |
| 52281 | | Cystoscopy and treatment | 2 | 446 |
| 52282 | A | Cystoscopy, implant stent | 9 | 1339 |
| 52283 | | Cystoscopy and treatment | 2 | 446 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 52285 | | Cystoscopy and treatment | 2 | 446 |
| 52290 | | Cystoscopy and treatment | 2 | 446 |
| 52300 | | Cystoscopy and treatment | 2 | 446 |
| 52305 | | Cystoscopy and treatment | 2 | 446 |
| 52310 | | Cystoscopy and treatment | 2 | 446 |
| 52315 | | Cystoscopy and treatment | 2 | 446 |
| 52317 | | Remove bladder stone | 1 | 333 |
| 52318 | | Remove bladder stone | 2 | 446 |
| 52320 | | Cystoscopy and treatment | 5 | 717 |
| 52325 | | Cystoscopy, stone removal | 4 | 630 |
| 52327 | A | Cystoscopy, inject material | 2 | 446 |
| 52330 | | Cystoscopy and treatment | 2 | 446 |
| 52332 | | Cystoscopy and treatment | 2 | 446 |
| 52334 | | Create passage to kidney | 3 | 510 |
| 52341 | A* | Cysto w/ureter stricture tx | 3 | 510 |
| 52342 | A* | Cysto w/up stricture tx | 3 | 510 |
| 52343 | A* | Cysto w/renal stricture tx | 3 | 510 |
| 52344 | A* | Cysto/uretero, stone remove | 3 | 510 |
| 52345 | A* | Cysto/uretero w/up stricture | 3 | 510 |
| 52346 | A* | Cystouretero w/renal strict | 3 | 510 |
| 52351 | | Cystouretero & or pyeloscope | 3 | 510 |
| 52352 | | Cystouretero w/stone remove | 4 | 630 |
| 52353 | | Cystouretero w/lithotripsy | 4 | 630 |
| 52354 | | Cystouretero w/biopsy | 4 | 630 |
| 52355 | A | Cystouretero w/excise tumor | 4 | 630 |
| 52400 | | Cystouretero w/congen repr | 3 | 510 |
| 52450 | | Incision of prostate | 3 | 510 |
| 52500 | | Revision of bladder neck | 3 | 510 |
| 52510 | A | Dilation prostatic urethra | 3 | 510 |
| 52601 | | Prostatectomy (TURP) | 4 | 630 |
| 52606 | | Control postop bleeding | 1 | 333 |
| 52612 | | Prostatectomy, first stage | 2 | 446 |
| 52614 | | Prostatectomy, second stage | 1 | 333 |
| 52620 | | Remove residual prostate | 1 | 333 |
| 52630 | | Remove prostate regrowth | 2 | 446 |
| 52640 | | Relieve bladder contracture | 2 | 446 |
| 52647 | A | Laser surgery of prostate | 9 | 1339 |
| 52648 | A | Laser surgery of prostate | 9 | 1339 |
| 52700 | | Drainage of prostate abscess | 2 | 446 |
| 53000 | | Incision of urethra | 1 | 333 |
| 53010 | | Incision of urethra | 1 | 333 |
| 53020 | | Incision of urethra | 1 | 333 |
| 53040 | | Drainage of urethra abscess | 2 | 446 |
| 53080 | A | Drainage of urinary leakage | 3 | 510 |
| 53200 | | Biopsy of urethra | 1 | 333 |
| 53210 | | Removal of urethra | 5 | 717 |
| 53215 | | Removal of urethra | 5 | 717 |
| 53220 | | Treatment of urethra lesion | 2 | 446 |
| 53230 | | Removal of urethra lesion | 2 | 446 |
| 53235 | | Removal of urethra lesion | 3 | 510 |
| 53240 | | Surgery for urethra pouch | 2 | 446 |
| 53250 | | Removal of urethra gland | 2 | 446 |
| 53260 | | Treatment of urethra lesion | 2 | 446 |
| 53265 | | Treatment of urethra lesion | 2 | 446 |
| 53270 | A | Removal of urethra gland | 2 | 446 |
| 53275 | | Repair of urethra defect | 2 | 446 |
| 53400 | | Revise urethra, stage 1 | 3 | 510 |
| 53405 | | Revise urethra, stage 2 | 2 | 446 |
| 53410 | | Reconstruction of urethra | 2 | 446 |
| 53420 | | Reconstruct urethra, stage 1 | 3 | 510 |
| 53425 | | Reconstruct urethra, stage 2 | 2 | 446 |
| 53430 | | Reconstruction of urethra | 2 | 446 |
| 53431 | | Reconstruct urethra/bladder | 2 | 446 |
| 53440 | | Correct bladder function | 2 | 446 |
| 53442 | | Remove perineal prosthesis | 1 | 333 |
| 53444 | | Insert tandem cuff | 2 | 446 |
| 53445 | | Insert uro/ves nck sphincter | 1 | 333 |
| 53446 | | Remove uro sphincter | 1 | 333 |
| 53447 | | Remove/replace ur sphincter | 1 | 333 |
| 53449 | | Repair uro sphincter | 1 | 333 |
| 53450 | | Revision of urethra | 1 | 333 |
| 53460 | | Revision of urethra | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 53502 | | Repair of urethra injury | 2 | 446 |
| 53505 | | Repair of urethra injury | 2 | 446 |
| 53510 | | Repair of urethra injury | 2 | 446 |
| 53515 | | Repair of urethra injury | 2 | 446 |
| 53520 | | Repair of urethra defect | 2 | 446 |
| 53605 | | Dilate urethra stricture | 2 | 446 |
| 53665 | | Dilation of urethra | 1 | 333 |
| 53850 | A | Prostatic microwave thermotx | 9 | 1339 |
| 54000 | A | Slitting of prepuce | 2 | 446 |
| 54001 | | Slitting of prepuce | 2 | 446 |
| 54015 | | Drain penis lesion | 4 | 630 |
| 54057 | | Laser surg, penis lesion(s) | 1 | 333 |
| 54060 | | Excision of penis lesion(s) | 1 | 333 |
| 54065 | | Destruction, penis lesion(s) | 1 | 333 |
| 54100 | | Biopsy of penis | 1 | 333 |
| 54105 | | Biopsy of penis | 1 | 333 |
| 54110 | | Treatment of penis lesion | 2 | 446 |
| 54111 | A | Treat penis lesion, graft | 2 | 446 |
| 54112 | A | Treat penis lesion, graft | 2 | 446 |
| 54115 | | Treatment of penis lesion | 1 | 333 |
| 54120 | | Partial removal of penis | 2 | 446 |
| 54125 | D | Removal of penis | 2 | 446 |
| 54150 | A | Circumcision | 1 | 333 |
| 54152 | | Circumcision | 1 | 333 |
| 54160 | A | Circumcision | 2 | 446 |
| 54161 | | Circumcision | 2 | 446 |
| 54162 | | Lysis penil circumcis lesion | 2 | 446 |
| 54163 | | Repair of circumcision | 2 | 446 |
| 54164 | | Frenulotomy of penis | 2 | 446 |
| 54205 | | Treatment of penis lesion | 4 | 630 |
| 54220 | | Treatment of penis lesion | 1 | 333 |
| 54300 | | Revision of penis | 3 | 510 |
| 54304 | A | Revision of penis | 3 | 510 |
| 54308 | A | Reconstruction of urethra | 3 | 510 |
| 54312 | A | Reconstruction of urethra | 3 | 510 |
| 54316 | A | Reconstruction of urethra | 3 | 510 |
| 54318 | A | Reconstruction of urethra | 3 | 510 |
| 54322 | A | Reconstruction of urethra | 3 | 510 |
| 54324 | A | Reconstruction of urethra | 3 | 510 |
| 54326 | A | Reconstruction of urethra | 3 | 510 |
| 54328 | A | Revise penis/urethra | 3 | 510 |
| 54340 | A | Secondary urethral surgery | 3 | 510 |
| 54344 | A | Secondary urethral surgery | 3 | 510 |
| 54348 | A | Secondary urethral surgery | 3 | 510 |
| 54352 | A | Reconstruct urethra/penis | 3 | 510 |
| 54360 | | Penis plastic surgery | 3 | 510 |
| 54380 | A | Repair penis | 3 | 510 |
| 54385 | A | Repair penis | 3 | 510 |
| 54400 | A | Insert semi-rigid prosthesis | 3 | 510 |
| 54401 | A | Insert self-contd prosthesis | 3 | 510 |
| 54405 | A | Insert multi-comp penis pros | 3 | 510 |
| 54406 | A | Remove multi-comp penis pros | 3 | 510 |
| 54408 | A | Repair multi-comp penis pros | 3 | 510 |
| 54410 | A | Remove/replace penis prosth | 3 | 510 |
| 54415 | A | Remove self-contd penis pros | 3 | 510 |
| 54416 | A | Remv/repl penis contain pros | 3 | 510 |
| 54420 | | Revision of penis | 4 | 630 |
| 54435 | | Revision of penis | 4 | 630 |
| 54440 | | Repair of penis | 4 | 630 |
| 54450 | | Preputial stretching | 1 | 333 |
| 54500 | | Biopsy of testis | 1 | 333 |
| 54505 | | Biopsy of testis | 1 | 333 |
| 54512 | | Excise lesion testis | 7 | 995 |
| 54520 | | Removal of testis | 3 | 510 |
| 54522 | A | Orchiectomy, partial | 3 | 510 |
| 54530 | | Removal of testis | 4 | 630 |
| 54550 | | Exploration for testis | 4 | 630 |
| 54600 | | Reduce testis torsion | 4 | 630 |
| 54620 | | Suspension of testis | 3 | 510 |
| 54640 | | Suspension of testis | 4 | 630 |
| 54660 | | Revision of testis | 2 | 446 |
| 54670 | | Repair testis injury | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 54680 | | Relocation of testis(es) | 3 | 510 |
| 54690 | A* | Laparoscopy, orchiectomy | 9 | 1339 |
| 54700 | | Drainage of scrotum | 2 | 446 |
| 54800 | | Biopsy of epididymis | 1 | 333 |
| 54820 | | Exploration of epididymis | 1 | 333 |
| 54830 | | Remove epididymis lesion | 3 | 510 |
| 54840 | | Remove epididymis lesion | 4 | 630 |
| 54860 | | Removal of epididymis | 3 | 510 |
| 54861 | | Removal of epididymis | 4 | 630 |
| 54900 | | Fusion of spermatic ducts | 4 | 630 |
| 54901 | | Fusion of spermatic ducts | 4 | 630 |
| 55040 | | Removal of hydrocele | 3 | 510 |
| 55041 | | Removal of hydroceles | 5 | 717 |
| 55060 | | Repair of hydrocele | 4 | 630 |
| 55100 | | Drainage of scrotum abscess | 1 | 333 |
| 55110 | | Explore scrotum | 2 | 446 |
| 55120 | | Removal of scrotum lesion | 2 | 446 |
| 55150 | | Removal of scrotum | 1 | 333 |
| 55175 | | Revision of scrotum | 1 | 333 |
| 55180 | | Revision of scrotum | 2 | 446 |
| 55200 | | Incision of sperm duct | 2 | 446 |
| 55250 | A | Removal of sperm duct(s) | 2 | 446 |
| 55400 | | Repair of sperm duct | 1 | 333 |
| 55500 | | Removal of hydrocele | 3 | 510 |
| 55520 | | Removal of sperm cord lesion | 4 | 630 |
| 55530 | | Revise spermatic cord veins | 4 | 630 |
| 55535 | | Revise spermatic cord veins | 4 | 630 |
| 55540 | | Revise hernia & sperm veins | 5 | 717 |
| 55550 | A | Laparo ligate spermatic vein | 9 | 1339 |
| 55600 | D | Incise sperm duct pouch | 1 | 333 |
| 55605 | D | Incise sperm duct pouch | 1 | 333 |
| 55650 | D | Remove sperm duct pouch | 1 | 333 |
| 55680 | | Remove sperm pouch lesion | 1 | 333 |
| 55700 | | Biopsy of prostate | 2 | 446 |
| 55705 | | Biopsy of prostate | 2 | 446 |
| 55720 | | Drainage of prostate abscess | 1 | 333 |
| 55725 | A | Drainage of prostate abscess | 2 | 446 |
| 55859 | A | Percut/needle insert, pros | 9 | 1339 |
| 56405 | D | I & D of vulva/perineum | 2 | 446 |
| 56440 | | Surgery for vulva lesion | 2 | 446 |
| 56441 | | Lysis of labial lesion(s) | 1 | 333 |
| 56515 | | Destroy vulva lesion/s compl | 3 | 510 |
| 56605 | D | Biopsy of vulva/perineum | 1 | 333 |
| 56620 | | Partial removal of vulva | 5 | 717 |
| 56625 | | Complete removal of vulva | 7 | 995 |
| 56700 | | Partial removal of hymen | 1 | 333 |
| 56720 | | Incision of hymen | 1 | 333 |
| 56740 | | Remove vagina gland lesion | 3 | 510 |
| 56800 | | Repair of vagina | 3 | 510 |
| 56810 | | Repair of perineum | 5 | 717 |
| 57000 | | Exploration of vagina | 1 | 333 |
| 57010 | | Drainage of pelvic abscess | 2 | 446 |
| 57020 | | Drainage of pelvic fluid | 2 | 446 |
| 57023 | A* | I & d vag hematoma, non-ob | 1 | 333 |
| 57065 | | Destroy vag lesions, complex | 1 | 333 |
| 57105 | | Biopsy of vagina | 2 | 446 |
| 57130 | | Remove vagina lesion | 2 | 446 |
| 57135 | | Remove vagina lesion | 2 | 446 |
| 57180 | | Treat vaginal bleeding | 1 | 333 |
| 57200 | | Repair of vagina | 1 | 333 |
| 57210 | | Repair vagina/perineum | 2 | 446 |
| 57220 | | Revision of urethra | 3 | 510 |
| 57230 | | Repair of urethral lesion | 3 | 510 |
| 57240 | | Repair bladder & vagina | 5 | 717 |
| 57250 | | Repair rectum & vagina | 5 | 717 |
| 57260 | | Repair of vagina | 5 | 717 |
| 57265 | | Extensive repair of vagina | 7 | 995 |
| 57268 | | Repair of bowel bulge | 3 | 510 |
| 57289 | A | Repair bladder & vagina | 5 | 717 |
| 57291 | A | Construction of vagina | 5 | 717 |
| 57300 | | Repair rectum-vagina fistula | 3 | 510 |
| 57310 | D | Repair urethrovaginal lesion | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 57311 | D | Repair urethrovaginal lesion | 4 | 630 |
| 57320 | D | Repair bladder-vagina lesion | 3 | 510 |
| 57400 | | Dilation of vagina | 2 | 446 |
| 57410 | | Pelvic examination | 2 | 446 |
| 57415 | A | Remove vaginal foreign body | 2 | 446 |
| 57513 | | Laser surgery of cervix | 2 | 446 |
| 57520 | | Conization of cervix | 2 | 446 |
| 57522 | | Conization of cervix | 2 | 446 |
| 57530 | | Removal of cervix | 3 | 510 |
| 57550 | | Removal of residual cervix | 3 | 510 |
| 57556 | A | Remove cervix, repair bowel | 5 | 717 |
| 57700 | | Revision of cervix | 1 | 333 |
| 57720 | | Revision of cervix | 3 | 510 |
| 57800 | D | Dilation of cervical canal | 1 | 333 |
| 57820 | | D & c of residual cervix | 3 | 510 |
| 58120 | | Dilation and curettage | 2 | 446 |
| 58145 | | Removal of uterus lesion | 5 | 717 |
| 58350 | A | Reopen fallopian tube | 3 | 510 |
| 58353 | | Endometr ablate, thermal | 4 | 630 |
| 58545 | A | Laparoscopic myomectomy | 9 | 1339 |
| 58546 | A* | Laparo-myomectomy, complex | 9 | 1339 |
| 58550 | A* | Laparo-asst vag hysterectomy | 9 | 1339 |
| 58551 | D | Laparoscopy, remove myoma | 5 | 717 |
| 58555 | | Hysteroscopy, dx, sep proc | 1 | 333 |
| 58558 | | Hysteroscopy, biopsy | 3 | 510 |
| 58559 | | Hysteroscopy, lysis | 2 | 446 |
| 58560 | A* | Hysteroscopy, resect septum | 3 | 510 |
| 58561 | | Hysteroscopy, remove myoma | 3 | 510 |
| 58562 | A* | Hysteroscopy, remove fb | 3 | 510 |
| 58563 | | Hysteroscopy, ablation | 4 | 630 |
| 58660 | | Laparoscopy, lysis | 5 | 717 |
| 58661 | | Laparoscopy, remove adnexa | 5 | 717 |
| 58662 | | Laparoscopy, excise lesions | 5 | 717 |
| 58670 | | Laparoscopy, tubal cautery | 3 | 510 |
| 58671 | | Laparoscopy, tubal block | 3 | 510 |
| 58672 | | Laparoscopy, fimbrioplasty | 5 | 717 |
| 58673 | | Laparoscopy, salpingostomy | 5 | 717 |
| 58800 | | Drainage of ovarian cyst(s) | 3 | 510 |
| 58820 | | Drain ovary abscess, open | 3 | 510 |
| 58900 | | Biopsy of ovary(s) | 3 | 510 |
| 59160 | A | D & c after delivery | 3 | 510 |
| 59320 | A | Revision of cervix | 1 | 333 |
| 59812 | A | Treatment of miscarriage | 5 | 717 |
| 59820 | A | Care of miscarriage | 5 | 717 |
| 59821 | A | Treatment of miscarriage | 5 | 717 |
| 59840 | A | Abortion | 5 | 717 |
| 59841 | A | Abortion | 5 | 717 |
| 59870 | A | Evacuate mole of uterus | 5 | 717 |
| 59871 | A | Remove cerclage suture | 5 | 717 |
| 60000 | | Drain thyroid/tongue cyst | 1 | 333 |
| 60200 | | Remove thyroid lesion | 2 | 446 |
| 60220 | D | Partial removal of thyroid | 2 | 446 |
| 60225 | D | Partial removal of thyroid | 3 | 510 |
| 60280 | | Remove thyroid duct lesion | 4 | 630 |
| 60281 | | Remove thyroid duct lesion | 4 | 630 |
| 61020 | | Remove brain cavity fluid | 1 | 333 |
| 61026 | | Injection into brain canal | 1 | 333 |
| 61050 | | Remove brain canal fluid | 1 | 333 |
| 61055 | | Injection into brain canal | 1 | 333 |
| 61070 | | Brain canal shunt procedure | 1 | 333 |
| 61215 | | Insert brain-fluid device | 3 | 510 |
| 61790 | | Treat trigeminal nerve | 3 | 510 |
| 61791 | | Treat trigeminal tract | 3 | 510 |
| 61885 | | Implant neurostim one array | 2 | 446 |
| 61886 | A* | Implant neurostim arrays | 3 | 510 |
| 61888 | | Revise/remove neuroreceiver | 1 | 333 |
| 62194 | | Replace/irrigate catheter | 1 | 333 |
| 62225 | | Replace/irrigate catheter | 1 | 333 |
| 62230 | | Replace/revise brain shunt | 2 | 446 |
| 62256 | D | Remove brain cavity shunt | 2 | 446 |
| 62263 | | Lysis epidural adhesions | 1 | 333 |
| 62268 | | Drain spinal cord cyst | 1 | 333 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 62269 | | Needle biopsy, spinal cord | 1 | 333 |
| 62270 | | Spinal fluid tap, diagnostic | 1 | 333 |
| 62272 | | Drain cerebro spinal fluid | 1 | 333 |
| 62273 | | Treat epidural spine lesion | 1 | 333 |
| 62280 | | Treat spinal cord lesion | 1 | 333 |
| 62281 | A | Treat spinal cord lesion | 1 | 333 |
| 62282 | | Treat spinal canal lesion | 1 | 333 |
| 62287 | A | Percutaneous discectomy | 9 | 1339 |
| 62294 | | Injection into spinal artery | 3 | 510 |
| 62310 | | Inject spine c/t | 1 | 333 |
| 62311 | | Inject spine l/s (cd) | 1 | 333 |
| 62318 | | Inject spine w/cath, c/t | 1 | 333 |
| 62319 | | Inject spine w/cath l/s (cd) | 1 | 333 |
| 62350 | | Implant spinal canal cath | 2 | 446 |
| 62351 | D | Implant spinal canal cath | 2 | 446 |
| 62355 | A | Remove spinal canal catheter | 2 | 446 |
| 62360 | | Insert spine infusion device | 2 | 446 |
| 62361 | | Implant spine infusion pump | 2 | 446 |
| 62362 | | Implant spine infusion pump | 2 | 446 |
| 62365 | | Remove spine infusion device | 2 | 446 |
| 62367 | D | Analyze spine infusion pump | 2 | 446 |
| 62368 | D | Analyze spine infusion pump | 2 | 446 |
| 63600 | | Remove spinal cord lesion | 2 | 446 |
| 63610 | | Stimulation of spinal cord | 1 | 333 |
| 63650 | | Implant neuroelectrodes | 2 | 446 |
| 63660 | | Revise/remove neuroelectrode | 1 | 333 |
| 63685 | | Implant neuroreceiver | 2 | 446 |
| 63688 | | Revise/remove neuroreceiver | 1 | 333 |
| 63744 | | Revision of spinal shunt | 3 | 510 |
| 63746 | | Removal of spinal shunt | 2 | 446 |
| 64410 | | Injection for nerve block | 1 | 333 |
| 64415 | | Injection for nerve block | 1 | 333 |
| 64417 | | Injection for nerve block | 1 | 333 |
| 64420 | | Injection for nerve block | 1 | 333 |
| 64421 | | Injection for nerve block | 1 | 333 |
| 64430 | | Injection for nerve block | 1 | 333 |
| 64470 | | Inj paravertebral c/t | 1 | 333 |
| 64472 | | Inj paravertebral c/t add-on | 1 | 333 |
| 64475 | | Inj paravertebral l/s | 1 | 333 |
| 64476 | | Inj paravertebral l/s add-on | 1 | 333 |
| 64479 | | Inj foramen epidural c/t | 1 | 333 |
| 64480 | | Inj foramen epidural add-on | 1 | 333 |
| 64483 | | Inj foramen epidural l/s | 1 | 333 |
| 64484 | | Inj foramen epidural add-on | 1 | 333 |
| 64510 | | Injection for nerve block | 1 | 333 |
| 64520 | | Injection for nerve block | 1 | 333 |
| 64530 | | Injection for nerve block | 1 | 333 |
| 64553 | A | Implant neuroelectrodes | 1 | 333 |
| 64573 | A | Implant neuroelectrodes | 1 | 333 |
| 64575 | | Implant neuroelectrodes | 1 | 333 |
| 64577 | A | Implant neuroelectrodes | 1 | 333 |
| 64580 | A | Implant neuroelectrodes | 1 | 333 |
| 64585 | A | Revise/remove neuroelectrode | 1 | 333 |
| 64590 | | Implant neuroreceiver | 2 | 446 |
| 64595 | | Revise/remove neuroreceiver | 1 | 333 |
| 64600 | | Injection treatment of nerve | 1 | 333 |
| 64605 | | Injection treatment of nerve | 1 | 333 |
| 64610 | | Injection treatment of nerve | 1 | 333 |
| 64620 | | Injection treatment of nerve | 1 | 333 |
| 64622 | | Destr paravertebrl nerve l/s | 1 | 333 |
| 64623 | | Destr paravertebral n add-on | 1 | 333 |
| 64626 | | Destr paravertebrl nerve c/t | 1 | 333 |
| 64627 | | Destr paravertebral n add-on | 1 | 333 |
| 64630 | | Injection treatment of nerve | 2 | 446 |
| 64680 | | Injection treatment of nerve | 2 | 446 |
| 64702 | | Revise finger/toe nerve | 1 | 333 |
| 64704 | | Revise hand/foot nerve | 1 | 333 |
| 64708 | | Revise arm/leg nerve | 2 | 446 |
| 64712 | | Revision of sciatic nerve | 2 | 446 |
| 64713 | | Revision of arm nerve(s) | 2 | 446 |
| 64714 | | Revise low back nerve(s) | 2 | 446 |
| 64716 | | Revision of cranial nerve | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 64718 | | Revise ulnar nerve at elbow | 2 | 446 |
| 64719 | | Revise ulnar nerve at wrist | 2 | 446 |
| 64721 | | Carpal tunnel surgery | 2 | 446 |
| 64722 | | Relieve pressure on nerve(s) | 1 | 333 |
| 64726 | | Release foot/toe nerve | 1 | 333 |
| 64727 | | Internal nerve revision | 1 | 333 |
| 64732 | | Incision of brow nerve | 2 | 446 |
| 64734 | | Incision of cheek nerve | 2 | 446 |
| 64736 | | Incision of chin nerve | 2 | 446 |
| 64738 | | Incision of jaw nerve | 2 | 446 |
| 64740 | | Incision of tongue nerve | 2 | 446 |
| 64742 | | Incision of facial nerve | 2 | 446 |
| 64744 | | Incise nerve, back of head | 2 | 446 |
| 64746 | | Incise diaphragm nerve | 2 | 446 |
| 64771 | | Sever cranial nerve | 2 | 446 |
| 64772 | | Incision of spinal nerve | 2 | 446 |
| 64774 | | Remove skin nerve lesion | 2 | 446 |
| 64776 | | Remove digit nerve lesion | 3 | 510 |
| 64778 | | Digit nerve surgery add-on | 2 | 446 |
| 64782 | | Remove limb nerve lesion | 3 | 510 |
| 64783 | | Limb nerve surgery add-on | 2 | 446 |
| 64784 | | Remove nerve lesion | 3 | 510 |
| 64786 | | Remove sciatic nerve lesion | 3 | 510 |
| 64787 | | Implant nerve end | 2 | 446 |
| 64788 | | Remove skin nerve lesion | 3 | 510 |
| 64790 | | Removal of nerve lesion | 3 | 510 |
| 64792 | | Removal of nerve lesion | 3 | 510 |
| 64795 | | Biopsy of nerve | 2 | 446 |
| 64802 | | Remove sympathetic nerves | 2 | 446 |
| 64821 | A* | Remove sympathetic nerves | 4 | 630 |
| 64831 | | Repair of digit nerve | 4 | 630 |
| 64832 | | Repair nerve add-on | 1 | 333 |
| 64834 | | Repair of hand or foot nerve | 2 | 446 |
| 64835 | | Repair of hand or foot nerve | 3 | 510 |
| 64836 | | Repair of hand or foot nerve | 3 | 510 |
| 64837 | | Repair nerve add-on | 1 | 333 |
| 64840 | | Repair of leg nerve | 2 | 446 |
| 64856 | | Repair/transpose nerve | 2 | 446 |
| 64857 | | Repair arm/leg nerve | 2 | 446 |
| 64858 | | Repair sciatic nerve | 2 | 446 |
| 64859 | | Nerve surgery | 1 | 333 |
| 64861 | | Repair of arm nerves | 3 | 510 |
| 64862 | | Repair of low back nerves | 3 | 510 |
| 64864 | | Repair of facial nerve | 3 | 510 |
| 64865 | | Repair of facial nerve | 4 | 630 |
| 64870 | | Fusion of facial/other nerve | 4 | 630 |
| 64872 | | Subsequent repair of nerve | 2 | 446 |
| 64874 | | Repair & revise nerve add-on | 3 | 510 |
| 64876 | | Repair nerve/shorten bone | 3 | 510 |
| 64885 | A | Nerve graft, head or neck | 2 | 446 |
| 64886 | A | Nerve graft, head or neck | 2 | 446 |
| 64890 | | Nerve graft, hand or foot | 2 | 446 |
| 64891 | | Nerve graft, hand or foot | 2 | 446 |
| 64892 | | Nerve graft, arm or leg | 2 | 446 |
| 64893 | | Nerve graft, arm or leg | 2 | 446 |
| 64895 | | Nerve graft, hand or foot | 3 | 510 |
| 64896 | | Nerve graft, hand or foot | 3 | 510 |
| 64897 | | Nerve graft, arm or leg | 3 | 510 |
| 64898 | | Nerve graft, arm or leg | 3 | 510 |
| 64901 | | Nerve graft add-on | 2 | 446 |
| 64902 | | Nerve graft add-on | 2 | 446 |
| 64905 | | Nerve pedicle transfer | 2 | 446 |
| 64907 | | Nerve pedicle transfer | 1 | 333 |
| 65091 | | Revise eye | 3 | 510 |
| 65093 | | Revise eye with implant | 3 | 510 |
| 65101 | | Removal of eye | 3 | 510 |
| 65103 | | Remove eye/insert implant | 3 | 510 |
| 65105 | | Remove eye/attach implant | 4 | 630 |
| 65110 | | Removal of eye | 5 | 717 |
| 65112 | | Remove eye/revise socket | 7 | 995 |
| 65114 | | Remove eye/revise socket | 7 | 995 |
| 65130 | | Insert ocular implant | 3 | 510 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 65135 | | Insert ocular implant | 2 | 446 |
| 65140 | | Attach ocular implant | 3 | 510 |
| 65150 | | Revise ocular implant | 2 | 446 |
| 65155 | | Reinsert ocular implant | 3 | 510 |
| 65175 | | Removal of ocular implant | 1 | 333 |
| 65235 | | Remove foreign body from eye | 2 | 446 |
| 65260 | | Remove foreign body from eye | 3 | 510 |
| 65265 | | Remove foreign body from eye | 4 | 630 |
| 65270 | | Repair of eye wound | 2 | 446 |
| 65272 | | Repair of eye wound | 2 | 446 |
| 65275 | | Repair of eye wound | 4 | 630 |
| 65280 | | Repair of eye wound | 4 | 630 |
| 65285 | | Repair of eye wound | 4 | 630 |
| 65290 | | Repair of eye socket wound | 3 | 510 |
| 65400 | | Removal of eye lesion | 1 | 333 |
| 65410 | | Biopsy of cornea | 2 | 446 |
| 65420 | | Removal of eye lesion | 2 | 446 |
| 65426 | | Removal of eye lesion | 5 | 717 |
| 65710 | | Corneal transplant | 7 | 995 |
| 65730 | | Corneal transplant | 7 | 995 |
| 65750 | | Corneal transplant | 7 | 995 |
| 65755 | | Corneal transplant | 7 | 995 |
| 65770 | | Revise cornea with implant | 7 | 995 |
| 65772 | A | Correction of astigmatism | 4 | 630 |
| 65775 | A | Correction of astigmatism | 4 | 630 |
| 65800 | | Drainage of eye | 1 | 333 |
| 65805 | | Drainage of eye | 1 | 333 |
| 65810 | | Drainage of eye | 3 | 510 |
| 65815 | | Drainage of eye | 2 | 446 |
| 65850 | | Incision of eye | 4 | 630 |
| 65865 | | Incise inner eye adhesions | 1 | 333 |
| 65870 | | Incise inner eye adhesions | 4 | 630 |
| 65875 | | Incise inner eye adhesions | 4 | 630 |
| 65880 | | Incise inner eye adhesions | 4 | 630 |
| 65900 | | Remove eye lesion | 5 | 717 |
| 65920 | | Remove implant of eye | 7 | 995 |
| 65930 | | Remove blood clot from eye | 5 | 717 |
| 66020 | | Injection treatment of eye | 1 | 333 |
| 66030 | | Injection treatment of eye | 1 | 333 |
| 66130 | | Remove eye lesion | 7 | 995 |
| 66150 | | Glaucoma surgery | 4 | 630 |
| 66155 | | Glaucoma surgery | 4 | 630 |
| 66160 | | Glaucoma surgery | 2 | 446 |
| 66165 | | Glaucoma surgery | 4 | 630 |
| 66170 | | Glaucoma surgery | 4 | 630 |
| 66172 | | Incision of eye | 4 | 630 |
| 66180 | | Implant eye shunt | 5 | 717 |
| 66185 | | Revise eye shunt | 2 | 446 |
| 66220 | | Repair eye lesion | 3 | 510 |
| 66225 | | Repair/graft eye lesion | 4 | 630 |
| 66250 | | Follow-up surgery of eye | 2 | 446 |
| 66500 | | Incision of iris | 1 | 333 |
| 66505 | | Incision of iris | 1 | 333 |
| 66600 | | Remove iris and lesion | 3 | 510 |
| 66605 | | Removal of iris | 3 | 510 |
| 66625 | | Removal of iris | 3 | 510 |
| 66630 | | Removal of iris | 3 | 510 |
| 66635 | | Removal of iris | 3 | 510 |
| 66680 | | Repair iris & ciliary body | 3 | 510 |
| 66682 | | Repair iris & ciliary body | 2 | 446 |
| 66700 | | Destruction, ciliary body | 2 | 446 |
| 66710 | | Destruction, ciliary body | 2 | 446 |
| 66720 | | Destruction, ciliary body | 2 | 446 |
| 66740 | | Destruction, ciliary body | 2 | 446 |
| 66821 | | After cataract laser surgery | 2 | 446 |
| 66825 | A | Reposition intraocular lens | 4 | 630 |
| 66830 | | Removal of lens lesion | 4 | 630 |
| 66840 | | Removal of lens material | 4 | 630 |
| 66850 | | Removal of lens material | 7 | 995 |
| 66852 | | Removal of lens material | 4 | 630 |
| 66920 | | Extraction of lens | 4 | 630 |
| 66930 | | Extraction of lens | 5 | 717 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 66940 | | Extraction of lens | 5 | 717 |
| 66982 | | Cataract surgery, complex | 8 | 973 |
| 66983 | | Cataract surg w/iol, 1 stage | 8 | 973 |
| 66984 | | Cataract surg w/iol, i stage | 8 | 973 |
| 66985 | | Insert lens prosthesis | 6 | 826 |
| 66986 | | Exchange lens prosthesis | 6 | 826 |
| 67005 | | Partial removal of eye fluid | 4 | 630 |
| 67010 | | Partial removal of eye fluid | 4 | 630 |
| 67015 | | Release of eye fluid | 1 | 333 |
| 67025 | | Replace eye fluid | 1 | 333 |
| 67027 | A | Implant eye drug system | 4 | 630 |
| 67030 | | Incise inner eye strands | 1 | 333 |
| 67031 | | Laser surgery, eye strands | 2 | 446 |
| 67036 | | Removal of inner eye fluid | 4 | 630 |
| 67038 | | Strip retinal membrane | 5 | 717 |
| 67039 | | Laser treatment of retina | 7 | 995 |
| 67040 | | Laser treatment of retina | 7 | 995 |
| 67107 | | Repair detached retina | 5 | 717 |
| 67108 | | Repair detached retina | 7 | 995 |
| 67112 | | Rerepair detached retina | 7 | 995 |
| 67115 | | Release encircling material | 2 | 446 |
| 67120 | | Remove eye implant material | 2 | 446 |
| 67121 | | Remove eye implant material | 2 | 446 |
| 67141 | | Treatment of retina | 2 | 446 |
| 67218 | | Treatment of retinal lesion | 5 | 717 |
| 67227 | | Treatment of retinal lesion | 1 | 333 |
| 67250 | | Reinforce eye wall | 3 | 510 |
| 67255 | | Reinforce/graft eye wall | 3 | 510 |
| 67311 | | Revise eye muscle | 3 | 510 |
| 67312 | | Revise two eye muscles | 4 | 630 |
| 67314 | | Revise eye muscle | 4 | 630 |
| 67316 | | Revise two eye muscles | 4 | 630 |
| 67318 | | Revise eye muscle(s) | 4 | 630 |
| 67320 | | Revise eye muscle(s) add-on | 4 | 630 |
| 67331 | | Eye surgery follow-up add-on | 4 | 630 |
| 67332 | | Rerevise eye muscles add-on | 4 | 630 |
| 67334 | A | Revise eye muscle w/suture | 4 | 630 |
| 67335 | A | Eye suture during surgery | 4 | 630 |
| 67340 | | Revise eye muscle add-on | 4 | 630 |
| 67350 | | Biopsy eye muscle | 1 | 333 |
| 67400 | | Explore/biopsy eye socket | 3 | 510 |
| 67405 | | Explore/drain eye socket | 4 | 630 |
| 67412 | | Explore/treat eye socket | 5 | 717 |
| 67413 | | Explore/treat eye socket | 5 | 717 |
| 67415 | | Aspiration, orbital contents | 1 | 333 |
| 67420 | | Explore/treat eye socket | 5 | 717 |
| 67430 | | Explore/treat eye socket | 5 | 717 |
| 67440 | | Explore/drain eye socket | 5 | 717 |
| 67450 | | Explore/biopsy eye socket | 5 | 717 |
| 67550 | | Insert eye socket implant | 4 | 630 |
| 67560 | | Revise eye socket implant | 2 | 446 |
| 67715 | | Incision of eyelid fold | 1 | 333 |
| 67808 | | Remove eyelid lesion(s) | 2 | 446 |
| 67830 | | Revise eyelashes | 2 | 446 |
| 67835 | | Revise eyelashes | 2 | 446 |
| 67880 | | Revision of eyelid | 3 | 510 |
| 67882 | | Revision of eyelid | 3 | 510 |
| 67900 | A | Repair brow defect | 4 | 630 |
| 67901 | | Repair eyelid defect | 5 | 717 |
| 67902 | | Repair eyelid defect | 5 | 717 |
| 67903 | | Repair eyelid defect | 4 | 630 |
| 67904 | | Repair eyelid defect | 4 | 630 |
| 67906 | | Repair eyelid defect | 5 | 717 |
| 67908 | | Repair eyelid defect | 4 | 630 |
| 67909 | | Repair eyelid defect | 4 | 630 |
| 67911 | | Revise eyelid defect | 3 | 510 |
| 67914 | | Repair eyelid defect | 3 | 510 |
| 67916 | | Repair eyelid defect | 4 | 630 |
| 67917 | | Repair eyelid defect | 4 | 630 |
| 67921 | | Repair eyelid defect | 3 | 510 |
| 67923 | | Repair eyelid defect | 4 | 630 |
| 67924 | | Repair eyelid defect | 4 | 630 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 67935 | | Repair eyelid wound | 2 | 446 |
| 67950 | | Revision of eyelid | 2 | 446 |
| 67961 | | Revision of eyelid | 3 | 510 |
| 67966 | | Revision of eyelid | 3 | 510 |
| 67971 | | Reconstruction of eyelid | 3 | 510 |
| 67973 | | Reconstruction of eyelid | 3 | 510 |
| 67974 | | Reconstruction of eyelid | 3 | 510 |
| 67975 | | Reconstruction of eyelid | 3 | 510 |
| 68115 | A | Remove eyelid lining lesion | 2 | 446 |
| 68130 | | Remove eyelid lining lesion | 2 | 446 |
| 68320 | | Revise/graft eyelid lining | 4 | 630 |
| 68325 | | Revise/graft eyelid lining | 4 | 630 |
| 68326 | | Revise/graft eyelid lining | 4 | 630 |
| 68328 | | Revise/graft eyelid lining | 4 | 630 |
| 68330 | | Revise eyelid lining | 4 | 630 |
| 68335 | | Revise/graft eyelid lining | 4 | 630 |
| 68340 | | Separate eyelid adhesions | 4 | 630 |
| 68360 | | Revise eyelid lining | 2 | 446 |
| 68362 | | Revise eyelid lining | 2 | 446 |
| 68500 | | Removal of tear gland | 3 | 510 |
| 68505 | | Partial removal, tear gland | 3 | 510 |
| 68510 | | Biopsy of tear gland | 1 | 333 |
| 68520 | | Removal of tear sac | 3 | 510 |
| 68525 | | Biopsy of tear sac | 1 | 333 |
| 68540 | | Remove tear gland lesion | 3 | 510 |
| 68550 | | Remove tear gland lesion | 3 | 510 |
| 68700 | | Repair tear ducts | 2 | 446 |
| 68720 | | Create tear sac drain | 4 | 630 |
| 68745 | | Create tear duct drain | 4 | 630 |
| 68750 | | Create tear duct drain | 4 | 630 |
| 68770 | A | Close tear system fistula | 4 | 630 |
| 68810 | | Probe nasolacrimal duct | 1 | 333 |
| 68811 | | Probe nasolacrimal duct | 2 | 446 |
| 68815 | | Probe nasolacrimal duct | 2 | 446 |
| 69110 | | Remove external ear, partial | 1 | 333 |
| 69120 | | Removal of external ear | 2 | 446 |
| 69140 | | Remove ear canal lesion(s) | 2 | 446 |
| 69145 | | Remove ear canal lesion(s) | 2 | 446 |
| 69150 | | Extensive ear canal surgery | 3 | 510 |
| 69205 | | Clear outer ear canal | 1 | 333 |
| 69300 | A | Revise external ear | 3 | 510 |
| 69310 | | Rebuild outer ear canal | 3 | 510 |
| 69320 | | Rebuild outer ear canal | 7 | 995 |
| 69421 | | Incision of eardrum | 3 | 510 |
| 69424 | D | Remove ventilating tube | 1 | 333 |
| 69436 | | Create eardrum opening | 3 | 510 |
| 69440 | | Exploration of middle ear | 3 | 510 |
| 69450 | | Eardrum revision | 1 | 333 |
| 69501 | | Mastoidectomy | 7 | 995 |
| 69502 | | Mastoidectomy | 7 | 995 |
| 69505 | | Remove mastoid structures | 7 | 995 |
| 69511 | | Extensive mastoid surgery | 7 | 995 |
| 69530 | | Extensive mastoid surgery | 7 | 995 |
| 69550 | | Remove ear lesion | 5 | 717 |
| 69552 | | Remove ear lesion | 7 | 995 |
| 69601 | | Mastoid surgery revision | 7 | 995 |
| 69602 | | Mastoid surgery revision | 7 | 995 |
| 69603 | | Mastoid surgery revision | 7 | 995 |
| 69604 | | Mastoid surgery revision | 7 | 995 |
| 69605 | | Mastoid surgery revision | 7 | 995 |
| 69620 | | Repair of eardrum | 2 | 446 |
| 69631 | | Repair eardrum structures | 5 | 717 |
| 69632 | | Rebuild eardrum structures | 5 | 717 |
| 69633 | | Rebuild eardrum structures | 5 | 717 |
| 69635 | | Repair eardrum structures | 7 | 995 |
| 69636 | | Rebuild eardrum structures | 7 | 995 |
| 69637 | | Rebuild eardrum structures | 7 | 995 |
| 69641 | | Revise middle ear & mastoid | 7 | 995 |
| 69642 | | Revise middle ear & mastoid | 7 | 995 |
| 69643 | | Revise middle ear & mastoid | 7 | 995 |
| 69644 | | Revise middle ear & mastoid | 7 | 995 |
| 69645 | | Revise middle ear & mastoid | 7 | 995 |

ADDENDUM: LIST OF MEDICARE APPROVED AMBULATORY SURGICAL CENTER PROCEDURES—Continued

| HCPCS Code | Status | Short descriptor | Pymt. group | Pymt. amount |
|------------|--------|------------------------------|-------------|--------------|
| 69646 | | Revise middle ear & mastoid | 7 | 995 |
| 69650 | | Release middle ear bone | 7 | 995 |
| 69660 | | Revise middle ear bone | 5 | 717 |
| 69661 | | Revise middle ear bone | 5 | 717 |
| 69662 | | Revise middle ear bone | 5 | 717 |
| 69666 | | Repair middle ear structures | 4 | 630 |
| 69667 | | Repair middle ear structures | 4 | 630 |
| 69670 | | Remove mastoid air cells | 3 | 510 |
| 69676 | | Remove middle ear nerve | 3 | 510 |
| 69700 | | Close mastoid fistula | 3 | 510 |
| 69710 | D | Implant/replace hearing aid | 3 | 510 |
| 69711 | | Remove/repair hearing aid | 1 | 333 |
| 69714 | A* | Implant temple bone w/stimul | 9 | 1339 |
| 69715 | A* | Temple bne implnt w/stimulat | 9 | 1339 |
| 69717 | A* | Temple bone implant revision | 9 | 1339 |
| 69718 | A* | Revise temple bone implant | 9 | 1339 |
| 69720 | | Release facial nerve | 5 | 717 |
| 69725 | | Release facial nerve | 5 | 717 |
| 69740 | | Repair facial nerve | 5 | 717 |
| 69745 | | Repair facial nerve | 5 | 717 |
| 69801 | | Incise inner ear | 5 | 717 |
| 69802 | | Incise inner ear | 7 | 995 |
| 69805 | | Explore inner ear | 7 | 995 |
| 69806 | | Explore inner ear | 7 | 995 |
| 69820 | | Establish inner ear window | 5 | 717 |
| 69840 | | Revise inner ear window | 5 | 717 |
| 69905 | | Remove inner ear | 7 | 995 |
| 69910 | | Remove inner ear & mastoid | 7 | 995 |
| 69915 | | Incise inner ear nerve | 7 | 995 |
| 69930 | | Implant cochlear device | 7 | 995 |
| G0105 | | Colorectal scrn; hi risk ind | 2 | 446 |
| G0121 | | Colon ca scrn; barium enema | 2 | 446 |
| G0260 | A* | Inj for sacroiliac jt anesth | 1 | 333 |

"A"=Addition. "A*"=For Comment. "D"=Deletion.

Note: CPT codes are copyright 2002 American Medical Association. All Rights Reserved.

[FR Doc. 03-7236 Filed 3-27-03; 8:45 am]

BILLING CODE 4120-01-P