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Department of Health and Human Services

**Centers for Medicare and Medicaid
Services**

**42 CFR Parts 410, 411, and 419
Medicare Program; Proposed Changes to
the Hospital Outpatient Prospective
Payment System and Calendar Year 2005
Payment Rates; Proposed Rule**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 411, and 419

[CMS-1427-P]

RIN 0938-AM75

Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Payment Rates

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

ACTION: Proposed rule.

SUMMARY: This proposed rule would revise the Medicare hospital outpatient prospective payment system to implement applicable statutory requirements and changes arising from our continuing experience with this system and to implement certain related provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. In addition, the proposed rule describes proposed changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the prospective payment system. These changes would be applicable to services furnished on or after January 1, 2005.

DATES: To be ensured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on October 8, 2004.

ADDRESSES: In commenting, please refer to file code CMS-1427-P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of three ways (no duplicates, please):

1. Electronically:

You may submit electronic comments to <http://www.cms.hhs.gov/regulations/ecomments> (attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word). You can assist us by referencing the "specific identifier" that precedes the section on which you choose to comment.

2. By Mail:

You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1427-P, P.O. Box 8010, Baltimore, MD 21244-8018.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. By hand or courier:

If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to one of the following addresses. If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786-7195 in advance to schedule your arrival with one of our staff members.

Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or 7500 Security Boulevard, Baltimore, MD 21244-1850.

(Because access to the interior of the Hubert H. Humphrey 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 persons wishing to retain 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 received after the comment period.

Submitting Comments: We welcome comments from the public on all issues set forth in this rule to assist us in fully considering issues and developing policies. You can assist us by referencing the file code CMS-1427-P and the specific "issue identifier" that precedes the section on which you choose to comment.

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. After the close of the comment period, CMS posts all electronic comments received before the close of the comment period on its public web site. Written comments received timely will be available for public inspection as they are received, generally beginning approximately 4 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786-7195.

Submission of comments on paperwork requirements. For comments that relate to information collection requirements, mail a copy of comments to the following addresses:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Security and Standards Group, Office of Regulations Development and Issuances, Room C4-24-02, 7500 Security Boulevard, Baltimore, MD 21244-1850, Attn: John Burke, CMS-1427-P; and

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 3001, New Executive Office Building, Washington, DC 20503, Christopher Martin, CMS Desk Officer.

Comments submitted to OMB may also be emailed to the following address:

Christopher.Martin@omb.eop.gov, or faxed to OMB at (202) 395-6974.

FOR FURTHER INFORMATION CONTACT:

Dana Burley, (410) 786-0378, Outpatient prospective payment issues and Suzanne Asplen, (410) 786-4558, Partial hospitalization and community mental health center issues.

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Alphabetical List of Acronyms Appearing in the Proposed Rule

- ACEP American College of Emergency Physicians
- AHA American Hospital Association
- AHIMA American Health Information Management Association
- AMA American Medical Association
- APC Ambulatory payment classification
- ASP Average sales price
- ASC Ambulatory surgical center
- AWP Average wholesale price
- BBA Balanced Budget Act of 1997, Pub. L. 105–33
- BIPA Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, Pub. L. 106–554
- BBRA Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, Pub. L. 106–113
- CAH Critical access hospital
- CCR (Cost center specific) cost-to-charge ratio
- CMHC Community mental health center
- CMS Centers for Medicare & Medicaid Services (formerly known as the Health Care Financing Administration)
- CORF Comprehensive Outpatient Rehabilitation Facility
- CPT [Physicians'] Current Procedural Terminology, Fourth Edition, 2004, copyrighted by the American Medical Association

- CRNA Certified Registered Nurse Anesthetist
- CY Calendar year
- DMEPOS Durable medical equipment, prosthetics, orthotics, and supplies
- DMERC Durable Medical Equipment Regional Carrier
- DRG Diagnosis-related group
- DSH Disproportionate share hospital
- EACH Essential Access Community Hospital
- E/M Evaluation and management
- EPO Erythropoietin
- ESRD End-stage renal disease
- FACA Federal Advisory Committee Act, Pub. L. 92–463
- FDA Food and Drug Administration
- FI Fiscal intermediary
- FSS Federal Supply Schedule
- FY Federal fiscal year
- HCPCS Healthcare Common Procedure Coding System
- HCRIS Hospital Cost Report Information System
- HHA Home health agency
- HIPAA Health Insurance Portability and Accountability Act of 1996, Pub. L. 104–191
- ICD–9–CM International Classification of Diseases, Ninth Edition, Clinical Modification
- IME Indirect medical education
- IPPS (Hospital) inpatient prospective payment system
- IVIG Intravenous immune globulin
- LTC Long-term care
- MedPAC Medicare Payment Advisory Commission
- MDH Medicare dependent hospital
- MMA Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108–173
- MSA Metropolitan Statistical Area
- NCD National Coverage Determination
- OCE Outpatient code editor
- OMB Office of Management and Budget
- OPD (Hospital) outpatient department
- OPPS (Hospital) outpatient prospective payment system
- PET Positron Emission Tomography
- PHP Partial hospitalization program
- PM Program memorandum
- PPI Producer Price Index
- PPS Prospective payment system
- PPV Pneumococcal pneumonia (virus)
- PRA Paperwork Reduction Act
- QIO Quality Improvement Organization
- RFA Regulatory Flexibility Act
- RRC Rural referral center
- SBA Small Business Administration
- SCH Sole community hospital
- SDP Single drug pricer
- SI Status indicator
- TEFRA Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. 97–248
- TOPS Transitional outpatient payments

- USPDI United States Pharmacopoeia Drug Information

I. Background*A. Legislative and Regulatory Authority for the Outpatient Prospective Payment System*

When the Medicare statute was originally enacted, Medicare payment for hospital outpatient services was based on hospital-specific costs. In an effort to ensure that Medicare and its beneficiaries pay appropriately for services and to encourage more efficient delivery of care, the Congress mandated replacement of the cost-based payment methodology with a prospective payment system (PPS). The Balanced Budget Act of 1997 (BBA) (Pub. L. 105–33), enacted on August 5, 1997, added section 1833(t) to the Social Security Act (the Act) authorizing implementation of a PPS for hospital outpatient services. The Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), enacted on November 29, 1999, made major changes that affected the hospital outpatient PPS (OPPS). The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554), enacted on December 21, 2000, made further changes in the OPPS. Section 1833(t) of the Act was also recently amended by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108–173, enacted on December 8, 2003 (these amendments are discussed later under section I.E. of this proposed rule). The OPPS was first implemented for services furnished on or after August 1, 2000. Implementing regulations for the OPPS are located at 42 CFR part 419.

Under the OPPS, we pay for hospital outpatient services on a rate-per-service basis that varies according to the ambulatory payment classification (APC) group to which the service is assigned. We use Healthcare Common Procedure Coding System (HCPCS) codes (which include certain Current Procedural Terminology (CPT) codes) and descriptors to identify and group the services within each APC. The OPPS includes payment for most hospital outpatient services, except those identified in section I.B. of this proposed rule and certain inpatient services covered under Medicare Part B for beneficiaries who are entitled to Part B benefits but who have exhausted them or otherwise are not entitled to them. In addition, the OPPS applies to partial hospitalization services furnished by community mental health centers (CMHCs).

The OPSS rate is an unadjusted national payment amount that includes the Medicare payment and the beneficiary copayment. This rate is divided into a labor-related amount and a nonlabor-related amount. The labor-related amount is adjusted for area wage differences using the inpatient hospital wage index value for the locality in which the hospital or CMHC is located.

All services and items within an APC are comparable clinically and with respect to resource use (section 1833(t)(2)(B) of the Act). In accordance with section 1833(t)(2) of the Act, subject to certain exceptions, services and items within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the APC is more than 2 times greater than the lowest median cost for an item or service with the same APC (referred to as the "2 times rule"). In implementing this provision, we use the median cost of the item or service assigned to an APC.

Special payments under the OPSS may be made for new technology items and services in one of two ways. Section 1833(t)(6) of the Act provides for temporary additional payments or "transitional pass-through payments" for certain drugs, biological agents, brachytherapy devices used for the treatment of cancer, and categories of medical devices for at least 2 but not more than 3 years. For new technology services that are not eligible for pass-through payments and for which we lack sufficient data to appropriately assign them to a clinical APC, we have established special APC groups based on costs, which we refer to as APC cost bands. These cost bands allow us to price these new procedures more appropriately and consistently. Like the pass-through payments, these special payments for new technology services are also temporary; that is, we retain a service within a new technology APC group until we acquire adequate data to assign it to a clinically appropriate APC.

B. Excluded OPSS Services and Hospitals

Section 1833(t)(1)(B)(i) of the Act authorizes the Secretary to designate the hospital outpatient services that are paid under the OPSS. While most hospital outpatient services are payable under the OPSS, section 1833(t)(1)(B)(iv) of the Act excluded payment for ambulance, physical and occupational therapy, and speech-language pathology services, for which payment is made under a fee schedule. The Secretary exercised the broad

authority granted under the statute to exclude from the OPSS those services that are already paid under fee schedules or other payment systems. Such excluded services include, for example, the professional services of physicians and nonphysician practitioners paid under the Medicare physician fee schedule; laboratory services paid under the clinical diagnostic laboratory fee schedule; services for beneficiaries with end-stage renal disease (ESRD) that are paid under the ESRD composite rate; and services and procedures that require an inpatient stay that are paid under the hospital inpatient prospective payment system (IPPS). We set forth the services that are excluded from payment under the OPSS in § 419.22 of the regulations.

Under § 419.20 of the regulations, we specify the types of hospitals and entities that are excluded from payment under the OPSS. These excluded entities include Maryland hospitals, but only for services that are paid under a cost containment waiver in accordance with section 1814(b)(3) of the Act; critical access hospitals (CAHs); hospitals located outside of the 50 States, the District of Columbia, and Puerto Rico; and Indian Health Service hospitals.

C. Prior Rulemaking

On April 7, 2000, we published in the **Federal Register** a final rule with comment period (65 FR 18434) to implement a prospective payment system for hospital outpatient services. The hospital OPSS was first implemented for services furnished on or after August 1, 2000. Section 1833(t)(9) of the Act requires the Secretary to review certain components of the OPSS not less often than annually and to revise the groups, relative payment weights, and other adjustments to take into account changes in medical practice, changes in technology, and the addition of new services, new cost data, and other relevant information and factors. Since implementing the OPSS, we have published final rules in the **Federal Register** annually to implement statutory requirements and changes arising from our experience with this system. For a full discussion of the changes to the OPSS, we refer readers to these **Federal Register** final rules.¹

¹ Interim final rule with comment period, August 3, 2000 (65 FR 47670); interim final rule with comment period, November 13, 2000 (65 FR 67798); final rule and interim final rule with comment period, November 2, 2001 (66 FR 55850 and 55857); final rule, November 30, 2001 (66 FR 59856); final rule, December 31, 2001 (66 FR 67494); final rule, March 1, 2002 (67 FR 9556); final rule, November 1, 2002 (67 FR 66718); interim final rule with

On November 7, 2003, we published a final rule with comment period in the **Federal Register** (68 FR 63398) that revised the OPSS to update the payment weights and conversion factor for services payable under the calendar year (CY) 2004 OPSS on the basis of claims data from April 1, 2002 through December 31, 2002. Subsequent to publishing the November 7, 2003 final rule with comment period, we published a correction of the final rule with comment period on December 31, 2003 (68 FR 75442). That document corrected technical errors in the November 7, 2003 rule and included responses to a number of public comments that were inadvertently omitted from that rule.

On January 6, 2004, we published in the **Federal Register** an interim final rule with comment period (69 FR 820) that implemented provisions of Pub. L. 108-173 that affected payments made under the OPSS, effective January 1, 2004. We will finalize this interim final rule and address public comments associated with that rule when we finalize this proposed rule.

D. APC Advisory Panel

1. Authority of the APC Panel

Section 1833(t)(9)(A) of the Act, as amended by section 201(h) of the BBRA of 1999, requires that we consult with an outside panel of experts to review the clinical integrity of the payment groups and weights under the OPSS. The Advisory Panel on APC Groups (the APC Panel), discussed under section I.D.2. of this preamble, fulfills this requirement. The Act further specifies that the Panel will act in an advisory capacity. This expert panel, which is to be composed of 15 representatives of providers subject to the OPSS (currently employed full-time, not consultants, in their respective areas of expertise), reviews and advises us about the clinical integrity of the APC groups and their weights. The APC Panel is not restricted to using our data and may use data collected or developed by organizations outside the Department in conducting its review.

2. Establishment of the APC Panel

On November 21, 2000, the Secretary signed the charter establishing the Advisory Panel on APC Groups. The APC Panel is technical in nature and is governed by the provisions of the Federal Advisory Committee Act (FACA), as amended (Pub. L. 92-463). On November 1, 2002, the Secretary

comment period, November 7, 2003 (68 FR 63398); and interim final rule with comment period, January 6, 2004 (69 FR 820).

renewed the charter. The renewed charter indicates that the APC Panel continues to be technical in nature, is governed by the provisions of the FACA, may convene up to three meetings per year, and is chaired by a Federal official.

Originally, in establishing the APC Panel, we solicited members in a notice published in the **Federal Register** on December 5, 2000 (65 FR 75943). We received applications from more than 115 individuals nominating either colleagues or themselves. After carefully reviewing the applications, we chose 15 highly qualified individuals to serve on the APC Panel. Because of the loss of four APC Panel members due to the expiration of terms of office on March 31, 2004, we published a **Federal Register** notice on January 23, 2004 (69 FR 3370) that solicited nominations for APC Panel membership. From the 24 nominations that we received, we chose four new members. The entire APC Panel membership is identified on the CMS website at www.cms.hhs.gov/faca/apc/apcmem.asp.

3. APC Panel Meetings and Organizational Structure

The APC Panel first met on February 27, February 28, and March 1, 2001. Since that initial meeting, the APC Panel has held four subsequent meetings, with the last meeting taking place on February 18, 19, and 20, 2004. Prior to each of these biennial meetings, we published a notice in the **Federal Register** to announce each meeting and, when necessary, to solicit nominations for APC Panel membership. For a more detailed discussion about these announcements, refer to the following **Federal Register** notices: December 5, 2000 (65 FR 75943), December 14, 2001 (66 FR 64838), December 27, 2002 (67 FR 79107), July 25, 2003 (68 FR 44089), and December 24, 2003 (68 FR 74621).

During these meetings, the APC Panel established its operational structure which, in part, includes the use of three subcommittees to facilitate its required APC review process. Currently, the three subcommittees are the Data Subcommittee, the Observation Subcommittee, and the Packaging Subcommittee. The Data Subcommittee is responsible for studying the data issues confronting the APC Panel and for recommending viable options for resolving them. This subcommittee was initially established on April 23, 2001, as the Research Subcommittee and reestablished as the Data Subcommittee on April 13, 2004. The Observation Subcommittee (established on June 24, 2003, and reestablished with new members on March 8, 2004) reviews and

makes recommendations to the APC Panel on all issues pertaining to observation services paid under the OPPS, such as coding and operational issues. The Packaging Subcommittee, which was established on March 8, 2004, studies and makes recommendations on issues pertaining to services that are not separately payable under the OPPS but are bundled or packaged into the APC payment. Each of these subcommittees was established by a majority vote of the APC Panel during a scheduled annual or biennial APC Panel meeting. All subcommittee recommendations are discussed and voted upon by the full APC Panel.

For a detailed discussion of the APC Panel meetings, refer to the hospital OPPS final rules cited in section I.C. of this preamble. A full discussion of the APC Panel's February 2004 meeting and the resulting recommendations is included in sections II., III., IV., V., and VI. of this preamble.

E. Provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Pub. L. 108–173, was enacted. Pub. L. 108–173 made changes to the Act relating to the Medicare OPPS. In a January 6, 2004 interim final rule with comment period, we implemented provisions of Pub. L. 108–173 relating to the OPPS that were effective for CY 2004. In this proposed rule, we are proposing to implement the following sections of Pub. L. 108–173 that are effective for CY 2005:

- Section 611, which provides for Medicare coverage of an initial preventive physical examination under Part B, subject to the applicable deductible and coinsurance, as an outpatient department (OPD) service payable under the OPPS. The provisions of section 611 apply to services furnished on or after January 1, 2005, but only for individuals whose coverage period under Medicare Part B begins on or after that date.

- Section 614, which provides that screening mammography and diagnostic mammography services are excluded from payment under the OPPS. This amendment applies to screening mammography services furnished on or after the date of enactment of Pub. L. 108–173 (that is, December 8, 2003), and in the case of diagnostic mammography, to services furnished on or after January 1, 2005.

- Section 621(a)(1), which requires special classification of certain separately paid radiopharmaceutical

agents and drugs or biologicals, and specifies the pass-through payment percentages, effective for services furnished on or after January 1, 2005, for the three categories of “specified covered OPD drugs” defined in the statute: sole source drug; innovator multiple source drug; and noninnovator multiple source drug. In addition, payment for these drugs for CYs 2004 and 2005 does not have to be made in a budget neutral manner.

- Section 621(a)(2), which specifies the reduced threshold for the establishment of separate APCs with respect to drugs or biologicals from \$150 to \$50 per administration for drugs and biologicals furnished in CYs 2005 and 2006.

- Section 621(a)(3), which excludes separate drug APCs from outlier payments. Specifically, no additional payment will be made in the case of APC groups established separately for drugs and biologicals.

- Section 621(b), which requires that all devices of brachytherapy consisting of a seed or seeds (or radioactive source) furnished on or after January 1, 2004, and before January 1, 2007, be paid based on the hospital's charges for each device, adjusted to cost. This provision also requires that these brachytherapy services be excluded from outlier payments.

F. Summary of Major Content of This Proposed Rule

In this proposed rule, we are setting forth proposed changes to the Medicare hospital OPPS. These changes would be effective for services furnished on or after January 1, 2005. The following is a summary of the major changes that we are proposing to make:

1. Proposed Changes to the APCs Groups

As required by section 1833(t)(9)(A) of the Act, we are proposing the annual update of the APC groups and the relative payment weights. This section also requires that we consult with an outside panel of experts, the Advisory Panel on APC Groups, to review the clinical integrity of the groups and weights under the OPPS. Based on analyses of Medicare claims data and recommendations of the APC Panel, we are proposing to establish a number of new APCs and to make changes to the assignment of HCPCS codes under a number of existing APCs. Our proposed APC changes for CY 2005 are set forth in section II. of this preamble.

We also discuss the application of the 2 times rule and proposed exceptions to it; coding for stereotactic radiosurgery services; the proposed movement of

procedures from the new technology APCs; the proposed changes to the list of procedures that will be paid as inpatient services; and the proposed additions of new procedure codes to the APCs.

2. Recalibrations of APC Relative Payment Weights

In section III. of this preamble, we discuss the methodology used to recalibrate the proposed APC relative payment weights and set forth the proposed recalibration of the relative weights for CY 2005.

3. Proposed Payment Changes for Devices

In section IV. of this preamble, we discuss proposed changes to the pass-through payment for devices and the methodology used to reduce transitional pass-through payments to offset costs packaged into APC groups.

4. Proposed Payment Changes for Drugs, Biologicals, Radiopharmaceutical Agents, and Blood and Blood Products

In section V. of this preamble, we discuss our proposed payment changes for drugs, biologicals, radiopharmaceutical agents, and blood and blood products.

5. Pro Rata Reduction for Transitional Pass-Through Drugs, Biologicals, and Devices

In section VI. of this preamble, we discuss the proposed methodology for measuring whether there should be an estimated pro rata reduction for transitional pass-through drugs, biologicals, and devices for CY 2005.

6. Other Policy Decisions and Proposed Policy Changes

In section VII. of this preamble, we present our proposals for CY 2005 regarding the following:

- Update of statewide default cost-to-charge ratios.

- A conforming change to the regulation relating to the use of the first available cost reporting period ending after 1996 and before 2001 for determining a provider's payment-to-cost ratio to calculate transitional corridor payments for hospitals paid under the OPSS that did not have a 1996 cost report.

- Proposed changes in the status indicators and comment indicators assigned to APCs for CY 2005.

- Proposed elimination of the diagnostic tests criteria as a requirement for hospitals to qualify for separate payment of observation services under APC 0339 (Observation) and changes to the guidelines to hospitals for counting patients time spent in observation care.

- Proposed payment under the OPSS for certain procedures currently assigned to the inpatient list.

- Proposed strategy for giving the public notice of new implementation guidelines for new evaluation and management codes.

- Proposed addition of three new HCPCS codes and descriptors for brachytherapy sources that would be paid separately, pursuant to Pub. L. 108-173.

- Proposed modification of the HCPCS code descriptors for brachytherapy source descriptors for which units of payment are not already delineated.

- Proposed payment for services furnished emergently to an outpatient who dies before admission to a hospital as an inpatient.

7. Proposed Conversion Factor Update for CY 2005

As required by section 1833(5)(3)(C)(ii) of the Act, under section VIII. of this preamble, we are proposing to update the conversion factor used to determine payment rates under the OPSS for CY 2005.

8. Proposed Wage Index Changes for CY 2005

In section IX. of this preamble, we discuss the proposed retention of our current policy to apply the IPPS wage indices to wage adjust the APC median costs in determining the OPSS payment rate and the copayment standardized amount. These indices reflect proposed major changes for CY 2005 relating to hospital labor market areas as a result of OMB revised definitions of geographical statistical areas; hospital reclassifications and redesignations, including the one-time reclassifications under section 508 of Pub. L. 108-173; and the wage index adjustment based on commuting patterns of hospital employees under section 505 of Pub. L. 108-173.

9. Determination of Payment Rates and Outlier Payments for CY 2005

In section X. of this preamble, we discuss how APC payment rates are calculated and how the payment rates are adjusted to reflect geographic differences in labor-related costs. This section also discusses proposed changes in the way we calculate outlier payments for CY 2005.

10. MedPAC Recommendations

Under section 1805(b) of the Act, the Medicare Payment Advisory Committee (MedPAC) is required to submit a report to Congress, no later than March 1 of each year, that reviews and makes

recommendations on Medicare payment policies. This annual report makes recommendations concerning the hospital outpatient prospective payment system. In section XII. of this preamble, we discuss the MedPAC recommendations. For further information relating specifically to the MedPAC March 1, 2004 report or to obtain a copy of the report, visit MedPAC's Web site at: <http://www.medpac.gov>.

11. Regulatory Impact Analysis

In section XV. of this preamble, we set forth our analysis of the impact that the proposed changes contained in this proposed rule would have on affected hospitals and CMHCs.

II. Proposed Changes Related to Ambulatory Payment Classifications (APCs)

[If you choose to comment on issues in this section, please indicate the caption "APC Groups" at the beginning of your comment.]

Section 1833(t)(2)(A) of the Act requires the Secretary to develop a classification system for covered hospital outpatient services. Section 1833(t)(2)(B) provides that this classification system may be composed of groups of services, so that services within each group are comparable clinically and with respect to the use of resources. In accordance with these provisions, we developed a grouping classification system, referred to as the Ambulatory Payment Classifications Groups or APCs, as set forth in § 419.31 of the regulations. We use Healthcare Common Procedure Coding System (HCPCS) codes and descriptors to identify and group the services within each APC. The APCs are organized such that each group is homogeneous both clinically and in terms of resource use. (However, new technology APCs that are temporary groups for certain approved services are structured based on cost rather than clinical homogeneity.) Using this classification system, we have established distinct groups of surgical, diagnostic, and partial hospitalization services, and medical visits. Because of the transitional pass-through provisions, we also have developed separate APC groups for certain medical devices, drugs, biologicals, radiopharmaceuticals, and devices of brachytherapy.

We have packaged into each procedure or service within an APC the cost associated with those items or services that are directly related and integral to performing a procedure or furnishing a service. Therefore, we would not make separate payment for

packaged items or services. For example, packaged items and services include: use of an operating, treatment, or procedure room; use of a recovery room; use of an observation bed; anesthesia; medical/surgical supplies; pharmaceuticals (other than those for which additional payment may be allowed under the transitional pass-through provisions discussed in section V. of this preamble); and incidental services such as venipuncture. Our packaging methodology is discussed in section IV.B.3. of this proposed rule.

A. Proposed APC Changes: General

Under the OPSS, we pay for hospital outpatient services on a rate-per-service basis that varies according to the APC group to which the service is assigned. Each APC weight represents the median hospital cost of the services included in that APC relative to the median hospital cost of the services included in APC 601, Mid-Level Clinic visits. The APC weights are scaled to APC 601 because a mid-level clinic visit is one of the most frequently performed services in the outpatient setting.

Section 1833(t)(9)(A) of the Act requires the Secretary to review the components of the OPSS not less than annually and to revise the groups and relative payment weights and make other adjustments to take into account changes in medical practice, changes in technology, and the addition of new services, new cost data, and other relevant information and factors. Section 1833(t)(9)(A) of the Act, as amended by section 201(h) of the BBRA of 1999, also requires the Secretary, beginning in CY 2001, to consult with an outside panel of experts to review the APC groups and the relative payment weights.

Finally, section 1833(t)(2) of the Act provides that, subject to certain exceptions, the items and services within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the group is more than 2 times greater than the lowest median cost for an item or service within the same group (referred to as the "2 times rule"). We use the median cost of the item or service in implementing this provision. The statute authorizes the Secretary to make exceptions to the 2 times rule in unusual cases, such as low volume items and services.

Section 419.31 of the regulations sets forth the requirements for the APC system and determination of the

payment weights. In this section, we discuss the changes that we are proposing to the APC groups; the APC Panel's review and recommendations and our proposals in response to those recommendations; the application of the 2 times rule and proposed exceptions to it; coding for stereotactic radiosurgery services; the proposed movement of procedures from the new technology APCs; the proposed changes to the inpatient list; and the proposed additions of new procedure codes to the APCs.

B. APC Panel Review and Recommendations

As stated above, the APC Panel met on February 18, 19, and 20, 2004, to discuss the revised APCs for the CY 2005 OPSS. In preparation for that meeting, we published a notice in the **Federal Register** on December 24, 2004 (68 FR 74621), to announce the location, date, and time of the meeting; the agenda items; and the fact that the meeting was open to the public. In that notice, we solicited public comment specifically on the items included on the agenda for that meeting. We also provided information about the APC Panel meeting on the CMS website: www.cms.hhs.gov/faca/apc/panel.

Oral presentations and written comments submitted for the February 2004 APC Panel meeting met, at a minimum, the adopted guidelines for presentations set forth in the **Federal Register** document (68 FR 74621). Below is a summary of the APC issues discussed by the APC Panel, its recommendations, and our proposals with respect to those recommendations. The discussion in this section is limited to proposed APC changes regarding APCs other than those that violate the 2 times rule and those that represent drugs, biologicals, and transitional pass-through devices, or those that are new technology APCs. The specific APC Panel review and recommendations applicable to those APCs are discussed in sections II.C., IV., III., and II.F., respectively, of the preamble to this proposed rule. In conducting its APC review, the APC Panel heard testimony and received evidence in support of the testimonies from a number of interested parties. The APC Panel also used hospital outpatient claims data for the period January 1, 2003, through September 30, 2003, that provided, at a minimum, median costs for the APC structure in place in CY 2004 and that was based on cost-to-charge ratios used for setting the CY 2004 payment rates.

The data set presented to the APC Panel represented 9 months of the CY 2003 data that we are proposing to use to recalibrate the APC relative weights and to calculate the proposed APC payment rates for CY 2005. For this discussion, we are using the APC titles as published in our November 7, 2003 final rule with comment period, which were the APC titles that existed when the APC Panel met in February 2004. Because we are proposing to retitle some of the APCs, the titles used in this discussion may not be the same as those listed in Addendum A to this proposed rule.

1. APC 0018: Biopsy of Skin/Puncture of Lesion

One presenter requested that the APC Panel recommend moving CPT tracking codes 0046T (Catheter lavage, mammary duct(s)) and 0047T (Each additional duct) from APC 0018 and placing them in an APC that more accurately reflects each of the procedures. The APC Panel recommended that we reassign CPT codes 0046T and 0047T to APC 0021, Level III Excision/Biopsy.

We are proposing to accept the APC Panel's recommendation.

2. Level I and II Arthroscopy

APC 0041: Level I Arthroscopy
APC 0042: Level II Arthroscopy

We testified before the APC Panel regarding a comment that we received in 2003 requesting that we reassign CPT code 29827 (Arthroscopy, shoulder with rotator cuff repair) from APC 0041 to APC 0042, based on its similarity to CPT 29826 (Arthroscopy, shoulder decompression of subacromial space with partial acromioplasty without coracoacromial release). Our clinical staff considered the request and determined that APCs 0041 and 0042 should be reconfigured to improve clinical homogeneity. An APC Panel presenter provided evidence to support moving CPT code 29827 to an APC that would more accurately recognize the complexity of that procedure. We requested the APC Panel's recommendation regarding a total revision of these two APCs.

The APC Panel recommended that we reevaluate the codes in APCs 0041 and 0042 and propose restructuring that would improve the clinical homogeneity in the two APCs.

We are proposing to accept the APC Panel's recommendation and to revise APCs 0041 and 0042 as shown in Tables 1 and 2 below.

BILLING CODE 4120-01-P

Table 1.--Proposed Reconstructed APC 0041: Level I Arthroscopy

| CPT/HCPCS Code | Description |
|-----------------------|---------------------------------|
| 29850 | Knee arthroscopy/surgery |
| 29870 | Knee arthroscopy/diagnostic |
| 29871 | Knee arthroscopy/drainage |
| 29873 | Knee arthroscopy/surgery |
| 29874 | Knee arthroscopy/surgery |
| 29875 | Knee arthroscopy/surgery |
| 29876 | Knee arthroscopy/surgery |
| 29877 | Knee arthroscopy/surgery |
| 29879 | Knee arthroscopy/surgery |
| 29880 | Knee arthroscopy/surgery |
| 29881 | Knee arthroscopy/surgery |
| 29882 | Knee arthroscopy/surgery |
| 29883 | Knee arthroscopy/surgery |
| 29884 | Knee arthroscopy/surgery |
| 29886 | Knee arthroscopy/surgery |
| 29805 | Shoulder arthroscopy/diagnostic |
| 29819 | Shoulder arthroscopy/surgery |
| 29820 | Shoulder arthroscopy/surgery |
| 29821 | Shoulder arthroscopy/surgery |
| 29822 | Shoulder arthroscopy/surgery |
| 29823 | Shoulder arthroscopy/surgery |
| 29825 | Shoulder arthroscopy/surgery |
| 29834 | Elbow arthroscopy/surgery |
| 29835 | Elbow arthroscopy/surgery |
| 29836 | Elbow arthroscopy/surgery |
| 29837 | Elbow arthroscopy/surgery |
| 29838 | Elbow arthroscopy/surgery |
| 29840 | Wrist arthroscopy |
| 29843 | Wrist arthroscopy/surgery |
| 29844 | Wrist arthroscopy/surgery |
| 29845 | Wrist arthroscopy/surgery |
| 29846 | Wrist arthroscopy/surgery |
| 29848 | Wrist arthroscopy/surgery |
| 29891 | Wrist endoscopy/surgery |
| 29892 | Ankle arthroscopy/surgery |
| 29894 | Ankle arthroscopy/surgery |
| 29895 | Ankle arthroscopy/surgery |
| 29897 | Ankle arthroscopy/surgery |
| 29898 | Ankle arthroscopy/surgery |
| 29804 | Jaw arthroscopy/surgery |
| 29999 | Arthroscopy of joint |
| 0012T | Osteochondral knee autograft |
| 0014T | Meniscal transplant, knee |
| 29830 | Elbow arthroscopy |
| 29860 | Hip arthroscopy, dx |
| 29887 | Knee Arthroscopy/surgery |

Table 2.--Proposed Reconstructed APC 0042: Level II Arthroscopy

| CPT/HCPCS Code | Description |
|-----------------------|----------------------------------|
| 29851 | Knee arthroscopy/surgery |
| 29885 | Knee arthroscopy/surgery |
| 29888 | Knee arthroscopy/surgery |
| 29889 | Knee arthroscopy/surgery |
| 29806 | Shoulder arthroscopy/surgery |
| 29807 | Shoulder arthroscopy/surgery |
| 29824 | Shoulder arthroscopy/surgery |
| 29826 | Shoulder arthroscopy/surgery |
| 29827 | Arthroscopic rotator cuff repair |
| 29847 | Wrist arthroscopy/surgery |
| 29855 | Tibial arthroscopy/surgery |
| 29856 | Tibial arthroscopy/surgery |
| 29899 | Ankle arthroscopy/surgery |
| 29800 | Jaw arthroscopy/surgery |
| 0013T | Osteochondral knee allograft |
| 29861 | Hip arthroscopy/surgery |
| 29862 | Hip arthroscopy/surgery |
| 29863 | Hip arthroscopy/surgery |

3. Angiography and Venography Except Extremity

APC 0279: Level II Angiography and Venography Except Extremity

APC 0280: Level III Angiography and Venography Except Extremity

APC 0668: Level I Angiography and Venography Except Extremity

As requested by the APC Panel, we presented our proposal for reconfiguring APCs 0279, 0280, and 0668 that reflected changes based on prior input with outside clinical experts. The APC Panel had previously reviewed these APCs during its January 2003 meeting and had recommended that we not restructure these three APCs until we

received input from clinical experts in the field. When we updated the APC groups in CY 2003, we accepted the APC Panel's recommendation and made no changes to APCs 0279, 0280, and 0668.

A review of these APCs was prompted by a commenter who requested that we move CPT code 75978 (Repair venous blockage) from APC 0668 to APC 0280 and that we move CPT code 75774 (Artery x-ray, each vessel) from APC 0668 to APC 0279. The commenter submitted evidence in support of these requests and testified before the APC Panel regarding the common use of CPT code 75978 for treating dialysis patients and the often required multiple

intraoperative attempts to succeed with this procedure for such patients.

After receiving input from the clinical experts, we determined that these three APCs should be revised to improve their clinical homogeneity. We presented our proposed restructuring of APCs 0279, 0280, and 0668 to the APC Panel. The APC Panel concurred with our proposal.

In addition, subsequent to the APC Panel meeting, we discovered several procedures in these APCs that were more appropriately placed in another APC in order to remedy any 2 times rule violations. Tables 3, 4, and 5 reflect those additional APC reassignments as well as those we presented to the APC Panel in February 2004.

**Table 3.—Proposed Restructured APC 0668: Level I
Angiography and Venography Except Extremity**

| CPT/HCPCS Code | Description | CY 2004 APC |
|-----------------------|---|--------------------|
| 75660 | Artery x-rays, head and neck | 0279 |
| 75705 | Artery x-rays, spine | 0279 |
| 75733 | Artery x-rays, adrenals | 0280 |
| 75960 | Transcatheter introduction, stent | 0280 |
| 75961 | Retrieval, broken catheter | 0280 |
| 75962 | Repair arterial blockage, peripheral artery | 0280 |
| 75964 | Repair artery blockage, each | 0280 |
| 75966 | Repair arterial blockage, renal or other visceral | 0280 |
| 75968 | Repair arterial blockage, each additional visceral | 0280 |
| 75970 | Vascular biopsy | 0280 |
| 75978 | Repair venous blockage | 0668 |

**Table 4.—Proposed Restructured APC 0279: Level II
Angiography and Venography Except Extremity**

| CPT/HCPCS Code | Description | CY 2004 APC |
|-----------------------|----------------------------|--------------------|
| 75658 | Artery x-rays, arm | 0280 |
| 75741 | Artery x-rays, lung | 0279 |
| 75746 | Artery x-rays, lung | 0279 |
| 75756 | Artery x-rays, chest | 0279 |
| 75774 | Artery x-rays, each vessel | 0668 |
| 75810 | Vein x-ray, spleen/liver | 0279 |
| 75825 | Vein x-ray, trunk | 0279 |
| 75827 | Vein x-ray, chest | 0279 |
| 75833 | Vein x-rays, kidneys | 0279 |
| 75887 | Vein x-ray, liver | 0280 |
| 75891 | Vein x-ray, liver | 0279 |
| 75992 | Atherectomy, x-ray exam | 0280 |
| 75993 | Atherectomy, x-ray exam | 0280 |
| 75994 | Atherectomy, x-ray exam | 0280 |
| 75995 | Atherectomy, x-ray exam | 0280 |
| 75996 | Atherectomy, x-ray exam | 0280 |

**Table 5. –Proposed Restructured APC 280: Level III
Angiography and Venography Except Extremity**

| CPT/HCPCS Code | Description | CY 2004 APC |
|-----------------------|------------------------------|--------------------|
| 75600 | Contrast x-ray exam of aorta | 0280 |
| 75605 | Contrast x-ray exam of aorta | 0280 |
| 75625 | Contrast x-ray exam of aorta | 0280 |
| 75630 | X-ray aorta, leg arteries | 0280 |
| 75650 | Artery x-rays, head and neck | 0280 |
| 75662 | Artery x-rays, head and neck | 0279 |
| 75665 | Artery x-rays, head and neck | 0280 |
| 75671 | Artery x-rays, head and neck | 0280 |
| 75676 | Artery x-rays, neck | 0280 |
| 75680 | Artery x-rays, neck | 0280 |
| 75685 | Artery x-rays, spine | 0279 |
| 75710 | Artery x-rays, arm/leg | 0280 |
| 75716 | Artery x-rays, arms/legs | 0280 |
| 75722 | Artery x-rays, kidney | 0280 |
| 75724 | Artery x-rays, kidneys | 0280 |
| 75726 | Artery x-rays, abdomen | 0280 |
| 75731 | Artery x-rays, adrenal gland | 0280 |
| 75736 | Artery x-rays, pelvis | 0280 |
| 75743 | Artery x-rays, lungs | 0280 |
| 75885 | Vein x-ray, liver | 0279 |
| 75889 | Vein x-ray, liver | 0279 |

*C. Limits on Variations Within APCs:
Proposed Application of the 2 Times
Rule*

Section 1833(t)(2) of the Act provides that the items and services within an APC group cannot be considered comparable with respect to the use of resources if the median of the highest cost item or service within an APC group is more than 2 times greater than the median of the lowest cost item or service within that same group. However, the statute authorizes the Secretary to make exceptions to this limit on the variation of costs within each APC group in unusual cases such as low volume items and services. No exception may be made in the case of a drug or biological that has been designated as an orphan drug under section 526 of the Federal Food, Drug, and Cosmetic Act. We implemented this statutory provision in § 419.31 of the regulations. Under this regulation, we elected to use the highest median cost and lowest median cost to determine comparability.

During the APC Panel's February 2004 meeting, we presented data and information concerning a number of

APCs that violate the 2 times rule and asked the APC Panel for its recommendation. We discuss below the APC Panel's recommendations specific to each of these APCs and our proposals in response to the APC Panel's recommendations.

1. Cardiac and Ambulatory Blood Pressure Monitoring

APC 0097: Cardiac and Ambulatory Blood Pressure Monitoring

We expressed concern to the APC Panel that APC 0097 appears to violate the 2 times rule. We sought the APC Panel's recommendation on revising the APC to address the violation. Based on clinical homogeneity considerations, the APC Panel recommended that we not restructure APC 0097 for CY 2005.

We are proposing to accept the APC Panel's recommendation that we make no changes to APC 0097 for CY 2005.

2. Electrocardiograms

APC 0099: Electrocardiograms

We expressed concern to the APC Panel that APC 0099 appears to violate the 2 times rule. We asked the APC Panel to recommend options for resolving this violation. Based on

clinical homogeneity considerations, the APC Panel recommended that we not alter the structure of APC 0099 for CY 2005.

We are proposing to accept the APC Panel's recommendation that we make no changes to APC 0099 for CY 2005.

3. Excision/Biopsy

**APC 0019: Level I Excision/Biopsy
APC 0020: Level II Excision/Biopsy
APC 0021: Level III Excision/Biopsy**

We expressed concern to the APC Panel that APC 0019 appears to violate the 2 times rule. We advised the APC Panel that this violation was not evident in CY 2004 because the CY 2002 median cost data used in calculating the CY 2004 APC updates supported moving CPT codes 11404 (Removal of skin lesion) and 11623 (Removal of skin lesion) from APC 0020 and APC 0021. However, based on the CY 2003 data reviewed by the APC Panel, APC 0019 would violate the 2 times rule. Therefore, we asked the APC Panel to recommend an approach to resolve the violation. We asked the APC Panel if we should leave this APC as is; divide APC 0019 into two separate APCs; or move some codes in APC 0019 to higher level

excision/biopsy APCs. In making its recommendation, the APC Panel noted that the 2 times violation in APC 0019 was minor, and recommended that we not modify APC 0019.

We are proposing to accept the APC Panel's recommendation to not make any modifications to APC 0019 for CY 2005.

4. Posterior Segment Eye Procedures APC 0235: Level I Posterior Segment Eye Procedures

We expressed concern to the APC Panel that APC 0235 appears to violate the 2 times rule. At the August 2003 APC Panel meeting, the APC Panel recommended that we monitor the data for APC 0235 for review at its February 2004 meeting. In order to address the apparent violation, we asked the APC Panel to consider moving a few CPT codes from APC 0235 into a higher level posterior segment eye procedure APC. The APC Panel noted that the 2 times violation in APC 0235 was minor, and

recommended that we not change APC 0235.

We are proposing to accept the APC Panel's recommendation that we make no changes to the structure of APC 0235 for CY 2005.

5. Laparoscopy

APC 0130: Level I Laparoscopy

APC 0131: Level II Laparoscopy

We expressed concern to the APC Panel that APC 0130 appears to violate the 2 times rule. We suggested moving CPT code 44970 (Laparoscopy, appendectomy) from APC 0130 to APC 0131. The APC Panel recommended that we make this change.

We are proposing to accept the APC Panel's recommendation to move CPT code 44970 from APC 0130 to APC 0131.

6. Anal/Rectal Procedures

APC 0148: Level I Anal/Rectal Procedure

APC 0155: Level II Anal/Rectal Procedure

APC 0149: Level III Anal/Rectal Procedure

APC 0150: Level IV Anal/Rectal Procedure

We expressed concern to the APC Panel that APC 0148 appears to violate the 2 times rule. We suggested moving CPT code 46020 (Placement of seton) from APC 0148 to a higher level anal/rectal procedure APC. The APC Panel reviewed the four anal/rectal APCs (APC 0148, 0149, 0150, and 0155) and recommended moving CPT codes 46020 and 46706 (Repair of anal fistula with glue) from APC 0148 to APC 0150. The APC Panel also recommended moving CPT codes 45005 (Drainage of rectal abscess) and 45020 (Drainage of rectal abscess) from APC 0148 to APC 0155.

We are proposing to accept the APC Panel's recommendations specific to APC 0148. Our proposed movement of CPT codes from APC 0148 to APCs 0150 and 0155 is shown in the Table 6 below.

Table 6.—Proposed Movement of Anal/Rectal Procedures from APC 0148 to APC 0150 and APC 0155

| CPT/HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|-----------|-------------------------------|-------------|----------------------|
| 46020 | Placement of seton | 0148 | 0150 |
| 46706 | Repair anal fistula with glue | 0148 | 0150 |
| 45005 | Drainage of rectal abscess | 0148 | 0155 |
| 45020 | Drainage of rectal abscess | 0148 | 0155 |

7. Nerve Injections

APC 0204: Level I Nerve Injections

APC 0206: Level II Nerve Injections

APC 0207: Level III Nerve Injections

APC 0203: Level IV Nerve Injections

We again expressed concern to the APC Panel that APC 0203 and APC 0207 appear to violate the 2 times rule. We previously discussed this issue at the APC Panel's CY 2003 meeting. During the CY 2003 meeting, the APC Panel recommended that we gather additional data on procedures assigned to APC 0203 and APC 0207 before proposing to reconfigure them to attempt to eliminate the 2 times rule violation. The APC

Panel believed then that the structure of these two APCs as proposed in the August 2003 OPSS proposed rule were more clinically cohesive than those set forth in the November 2002 OPSS final rule. During the February 2004 meeting, we presented other information for the APC Panel to review in making its recommendation.

After careful consideration of the new data, the APC Panel recommended moving CPTs 64420 (Nerve block injection, intercostal nerve), 64630 (Injection treatment of nerve), 64640 (Injection treatment of nerve), and 62280 (Treatment of a spinal cord lesion) from APC 0207 to APC 0206.

The APC Panel also recommended moving CPT code 62282 (Treatment of a spinal canal lesion) from APC 0207 to APC 0203.

After reviewing more recent, complete calendar year data, we are proposing to accept some of the APC Panel's recommendation (specifically, move CPTs 64630 and 64640 from APC 0207 to APC 0206), and to make some other changes that we believe are appropriate to improve the nerve injection APC's clinical and resource homogeneity. Our proposed nerve injection APC assignments are shown in Tables 7, 8, and 9 below.

Table 7.—Proposed Movement of Level III: Nerve Injections CPT Codes from APC 0207 to APC 0204 and APC 0206

| CPT/HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|------------------|---|------------------------|-------------------------------------|
| 64420 | Nerve block injection, intercostal nerve | 0207 | 0204 |
| 64630 | Injection treatment of nerve | 0207 | 0206 |
| 64640 | Injection treatment of nerve | 0207 | 0206 |
| 64421 | Nerve block injection, intercostals, multiple | 0207 | 0206 |
| 64472 | Injection paravertebral cervical/thoracic, add-on | 0207 | 0206 |
| 64476 | Injection paravertebral lumbosacral, add-on | 0207 | 0206 |
| 64630 | Injection treatment of nerve | 0207 | 0206 |
| 64640 | Injection treatment of nerve | 0207 | 0206 |

Table 8.—Proposed Movement of Level I: Nerve Injections CPT Codes from APC 0204 to APC 0206

| CPT/HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|------------------|---|------------------------|-------------------------------------|
| G0260 | Injection for sacroiliac joint anesthesia | 0204 | 0206 |
| 64410 | Nerve block injection, phrenic | 0204 | 0206 |
| 64412 | Nerve block injection, spinal accessory | 0204 | 0206 |
| 64446 | Nerve block injection, sciatic, continuous infusion | 0204 | 0206 |
| 61791 | Treatment of a trigeminal tract | 0204 | 0206 |

Table 9.—Proposed Movement of Level II: Nerve Injections CPT Codes from APC 0206 to APC 0204 and APC 0207

| CPT/HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|-----------|---|-------------|----------------------|
| 62270 | Spinal fluid tap, diagnostic | 0206 | 0204 |
| 62272 | Drainage of cerebrospinal fluid | 0206 | 0204 |
| 62310 | Injection of spine cervical/thoracic | 0206 | 0207 |
| 62311 | Injection of spine lumbar/sacral (cd) | 0206 | 0207 |
| 62318 | Injection of spine with catheter, cervical/thoracic | 0206 | 0207 |
| 62319 | Injection of spine with catheter Lumbar/sacral (cd) | 0206 | 0207 |

8. Anterior Segment Eye Procedures

APC 0232: Level I Anterior Segment Eye Procedures

APC 0233: Level II Anterior Segment Eye Procedures

We expressed concern to the APC Panel that APC 0233 appears to violate the 2 times rule. We suggested moving CPT codes 65286 (Repair of eye wound), 66030 (Injection treatment of eye), and 66625 (Removal of iris) from APC 0233 to APC 0232. The APC Panel agreed and

recommended that we move CPT codes 65286, 66030, and 66625 from APC 0233 to APC 0232.

We are proposing to accept the APC Panel's recommendation and to reassign these three codes as shown in Table 10.

Table 10.—Proposed Reassignment of Anterior Segment Eye Procedures Codes From APC 0233 to APC 0232

| CPT/HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|-----------|----------------------------|-------------|----------------------|
| 65286 | Repair of eye wound | 0233 | 0232 |
| 66030 | Injection treatment of eye | 0233 | 0232 |
| 66625 | Removal of iris | 0233 | 0232 |

9. Pathology

APC 0343: Level II Pathology

APC 0344: Level III Pathology

We expressed concern to the APC Panel that APC 0343 appears to violate the 2 times rule. We suggested moving CPT code 88346 (Immunofluorescent study) from APC 0343 to APC 0344. The APC Panel concurred with our proposal.

We are proposing to accept the APC Panel's recommendation and to move CPT code 88346 from APC 0343 to APC 0344.

10. Immunizations

APC 0355: Level III Immunizations (proposed for CY 2005: Level I Immunizations)

APC 0356: Level IV Immunizations (proposed for CY 2005: Level II Immunizations)

We expressed concern to the APC Panel that APCs 0355 and 0356 appear to violate the 2 times rule. In order to eliminate this violation, we suggested moving CPT 90636 (Hepatitis A/ Hepatitis B vaccine, adult dose, intramuscular use) from APC 0355 to APC 0356. We also suggested moving CPT codes 90375 (Rabies immune globulin, intramuscular or subcutaneous), 90740 (Hepatitis B vaccine, dialysis or immunosuppressed patient, intramuscular), 90723 (Diphtheria-pertussis-tetanus, Hepatitis B, Polio vaccine, intramuscular), and 90693 (Typhoid vaccine, AKD,

subcutaneous) from APC 0356 to APC 0355.

The APC Panel recommended moving CPT 90636 from APC 0355 to APC 0356 and CPT codes 90740, 90723, and 90693 from APC 0356 to APC 0355. The APC Panel delayed making a recommendation on CPT 90375 and requested that we collect additional cost data on this procedure for discussion at the next scheduled APC Panel meeting.

We are proposing to accept the APC Panel's recommended changes to move CPT code 90740 from APC 0356 to 0355, and to move CPT code 90636 from 0355 to 0356. However, based on our review of more recent claims data than were available to the APC Panel, we determined that the medians for CPT

codes 90693 and 90375 are below the \$50 drug packaging threshold. Therefore, we are also proposing to

package both CPT codes 90693 and 90375. We are proposing to change CPT

code 90723 to status indicator "e" because it is not payable by Medicare.

Table 11.—Proposed Movement of Immunization CPT Codes Between APC 0355 and APC 0356

| CPT/HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|-----------|--|-------------|----------------------|
| 90636 | Hepatitis A/Hepatitis B vaccine, adult dose, intramuscular use | 0355 | 0356 |
| 90740 | Hepatitis B vaccine, dialysis or immunosuppressed patient | 0356 | 0355 |

11. Pulmonary Tests

APC 0367: Level I Pulmonary Tests

APC 0368: Level II Pulmonary Tests

APC 0369: Level III Pulmonary Tests

We expressed concern to the APC Panel that APC 0369 appears to violate the 2 times rule. We suggested moving

CPT code 94015 (Patient recorded spirometry) from APC 0369 to APC 0367. The APC Panel concurred with our proposal.

We are proposing to accept the APC Panel's recommendation and to move CPT code 94015 from APC 0369 to APC 0367.

In addition, during our analysis of more recent claims data following the APC Panel meeting, we noted that APC 0367 violated the 2 times rules.

Therefore, we are proposing to reassign CPT codes 94375, 94750, 94450, 94014, 94690, and 93740 to APC 0368.

Table 12.—Proposed Reassignment of Certain CPT Codes Among APCs 0367, 0368 and 0369

| HCPCS | Description | CY 2004 APC | Proposed CY 2005 APC |
|-------|------------------------------|-------------|----------------------|
| 94015 | Patient recorded spirometry | 0369 | 0367 |
| 94375 | Respiratory flow volume loop | 0367 | 0368 |
| 94750 | Pulmonary compliance study | 0367 | 0368 |
| 94450 | Hypoxia response curve | 0367 | 0368 |
| 94014 | Patient recorded spirometry | 0367 | 0368 |
| 94690 | Exhaled air analysis | 0367 | 0368 |
| 93740 | Temperature gradient studies | 0367 | 0368 |

12. Clinic Visits

APC 0600: Low Level Clinic Visits

We expressed concern to the APC Panel that APC 0600 appears to violate the 2 times rule. We suggested moving HCPCS code G0264 (Assessment other than CHF, chest pain, asthma) to a higher level clinic visit. The APC Panel recommended that we not make any changes to APC 0600.

We are proposing to accept this recommendation and not make any changes to APC 0600 for CY 2005.

D. Proposed Exceptions to the 2 Times Rule

[If you choose to comment on issues in this section please indicate the caption "2 Times Rule" at the beginning of your comment.]

As discussed earlier, the Secretary is authorized to make exceptions to the 2

times limit on the variation of costs within each APC group in unusual cases such as low volume items and services.

Taking into account the APC changes that we are proposing for CY 2005 based on the APC Panel recommendations discussed in section II.C. of this preamble and the use of CY 2003 claims data to calculate the median cost of procedures classified in the APCs, we reviewed all the APCs to determine which of them would not meet the 2

times limit. We used the following criteria when deciding whether to propose exceptions to the 2 times rule for affected APCs:

- Resource homogeneity
- Clinical homogeneity
- Hospital concentration
- Frequency of service (volume)
- Opportunity for upcoding and code fragments.

For a detailed discussion of these criteria, refer to the April 7, 2000 OPSS final rule with comment period (65 FR 18457).

Table 13 contains the APCs that we are proposing to exempt from the 2 times rule based on the criteria cited above. In cases in which a recommendation of the APC Panel appeared to result in or allow a violation of the 2 times rule, we generally accepted the APC Panel's

recommendation because these recommendations were based on explicit consideration of resource use, clinical homogeneity, hospital specialization, and the quality of the data used to determine the APC payment rates that we are proposing for CY 2005. The median cost for hospital outpatient services for these and all other APCs can be found at web site: <http://www.cms.hhs.gov>.

Table 13.-- Proposed APCs Exceptions to the 2 Times Rule

| Proposed Rule APC | Description |
|------------------------------|---|
| 0019 | Level I Excision/Biopsy |
| 0024 | Level I Skin Repair |
| 0032 | Insertion of Central Venous/Arterial Catheter |
| 0043 | Closed Treatment Fracture Finger/Toe/Trunk |
| 0046 | Open/Percutaneous Treatment Fracture or Dislocation |
| 0060 | Manipulation Therapy |
| 0080 | Diagnostic Cardiac Catheterization |
| 0087 | Cardiac Electrophysiologic Recording/Mapping |
| 0093 | Vascular Reconstruction/Fistula Repair without Device |
| 0099 | Electrocardiograms |
| 0105 | Revision/Removal of Pacemakers, AICD, or Vascular |
| 0121 | Level I Tube changes and Repositioning |
| 0122 | Level II Tube changes and Repositioning |
| 0140 | Esophageal Dilatation without Endoscopy |

| Proposed Rule APC | Description |
|------------------------------|---|
| 0146 | Level I Sigmoidoscopy |
| 0147 | Level II Sigmoidoscopy |
| 0148 | Level I Anal/Rectal Procedure |
| 0164 | Level I Urinary and Anal Procedures |
| 0183 | Testes/Epididymis Procedures |
| 0187 | Miscellaneous Placement/Repositioning |
| 0204 | Level I Nerve Injections |
| 0212 | Nervous System Injections |
| 0213 | Extended EEG Studies and Sleep Studies, Level I |
| 0214 | Electroencephalogram |
| 0230 | Level I Eye Tests and Treatments |
| 0235 | Level I Posterior Segment Eye Procedures |
| 0236 | Level II Posterior Segment |
| 0251 | Level I ENT Procedures |
| 0252 | Level II ENT Procedures |
| 0262 | Plain Film of Teeth |
| 0268 | Ultrasound Guidance Procedures |
| 0274 | Myelography |
| 0281 | Venography of Extremity |
| 0285 | Myocardial Positron Emission Tomography |
| 0297 | Level II Therapeutic Radiologic Procedures |
| 0303 | Treatment Device Construction |
| 0322 | Brief Individual Psychotherapy |
| 0335 | Magnetic Resonance Imaging, Miscellaneous |
| 0340 | Minor Ancillary Procedures |
| 0341 | Skin Tests |
| 0344 | Level III Pathology |
| 0355 | Level I Immunizations |
| 0356 | Level II Immunizations |
| 0364 | Level I Audiometry |
| 0370 | Allergy Tests |
| 0373 | Neuropsychological Testing |
| 0397 | Vascular Imaging |
| 0407 | Radionuclide Therapy |
| 0409 | Red Blood Cell Tests |
| 0422 | Level II Upper GI Procedures |
| 0600 | Low Level Clinic Visits |
| 0688 | Revision/Removal Neurostimulator Pulse Generator Receiver |
| 0692 | Electronic Analysis of Neurostimulator Pulse Generators |
| 0699 | Level IV Eye Tests & Treatments |

E. Coding for Stereotactic Radiosurgery Services

[If you choose to comment on issues in this section please indicate the caption

“Stereotactic Radiosurgery” at the beginning of your comment.]

1. Background

In the November 7, 2003 final rule with comment period (68 FR 63403), we discussed the APC Panel’s consideration

of HCPCS codes G0242 (Cobalt 60-based stereotactic radiosurgery plan) and G0243 (Cobalt 60-based stereotactic radiosurgery delivery). At its August 22, 2003 meeting, the APC Panel discussed combining the coding for these procedures under one code, with the payment for the new code derived by adding the payment for HCPCS codes G0242 and G0243 together. The APC Panel recommended that we solicit additional input from professional societies representing neurosurgeons, radiation oncologists, and other experts in the field before recommending changes to the coding configuration for Cobalt 60-based stereotactic radiosurgery planning and delivery.

In a correction to the November 7, 2003 final rule with comment period, issued on December 31, 2003 (68 FR 75442), we considered a commenter's request to combine HCPCS codes G0242 and G0243 into a single procedure code in order to accurately capture the costs of this treatment in a single procedure claim because the majority of patients receive the planning and delivery of this treatment on the same day. We responded to the commenter's request by explaining that several other commenters stated that HCPCS code G0242 was being misused to code for the planning phase of linear accelerator-based stereotactic radiosurgery planning. Because the claims data for HCPCS code G0242 represent costs for linear accelerator-based stereotactic radiosurgery planning (due to misuse of the code), in addition to Cobalt 60-based stereotactic radiosurgery planning, we were uncertain as to how to combine these data with HCPCS code G0243 to determine an accurate payment rate for a combined code for planning and delivery of Cobalt 60-based stereotactic radiosurgery.

In consideration of the misuse of HCPCS code G0242 and the potential for causing greater confusion by combining codes G0242 and G0243, we created a planning code for linear accelerator-based stereotactic radiosurgery (G0338) to distinguish this procedure from Cobalt 60-based stereotactic radiosurgery planning. We maintained both HCPCS codes G0242 and G0243 for the planning and delivery of Cobalt 60-based stereotactic radiosurgery treatment, consistent with the use of two G codes for planning (G0338) and delivery (G0173, G0251, G0339, G0340, as applicable) of each type of linear accelerator-based treatment. We indicated that we intend to maintain these new codes in their current new technology APCs until the payment rates could be set using medians from this expanded set of codes. We also

stated that we would solicit input from the APC Panel at its February 2004 meeting.

During the February 2004 APC Panel meeting, several presenters discussed with the APC Panel their rationale for requesting that HCPCS codes G0242 and G0243 be combined into a single procedure code. One presenter explained that the request to combine the codes was made because certain fiscal intermediaries were rejecting claims in which HCPCS codes G0242 and G0243 were reported with a surgery revenue code. Although we have not issued any national instructions to fiscal intermediaries to deny claims for these services if they are billed with a surgery revenue code, the presenter stated that we may have indirectly led some fiscal intermediaries to believe that Cobalt 60-based stereotactic radiosurgery should be reported with a radiation therapy revenue center because the procedure is separated into a planning code and a delivery code, which reflect the coding pattern of a radiation therapy procedure rather than a single code for a surgical procedure. The presenter stated that because of the way that CMS has coded this procedure, some fiscal intermediaries have established local edits to deny claims in which HCPCS codes G0242 and G0243 are reported on a claim with a surgery revenue code.

The APC Panel recommended that CMS work with the presenters to determine if any fiscal intermediaries have established local edits to reject claims in which HCPCS codes G0242 and G0243 are reported on a claim, and to determine specific reasons for any such local edits. The APC Panel also recommended that CMS take necessary action to ensure that any such claims are not being denied payment due to local edits. The APC Panel did not agree that the solution to ensuring payment was to combine HCPCS codes G0242 and G0243 into a single code, but rather recommended that CMS educate fiscal intermediaries as to the appropriate procedures for submittal of these claims for Medicare payment.

In response to the concern expressed by several presenters that certain fiscal intermediaries were rejecting claims in which HCPCS codes G0242 and G0243 were reported with a surgery revenue code, we have worked together with these presenters to identify specific fiscal intermediaries who may be rejecting these claims. However, to date, we have been unable to identify any fiscal intermediaries who have established local edits that would reject claims in which HCPCS codes G0242 and G0243 are reported with a surgery revenue code. If a provider should

experience a rejection of such claims in which HCPCS codes G0242 and G0243 are reported on a claim with a surgery revenue code, they should contact their fiscal intermediary to determine the specific reason for the claim rejection.

2. Proposal for CY 2005

For CY 2005, we are proposing to accept the APC Panel's recommendation to work with the presenters to ensure that claims in which HCPCS codes G0242 and G0243 are reported are not being unjustly denied payment due to local edits established by fiscal intermediaries. In the meantime, for CY 2005, we are proposing to maintain HCPCS code G0242 in new technology APC 1516 at a payment rate of \$1,450, and HCPCS code G0243 in new technology APC 1528 at a payment rate of \$5,250. These payment rates are the same as those established for CY 2004.

F. Proposed Movement of Procedures From New Technology APCs to Clinically Appropriate APCs

[If you choose to comment on issues in this section, please indicate the caption "New Technology APCs" at the beginning of your comment.]

1. Background

In the November 30, 2001 final rule (66 FR 59903), we made final our proposal to change the period of time during which a service may be paid under a new technology APC. The April 7, 2000 final rule initially established the timeframe that new technology APCs would be in effect (65 FR 18457). Beginning in CY 2002, we have retained services within new technology APC groups until we have acquired adequate data that allow us to assign the service to a clinically appropriate APC. This policy allows us to move a service from a new technology APC in less than 2 years if sufficient data are available, and it also allows us to retain a service in a new technology APC for more than 3 years if sufficient data upon which to base a decision for reassignment have not been collected.

In the November 7, 2003 final rule with comment period we implemented a comprehensive restructuring of the new technology APCs to make the payment levels more consistent (68 FR 63416). We established payment levels in \$50, \$100, and \$500 intervals and expanded the number of new technology payment levels.

2. APC Panel Review and Recommendation

During the APC Panel's February 2004 meeting, the APC Panel heard testimony from several interested parties who

requested specific modifications to the APCs for radiation oncology APC. They asked the APC Panel to make several recommendations: (1) That we move CPT code 77418 (Intensity-modulated radiation therapy) from APC 0412 back into a new technology APC; (2) that we dampen, or limit, any possible payment reductions to APC 0301 (Level II Radiation Therapy); (3) that we accept more external data to evaluate costs; and (4) that we identify more claims that are useful for ratesetting.

In response to the testimony presented, the APC Panel recommended that we reassign CPT code 77418 to the new technology APC 1510 for CY 2005 and that we explain to providers any steps we take to limit payment reductions to APC 0301 so that they can better plan for future years during which we may decide not to apply a

dampening, or payment reduction limitation, to the rates for APC 0301.

We are not proposing to accept the APC Panel's recommendations because we believe that we have ample claims data for use in determining an appropriate APC payment rate for CPT code 77418. Moreover, we believe that the development of median cost for CPT code 77418 based on those data would be representative of hospital bills.

We have over 255,000 claims for this service, and over 95 percent were single claims that we could use for ratesetting. Moreover, the APC medians have been stable for the last 2 years of data. As indicated by our claims data, returning code 77418 to new technology APC 1510 would result in a payment for the service that is significantly higher than the resources utilized to provide it.

3. Proposal for CY 2005

There are 24 procedures currently assigned to new technology APCs for which we have data adequate to support assignment into clinical APCs. We are proposing to reassign these procedures to clinically appropriate APCs. We are proposing to assign 24 of the procedures to clinically appropriate APCs using CY 2003 claims data to set medians on which payments would be based. These APCs and the proposed assignments are displayed below in Table 14.

Based upon our review of the latest claims data available, we are proposing to move the procedures listed in Table 14 from their current new technology APCs to the APCs listed, as we have adequate data on these procedures to enable us to make the necessary APC assignment.

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Table 14.--Proposed APC Reassignment of New Technology Procedures Into Clinical APCs

| HCPCS | Descriptor | CY 2004 APC | Proposed CY 2005 APC | CY 2004 Payment Amount | Proposed CY 2005 Payment Amount |
|--------------|-----------------------------------|--------------------|-----------------------------|-------------------------------|--|
| 15860 | Test for blood flow in graft | 1501 | 0359 | \$25.00 | \$49.93 |
| 96003 | Dvnamic fine wire EMG | 1503 | 0215 | \$150.00 | \$38.00 |
| 96000 | Motion analyses, video/3D | 1503 | 0216 | \$150.00 | \$150.51 |
| 96001 | Motion test w/ft pressure measure | 1503 | 0216 | \$150.00 | \$150.51 |
| 96002 | Dynamic surface EMG | 1503 | 0218 | \$150.00 | \$65.90 |
| 91110 | GI tract capsule endoscopy | 1508 | 0141 | \$650.00 | \$464.52 |
| G0288 | Reconstruction, CTA surgical plan | 1506 | 0417 | \$450.00 | \$246.99 |
| G0262 | Small intestinal image capsule | 1508 | 0141 | \$650.00 | \$464.52 |
| 77301 | Radiotherapy dose plan, IMRT | 1510 | 0310 | \$850.00 | \$811.91 |
| 77523 | Proton treatment, intermediate | 1511 | 0419 | \$950.00 | \$678.31 |
| 77525 | Proton treatment, complex | 1511 | 0419 | \$950.00 | \$678.31 |
| 95250 | Glucose monitoring, continuous | 1540 | 0421 | \$150.00 | \$103.89 |
| 96567 | Photodynamic treatment, skin | 1540 | 0013 | \$150.00 | \$66.15 |
| 96570 | Photodynamic treatment, 30 min. | 1541 | 0015 | \$250.00 | \$99.24 |
| 96571 | Photodynamic treatment, 15 min. | 1541 | 0012 | \$250.00 | \$43.16 |
| 92973 | Perc. Coronary thrombectomy | 1541 | 0676 | \$250.00 | \$245.74 |
| 36595 | Mech remov tunneled CV Cath | 1541 | 0187 | \$250.00 | \$219.45 |
| 36596 | Mech remov tunneled CV Cath | 1541 | 0187 | \$250.00 | \$219.45 |
| 33224 | Insert pacing lead and | 1547 | 0418 | \$850.00 | \$4,456.64 |

| HCPCS | Descriptor | CY 2004 APC | Proposed CY 2005 APC | CY 2004 Payment Amount | Proposed CY 2005 Payment Amount |
|-------|----------------------------------|-------------|----------------------|------------------------|---------------------------------|
| | connect | | | | |
| 33225 | L ventricular pacing lead add-on | 1550 | 1525 | \$1,150.00 | \$3,750.00 |
| 53853 | Prostatic water thermometer | 1550 | 0162 | \$1,150.00 | \$1,323.06 |
| 47382 | Perc. ablation liver tumor, rf | 1557 | 0423 | \$1,850.00 | \$1,659.71 |
| 0009T | Endometrial cryoablation | 1557 | 0202 | \$1,850.00 | \$2,281.74 |
| C9703 | Bard Endoscopic Suturing Sys | 1518 | 0422 | \$1650.00 | \$1274.51 |
| C9701 | Stretta System | 1520 | 0422 | \$1650.00 | \$1274.51 |

We believe the payment rates in Table 14 for several of the procedures that we are proposing to move out of new technology APCs and into clinical APCs require further explanation for a fuller understanding.

For CPT code 96567, (Photodynamic therapy of the skin), the impact of the estimated payment decrease between CY 2004 and CY 2005 is actually low as the CY 2004 payment included the topically applied drug required to perform this procedure and the CY 2005 estimated payment does not. We now are proposing to pay separately for the drug billed under code J7308 in CY 2005. We have adequate claims data on which to base payment for that procedure in a clinically appropriate APC. Payment based on those data in addition to removal of the drug for separate payment resulted in a lower median for the APC.

In the case of CPT code 33224, (Insertion of a left ventricular pacing lead and connection), based on a comparison of payment rates for CY 2004 and the estimated rate for CY 2005, it appears that there is a large increase in payment that results from reassigning the code from its new technology APC to a clinical APC. The difference is due to the fact that the estimated CY 2005 APC payment includes the cost of the left ventricular lead that was not included in the CY 2004 new technology APC payment. That left ventricular lead was paid as a pass-through device under code C1900 in CY 2004, but is no longer eligible for pass-through payments in CY 2005, and, as such, is now included in the APC for the procedure.

Similarly, the CY 2005 estimated payment for CPT code 33225, (Left ventricular pacing lead add-on), includes the cost of the ventricular lead. However, for 33225, the data are still somewhat unstable. Therefore, we are proposing to maintain that procedure in a new technology APC, but at a higher payment level, reflecting the additional cost of the lead.

We note that a number of positron emission tomography (PET) scans currently are classified into New Technology APC 1516. We recognize that PET is an important technology in many instances and want to ensure that the technology remains available to Medicare beneficiaries when medically necessary. We believe that we have sufficient data to assign PET scans to a clinically appropriate APC. We have been told, however, that if the effect of doing so is to reduce payment for the procedure, it may hinder access to this technology. Therefore, we are considering three options as the proposed payment for these procedures in CY 2005, based on our review of the 2003 claims data for the PET procedures, and we specifically invite comments on each of these options.

Option 1: Continue in CY 2005 the current assignment of the scans to New Technology APC 1516 prior to assigning to a clinical APC.

Option 2: Assign the PET scans to a clinically appropriate APC priced according to the median cost of the scans based on CY 2003 claims data. Under this option, we would assign PET scans to APC 0420, PET imaging.

Option 3: Transition assignment to a clinical APC in CY 2006 by setting payment in CY 2005 based on a 50-50

blend of the median cost and the CY 2004 New Technology. We would assign the scans to New Technology APC 1513 for a blended transition payment. The rates for these options are in addendum B.

G. Proposed Changes to the Inpatient List

[If you choose to comment on issues in this section, please indicate the caption "Inpatient List" at the beginning of your comment.]

We advised the APC Panel of a request that we had received to move four codes for percutaneous abscess drainage 44901 (Drain append. abscess, percutaneous), 49021 (Drain abdominal abscess), 49041 (Drain percutaneous abdominal abscess), 49061 (Drain, percutaneous, retroper. abscess)) from the inpatient list and to assign them to appropriate APCs. The APC Panel also recommended that we evaluate other codes on the inpatient list for possible APC assignment and that we consider eliminating the inpatient list.

We are proposing to remove the four above-cited codes and assign them to clinically appropriate APCs, as recommended by the APC Panel. We are proposing to assign code 44901 to APC 0037, code 49021 to APC 0037; code 49041 to APC 0037; and code 49061 to APC 0037. We discuss in section VII.E. of this preamble our response to the APC Panel's recommendation that we either abolish the inpatient list or evaluate it for any appropriate changes.

H. Proposed Assignment of "Unlisted" HCPCS Codes

[If you choose to comment on issues in this section, please indicate the caption

“Unlisted HCPCS Codes” at the beginning of your comment.]

1. Background

Some HCPCS codes are used to report services that do not have descriptors that define the exact service furnished. They are commonly called “unlisted” codes. The code descriptors often contain phrases such as: “unlisted procedure”, “not otherwise classified,” or “not otherwise specified.” The unlisted codes typically fall within a clinical or procedural category, but they lack the specificity needed to describe the resources used in the service. For example, CPT code 17999 is defined as, “Unlisted procedure, skin, mucous membrane and subcutaneous tissue.” The unlisted codes provide a way for providers to report services for which there is no HCPCS code that specifically describes the service furnished. However, the lack of specificity in describing the service prevents us from assigning the code to an APC based on clinical homogeneity and median cost.

In most cases, the unlisted codes are assigned to the lowest level, clinically appropriate APC under the Medicare OPSS. This creates an incentive for providers to select the appropriate, specific HCPCS code to describe the service where one is available. In addition, if there is no HCPCS code that accurately describes the service, placing the unlisted code in the lowest level APC provides an incentive for interested parties to secure a code through the AMA’s CPT process that will describe the service. Once a code that accurately describes the service is created, we can collect data on the service and place it in the correct APC based on the clinical nature of the service and its median cost.

We do not use the median cost for the unlisted codes in the establishment of the weight for the APC to which the code is assigned because, by definition of the code, we do not know what service or combination of services is reflected in the claims billed using the unlisted code.

Our review of HCPCS code assignments to APCs has revealed that there are a number of unlisted codes that are not assigned to the lowest level APC.

2. Proposal for CY 2005

We are proposing to reassign these unlisted codes for CY 2005 OPSS to the lowest level APC in the clinical grouping in which the unlisted code is located. The list of those codes, the current APC assignment, and the assignment we propose for CY 2005 OPSS are displayed in Table 15.

We continue to believe that assigning unlisted codes to the lowest level of the APC for the clinical or procedural grouping into which the code falls creates an appropriate incentive for providers to pursue assignment of new codes where they are needed. Moreover, payment at the lowest level of APC for the clinical or procedural grouping allows for some payment for the services furnished and also ensures that we do not pay inappropriately for services that are unspecified.

Table 15.--Proposed Reassignments of Unlisted HCPCS Codes

| HCPCS Short Description | CY 2004 APC Assignment | Proposed CY 2005 APC |
|--------------------------------|-------------------------------|-----------------------------|
| 15999 | 0022 | 0019 |
| 21089 | 0253 | 0251 |
| 21299 | 0253 | 0251 |
| 21499 | 0253 | 0251 |
| 21899 | 0252 | 0251 |
| 22999 | 0022 | 0019 |
| 31299 | 0252 | 0251 |
| 31599 | 0254 | 0251 |
| 40799 | 0253 | 0251 |
| 40899 | 0252 | 0251 |
| 41899 | 0253 | 0251 |
| 42699 | 0253 | 0251 |
| 42999 | 0252 | 0251 |
| 47399 | 0037 | 0002 |
| 48999 | 0005 | 0004 |
| 49659 | 0131 | 0130 |
| 67599 | 0239 | 0238 |
| 67999 | 0240 | 0238 |
| 68399 | 0239 | 0238 |
| 68899 | 0699 | 0230 |
| 69799 | 0253 | 0251 |
| 69949 | 0253 | 0251 |

I. Proposed Addition of New Procedure Codes

During the first two quarters of CY 2004, we created 85 HCPCS codes that were not addressed in the November 7, 2003 final rule that updated the CY 2004 OPPS. We have designated the payment status of those codes, which are shown in Table 16 below, and added

them to the April and July updates of the 2004 OPPS (Transmittals 3144, 3154, 3322, and 3324). Thirty of the new codes were created to enable providers to bill for brand name drugs and to receive payments at a rate that differs from that for generic equivalents, as mandated in new section 1833(t)(14)(A)(i) of the Act as added by

Pub. L. 108-173. In this proposed rule, we are soliciting comment on the APC assignment of these services. Further, consistent with our annual APC updating policy, we are proposing to assign the new HCPCS codes for CY 2005 to the appropriate APCs and would incorporate them into our final rule for CY 2005.

Table 16.--New HCPCS Codes Implemented in April and July 2004

| CPT/ HCPCS | Description |
|-----------------------|-----------------------------------|
| C9213 | Injection, Pemetrexed |
| C9214 | Injection, Bevacizumab |
| C9215 | Injection, Cetuximab |
| C9216 | Abarelix, Inject Suspension |
| C9217 | Injection, Omalizumab |
| C9399 | Unclassified drugs or biologicals |
| C9400 | Thallous chloride, brand |
| C9401 | Strontium-89 chloride, brand |
| C9402 | Th I131 so iodide cap, brand |
| C9403 | Dx I131 so iodide cap, brand |
| C9404 | Dx I131 so iodide sol, brand |
| C9405 | Th I131 so iodide sol, brand |
| C9410 | Dexrazoxane HCl inj, brand |
| C9411 | Pamidronate disodium, brand |
| C9412 | Ganciclovir implant, brand |
| C9413 | Sodium hyaluronate inj, brand |
| C9414 | Etoposide oral, brand |
| C9415 | Doxorubic hcl chemo, brand |
| C9417 | Bleomycin sulfate inj, brand |
| C9418 | Cisplatin inj, brand |
| C9419 | Inj cladribine, brand |
| C9420 | Cyclophosphamide inj, brand |
| C9421 | Cyclophosphamide lyo, brand |
| C9422 | Cytarabine hcl inj, brand |
| C9423 | Dacarbazine inj, brand |
| C9424 | Daunorubicin, brand |
| C9425 | Etoposide inj, brand |
| C9426 | Floxuridine inj, brand |
| C9427 | Ifosfomide inj, brand |
| C9428 | Mesna injection, brand |
| C9429 | Idarubicin hcl inj, brand |
| C9430 | Leuprolide acetate inj, bran |
| C9431 | Paclitaxel inj, brand |
| C9432 | Mitomycin inj, brand |
| C9433 | Thiotepa inj, brand |

| CPT/ HCPCS | Description |
|---------------|-------------------------------|
| C9438 | Cyclosporine oral, brand |
| C9712 | Insert pH capsule, GERD |
| C9713 | Non-contact laser vap prosta |
| C9714 | Breast inters rad tx, immed |
| C9715 | Breast inters rad tx, delay |
| C9716 | RF Energy to Anus |
| G0329 | Electromagntic tx for ulcers |
| K0627 | Cervical pneum trac equip |
| K0628 | Mult dens insert direct form |
| K0629 | Mult dens insert custom mold |
| K0630 | SIO flex pelvisacral prefab |
| K0631 | SIO flex pelvisacral custom |
| K0632 | SIO panel prefab |
| K0633 | SIO panel custom |
| K0634 | LO flexibl L1 - below L5 pre |
| K0635 | LO sag stays/panels pre-fab |
| K0636 | LO sagitt rigid panel prefab |
| K0637 | LO flex w/o rigid stays pre |
| K0638 | LSO flex w/rigid stays cust |
| K0639 | LSO post rigid panel pre |
| K0640 | LSO sag-coro rigid frame pre |
| K0641 | LSO sag-cor rigid frame cust |
| K0642 | LSO flexion control prefab |
| K0643 | LSO flexion control custom |
| K0644 | LSO sagit rigid panel prefab |
| K0645 | LSO sagittal rigid panel cus |
| K0646 | LSO sag-coronal panel prefab |
| K0647 | LSO sag-coronal panel custom |
| K0648 | LSO s/c shell/panel prefab |
| K0649 | LSO s/c shell/panel custom |
| K0650 | Gen w/c cushion width <22" |
| K0651 | Gen w/c cushion width >=22" |
| K0652 | Skin protect w/c cus wd <22" |
| K0653 | Skin protect w/c cus wd >=22" |
| K0654 | Position w/c cush width <22" |
| K0655 | Position w/c cush width >=22" |
| K0656 | Skin pro/pos w/c cus wd<22" |
| K0657 | Skin pro/pos w/c cus wd >=22" |
| K0658 | Custom fabricate w/c cushion |
| K0659 | Powered w/c cushion |
| K0660 | Gen use back cush width <22" |
| K0661 | Gen use back cush width >=22" |
| K0662 | Position back cush wdth <22" |
| K0663 | Position back cush wdth >=22" |
| K0664 | Pos back post/lat width <22" |
| K0665 | Pos back post/lat width >=22" |
| K0666 | Custom fab w/c back cushion |
| K0667 | Mt hardwre man/light pwr w/c |
| K0668 | Rep ace cover w/c seat cush |
| K0669 | W/c seat/back no CVR SADMERC |

J. Proposed OPSS Changes: Provisions of MMA (Pub. L. 108-173)

1. Payment for Initial Preventive Physical Examinations (Section 611 of Pub. L. 108-173)

[If you choose to comment on issues in this section, please indicate the caption "Physical Examinations" at the beginning of your comment.]

a. Background

Section 611 of Pub. 108-173 provides for coverage under Medicare Part B of an initial preventive physical examination for new beneficiaries, effective for services furnished on or after January 1, 2005. This provision applies to beneficiaries whose coverage period under Medicare Part B begins on or after January 1, 2005, and only for an initial preventive physical examination performed within 6 months of the beneficiary's initial coverage date.

Current Medicare coverage policy does not allow for payment for routine physical examinations (or checkups) that are furnished to beneficiaries. Before the enactment of Pub. L. 108-173, all preventive physical examinations had been excluded from coverage based on section 1862(a)(7) of the Act, which states that routine physical checkups are excluded services. This exclusion is specified in regulations under § 411.15(a). In addition, preventive physical examinations had been excluded from coverage based on section 1862(a)(1)(A) of the Act. This section of the Act provides that items and services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (as implemented in regulations under § 411.15(k)).

Coverage of initial preventive physical examinations is provided only under Medicare Part B. As provided in the statute, this new coverage allows payment for one initial preventive physical examination within the first 6 months after the beneficiary's first Part B coverage begins, although that coverage period may not begin before January 1, 2005. We also note that Pub. L. 108-173 did not make any provision for the waiver of the Medicare coinsurance and Part B deductible for the initial preventive physical examination. Payment for this service would be applied to the required Medicare Part B deductible, which is \$110 for CY 2005, if the deductible has not been met, and the usual coinsurance provisions would apply.

b. Proposed Amendments to Regulations

We are proposing to amend our regulations to add a new § 410.16 that would provide for coverage of initial preventive physical examinations in various settings, including the hospital outpatient department, as specified in the statute, and specify the condition for coverage and limitation on coverage. In addition, we are proposing to conform our regulations on exclusions from coverage under § 411.15(a)(1) and § 411.15(k) to the provisions of section 611 of Pub. L. 108-173. Specifically, we are proposing to specify an exception to the list of examples of routine physical checkups that are excluded from coverage under § 411.15(a) and to add a new exclusion under § 411.15(k)(11).

We are proposing to amend § 419.21 of the OPSS regulations to add a new paragraph (e) to specify payment for an initial preventive physical examination as a Medicare Part B covered service under the OPSS if the examination is furnished within the first 6 months of the beneficiary's first Medicare Part B coverage.

We note that the initial preventive physical examination is also addressed in detail in our proposed rule to update the Medicare Physician's Fee Schedule for CY 2005. However, because we believe the same elements of the initial physical examination furnished in a physician's office would also apply when the examination is performed in a hospital outpatient clinic, we are proposing to revise the applicable regulations to reflect this requirement.

Section of 611(b) of Pub. L. 108-173 define an "initial preventive physical examination" to mean physicians' services consisting of—

(1) A physical examination (including measurement of height, weight, blood pressure, and an electrocardiogram, but excluding clinical laboratory tests) with the goal of health promotion and disease detection; and

(2) Education, counseling, and referral with respect to screening and other preventive coverage benefits separately authorized under Medicare Part B, excluding clinical lab tests.

Specifically, section 611(b) of Pub. L. 108-173 provides that the education, counseling, and referral services with respect to the screening and other preventive services authorized under Medicare Part B include the following:

(1) Pneumococcal, influenza, and hepatitis B vaccine and their administration;

(2) Screening mammography;

(3) Screening pap smear and screening pelvic examination;

(4) Prostate cancer screening tests;

(5) Colorectal cancer screening tests;

(6) Diabetes outpatient self-management training services;

(7) Bone mass measurements;

(8) Screening for glaucoma;

(9) Medical nutrition therapy services for individuals with diabetes and renal disease;

(10) Cardiovascular screening blood tests; and

(11) Diabetes screening tests.

Section 611(d)(2) of Pub. L. 108-173 amended section 1861(s)(2)(K)(i) and (ii) of the Act to specify the services identified as physicians' services and referred to in the definition of initial preventive physical examination include services furnished by a physician assistant, a nurse practitioner, or a clinical nurse specialist. We refer to these professionals as "qualified nonphysician practitioners."

Based on the language of the statute, our review of the medical literature, current clinical practice guidelines, and United States Preventive Services Task Force recommendations, we are proposing (under proposed new § 410.16(a), Definitions) to interpret the term "initial preventive physical examination" for purposes of this new benefit to include all of the following services furnished by a doctor of medicine or osteopathy or a qualified nonphysician practitioner:

(1) Review of the individual's comprehensive medical and social history. We are proposing to define "medical history" to include, as a minimum, past medical and surgical history, including experience with illnesses, hospital stays, operations, allergies, injuries, and treatments; current medications and supplements, including calcium and vitamins; and family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk. We are proposing to define "social history" to include, at a minimum, history of alcohol, tobacco, and illicit drug use; work and travel history; diet; social activities; and physical activities.

(2) Review of the individual's potential (risk factors) for depression (including past experiences with depression or other mood disorders) based on the use of an appropriate screening instrument that the physician or other qualified nonphysician practitioner may select from various available standardized screening tests for this purpose, unless the appropriate screening instrument is defined through the national coverage determination (NCD) process.

(3) Review of the individual's functional ability and level of safety (that is, at a minimum, a review of the following areas: hearing impairment, activities of daily living, falls risk, and home safety), based on the use of an appropriate screening instrument, which the physician or other qualified nonphysician practitioner may select from various available standardized screening tests for this purpose, unless the appropriate screening instrument is further defined through the NCD process.

(4) An examination to include measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the individual's comprehensive medical and social history and current clinical standards.

(5) Performance of an electrocardiogram and interpretation.

(6) Education, counseling, and referral, as deemed appropriate, based on the results of elements (1) through (5) of the proposed definition of the initial preventive physical examination.

(7) Education, counseling, and referral, including a written plan for obtaining the appropriate screening and other preventive services, which are also covered as separate Medicare Part B benefits; that is, pneumococcal, influenza, and hepatitis B vaccines and their administration, screening mammography, screening pap smear and screening pelvic exams, prostate cancer screening tests, diabetes outpatient self-management training services, bone mass measurements, screening for glaucoma, medical nutrition therapy services, cardiovascular screening blood tests, and diabetes screening tests.

In view of the possibility that it may be appropriate to include other (or revised) elements in the definition of the term "initial preventive physical examination," we are requesting public comments on this issue. For example, we have chosen not to define the term "appropriate screening instrument" for screening individuals for depression, alcohol, tobacco and illicit drug use, functional ability, and level of safety because we anticipate that the examining physician or qualified nonphysician practitioner would want to use the test of his or her choice, based on current clinical practice guidelines. We believe that any standardized screening test for depression, substance abuse, functional ability, and level of safety recognized by the American Academy of Family Physicians, the American College of Physicians-American Society of Internal Medicine, the American College of Preventive

Medicine, the American Geriatrics Society, the American Psychiatric Association, and the United States Preventive Services Task Force would be acceptable for purposes of meeting the "appropriate screening instrument" provision.

To facilitate our future consideration of defining more specifically the type or types of appropriate screening instruments for depression, substance abuse, functional ability, or level of safety, we are proposing to include provisions in paragraphs (2) and (3) under the proposed definition of initial preventive physical examination that would allow us to do this through the NCD process. This proposed approach would allow us to conduct a more timely assessment of new types of screening tests than would be possible under the standard rulemaking process. We intend to use the NCD process, if necessary, for evaluating appropriate new screening tests for depression; alcohol, tobacco and illicit drug use; functional ability; or level of safety. This NCD process includes an opportunity for public comment in order to evaluate the medical and scientific issues related to the coverage of the new tests that may be brought to our attention in the future.

c. Proposed Assignment of New HCPCS Code for Payment of Initial Preventive Physical Examinations

There is no current CPT code that contains the specific elements included in the initial preventive physical examination. Therefore, we are proposing to establish the following new HCPCS code, GXXXX, Initial preventive physical examination, to be used to bill for the new service under both the Medicare physician fee schedule and the OPSS. As required by the statute, this code includes an electrocardiogram, but does not include the other previously mentioned preventive services that are currently separately covered and paid under the Medicare Part B screening benefits. When these other preventive services are performed, they should be identified using the existing appropriate codes.

For payment under the physician fee schedule, relative value units are being proposed for new HCPCS code GXXXX based on equivalent resources and work intensity to those contained in CPT E/M code 99203 (new patient, office or other outpatient visit) and CPT 93000 (electrocardiogram, complete). The "technical component" is the portion of the physician fee schedule that is most comparable to what Medicare pays under the OPSS, the costs other than the physician professional services that are billed and paid for separately under the

fee schedule, not OPSS. The estimated technical component of the physician fee schedule is between \$50 and \$100.

Given our lack of cost data to guide assignment of the new benefit into a clinically appropriate APC, we are proposing to assign GXXXX to the new technology APC 1539 that has a payment level of \$50 to \$100. Temporary assignment to a new technology APC allows us to pay for the new benefit provided in the OPD while we accrue claims data and experience on which to base a clinically relevant APC assignment.

d. Handling of Comments Received in Response to This Proposal

We will respond to all comments regarding the proposed elements required for the initial preventive physical examination, whether the examination is performed in a physician's office or clinic or in a hospital clinic, in the final rule implementing the Medicare Physician Fee Schedule for CY 2005. We will respond to comments regarding payment for the examination under the OPSS in the subsequent final rule implementing the OPSS payment rates for CY 2005.

2. Payment for Certain Mammography Services (Section 614 of Pub. L. 108-173)

[If you choose to comment on issues in this section, please indicate the caption "Mammography" at the beginning of your comment.]

Section 614 of Pub. L. 108-173 amended section 1833(t)(1)(B)(iv) of the Act to provide that screening mammography and diagnostic mammography services are excluded from payment under the OPSS. This amendment applies to screening mammography services furnished on or after December 8, 2003 (the date of the enactment of Pub. L. 108-173), and in the case of diagnostic mammography, to services furnished on or after January 1, 2005. As a result of this amendment, both screening mammography and diagnostic mammography will be paid under the physician fee schedule.

We are proposing to amend § 419.22 of the regulations by adding a new paragraph(s) to specify that both screening mammography and diagnostic mammography will be excluded from payment under the OPSS, in accordance with section 614 of Pub. L. 108-173.

III. Proposed Recalibration of APC Relative Weights for CY 2005

[If you choose to comment on issues in this section, please include the caption

“APC Relative Weights” at the beginning of your comment.]

A. Database Construction

Section 1833(t)(9)(A) of the Act requires that the Secretary review and revise the relative payment weights for APCs at least annually, beginning in CY 2001 for application in CY 2002. In the April 7, 2000 final rule (65 FR 18482), we explained in detail how we calculated the relative payment weights that were implemented on August 1, 2000 for each APC group. Except for some reweighting due to APC changes, these relative weights continued to be in effect for CY 2001. (See the November 13, 2000 interim final rule (65 FR 67824 through 67827).)

To recalibrate the relative APC weights for services furnished on or after January 1, 2005, and before January 1, 2006, we are proposing to use the same basic methodology that we described in the April 7, 2000 final rule. That is, we would recalibrate the weights based on claims and cost report data for outpatient services. We are proposing to use the most recent available data to construct the database for calculating APC group weights. For the purpose of recalibrating APC relative weights for CY 2005, the most recent available claims data are the approximately 119 million final action claims for hospital OPD services furnished on or after January 1, 2003, and before January 1, 2004.

Of the 119 million final action claims for OPSS services, 96.7 million claims were of the type of bill potentially appropriate for use in setting rates for OPSS services (but did not necessarily contain services payable under OPSS). Of the 96.7 million claims, we were able to use 48.5 million whole claims (from which we created 75 million single procedure claim records) to set OPSS proposed for CY 2005 weights.

The proposed weights and payments in Addenda A and B to this proposed rule were calculated using claims from this period that had been processed before January 1, 2004. We selected claims for services paid under the OPSS and matched these claims to the most recent cost report filed by the individual hospitals represented in our claims data. We are proposing that the APC relative weights for CY 2005 under the OPSS would continue to be based on the median hospital costs for services in the APC groups. For the final rule, we are proposing to base median costs on claims for services furnished in CY 2003 and processed before June 30, 2004.

1. Proposed Treatment of Multiple Procedure Claims

For CY 2005, we are proposing to continue to use single procedure claims to set the medians on which the weights would be based. We have received many requests that we ensure that the data from claims that contain charges for multiple procedures are included in the data from which we calculate the CY 2005 relative payment weights. Requesters believe that relying solely on single procedure claims to recalibrate APC weights fails to take into account data for many frequently performed procedures, particularly those commonly performed in combination with other procedures. They believe that, by depending upon single procedure claims, we base payment weights on the least costly services, thereby introducing downward bias to the medians on which the weights are based.

We agree that, optimally, it is desirable to use the data from as many claims as possible to recalibrate the relative payment weights, including those with multiple procedures. As discussed in the explanation of single procedure claims below, we have used the date of service on the claims and a list of codes to be bypassed to create “pseudo” single claims from multiple procedure claims. We refer to these newly created single procedure claims as “pseudo” singles because they were submitted by providers as multiple procedure claims.

2. Proposed Use of Single Procedure Claims

We use single procedure claims to set the median costs for APCs because we are, so far, unable to ensure that packaged costs can be correctly allocated across multiple procedures performed on the same date of service. However, bypassing specified codes that we believe do not have significant packaged costs enables use of more data from multiple procedure claims. For CY 2003, we created “pseudo” single claims by bypassing HCPCS codes 93005 (Electrocardiogram, tracing), 71010 (Chest x-ray), and 71020 (Chest x-ray) on a submitted claim. However, we did not use claims data for the bypassed codes in the creation of the median costs for the APCs to which these three codes were assigned because the level of packaging that would have remained on the claim after we selected the bypass code was not apparent and therefore, it was difficult to determine if the medians for these codes would be correct.

For CY 2004, we created “pseudo” single claims by bypassing these three codes and also by bypassing an additional 269 HCPCS codes in APCs. These codes were selected by CMS based on a clinical review of the services and because it was presumed that these codes had only very limited packaging and could appropriately be bypassed for the purpose of creating “pseudo” single claims. The APCs to which these codes were assigned were varied and included mammography, cardiac rehabilitation, and level I plain film x-rays. To derive more “pseudo” single claims, we also broke claims apart where there were dates of service for revenue code charges on that claim that could be matched to a single procedure code on the claim on the same date.

As in CY 2003, we did not include the claims data for the bypassed codes in the creation of the APCs to which the 269 codes were assigned because, again, we had not established that such an approach was appropriate and would aid in accurately estimating the median cost for that APC. For CY 2004, from about 16.3 million otherwise unusable claims, we were able to use about 9.5 million multiple procedure claims to create about 27 million “pseudo” single claims. For CY 2005, from about 21 million otherwise unusable claims, we were able to use about 18 million multiple procedure claims to create about 45.5 million “pseudo” single claims.

For CY 2005, we are proposing to continue using date of service matching as a tool for creation of “pseudo” single claims and also to take a more empirical approach to creating the list of codes that we would bypass to create “pseudo” single claims. The process we are proposing for CY 2005 OPSS results in our being able to use some part of 93 percent of the total claims eligible for use in OPSS ratesetting and modeling. In CY 2004, we were able to use some part of the data from 82 percent of eligible claims. This process enabled us to use 75 million single bills for ratesetting; 45.5 million “pseudo” singles and 30.5 million “natural” single bills.

We are proposing to bypass the 383 codes identified in Table 17 to create new single claims and to use the line-item costs associated with the bypass codes on these claims in the creation of the median costs for the APCs into which they are assigned. Of the codes on this list, only 123 (32 percent) were used for bypass in CY 2004.

We developed the proposed bypass list using four criteria:

a. We developed the following empirical standards by reviewing the frequency and magnitude of packaging in the single claims for payable codes other than drugs and biologicals. We assumed that the representation of packaging on the single claims for any given code is comparable to packaging for that code in the multiple claims.

- There were 100 or more single claims for the code. This ensured that observed outcomes were sufficiently representative of packaging that might occur in the multiple claims.
- Five percent or fewer of the single claims for the code had packaged costs on that single claim for the code. This criterion results in limiting the amount of packaging being redistributed to the payable procedure remaining on the claim after the bypass code is removed and ensures that the costs associated with the bypass code represent the cost of the bypassed service. For the remaining payable codes, the average percentage of single claims with any packaged costs was 70 percent, and the

chosen threshold of 5 percent fell at roughly the 15th percentile.

- The median cost of packaging observed in the single claim was equal to or less than \$50. This limits the amount of error in redistributed costs.

- The code is not a code for an unlisted service.

b. We examined APCs relying on a low volume of single claims, and it became apparent that several radiological supervision and interpretation codes were commonly billed with the procedural codes in the APCs. We then reviewed all radiological supervision and interpretation codes to assess their viability as bypass codes. For the codes included on the list in Table 17, we determined that, generally, the packaging on claims, including these radiological supervision and interpretation codes, should be associated with the procedure performed.

c. We examined radiation planning and related codes provided by a professional organization. In the

organization's opinion, the codes could safely be bypassed and used without packaging to set medians for the APCs into which these codes are assigned. Many of the codes the organization recommended met our criterion under item a., and the remaining codes were close. Therefore, after reviewing such codes, we are proposing to adopt as bypass codes all radiation planning and related codes as provided by the organization.

d. We included HCPCS codes 93005 and 71010. These codes have been bypassed for the past 3 years and generate a significant amount of new single claims because they are very commonly done on the same date of surgery. They have low median packaged costs and a low percentage of single claims with any packaged costs, 6 percent and 18 percent, respectively.

We invite public comment on the "pseudo" single process, including the bypass list and the criteria.

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**Table 17.—Proposed HCPCS Bypass Codes for Creating
“Pseudo” Single Claims for Calculating Median Costs**

| HCPCS Code | Short Description |
|-------------------|-----------------------------|
| 11719 | Trim nail(s) |
| 11720 | Debride nail, 1-5 |
| 11721 | Debride nail, 6 or more |
| 31579 | Diagnostic laryngoscopy |
| 54240 | Penis study |
| 70100 | X-ray exam of jaw |
| 70110 | X-ray exam of jaw |
| 70130 | X-ray exam of mastoids |
| 70140 | X-ray exam of facial bones |
| 70150 | X-ray exam of facial bones |
| 70160 | X-ray exam of nasal bones |
| 70200 | X-ray exam of eye sockets |
| 70210 | X-ray exam of sinuses |
| 70220 | X-ray exam of sinuses |
| 70250 | X-ray exam of skull |
| 70260 | X-ray exam of skull |
| 70328 | X-ray exam of jaw joint |
| 70330 | X-ray exam of jaw joints |
| 70355 | Panoramic x-ray of jaws |
| 70360 | X-ray exam of neck |
| 70371 | Speech evaluation, complex |
| 70450 | Ct head/brain w/o dye |
| 70480 | Ct orbit/ear/fossa w/o dye |
| 70486 | Ct maxillofacial w/o dye |
| 70544 | Mr angiography head w/o dye |
| 71015 | Chest x-ray |
| 71020 | Chest x-ray |
| 71021 | Chest x-ray |
| 71022 | Chest x-ray |
| 71030 | Chest x-ray |
| 71034 | Chest x-ray and fluoroscopy |
| 71100 | X-ray exam of ribs |
| 71101 | X-ray exam of ribs/chest |
| 71110 | X-ray exam of ribs |
| 71111 | X-ray exam of ribs/ chest |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 71120 | X-ray exam of breastbone |
| 71130 | X-ray exam of breastbone |
| 71250 | Ct thorax w/o dye |
| 72040 | X-ray exam of neck spine |
| 72050 | X-ray exam of neck spine |
| 72052 | X-ray exam of neck spine |
| 72070 | X-ray exam of thoracic spine |
| 72072 | X-ray exam of thoracic spine |
| 72074 | X-ray exam of thoracic spine |
| 72080 | X-ray exam of trunk spine |
| 72090 | X-ray exam of trunk spine |
| 72100 | X-ray exam of lower spine |
| 72110 | X-ray exam of lower spine |
| 72114 | X-ray exam of lower spine |
| 72120 | X-ray exam of lower spine |
| 72125 | Ct neck spine w/o dye |
| 72141 | Mri neck spine w/o dye |
| 72146 | Mri chest spine w/o dye |
| 72148 | Mri lumbar spine w/o dye |
| 72170 | X-ray exam of pelvis |
| 72190 | X-ray exam of pelvis |
| 72192 | Ct pelvis w/o dye |
| 72220 | X-ray exam of tailbone |
| 73000 | X-ray exam of collar bone |
| 73010 | X-ray exam of shoulder blade |
| 73020 | X-ray exam of shoulder |
| 73030 | X-ray exam of shoulder |
| 73050 | X-ray exam of shoulders |
| 73060 | X-ray exam of humerus |
| 73070 | X-ray exam of elbow |
| 73080 | X-ray exam of elbow |
| 73090 | X-ray exam of forearm |
| 73100 | X-ray exam of wrist |
| 73110 | X-ray exam of wrist |
| 73120 | X-ray exam of hand |
| 73130 | X-ray exam of hand |
| 73140 | X-ray exam of finger(s) |
| 73218 | Mri upper extremity w/o dye |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 73221 | Mri joint upr extrem w/o dye |
| 73510 | X-ray exam of hip |
| 73520 | X-ray exam of hips |
| 73540 | X-ray exam of pelvis & hips |
| 73550 | X-ray exam of thigh |
| 73560 | X-ray exam of knee, 1 or 2 |
| 73562 | X-ray exam of knee, 3 |
| 73564 | X-ray exam, knee, 4 or more |
| 73565 | X-ray exam of knees |
| 73590 | X-ray exam of lower leg |
| 73600 | X-ray exam of ankle |
| 73610 | X-ray exam of ankle |
| 73620 | X-ray exam of foot |
| 73630 | X-ray exam of foot |
| 73650 | X-ray exam of heel |
| 73660 | X-ray exam of toe(s) |
| 73700 | Ct lower extremity w/o dye |
| 73721 | Mri jnt of lwr extre w/o dye |
| 74000 | X-ray exam of abdomen |
| 74210 | Contrst x-ray exam of throat |
| 74220 | Contrast x-ray, esophagus |
| 74230 | Cine/vid x-ray, throat/esoph |
| 74240 | X-ray exam, upper gi tract |
| 74245 | X-ray exam, upper gi tract |
| 74246 | Contrst x-ray uppr gi tract |
| 74247 | Contrst x-ray uppr gi tract |
| 74249 | Contrst x-ray uppr gi tract |
| 74250 | X-ray exam of small bowel |
| 76040 | X-rays, bone evaluation |
| 76061 | X-rays, bone survey |
| 76062 | X-rays, bone survey |
| 76066 | Joint survey, single view |
| 76075 | Dexa, axial skeleton study |
| 76076 | Dexa, peripheral study |
| 76078 | Radiographic absorptiometry |
| 76090 | Mammogram, one breast |
| 76091 | Mammogram, both breasts |
| 76100 | X-ray exam of body section |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 76101 | Complex body section x-ray |
| 76380 | CAT scan follow-up study |
| 76511 | Echo exam of eye |
| 76512 | Echo exam of eye |
| 76516 | Echo exam of eye |
| 76519 | Echo exam of eye |
| 76536 | Us exam of head and neck |
| 76645 | Us exam, breast(s) |
| 76700 | Us exam, abdom, complete |
| 76705 | Echo exam of abdomen |
| 76770 | Us exam abdo back wall, comp |
| 76775 | Us exam abdo back wall, lim |
| 76830 | Transvaginal us, non-ob |
| 76856 | Us exam, pelvic, complete |
| 76857 | Us exam, pelvic, limited |
| 76870 | Us exam, scrotum |
| 76880 | Us exam, extremity |
| 76977 | Us bone density measure |
| 77280 | Set radiation therapy field |
| 77285 | Set radiation therapy field |
| 77300 | Radiation therapy dose plan |
| 77301 | Radiotherapy dose plan, imrt |
| 77315 | Teletx isodose plan complex |
| 77326 | Brachytx isodose calc simp |
| 77328 | Brachytx isodose plan compl |
| 77332 | Radiation treatment aid(s) |
| 77334 | Radiation treatment aid(s) |
| 77336 | Radiation physics consult |
| 77403 | Radiation treatment delivery |
| 77409 | Radiation treatment delivery |
| 77411 | Radiation treatment delivery |
| 77412 | Radiation treatment delivery |
| 77413 | Radiation treatment delivery |
| 77414 | Radiation treatment delivery |
| 77416 | Radiation treatment delivery |
| 77417 | Radiology port film(s) |
| 77418 | Radiation tx delivery, imrt |
| 78350 | Bone mineral, single photon |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 78351 | Bone mineral, dual photon |
| 80502 | Lab pathology consultation |
| 85060 | Blood smear interpretation |
| 86585 | TB tine test |
| 86850 | RBC antibody screen |
| 86870 | RBC antibody identification |
| 86880 | Coombs test, direct |
| 86885 | Coombs test, indirect, qual |
| 86886 | Coombs test, indirect, titer |
| 86890 | Autologous blood process |
| 86900 | Blood typing, ABO |
| 86901 | Blood typing, Rh (D) |
| 86905 | Blood typing, RBC antigens |
| 86906 | Blood typing, Rh phenotype |
| 86930 | Frozen blood prep |
| 86970 | RBC pretreatment |
| 88104 | Cytopathology, fluids |
| 88106 | Cytopathology, fluids |
| 88107 | Cytopathology, fluids |
| 88108 | Cytopath, concentrate tech |
| 88160 | Cytopath smear, other source |
| 88161 | Cytopath smear, other source |
| 88172 | Cytopathology eval of fna |
| 88180 | Cell marker study |
| 88182 | Cell marker study |
| 88300 | Surgical path, gross |
| 88304 | Tissue exam by pathologist |
| 88305 | Tissue exam by pathologist |
| 88311 | Decalcify tissue |
| 88312 | Special stains |
| 88313 | Special stains |
| 88321 | Microslide consultation |
| 88323 | Microslide consultation |
| 88325 | Comprehensive review of data |
| 88331 | Path consult intraop, 1 bloc |
| 88342 | Immunohistochemistry |
| 88346 | Immunofluorescent study |
| 88347 | Immunofluorescent study |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 90801 | Psy dx interview |
| 90805 | Psytx, off, 20-30 min w/e&m |
| 90806 | Psytx, off, 45-50 min |
| 90807 | Psytx, off, 45-50 min w/e&m |
| 90808 | Psytx, office, 75-80 min |
| 90809 | Psytx, off, 75-80, w/e&m |
| 90810 | Intac psytx, off, 20-30 min |
| 90818 | Psytx, hosp, 45-50 min |
| 90826 | Intac psytx, hosp, 45-50 min |
| 90845 | Psychoanalysis |
| 90846 | Family psytx w/o patient |
| 90847 | Family psytx w/patient |
| 90853 | Group psychotherapy |
| 90857 | Intac group psytx |
| 90862 | Medication management |
| 92002 | Eye exam, new patient |
| 92004 | Eye exam, new patient |
| 92012 | Eye exam established pat |
| 92014 | Eye exam & treatment |
| 92082 | Visual field examination(s) |
| 92083 | Visual field examination(s) |
| 92135 | Ophthalmic dx imaging |
| 92136 | Ophthalmic biometry |
| 92225 | Special eye exam, initial |
| 92226 | Special eye exam, subsequent |
| 92230 | Eye exam with photos |
| 92250 | Eye exam with photos |
| 92275 | Electroretinography |
| 92285 | Eye photography |
| 92286 | Internal eye photography |
| 92520 | Laryngeal function studies |
| 92546 | Sinusoidal rotational test |
| 92548 | Posturography |
| 92552 | Pure tone audiometry, air |
| 92553 | Audiometry, air & bone |
| 92555 | Speech threshold audiometry |
| 92556 | Speech audiometry, complete |
| 92567 | Tympanometry |

| HCPCS Code | Short Description |
|-----------------------|------------------------------|
| 92582 | Conditioning play audiometry |
| 92585 | Auditor evoke potent, compre |
| 93225 | ECG monitor/record, 24 hrs |
| 93226 | ECG monitor/report, 24 hrs |
| 93231 | Ecg monitor/record, 24 hrs |
| 93232 | ECG monitor/report, 24 hrs |
| 93236 | ECG monitor/report, 24 hrs |
| 93270 | ECG recording |
| 93278 | ECG/signal-averaged |
| 93303 | Echo transthoracic |
| 93307 | Echo exam of heart |
| 93320 | Doppler echo exam, heart |
| 93731 | Analyze pacemaker system |
| 93733 | Telephone analy, pacemaker |
| 93734 | Analyze pacemaker system |
| 93736 | Telephonic analy, pacemaker |
| 93743 | Analyze ht pace device dual |
| 93797 | Cardiac rehab |
| 93798 | Cardiac rehab/monitor |
| 93875 | Extracranial study |
| 93880 | Extracranial study |
| 93882 | Extracranial study |
| 93886 | Intracranial study |
| 93888 | Intracranial study |
| 93922 | Extremity study |
| 93923 | Extremity study |
| 93924 | Extremity study |
| 93925 | Lower extremity study |
| 93926 | Lower extremity study |
| 93931 | Upper extremity study |
| 93965 | Extremity study |
| 93970 | Extremity study |
| 93971 | Extremity study |
| 93975 | Vascular study |
| 93976 | Vascular study |
| 93978 | Vascular study |
| 93979 | Vascular study |
| 93990 | Doppler flow testing |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 94015 | Patient recorded spirometry |
| 95115 | Immunotherapy, one injection |
| 95165 | Antigen therapy services |
| 95805 | Multiple sleep latency test |
| 95807 | Sleep study, attended |
| 95812 | Eeg, 41-60 minutes |
| 95813 | Eeg, over 1 hour |
| 95816 | Eeg, awake and drowsy |
| 95819 | Eeg, awake and asleep |
| 95822 | Eeg, coma or sleep only |
| 95864 | Muscle test, 4 limbs |
| 95872 | Muscle test, one fiber |
| 95900 | Motor nerve conduction test |
| 95921 | Autonomic nerv function test |
| 95926 | Somatosensory testing |
| 95930 | Visual evoked potential test |
| 95937 | Neuromuscular junction test |
| 95950 | Ambulatory eeg monitoring |
| 95953 | EEG monitoring/computer |
| 96000 | Motion analysis, video/3d |
| 96100 | Psychological testing |
| 96105 | Assessment of aphasia |
| 96115 | Neurobehavior status exam |
| 96900 | Ultraviolet light therapy |
| 96910 | Photochemotherapy with UV-B |
| 96912 | Photochemotherapy with UV-A |
| 96913 | Photochemotherapy, UV-A or B |
| 98940 | Chiropractic manipulation |
| 99213 | Office/outpatient visit, est |
| 99214 | Office/outpatient visit, est |
| 99241 | Office consultation |
| 99243 | Office consultation |
| 99244 | Office consultation |
| 99245 | Office consultation |
| 99273 | Confirmatory consultation |
| 99274 | Confirmatory consultation |
| 99275 | Confirmatory consultation |
| C9708 | Preview Tx Planning Software |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| D0473 | Micro exam, prep & report |
| G0005 | ECG 24 hour recording |
| G0006 | ECG transmission & analysis |
| G0015 | Post symptom ECG tracing |
| G0101 | CA screen;pelvic/breast exam |
| G0127 | Trim nail(s) |
| G0131 | CT scan, bone density study |
| G0132 | CT scan, bone density study |
| G0166 | Extrnl counterpulse, per tx |
| G0175 | OPPS Service,sched team conf |
| G0195 | Clinicalevalswallowingfunct |
| G0196 | Evalofswallowingwithradioopa |
| G0198 | Patientadapation&trainforspe |
| G0202 | Screeningmammographydigital |
| G0204 | Diagnosticmammographydigital |
| G0206 | Diagnosticmammographydigital |
| G0236 | Digital film convert diag ma |
| Q0091 | Obtaining screen pap smear |
| 71090 | X-ray & pacemaker insertion |
| 74235 | Remove esophagus obstruction |
| 74300 | X-ray bile ducts/pancreas |
| 74301 | X-rays at surgery add-on |
| 74305 | X-ray bile ducts/pancreas |
| 74327 | X-ray bile stone removal |
| 74328 | X-ray bile duct endoscopy |
| 74329 | X-ray for pancreas endoscopy |
| 74330 | X-ray bile/panc endoscopy |
| 74340 | X-ray guide for GI tube |
| 74350 | X-ray guide, stomach tube |
| 74355 | X-ray guide, intestinal tube |
| 74360 | X-ray guide, GI dilation |
| 74363 | X-ray, bile duct dilation |
| 74475 | X-ray control, cath insert |
| 74480 | X-ray control, cath insert |
| 74485 | X-ray guide, GU dilation |
| 74742 | X-ray, fallopian tube |
| 75894 | X-rays, transcath therapy |
| 75898 | Follow-up angiography |

| HCPCS Code | Short Description |
|-------------------|-------------------------------|
| 75900 | Arterial catheter exchange |
| 75901 | Remove cva device obstruct |
| 75902 | Remove cva lumen obstruct |
| 75945 | Intravascular us |
| 75946 | Intravascular us add-on |
| 75952 | Endovasc repair abdom aorta |
| 75953 | Abdom aneurysm endovas rpr |
| 75954 | Iliac aneurysm endovas rpr |
| 75960 | Transcatheter intro, stent |
| 75961 | Retrieval, broken catheter |
| 75962 | Repair arterial blockage |
| 75964 | Repair artery blockage, each |
| 75966 | Repair arterial blockage |
| 75968 | Repair artery blockage, each |
| 75970 | Vascular biopsy |
| 75978 | Repair venous blockage |
| 75980 | Contrast x-ray exam bile duct |
| 75982 | Contrast x-ray exam bile duct |
| 75984 | X-ray control catheter change |
| 75992 | Atherectomy, x-ray exam |
| 75993 | Atherectomy, x-ray exam |
| 75994 | Atherectomy, x-ray exam |
| 75995 | Atherectomy, x-ray exam |
| 75996 | Atherectomy, x-ray exam |
| 75998 | Fluoroguide for vein device |
| 76012 | Percut vertebroplasty fluor |
| 76013 | Percut vertebroplasty, ct |
| 76095 | Stereotactic breast biopsy |
| 76096 | X-ray of needle wire, breast |
| 76360 | Ct scan for needle biopsy |
| 76393 | Mr guidance for needle place |
| 76941 | Echo guide for transfusion |
| 76945 | Echo guide, villus sampling |
| 76946 | Echo guide for amniocentesis |
| 76948 | Echo guide, ova aspiration |
| 93005 | Electrocardiogram, tracing |
| 71010 | Chest x-ray |
| 77326 | Radiation therapy dose plan |

| HCPCS Code | Short Description |
|-------------------|------------------------------|
| 77327 | Brachytx isodose calc interm |
| 77331 | Special radiation dosimetry |
| 77333 | Radiation treatment aid(s) |
| 77370 | Radiation physics consult |
| 77399 | External radiation dosimetry |
| 77470 | Special radiation treatment |

However, we note several inherent features of multiple bill claims that prevented us from the further creation of “pseudo” singles. We discussed these obstacles in detail in the August 9, 2002 proposed rule (67 FR 52092, 52108 through 52111) and the November 1, 2001 final rule (66 FR 66718 and 66743 through 66746).

Notwithstanding the obstacles in creating additional “pseudo” single claims, we have received a number of suggestions from outside sources providing options to this approach. Some of the suggestions involved complex methodologies driven by lengthy tables of codes and complex logic that focused on creating “pseudo” singles by packaging specific packaged HCPCS codes with specific payable HCPCS codes. While we appreciate the time and attention spent by various parties interested in this issue, our review of the suggestions and our empirical analysis of the most specific and detailed recommendation using the data used to develop the APC relative weights for the APC Panel’s February 2004 meeting indicated that code-specific packaging would add a significant amount of time and complexity to the ratesetting process and would require involved annual maintenance to accurately update the code sets used in the suggested methodology each year. Moreover, we would experience only a modest increase in “pseudo” single claims.

Further, code-specific packaging does not appear to appreciably increase the volume of single bills available for calculating medians for those APCs that are currently derived from a small volume of total claims. We believe that the observed modest improvements in the “pseudo” single claims volume from code-specific packaging can be attributed to the number and variety of services billed on multiple procedure claims, which often have complex HCPCS code combinations. These complex claims cannot be reduced to single bills by packaging the costs for a

few procedures. In light of these findings, we are not proposing to adopt any code-specific packaging proposals. However, we would review and consider any other specific proposals that we received as comments.

Other suggestions included recommendations that the costs in packaged revenue codes and packaged HCPCS codes be allocated separately to paid HCPCS codes based on the prior year’s payment weights or payment rates for the single procedures. Still other suggestions recommended that we allocate the packaged costs in proportion to the charges or to the costs for the major procedures based on the current year’s claims. We are concerned that using a prior year’s median costs, relative weights or payment rates as the basis to allocate current year’s packaged costs to current year costs for payable HCPCS codes may not be appropriate. For example, if two procedures are performed and one uses an expensive device, this methodology would split the costs of the device between the service that uses the device and a service that does not use the device, thus resulting in incorrect allocation of the packaged costs. Therefore, we are not proposing to incorporate these suggestions in our ratesetting methodology but we intend to examine them more thoroughly.

We continue to seek strategies that would enable us to use more multiple procedure claims and continue to explore whether there are techniques that could result in medians that are more representative of the relative cost of the services being furnished. However, at this time, we are not proposing a methodology beyond use of dates of service and the expanded bypass list. We solicit specific proposals provided in comments on how multiple procedure claims can be better used in calculating the relative payment weights.

B. Proposed Calculation of Median Costs for CY 2005

In this section of the preamble, we discuss the use of claims to calculate the proposed OPSS payment rates for CY 2005. (See the hospital outpatient prospective payment page on the CMS website on which this proposed rule is posted for an accounting of claims used in the development of the proposed rates: www.cms.hhs.gov/hopps.) The accounting of claims used in the development of the proposed rule is included under supplemental materials for this proposed rule. That accounting provides additional detail regarding the number of claims derived at each stage of the process. In addition, we note that below we discuss the files of claims that comprise the data sets that are available for purchase under a CMS data user contract. See www.cms.hhs.gov/providers/hopps for information about purchasing the following two OPSS data files: “OPSS limited data set” and “OPSS identifiable data set”.

We are proposing to use the following methodology to establish the weights to be used to set payment rates for CY 2005:

We are proposing to use outpatient claims for full CY 2003 to set the weights for CY 2005. To begin the calculation of the weights for this proposed rule for CY 2005, we pulled all claims for outpatient services furnished in CY 2003 from the national claims history file. This is not the population of claims paid under the OPSS, but all outpatient claims (for example, ambulatory surgical center (ASC) claims reported on bill type 83, critical access hospital (CAH) claims, and hospital claims for clinical laboratory services for persons who are neither inpatients nor outpatients of the hospital).

We then excluded claims with condition code 04, 20, 21, 77. These are claims that providers submitted to Medicare knowing that no payment will be made. For example, providers submit claims with a condition code 21 to elicit

an official denial notice from Medicare and document that a service is not covered. We then excluded claims for services furnished in Maryland, Guam, and the U.S. Virgin Islands because hospitals in those geographic areas are not paid under the OPPS.

We divided the remaining claims into three groups shown below. Groups 2 and 3 comprise the 96.7 million claims that contain hospital bill types paid under the OPPS.

1. Claims that were not bill types 12X, 13X, 14X (hospital bill types) or 76X (CMHC bill types). Other bill types, such as ASCs, bill type 83, are not paid under the OPPS and, therefore, these claims were not used to set OPPS payment.

2. Bill types 12X, 13X, or 14X (hospital bill types). These claims are hospital outpatient claims.

3. Bill type 76X (CMHC). (These claims are later combined with any claims in item 2 above with a condition code 41 to set the per diem partial hospitalization rate determined through a separate process.)

In previous years, we have begun the CCR calculation process using the most recent available cost reports for all hospitals irrespective of whether any or all of the hospitals included actually filed hospital outpatient claims for the data period. However, for this proposed rule, we first limited the population of cost reports to only those for hospitals that filed outpatient claims in CY 2003 before determining whether the CCRs for such hospitals were valid. This initial limitation changed the distribution of CCRs used during the trimming process discussed below.

We then calculated the cost-to-charge ratios (CCRs) at a departmental level and overall for each hospital for which we had claims data. We did this using hospital specific data from the Hospital Cost Report Information System (HCRIS). We used the most recent available cost report data, in most cases, cost reports for CY 2001 or CY 2002. We used the most recent available cost report, whether submitted or settled. If the most recent available cost report was submitted but not settled, we looked at the last settled cost report to determine the ratio of submitted to settled cost and we then adjusted the most recent available submitted but not settled cost report using that ratio. We are proposing to use these same CCRs ratios for the final rule.

We then flagged CAHs, which are not paid under the OPPS, and hospitals with invalid CCRs. These included claims from hospitals without a CCR, for hospitals paid an all-inclusive rate, for hospitals with obviously erroneous

CCRs (greater than 90 or less than .0001), and for hospitals with CCRs that were identified as outliers (3 standard deviations from the geometric mean after removing error CCRs). In addition, we trimmed the CCRs at the departmental level by removing the CCRs for each cost center as outliers if they exceeded ± 3 standard deviations of the geometric mean. We are proposing to use these trimmed CCRs for the final rule. In prior years, we did not trim CCRs at the departmental level. However, for CY 2005, we are proposing to trim at the departmental CCR level to eliminate aberrant CCRs that, if found in high volume hospitals, could skew the medians. We used a four-tiered hierarchy of cost center CCRs to match a cost center to a revenue code with the top tier being the most common cost center and the last tier being the default CCR. If a hospital's departmental CCR was deleted by trimming, we set the departmental CCR for that cost center to "missing," so that another departmental CCR in the revenue center hierarchy could apply. If no other departmental CCR could apply to the revenue code on the claim, we used the hospital's overall CCR for the revenue code in question.

We then converted the charges on the claim by applying the CCR that we believed was best suited to the revenue code indicated on the line with the charge. See Table 18 for the allowed revenue codes. Revenue codes not on this list are those not allowed under the OPPS because their services cannot be paid under the OPPS (for example, inpatient room and board charges) and, thus, charges with those revenue codes were not packaged for creation of the OPPS median costs. If a hospital did not have a CCR that was appropriate to the revenue code reported for a line item charge (for example, a visit reported under the clinic revenue code but the hospital did not have a clinic cost center), we applied the hospital-specific overall CCR, except as discussed in section V.H. of this proposed rule for calculation of costs for blood.

Thus, we applied CCRs as described above to claims with bill types 12X, 13X, or 14X, excluding all claims from CAHs and hospitals in Maryland, Guam, or the U.S. Virgin Islands, and flagged hospitals with invalid CCRs. We excluded claims from all hospitals for which CCRs were flagged as invalid.

We identified claims with condition code 41 as partial hospitalization services of CMHCs and removed them to another file. These claims were combined with the 76X claims identified previously to calculate the partial hospitalization per diem rate.

We then excluded claims without a HCPCS code. We also removed claims for observation services to another file. We removed to another file claims that contain nothing but flu and pneumococcal pneumonia (virus) ("PPV") vaccine. Influenza and PPV vaccines are paid at reasonable cost and, therefore, these claims are not used to set OPPS rates. We note that the two above mentioned separate files containing partial hospitalization claims and the observation services claims are included in the files that are available for purchase as discussed above.

We next copied line item costs for drugs, blood, and devices (the lines stay on the claim but are copied off onto another file) to a separate file. No claims were deleted when we copied these lines onto another file. These line-items are used to calculate the per unit median for drugs, radiopharmaceuticals, and blood and blood products. The line-item costs were also used to calculate the per administration cost of drugs, radiopharmaceuticals, and biologicals (other than blood and blood products) for purposes of determining whether the cost of the item would be packaged or be paid separately. Section 1833(t)(16)(B) of the Act, as added by section 621(a)(2) of Pub. L. 108-173, requires the Secretary to lower to \$50 the threshold for separate payment of drugs and biologicals and the per administration cost derived using these line-item cost data would be used to make that decision for CY 2005. As discussed in our November 7, 2003 final rule with comment period (68 FR 63398), we had also applied a \$50 threshold for the CY 2004 update to the OPPS.

We then divided the remaining claims into five groups.

1. *Single Major Claims*: Claims with a single separately payable procedure, all of which would be used in median setting.

2. *Multiple Major Claims*: Claims with more than one separately payable procedure or multiple units for one payable procedure. As discussed below, some of these can be used in median setting.

3. *Single Minor Claims*: Claims with a single HCPCS code that is not separately payable. These claims may have a single packaged procedure or a drug code.

4. *Multiple Minor Claims*: Claims with multiple HCPCS codes that are not separately payable without examining dates of service. (For example, pathology codes are packaged unless they appear on a single bill by themselves. The multiple minor file has claims with multiple occurrences of pathology codes, with packaged costs

that cannot be appropriately allocated across the multiple pathology codes. However, by matching dates of service for the code and the reported costs through the "pseudo" single creation process discussed earlier, a claim with multiple pathology codes may become several "pseudo" single claims with a unique pathology code and its associated costs on each day. These "pseudo" singles for the pathology codes would then be considered a separately payable code and would be used like claims in the single major claim file.

5. *Non-OPPS Claims:* Claims that contain no services payable under the OPPS are excluded from the files used for the OPPS. Non-OPPS claims have codes paid under other fee schedules, for example, DME or clinical laboratory.

We note that the claims listed in numbers 1 through 4 above are included in the data files that can be purchased as described above.

We set aside the single minor claims and the non-OPPS claims (numbers 3

and 5 above) because we did not use either in calculating median cost.

We then examined the multiple major and multiple minor claims (numbers 2 and 4 above) to determine if we could convert any of them to single major claims using the process described previously. We first grouped items on the claims by date of service. If each major procedure on the claim had a different date of service and if the line items for packaged HCPCS and packaged revenue codes had dates of service, we broke the claim into multiple "pseudo" single claims based on the date of service.

After those single claims were created, we used a list of "bypass codes" to remove separately payable procedures that are thought to contain limited costs or no packaged costs from a multiple procedure bill. A discussion of the creation of the list of bypass codes used for the creation of "pseudo" single claims is contained in section III.A.2. of this preamble and the list of codes is provided in Table 17.

We excluded those claims that we were not able to convert to singles even after applying both of the techniques for creation of "pseudo" singles. We then packaged the costs of packaged HCPCS (codes with status indicator "N" on Addendum B to this proposed rule) and packaged revenue codes (listed in Table 18) into the cost of the single major procedure remaining on the claim.

After removing claims for hospitals with error CCRs, claims without HCPCS codes, claims for immunizations not covered under the OPPS, and claims for services not paid under the OPPS, 52.2 million claims were left. This subset of claims is roughly one-half of the 96.7 million claims for bill types paid under the OPPS. Of these 52.2 million claims, we were able to use some portion of 48.5 million (93 percent) whole claims to create the 75 million single and "pseudo" single claims for use in our CY 2005 median payment ratesetting.

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Table 18.--Proposed Packaged Services by Revenue Code

| Revenue Code | Description |
|---------------------|---------------------------------------|
| 250 | PHARMACY |
| 251 | GENERIC |
| 252 | NONGENERIC |
| 254 | PHARMACY INCIDENT TO OTHER DIAGNOSTIC |
| 255 | PHARMACY INCIDENT TO RADIOLOGY |
| 257 | NONPRESCRIPTION DRUGS |
| 258 | IV SOLUTIONS |
| 259 | OTHER PHARMACY |
| 260 | IV THERAPY, GENERAL CLASS |
| 262 | IV THERAPY/PHARMACY SERVICES |
| 263 | SUPPLY/DELIVERY |
| 264 | IV THERAPY/SUPPLIES |
| 269 | OTHER IV THERAPY |
| 270 | M&S SUPPLIES |
| 271 | NONSTERILE SUPPLIES |
| 272 | STERILE SUPPLIES |

| <u>Revenue Code</u> | <u>Description</u> |
|---------------------|---|
| 274 | PROSTHETIC/ORTHOTIC DEVICES |
| 275 | PACEMAKER DRUG |
| 276 | INTRAOCULAR LENS SOURCE DRUG |
| 278 | OTHER IMPLANTS |
| 279 | OTHER M&S SUPPLIES |
| 280 | ONCOLOGY |
| 289 | OTHER ONCOLOGY |
| 290 | DURABLE MEDICAL EQUIPMENT |
| 370 | ANESTHESIA |
| 371 | ANESTHESIA INCIDENT TO RADIOLOGY |
| 372 | ANESTHESIA INCIDENT TO OTHER DIAGNOSTIC |
| 379 | OTHER ANESTHESIA |
| 390 | BLOOD STORAGE AND PROCESSING |
| 399 | OTHER BLOOD STORAGE AND PROCESSING |
| 560 | MEDICAL SOCIAL SERVICES |
| 569 | OTHER MEDICAL SOCIAL SERVICES |
| 621 | SUPPLIES INCIDENT TO RADIOLOGY |
| 622 | SUPPLIES INCIDENT TO OTHER DIAGNOSTIC |
| 624 | INVESTIGATIONAL DEVICE (IDE) |
| 630 | DRUGS REQUIRING SPECIFIC IDENTIFICATION, GENERAL CLASS |
| 631 | SINGLE SOURCE |
| 632 | MULTIPLE |
| 633 | RESTRICTIVE PRESCRIPTION |
| 637 | SELF-ADMINISTERED DRUG (INSULIN ADMIN. IN EMERGENCY DIABETIC COMA) |
| 681 | TRAUMA RESPONSE, LEVEL I |
| 682 | TRAUMA RESPONSE, LEVEL II |
| 683 | TRAUMA RESPONSE, LEVEL III |
| 684 | TRAUMA RESPONSE, LEVEL IV |
| 689 | TRAUMA RESPONSE , OTHER |
| 700 | CAST ROOM |
| 709 | OTHER CAST ROOM |
| 710 | RECOVERY ROOM |
| 719 | OTHER RECOVERY ROOM |
| 720 | LABOR ROOM |
| 721 | LABOR |
| 762 | OBSERVATION ROOM |
| 810 | ORGAN ACQUISITION |
| 819 | OTHER ORGAN ACQUISITION |
| 942 | EDUCATION/TRAINING |

We also excluded claims that either had zero costs after summing all costs on the claim or for which CMS lacked

an appropriate provider wage index. For the remaining claims, we then wage adjusted 60 percent of the cost of the

claim (which we determined to be the labor-related portion), as has been our policy since initial implementation of

the OPSS, to adjust for geographic variation in labor-related costs. We made this adjustment by determining the wage index that applied to the hospital that furnished the service and dividing the cost for the separately paid HCPCS code furnished by the hospital by that wage index. We used the pre-reclassified wage index proposed for IPPS published in the hospital IPPS proposed rule on May 18, 2004 (69 FR 28196), and corrected in the IPPS correction notice published on June 25, 2004 (69 FR 35919). These wage indices are reprinted in Addenda L and M to this proposed rule. We are proposing to use the pre-reclassified wage index for standardization because we believe that it better reflects the true costs of items and services in the area in which the hospital is located than the post-reclassification wage index, and would result in the most accurate adjusted median costs.

We then excluded claims that were outside 3 standard deviations from the geometric mean cost for each HCPCS code. We used the remaining claims to calculate median costs for each separately payable HCPCS code; first, to determine the applicability of the "2 times" rule, and second, to determine APC medians as based on the claims containing the HCPCS codes assigned to each APC. As stated previously, section 1833(t)(2) of the Act provides that, subject to certain exceptions, the items and services within an APC group cannot be considered comparable with respect to the use of resources if the highest median (or mean cost, if elected by the Secretary) for an item or service in the group is more than 2 times greater than the lowest median cost for an item or service within the same group ("the 2 times rule"). Finally, we reviewed the medians and reassigned HCPCS codes to different APCs as deemed appropriate. See section III.B. of this preamble for a discussion of the proposed HCPCS code assignment changes that resulted from examination of the medians and for other reasons. The APC medians were recalculated after we reassigned the affected HCPCS codes.

For discussion of the medians for blood and blood products see V.I of this preamble. For a discussion of the medians for APC 0315 (Level II Implantation of Neurostimulator), APC 0422 (Implantation of the BARD Endoscopic Suturing System), and APC 0651 (Complex Interstitial Radiation Application), see sections III.C.2.a., III.C.2.b., and III.C.2.c., respectively, of this preamble.

For discussion of the medians for APCs that require one or more devices when the service is performed, see

section III.C. of this preamble. For a discussion of the median for observation services, see section VII.D. of this preamble and for a discussion of the median for partial hospitalization, see section X.C.

C. Proposed Adjustment of Median Costs for CY 2005

1. Device-Dependent APCs

Table 19 contains a list of APCs consisting of HCPCS codes that cannot be provided without one or more devices. For CY 2002, we used external data in part to establish the median used for weight setting. At that time, many devices were eligible for pass-through payment. For that year, we estimated that the total amount of pass-through payments would far exceed the limit imposed by statute. To reduce the amount of a pro rata adjustment to all pass-through items, we packaged 75 percent of the cost of the devices (using external data furnished by commenters on the August 24, 2001 proposed rule) into the median cost for the APCs associated with these pass-through devices. The remaining 25 percent of the cost was considered to be pass-through payment. (See section VI. of this preamble for discussion of pro rata adjustment.)

For CY 2003 OPSS, which was based on CY 2001 claims data, we found that the median costs for certain device-dependent APCs when all claims were used were substantially less than the median costs used for 2002. We were concerned that using the medians calculated from all claims would result in payments for some APCs that would not compensate the hospital even for the cost of the device. Therefore, we calculated a median cost using only claims from hospitals that had separately billed the pass-through device in CY 2001 (that is, hospitals whose claims contained the "C" code for the pass-through device). Furthermore, for any APC (whether device dependent or not) where the median cost would have decreased by 15 percent or more from CY 2002 to CY 2003, we limited decreases in median costs by 15 percent plus half of the amount of any reduction beyond 15 percent (see 68 FR 47984). For a few particular device-dependent APCs for which we believed that access to the service was in jeopardy, we blended external data furnished by commenters on the August 9, 2002 proposed rule (see 67 FR 57092) with claims data to establish the median cost used to set the payment rate. For CY 2003, we also eliminated the HCPCS "C" codes for the devices and returned to providers those claims on which the

deleted device codes were used. (See 67 FR 66750, November 1, 2002, and section IV.B. of this preamble for a discussion regarding the required use of C codes for specific categories of devices.)

For CY 2004 OPSS, which was based on CY 2002 claims data, we used only claims on which hospitals had reported devices to establish the median cost for certain APCs. We did this because we found that the median costs calculated when we used all claims for these services were inadequate to cover the cost of the device if the device was not separately coded on the claim. Using only claims containing the code for the device (a "C" code) provided costs that were closer to those used for CY 2002 and CY 2003 for these services. For a few particular APCs in which we believed that access to the service was in jeopardy, we used external data provided by commenters on the August 12, 2003 proposed rule in a 50-percent blend with claims data to establish the device portion of the median cost used to set the payment rate (68 FR 63423). We also reinstated, but on a voluntary basis, the reporting of "C" codes for devices.

Thus, in developing the median costs for device-dependent APCs for CYs 2002, 2003, and 2004, we applied certain adjustments to our claims data as provided under the authority of section 1833(t)(9)(A) of the Act to ensure equitable payments to the hospitals for the provision of such services. We have continued to receive comments from interested parties as part of the APC Panel process urging us to determine whether the claims data that would be used in calculating the median costs for device-dependent APCs for payment in CY 2005 would represent valid relative costs for these services. Careful analysis of the CY 2003 data that we are proposing to use in calculating the median costs for the CY 2005 OPSS revealed problems similar to those discussed above in calculating device-dependent APC median costs based solely on claims data. Calculation of the CY 2005 median costs for the device-dependent APCs indicated that some of the medians appeared to appropriately reflect the costs of the services, including the cost of the device, and others did not. Of the 43 device-dependent APCs analyzed, 31 have median costs that are lower than the medians on which the OPSS payments were based in CY 2004. In contrast, 11 device-dependent APCs have median costs that are higher than the medians on which OPSS payments were based in CY 2004.

The differences between the CY 2004 payment medians and the proposed CY 2005 median costs using CY 2003 claims data are attributable to several factors. As discussed above, the CY 2004 payment medians were based on a subset of claims that contained the codes for the devices without which the procedures could not be performed, and several APCs were adjusted using external data. The proposed CY 2005 OPPS median costs were calculated based on all single bills, including "pseudo" single bills, for the services in the APCs and (not a subset of claims containing device codes) and were not adjusted using external data. In fact, as stated previously, we eliminated device coding requirements for hospitals in CY 2003. Consequently, there were no device codes reported for almost all devices in the CY 2003 claims data. Thus, it was not possible to use only the CY 2003 claims data containing device codes to calculate APC device-dependent medians as was done in CY 2004. Similarly, it was not possible to calculate a percentage of the APC cost attributed to device codes as would be needed to use external data to adjust CY 2003 claims data.

In light of these data issues for CY 2005, we examined several alternatives to using CY 2003 claims data to calculate the proposed median costs for device-dependent APCs. We considered using CY 2004 OPPS medians with an inflation factor, as recommended by the Panel and by several outside organizations. We rejected this option because it would not recognize any changes in relative costs for these APCs and would not direct us towards our goal of using all single claims data as the basis for payment weights for all OPPS services.

We also considered using the medians we calculated from all single bills with no adjustments. However, the results of using this approach without increasing the payments for some important high cost services for CY 2005 could result in the closing of hospital programs that provide these services thus, jeopardizing access to needed care. Therefore, we did not adopt this approach.

In addition, we considered subsetting claims based on the presence of charges in certain revenue codes. Specifically, we reviewed those codes where we require that hospitals report charges for the devices required for these procedures. These revenue codes include: 272, sterile supplies; 275, pacemakers; 278, other implants; 279, other supplies/devices; 280, oncology; 289, other oncology; and 624, investigational devices. We determined

that the medians increased for some device-dependent APCs when we used only claims with a charge in at least one of these revenue codes, but our analysis provided no reliable evidence that the charges that would be found in these revenue codes were necessarily for the cost of the device.

Further, we considered using CY 2002 claims to calculate a ratio between the median calculated using all single bills and the median calculated using only claims with HCPCS codes for devices on them, and applying that ratio to the median calculated using all single bills from CY 2003 claims data. We rejected this option because it assumes that the relationship between the costs of the claims with and without codes for devices is a valid relationship not only for CY 2002 but CY 2003 as well. It also assumes no changes in billing behavior. We have no reason to believe either of these assumptions is true and, therefore, we did not choose this option.

In summary, we considered and rejected all of the above options. We have given special treatment to the device-dependent APCs for the past 3 years, recognizing that, in a new payment system, hospitals need time to establish correct coding processes and, considering the need to ensure continued access to these important services. After 3 years of such consideration, we believe that it is time to begin a transition to the use of pure claims data for these services (reflected in these APCs) to ensure the appropriate relativity of the median costs for all payable OPPS services. Our goal is to establish payment rates that provide appropriate relative payment for all services paid under the OPPS without creating payment disincentives that may reduce access to care.

We do not believe that any of the above options considered would help us realize our goal. We believe that the better payment approach for determining median costs for device-dependent APCs in CY 2005 would be to base such medians on the greater of (1) median costs calculated using CY 2003 claims data, or (2) 90 percent of the APC payment median for CY 2004 for such services. We believe that some variation in median costs is to be expected from year to year, and we believe that recognizing up to a 10-percent variation in our proposed payment approach would be a reasonable limit.

We believe that this proposed adjustment methodology provides an appropriate transition to eventual use of all single bill claims data without adjustment and that the methodology moves us towards the goal of using all

single bill data without adjustment by CY 2007. It is a simple and easily understood methodology for adjusting median costs. Where reductions occur compared to CY 2004 OPPS, we believe that, under this methodology, the reductions will be sufficiently modest that providers will be able to accommodate them without ceasing to furnish services that Medicare beneficiaries need.

We considered applying the adjustment methodology we used for all APCs, including device-dependent APCs, for CY 2003 OPPS, but we saw no advantage to doing so. We applied that methodology to the identified device-dependent APCs only for 1 year, and we applied it where we had already made an adjustment by calculating the median costs based only on claims containing "C" codes for the devices. Therefore, for device-dependent APCs, there was a double adjustment intended to soften the effects of the first year of cessation of pass-through payment for devices (that is, we adjusted the higher "C" code medians, not all single bill medians). Devices have been off pass-through for several years now and for CY 2005 OPPS, we are unable to calculate medians based only on claims containing "C" codes. Therefore, we do not view the circumstances across the 2 years as comparable.

In addition, beginning in CY 2005, we are proposing to require hospitals to bill device-dependent procedures using the appropriate "C" codes for the devices. This requirement is limited to only those APCs to which the proposed use of CY 2004 medians would apply. We believe that this proposal would mitigate against the reduction of access to care while encouraging hospitals to bill correctly for the services they furnish. We intend this requirement to be the first step towards use of all available single bill claims data to establish medians for device-dependent APCs. Our goal is to use all single bills for device APCs by the CY 2007 OPPS, which we expect to base on data from claims for services in CY 2005. We further discuss our coding proposal in section III.C.3. of this preamble.

We welcome comments on all aspects of these issues and particularly on steps that can be taken in the future to transition from the historic payment medians to claims based median costs for OPPS ratesetting for these important services.

Table 19 is sorted by percentage difference between changes in the CY 2004 and CY 2005 APC payment rate CY 2004 to CY 2005. It also contains the CY 2004 OPPS payment medians, the CY 2005 OPPS proposed medians (using

single bill claims from January 1, 2003, through December 31, 2003), and the medians derived from the proposed

adjustment processes discussed further below.

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Table 19.--Proposed Median Costs for Device-Dependent APCs

| APC | Description | SI | Final 2004 OPPS APC Median* | Proposed Unadjusted 2005 OPPS NPRM APC Median | Percentage change from 2004 to 2005 | 2005 OPPS total bill frequency | Proposed Adjusted 2005 OPPS Median |
|------|--|----|-----------------------------------|---|---|--------------------------------------|---|
| 0119 | Implantation of Infusion Pump | T | \$7,765.02 | \$703.79 | -90.94% | 440 | \$6,988.52 |
| 0087 | Cardiac Electrophysiologic Recording/Mapping | T | \$2,294.94 | \$547.44 | -76.15% | 10,393 | \$2,065.45 |
| 0106 | Insertion/Replacement/Repair of Pacemaker and/or Electrodes | T | \$3,399.05 | \$1,627.90 | -52.11% | 3,770 | \$3,059.15 |
| 0107 | Insertion of Cardioverter-Defibrillator | T | \$19,431.68 | \$12,100.48 | -37.73% | 6,101 | \$17,488.51 |
| 0108 | Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads | T | \$26,092.91 | \$17,313.63 | -33.65% | 4,310 | \$23,483.62 |
| 0032 | Insertion of Central Venous/Arterial Catheter | T | \$662.31 | \$456.51 | -31.07% | 68,110 | \$596.08 |
| 0222 | Implantation of Neurological Device (APC0039 was part of APC 0222 in 2003) | T | \$13,383.79 | \$9,477.10 | -29.19% | 4,865 | \$12,045.41 |
| 0384 | GI Procedures with Stents (new for 2004; no prior APC) | T | \$1,669.39 | \$1,223.75 | -26.69% | 18,096 | \$1,502.45 |
| 0082 | Coronary Atherectomy | T | \$6,352.89 | \$4,791.05 | -24.58% | 541 | \$5,717.60 |
| 0039 | Implantation of Neurostimulator (new for 2004 OPPS; codes formerly in APC 0222) | S | \$13,555.80 | \$10,335.53 | -23.76% | 1,592 | \$12,200.22 |
| 0048 | Arthroplasty with Prosthesis (some codes now in APC 415 were in APC 48 in 2003 and 2004) | T | \$2,966.13 | \$2,389.31 | -19.45% | 2,887 | \$2,669.52 |
| 0081 | Non-Coronary Angioplasty or Atherectomy | T | \$2,018.99 | \$1,730.80 | -14.27% | 112,613 | \$1,817.09 |
| 0083 | Coronary Angioplasty and Percutaneous Valvuloplasty | T | \$3,412.47 | \$2,967.94 | -13.03% | 7,177 | \$3,071.22 |
| 0090 | Insertion/Replacement of Pacemaker Pulse Generator | T | \$5,581.04 | \$4,943.36 | -11.43% | 7,463 | \$5,022.94 |
| 0122 | Level II Tube changes and Repositioning | T | \$510.80 | \$468.41 | -8.30% | 16,589 | \$468.41 |
| 0648 | Breast Reconstruction with Prosthesis | T | \$3,113.43 | \$2,872.85 | -7.73% | 1,103 | \$2,872.85 |
| 0227 | Implantation of Drug Infusion Device | T | \$9,270.36 | \$8,558.82 | -7.68% | 3,013 | \$8,558.82 |
| 0654 | Insertion/Replacement of a permanent dual chamber pacemaker | T | \$6,495.61 | \$6,045.29 | -6.93% | 19,265 | \$6,045.29 |
| 0674 | Prostate Cryoablation (device was on pass through in 2003; 2004 median includes device with external data; 2005 median is "C" code median)** | T | \$6,915.08 | \$6,477.78 | -6.32% | 1,265 | \$6,477.78 |
| 0089 | Insertion/Replacement of Permanent Pacemaker and Electrodes | T | \$6,754.63 | \$6,338.69 | -6.16% | 4,475 | \$6,338.69 |

| APC | Description | SI | Final 2004 OPPS APC Median* | Proposed Unadjusted 2005 OPPS NPRM APC Median | Percentage change from 2004 to 2005 | 2005 OPPS total bill frequency | Proposed Adjusted 2005 OPPS Median |
|------|--|----|-----------------------------------|---|---|--------------------------------------|---|
| 0386 | Level II Prosthetic Urological Procedures (APCs 385 and 386 were combined in a single, different APC in 2003) | S | \$6,699.79 | \$6,304.06 | -5.91% | 4,776 | \$6,304.06 |
| 0681 | Knee Arthroplasty | T | \$5,657.87 | \$5,348.34 | -5.47% | 730 | \$5,348.34 |
| 0653 | Vascular Reconstruction/Fistula Repair with Device | T | \$1,731.08 | \$1,636.73 | -5.45% | 26,194 | \$1,636.73 |
| 0040 | Level II Implantation of Neurostimulator Electrodes (new for 2004; codes were in APC 225 for 2003) | S | \$3,002.98 | \$2,857.90 | -4.83% | 9,513 | \$2,857.90 |
| 0655 | Insertion/Replacement/Conversion of a permanent dual chamber pacemaker | T | \$8,225.23 | \$7,882.97 | -4.16% | 13,579 | \$7,882.97 |
| 0167 | Level III Urethral Procedures | T | \$1,730.23 | \$1,662.49 | -3.92% | 9,440 | \$1,662.49 |
| 0229 | Transcatheter Placement of Intravascular Shunts | T | \$3,572.98 | \$3,444.24 | -3.60% | 36,558 | \$3,444.24 |
| 0086 | Ablate Heart Dysrhythm Focus | T | \$2,590.21 | \$2,553.76 | -1.41% | 7,757 | \$2,553.76 |
| 0385 | Level I Prosthetic Urological Procedures (APCs 385 and 386 were combined in a single different APC in 2003) | S | \$3,870.60 | \$3,830.79 | -1.03% | 1,191 | \$3,830.79 |
| 0085 | Level II Electrophysiologic Evaluation | T | \$2,041.13 | \$2,034.42 | -0.33% | 16,844 | \$2,034.42 |
| 0104 | Transcatheter Placement of Intracoronary Stents | T | \$4,765.05 | \$4,759.66 | -0.11% | 18,865 | \$4,759.66 |
| 0115 | Cannula/Access Device Procedures | T | \$1,478.06 | \$1,496.14 | 1.22% | 95,354 | \$1,495.84 |
| 0656 | Transcatheter Placement of Intracoronary Drug Eluting Stents (medians for 2003 and 2004 were created by adding \$1200 to the median for APC 104) | T | \$5,965.05 | \$6,067.71 | 1.72% | 4,008 | \$6,067.71 |
| 0080 | Diagnostic Cardiac Catheterization | T | \$2,075.91 | \$2,119.83 | 2.12% | 356,596 | \$2,119.83 |
| 0313 | Brachytherapy | S | \$795.83 | \$816.80 | 2.63% | 13,354 | \$816.80 |
| 0680 | Insertion of Patient Activated Event Recorders | S | \$3,621.15 | \$3,721.58 | 2.77% | 1,862 | \$3,721.58 |
| 0202 | Level X Female Reproductive Proc | T | \$2,246.87 | \$2,320.21 | 3.26% | 12,464 | \$2,320.21 |
| 0652 | Insertion of Intraperitoneal Catheters | T | \$1,558.34 | \$1,620.25 | 3.97% | 4,882 | \$1,620.25 |
| 0225 | Level I Implementation of Neurostimulator Electrodes (contained codes in APC 040 in 2003 OPPS) | S | \$11,873.72 | \$12,387.73 | 4.33% | 1,315 | \$12,387.73 |
| 0259 | Level VI ENT Procedures | T | \$22,643.98 | \$24,086.02 | 6.37% | 795 | \$24,086.02 |

| APC | Description | SI | Final 2004 OPPS APC Median* | Proposed Unadjusted 2005 OPPS NPRM APC Median | Percentage change from 2004 to 2005 | 2005 OPPS total bill frequency | Proposed Adjusted 2005 OPPS Median |
|------|--|----|-----------------------------------|---|---|--------------------------------------|---|
| 0670 | Intravenous and Intracardiac Ultrasound | S | \$1,582.08 | \$1,727.28 | 9.18% | 5,646 | \$1,727.28 |
| 0425 | Level II Arthroplasty with prosthesis (new for 2005; codes were in APC 48; data for 2003 and 2004 is from APC 0048) | T | \$2,966.13 | \$5,792.39 | 95.28% | 688 | \$5,792.39 |
| 0418 | Left ventricular lead (code was in new tech APC 1547 at \$850 for 2004) | T | | \$4,531.79 | | 432 | \$4,531.79 |

As a result of our data analysis for device-dependent APCs, we are proposing to make the following changes in our methodology for setting the CY 2005 payment rates for device-dependent APC for the reasons specified:

We propose to remove APC 0226, Implantation of drug infusion reservoir, from the list of device-dependent APCs and to use its unadjusted single bill median of \$2,793.30 as the basis for the payment weight. CPT code 62360, Implantation or replacement of device for intrathecal or epidural drug infusion, subcutaneous reservoir, is assigned to APC 0226. In 2002, when we packaged 75 percent of the cost of the device into the payment for the procedure with which the device was billed to reduce the pro rata adjustment, we inadvertently packaged the cost of an implantable infusion pump (C1336 and C1337) rather than that of a drug reservoir. Our data indicate that the reservoir used in performing CPT code 62360 cost considerably less than an implantable infusion pump, and we believe that the median cost for APC 0226 appropriately reflects the relative cost of the service and the required device.

In addition, we are proposing to delete APC 0048, Arthroplasty with Prosthesis, from the list of device-dependent APCs and adjust the median costs for this APC because we believe that the proposed CY 2005 median cost for this APC as restructured is reasonable and appropriate. Based on our careful analysis of the CY 2003 claims data for this APC, we believe the difference between the CY 2004 and CY 2005 median cost is attributable to the migration of certain high cost CPT codes (23470, 24361, 24363, 24366, 25441, 25442, 25446) from APC 0048 to new APC 0425, Level II Arthroplasty with Prosthesis and, as such, this change would not adversely limit beneficiary access to this important service.

Therefore, we are not proposing to apply a device-dependent adjustment to the median cost for APC 0048.

Further, we are proposing to move HCPCS code 52282 (Cystoscopy, implant stent), from APC 0385, Level I Prosthetic Urological Procedure, and assign it to APC 0163, Level IV Cystourethoscopy and other Genitourinary Procedures, for clinical homogeneity. As titled, APC 0385 was intended for the assignment of certain urological procedures that require the use of prosthetics. However, HCPCS code 52282 requires the use of a stent rather than a urological prosthetic. Therefore, we are proposing to reassign HCPCS code 52282 to APC 0163. Recalculation of the median cost for APC 385 after reassigning HCPCS code 52282 yields a median cost for that APC that is consistent with its CY 2004 median payment. Thus, we are not proposing to apply a device-dependent adjustment to the median cost for APC 0385.

Lastly, we are proposing to remove HCPCS code 49419 (Insert abdom cath for chemo tx), from APC 0119, Implantation of Infusion Pump, and assign it to APC 0115, Cannula/Access Device Procedures, to achieve clinical homogeneity within APC 0115. Unlike all the other codes assigned to APC 0115, HCPCS code 49419 does not require the use of an infusion pump. Rather, this code is used when inserting an intraperitoneal cannula or catheter with a subcutaneous reservoir. Thus, we believe it would be more appropriate clinically to reassign HCPCS code 49419 to APC 0115 that includes procedures which require the use of devices similar to that required for code 49419.

2. Proposed Treatment of Specified APCs

a. APC 0315 Level II Implantation of Neurostimulator

The code, CPT code 61866, (Implant neurostim arrays) was brought to our

attention by means of an application for a new device category for transitional pass-through payment for the Kinetra® neurostimulator, a dual channel neurostimulator currently approved and used for Parkinson's disease. We denied approval for a new device category for the Kinetra® neurostimulator because the device is described by a previously existing category, C1767, "Generator, neurostimulator (implantable)".

The manufacturer of Kinetra® stated that the AMA created CPT 61886 to accommodate implantation of the Kinetra® neurostimulator and that no services other than implantation of the Kinetra® are currently described by that CPT code. Even though, the Kinetra® did not receive full FDA pre-market approval until December 2003, hospital outpatient claims were reported in CYs 2002 and 2003 (289 total claims in 2003) for this device. The manufacturer asserted that these claims must have been miscoded because the Kinetra® could not have been used in performing CPT code 61886 before obtaining FDA approval in December 2003. Therefore, the manufacturer did not believe that the device cost could be included in the median for CPT code 61886, which has been assigned to APC 222.

In examining the CY 2003 claims for CPT code 61866, we noted that many of the claims also contained codes for procedures related to treatment with cranial nerve stimulators, including the placement of electrodes for cranial nerve stimulation. The placement of the cranial neurostimulator electrodes used with the Kinetra® are currently an inpatient rather than outpatient procedure. Therefore, we would not expect patients being prepared for cranial nerve stimulation to also have a Kinetra® neurostimulator for deep brain stimulation for Parkinson's disease placed at the same time. Thus, it seems possible that the CY 2003 claims for CPT code 61886, generally, are incorrectly coded and do not include

the dual chamber neurostimulator in the reported charges.

Prior to the availability of the dual channel neurostimulator Kinetra® for bilateral deep brain stimulation, it is our understanding that patients diagnosed with Parkinson's disease had two single channel neurostimulator generators implanted in the same operative session. According to the Kinetra® manufacturer, this device will now replace the insertion of two single channel neurostimulators and the cost of the Kinetra® is equivalent to the cost of two single channel neurostimulators. Given this information, we examined our CY 2003 claims data and found that 69 single claims were reported for patients with a diagnosis of Parkinson's disease and that 2 single channel neurostimulator pulse generators (CPT code 61885) were implanted on the same day. The median cost for these claims was \$20,631. Other than the device costs, we believe the procedural costs for the insertion of two single channel devices or with one dual channel device should be roughly comparable. Therefore, we are proposing to establish a new APC 0315, Level II Implantation of Neurostimulator, for CPT code 61886, and assign it a median cost of \$20,631. Because of our concern that hospitals correctly code OPPS claims for CPT code 61886, we are also proposing to require device coding ("C" code) for APC 0315 to improve the coding on all claims for placement of a dual channel cranial neurostimulator pulse generator or receiver, as we are proposing for APC 0039, Implantation of Neurostimulator, for placement of a single channel cranial neurostimulator, discussed in Section III. C3 of this preamble.

b. APC 0651, Complex Interstitial Radiation Application

For CY 2003 APC 0651, HCPCS code 77778 (Complex interstitial radiation source application) was not to be used for prostate brachytherapy because we created HCPCS codes G0256 (Prostate brachytherapy with palladium sources) and G0261 (Prostate brachytherapy with iodine sources) in which we packaged the cost of placement of needles or catheters and sources into a single APC payment for each G code (see 67 FR 66779). When we calculated the median from all single bills for HCPCS code 77778 from CY 2003 data for CY 2005 OPPS, we found that 73 percent of the single bills for this APC were for prostate brachytherapy and, therefore, were miscoded. The median for APC 0651, using all single bills, including those miscoded for prostate brachytherapy, was \$2,641.67. When we

removed the incorrectly coded claims for prostate brachytherapy, the median is \$1,491.39, which is the amount we are proposing for payment for CY 2005 OPPS for APC 0651. This median is considerably higher than the median cost of \$589.72 for CY 2004 OPPS (from CY 2002 claims data).

We believe that this adjusted median is appropriate for APC 0651 when used for prostate brachytherapy because the service described by HCPCS code 77778 is only one of several components of the payment for the service in its entirety. When it is used for prostate brachytherapy, hospitals should also bill for the placement of the needles and catheters using HCPCS code 55859 and should also bill the brachytherapy sources separately. Hospitals will be paid for both APCs and for the cost of sources. Under the amounts proposed, the total unadjusted payment would be \$3,544.59, plus the hospital's cost for the brachytherapy sources.

Section 621(b)(1) of Pub. L. 108-173 specifically provides separate payment in CY 2005 " * * * for a device of brachytherapy, consisting of a seed or seeds (or radioactive source)" * * * at the hospital's charge adjusted to cost. We are proposing to package the cost of other services such as the needles or catheters into the payment for the brachytherapy APCs and not to pay on the same basis as the brachytherapy sources because the law does not include needles and catheters in its definition of brachytherapy sources to be paid on charges adjusted to cost.

We also recognize that APC 0651 is used for brachytherapy services other than prostate brachytherapy and that, in some of those cases, there are no other codes for placement of the needles or catheters. In those cases, which are represented in the claims we used to calculate the median (once the miscoded claims for prostate brachytherapy were excluded), we believe that the charges for HCPCS code 77778 may include the placement of the needles or catheters and therefore the median may be somewhat overstated when used as the basis of payment for prostate brachytherapy and the other forms of brachytherapy that have codes for placement of needles and catheters. Similarly, the median may be understated when used to pay for brachytherapy services for which there are no separate HCPCS codes for needle or catheter placement. We considered whether to create new G codes for the placement of catheters and needles for the brachytherapy services for which such codes do not exist, but we were concerned that doing so might create unneeded complexity and that the

existing data may not support establishing medians for the new codes. We are requesting comments on how to address those services for which there are currently no HCPCS codes for placement of needles and catheters for brachytherapy applications.

c. APC 0659, Hyperbaric Oxygen Therapy

Over the past year, we have received a number of questions about billing and payment for HCPCS code C1300, Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. In light of these issues, we have carefully examined the CY 2003 single procedure claims data that we are proposing to use to calculate the CY 2005 proposed median for APC services. Based on our examination of single procedure claims filed for HCPCS code C1300 in CY 2003, we believe that the claims for these services were either miscoded or the therapy was aborted before its completion. The claims that we examined reflected a pattern that is inconsistent with the clinical delivery of this service. Hyperbaric oxygen therapy (HBOT) is prescribed for clinical conditions such as promoting the healing of chronic wounds. It is typically prescribed on average for 90 minutes and therefore, you would expect hospitals to bill multiple units of HBOT to achieve full body hyperbaric oxygen therapy. In addition to the therapeutic time spent at full hyperbaric oxygen pressure, treatment involves additional time for achieving full pressure (descent), providing air breaks to prevent neurological and other complications from occurring during the course of treatment, and returning the patient to atmospheric pressure (ascent). Our examination of the claims data revealed that providers who billed multiple units of C1300 reported a consistent charge for each "30 Minute" unit. Conversely, providers who billed only a single unit of C1300, suggesting either a miscoded or aborted service, reported a charge that was 3 to 4 times greater than the per "30 minute" unit reported by providers billing multiple units of HCPCS code C1300. While, it appears that many of the single procedure HBOT claims that we examined, represented billing for a full 90 to 120 minutes of HBOT (including ascent, descent, and air break time), they were improperly billed as 1 unit rather than as 3 or 4 units of HBOT. Consequently, this type of incorrect coding would result in an inappropriately high per 30 minute median cost for HBOT or a median cost for HBOT of \$177.96 derived using single service claims and "pseudo"

single service claims. This is a significant issue because HBOT is the only procedure assigned to APC 0659.

Our analysis of the HBOT claims data further revealed that about 40 percent of all HBOT claims included packaged costs. To confirm our belief that these packaged costs were not associated with HBOT, we examined the other major payable procedures billed in conjunction with HBOT. As a result, we identified billed services such as drug administration and wound debridement that we would typically expect to have associated with packaged services. We also looked at the magnitude of packaged costs in our single bills and found the majority of these costs were small, less than \$30, and concentrated in revenue codes 25X, Pharmacy, and 27X, Medical/Surgical Supplies.

As a result of these coding anomalies, we are proposing to calculate our proposed "30 minute" median cost for APC 0659, using a total of 30,736 claims containing multiple units or multiple occurrences of HBOT, about 97 percent of all HBOT claims. Based on our finding, we are proposing to exclude claims with only one unit of HBOT. Using this proposed methodology, the proposed median cost per unit of C1300 is \$82.91. Based on hospitals' charges on correctly coded claims, we believe this estimate is much more accurate for 30 minutes of HBOT. Thus, we are proposing a median cost for APC 0659 of \$82.91 for CY 2005.

d. APC 0422, Implantation of the BARD Endoscopic Suturing System

For CY 2005, we are proposing to establish APC 0422 for Level II Upper GI Procedures. Code C9703 (the Bard Endoscopic Suturing System) was placed in that APC based on clinical and resource homogeneity as compared with the other services in the APC. Currently, code C9703 is assigned to new technology APC 1555, with a payment of \$1,650. Median cost for code

C9703 was based on CY 2002 claims and was somewhat lower than the established payment level. However, our examination of CY 2003 claims data for APC 422 revealed that 137 of the 171 single claims for code C9703 were from a single institution with an extremely low and consistent cost per claim. We do not believe that these 137 claims represent the service described by code C9703, which includes an upper gastrointestinal endoscopy along with suturing of the esophagogastric junction. Therefore, in establishing the median for APC 0422, we did not use these 137 claims, which we believe were incorrectly coded.

3. Proposed Required Use of "C" Codes for Devices

An important ancillary issue in regard to using hospital outpatient claims data to calculate median costs for device-dependent APC is whether to require that hospitals bill the HCPCS codes for the devices that are required to be used to provide the services in these APCs. We deleted these HCPCS codes for devices in CY 2003 because hospitals objected to the complexity of this coding, and we believed that hospitals would charge for the devices in appropriate revenue codes. Our review of the claims data does not support this belief. Hospitals do not appear to routinely include the charges for the devices they use when they bill for the related services in the device-dependent APCs. Therefore, we are also considering requiring hospitals to code devices for APCs to improve the quality of the claims data in support of our transition to the use of all single claims to establish payment rates for these APCs. We make this proposal cautiously, as we realize that it imposes a burden on hospitals to code the devices.

Specifically, for CY 2005 OPPS, we are proposing to require coding of devices required for APCs for which we

propose to adjust the median costs for CY 2005 OPPS. The APCs and the devices that are proposed for device coding are displayed in Table 20 below. Specifically, if one device is shown for one APC, that device would have to be billed on the claim for a service in that APC or the claim would be returned to the provider for correction. If more than one device is shown for one APC, the provider would be required to bill one of the device codes shown on the same claim with the service in that APC for the claim to be accepted.

We are also proposing to require coding of C1900 (Left Ventricular lead) required to perform the service described in APC 0418, Left Ventricular Lead, because the service cannot be done without the lead and, because the device has been billed separately for pass-through payment in CYs 2003 and 2004. We believe that continued coding of the device would not impose a burden on hospitals. Similarly, because of our concerns regarding the correct coding of claims for CPT code 61886 (Implant neurostim arrays), assigned to APC 0315 (discussed in greater detail in section III.C.2.a. of the preamble), we are proposing to require device coding for APC 0315, Level II Implantation of Neurostimulator, to improve the coding on claims for placement of a dual channel cranial neurostimulator pulse generator or receiver, just as we are proposing to require device coding for APC 0039, Implantation of Neurostimulator, for placement of a single channel cranial Neurostimulator as noted below.

Table 20 below displays the APCs for which we are proposing to require "C" codes and the "C" code edits we are proposing to require for each APC. We welcome comments on the proposed "C" code requirements.

BILLING CODE 4120-01-P

| APC | Description | APC Status Indicator | Proposed Device Code | Device Long Descriptor |
|------|--|----------------------|----------------------|---|
| 0032 | Insertion of Central Venous/Arterial Catheter | T | C1751 | CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN HEMODIALYSIS) |
| 0039 | Implantation of Neurostimulator (new for 2004 OPPS; codes formerly in APC 222) | S | C1767 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE) |
| 0081 | Non-Coronary Angioplasty or Atherectomy | T | C1885 | CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER |
| | | T | C1714 | CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL |
| | | T | C1724 | CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL |
| | | T | C1725 | CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY) |
| | | T | C2628 | CATHETER, OCCLUSION |

| APC | Description | APC Status Indicator | Proposed Device Code | Device Long Descriptor |
|------|---|----------------------|----------------------|--|
| 0082 | Coronary Atherectomy | T | C1714 | CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL |
| | | T | C1724 | CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL |
| 0083 | Coronary Angioplasty and Percutaneous Valvuloplasty | T | C1725 | CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY) |
| | | T | C1726 | CATHETER, BALLOON DILATATION, NON-VASCULAR |
| 0087 | Cardiac Electrophysiologic Recording/Mapping | T | C1730 | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES) |
| | | T | C1731 | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES) |
| | | T | C1732 | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING |
| | | T | C1733 | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, OTHER THAN COOL-TIP |
| | | T | C1766 | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL-AWAY |
| | | T | C1892 | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, PEEL-AWAY |
| | | T | C1893 | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY |
| | | T | C1893 | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY |
| 0090 | Insertion/Replacement of Pacemaker Pulse Generator | T | C1786 | PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE) |
| | | T | C2620 | PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE) |
| 0106 | Insertion/Replacement/Repair of Pacemaker and/or Electrodes | T | C1777 | LEAD, CARADIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE) |
| | | T | C1779 | LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS |
| | | T | C1895 | LEAD, CARADIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE) |
| | | T | C1896 | LEAD, CARADIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL (IMPLANTABLE) |
| | | T | C1899 | LEAD, PACEMAKER/CARADIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE) |
| 0107 | Insertion of Cardioverter-Defibrillator | T | C1721 | CARADIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE) |
| | | T | C1722 | CARADIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE) |
| | | T | C1882 | CARADIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE) |

| APC | Description | APC Status Indicator | Proposed Device Code | Device Long Descriptor |
|------|---|----------------------|----------------------|---|
| 0108 | Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads | T | C1721 | CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE) |
| | | T | C1722 | CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE) |
| | | T | C1882 | CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE) |
| 0119 | Implantation of Infusion Pump | T | C1772 | INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE) |
| | | T | C1891 | INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE) |
| 0222 | Implantation of Neurological Device (APC 0039 was part of APC 0222 in 2003) | T | C1767 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE) |
| 0315 | Implantation of neurostimularo array | T | C1767 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE) |
| 0384 | GI Procedures with Stents (new for 2004; no prior APC) | T | C1874 | STENT, COATED/COVERED, WITH DELIVERY SYSTEM |
| | | T | C1875 | STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM |
| | | T | C1876 | STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM |
| | | T | C1877 | STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM |
| | | T | C2617 | STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM |
| | | T | C2625 | STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM |
| 0418 | Left ventricular lead (code was in new tech APC 1547 at \$850 for 2004) | T | C1900 | LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM |
| 0674 | Prostate Cryoablation (device was on pass through in 2003; 2003 median does not include device; 2004 median includes device with external data)** | T | C2618 | PROBE, CRYOABLATION |

In addition, we are considering expanding the device coding requirements in the future. We believe that, by requiring device coding for a small subset of device-dependent APCs each year, we would minimize the marginal annual coding burden on hospitals and begin to improve data for these APCs, which have consistently proven to be problematic. We believe coding of devices is essential if we are to improve the accuracy of claims data sufficiently to better calculate the correct relative costs of device-dependent APCs in relation to the other services paid under the OPSS.

We request that the public inform us of the device codes that are essential to the procedures contained in the device-dependent APCs contained in Table 20. The alphanumeric HCPCS codes for devices that were reactivated for CY 2004 OPSS can be found on the CMS website at www.cms.hhs.gov/providers under coding. They are in the section of alphanumeric codes that begin with the initial letter "C." Comments regarding the device codes that should be required with the APCs listed in Table 20 should

contain the APC and identify all device codes that may be essential to the performance of the procedures identified in the APC. Ideally, the comments will include a narrative that explains how the device is inserted.

4. Submission of External Data

We would consider external data submitted with respect to any APC to the extent that such data enable us to verify or adjust claims data where we are convinced that such an adjustment to the median cost is appropriate. All comments and any data we use would be available for public inspection and commenters should not expect that any data furnished as part of the comment would be withheld from public inspection. Parties who submit external data for devices should also submit a strategy that can be used to determine what part of the median cost represents the device to which the external data applies. External data that are likely to be of optimal use should meet the following criteria:

- Represent a diverse group of hospitals both by location (for example,

rural and urban) and by type (for example, community and teaching). We would prefer that commenters identify each hospital, including location with city and State, nonprofit vs. for profit status, teaching vs. nonteaching status, and the percent of Medicare vs. non-Medicare patients receiving the service. A pseudo identifier could be used for the hospital identification. Data should be submitted both "per hospital" and in the aggregate.

- Identify the number of devices billed to Medicare by each hospital as well as any rebates or reductions for bulk purchase or similar discounts and identify the characteristics of providers to which any such price rebates or reductions apply.

- Identify all HCPCS codes with which each item would be used.

- Identify the source of the data.

- Include both the charges and costs for each hospital for CY 2003.

Meeting the criteria would enable us to compare our CY 2003 claims data to the submitted external data and help us determine whether the submitted data

are representative of hospitals that submit claims under the OPSS.

We note that information containing beneficiary-specific information (for example, medical records, and invoices with beneficiary identification on it) must be altered, if necessary, to remove any individually identifiable information, such as information that identifies an individual, diagnoses, addresses, telephone numbers, attending physician, medical record number, and Medicare or other insurance number. Moreover, individually identifiable beneficiary medical records, including progress notes, medical orders, test results, and consultation reports must not be submitted to us. Similarly, photocopies of checks from hospitals or other documents that contain bank routing numbers must not be submitted to us.

D. Proposed Calculation of Scaled OPSS Payment Weights

Using the median APC costs discussed previously, we calculated the proposed relative payment weights for each APC for CY 2005. As in prior years, we scaled all the relative payment weights to APC 0601, Mid-Level Clinic Visit, because it is one of the most frequently performed services in the hospital outpatient setting. We assigned APC 0601 a relative payment weight of 1.00 and divided the median cost for each APC by the median cost for APC 0601 to derive the relative payment weight for each APC. Using CY 2003 data, the proposed median cost for APC 0601 is \$57.32 for CY 2005.

Section 1833(t)(9)(B) of the Act requires that APC reclassification and recalibration changes and wage index changes be made in a manner that assures that aggregate payments under the OPSS for CY 2005 are neither greater than nor less than the aggregate payments that would have been made without the changes. To comply with this requirement concerning the APC changes, we compared aggregate payments using the CY 2004 relative weights to aggregate payments using the CY 2005 proposed weights. Based on this comparison, we are proposing to make an adjustment of the weights for purposes of budget neutrality. The weights that we are proposing for CY 2005, which incorporate the recalibration adjustments explained in this section, are listed in Addendum A and Addendum B to this proposed rule.

Section 1833(t)(14)(H) of the Act, as added by section 621(a)(1) of Pub. L. 108-173, states that "Additional expenditures resulting from this paragraph shall not be taken into account in establishing the conversion

factor, weighting and other adjustment factors for 2004 and 2005 under paragraph (9) but shall be taken into account for subsequent years." Section 1833(t)(14) provides the payment rates for certain specified covered outpatient drugs. Therefore, the incremental cost of those specified covered outpatient drugs (as discussed in section II.J. of this proposed rule) is excluded from the budget neutrality calculations but the base median cost of the drugs continues to be a factor in the calculation of budget neutrality. Accordingly, we calculated median costs for the specified covered outpatient drugs to which this section applies and used those medians and the frequencies in the calculation of the scaler for budget neutrality.

Under section 1833(t)(16)(C) of the Act, as added by section 621(b)(1) of Pub. L. 108-173, payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source) is to be made at charges adjusted to cost for services furnished on or after January 1, 2004 and before January 1, 2006. As we stated in our January 6, 2004 interim final rule, charges for the brachytherapy sources will not be used in determining outlier payments and payments for these items will be excluded from budget neutrality calculations, consistent with our practice under the OPSS for items paid at cost. (See section VII.G. of this proposed rule.)

IV. Proposed Payment Changes for Devices

[If you choose to comment on this section, please indicate the caption "Devices" at the beginning of your comment.]

A. Pass-Through Payments for Devices

1. Expiration of Transitional Pass-Through Payments for Certain Devices

Section 1833(t)(6)(B)(iii) of the Act requires that, under the OPSS, a category of devices be eligible for transitional pass-through payments for at least 2, but not more than 3, years. This period begins with the first date on which a transitional pass-through payment is made for any medical device that is described by the category. In our November 7, 2003 final rule with comment period (68 FR 63437), we specified six device categories currently in effect that would cease to be eligible for pass-through payment effective January 1, 2005.

The device category codes became effective April 1, 2001, under the provisions of the BIPA. Prior to pass-through device categories, we paid for pass-through devices under the OPSS

on a brand-specific basis. All of the initial category codes that were established as of April 1, 2001, have expired; 95 categories expired after CY 2002 and 2 categories expired after CY 2003. All of the categories listed in Table 21, along with their expected expiration dates, were created since we published the criteria and process for creating additional device categories for pass-through payment on November 2, 2001 (66 FR 55850 through 55857). We based the expiration dates for the category codes listed in Table 21 on the date on which a category was first eligible for pass-through payment.

There are six categories for devices that would have been eligible for pass-through payments for at least 2 years as of December 31, 2004. In our November 7, 2003 final rule with comment period, we finalized the December 31, 2004 expiration dates for these six categories. (Three other categories listed in Table 21, C1814, C1818, and C1819, would expire on December 31, 2005.) The six categories that would expire as of December 31, 2004, are C1783, C1884, C1888, C1900, C2614, and C2632, as indicated in Table 23. Each category includes devices for which pass-through payment was first made under the OPSS in CY 2002 or CY 2003.

In the November 1, 2002 final rule, we established a policy for payment of devices included in pass-through categories that are due to expire (67 FR 66763). For CY 2003, we packaged the costs of the devices no longer eligible for pass-through payments into the costs of the procedures with which the devices were billed in CY 2001. There were few exceptions to this established policy (brachytherapy sources for other than prostate brachytherapy, which is now also separately paid in accordance with section 621(b)(2) of Pub. L. 108-173). For CY 2004, we continued to apply this policy for categories that expired on January 1, 2004.

2. Proposal for CY 2005

We are proposing to continue to base the expiration date for a device category on the earliest effective date of pass-through payment status of the devices that populate the category. This basis for determining the expiration date of a device category is the same as that used in CY 2003 and CY 2004.

We are also proposing that payment for the devices that populate the six categories that would cease to be eligible for pass-through payment after December 31, 2004, would be made as part of the payment for the APCs with which they are billed. This methodology for packaging device cost is consistent with the packaging methodology that we

describe in section III. of this proposed rule. To accomplish this, we are proposing to package the costs of devices that would no longer be eligible for pass-through payment in CY 2005 into the HCPCS codes with which the devices are billed.

We note that category C1819 (Tissue localization excision device) was added subsequent to our proposed rule for CY 2004. We first announced the start date and the proposed expiration date for this device category in our November 7, 2003 final rule with comment period.

Therefore, we are proposing to maintain the category's December 31, 2005 expiration date. We invite comments on the proposed expiration date for category C1819.

Table 21.--List Of Current Pass-Through Device Categories By Expiration Date

| HCPCS Codes | Category Long Descriptor | Date(s) Populated | Expiration Date |
|-------------|---|-------------------|-----------------|
| C1888 | Catheter, ablation, non-cardiac, endovascular (implantable) | 7/1/02 | 12/31/04 |
| C1900 | Lead, left ventricular coronary venous system | 7/1/02 | 12/31/04 |
| C1783 | Ocular implant, aqueous drainage assist device | 7/1/02 | 12/31/04 |
| C1884 | Embolization protective system | 1/1/03 | 12/31/04 |
| C2614 | Probe, percutaneous lumbar discectomy | 1/1/03 | 12/31/04 |
| C2632 | Brachytherapy solution, iodine-125, per mCi | 1/1/03 | 12/31/04 |
| C1814 | Retinal tamponade device, silicone oil | 4/1/03 | 12/31/05 |
| C1818 | Integrated keratoprosthesis | 7/1/03 | 12/31/05 |
| C1819 | Tissue localization excision device | 1/1/04 | 12/31/05 |

B. Provisions for Reducing Transitional Pass-Through Payments To Offset Costs Packaged Into APC Groups

1. Background

In the November 30, 2001 final rule, we explained the methodology we used to estimate the portion of each APC rate that could reasonably be attributed to the cost of the associated devices that are eligible for pass-through payments (66 FR 59904). Beginning with the implementation of the CY 2002 OPPS update (April 1, 2002), we deducted from the pass-through payments for the identified devices an amount that reflected the portion of the APC payment amount that we determined was associated with the cost of the device, as required by section 1833(t)(6)(D)(ii) of the Act. In the November 1, 2002 final rule, we published the applicable offset amounts for CY 2003 (67 FR 66801).

For the CY 2002 and CY 2003 OPPS updates, to estimate the portion of each APC rate that could reasonably be attributed to the cost of an associated pass-through device eligible for pass-through payment, we used claims data from the period used for recalibration of the APC rates. Using those claims, we calculated a median cost for every APC without packaging the costs of associated "C" codes for device categories that were billed with the APC. We then calculated a median cost for every APC with the costs of the associated device category "C" codes

that were billed with the APC packaged into the median. Comparing the median APC cost without device packaging to the median APC cost including device packaging enabled us to determine the percentage of the median APC cost that is attributable to the associated pass-through devices. By applying those percentages to the APC payment rates, we determined the applicable amount to be deducted from the pass-through payment, the "offset" amount. We created an offset list comprised of any APC for which the device cost was at least 1 percent of the APC's cost.

As first discussed in our November 1, 2002 final rule (67 FR 66801) the offset list that we publish each year is a list of offset amounts associated with those APCs with identified offset amounts developed using the methodology described above. As a rule, we do not know in advance which procedures and APCs may be billed with new categories. An offset amount is therefore applied only when a new device category is billed with an APC appearing on the offset list. The list of potential offsets for CY 2004 is currently published on our website www.cms.hhs.gov, as "Device Related Portions of Ambulatory Payment Classification Costs for 2004."

For CY 2004, we modified our policy for applying offsets to device pass-through payments. Specifically, we indicated that we would apply an offset to a new device category only when we could determine that an APC contains

costs associated with the device. We continued our existing methodology for determining the offset amount, described above. We were able to use this methodology to establish the device offset amounts for CY 2004 because providers reported device codes (C codes) on the CY 2002 claims used for CY 2004 OPPS. However, for the CY 2005 update to the OPPS, we are proposing to use CY 2003 claims that do not include device coding. (Section III. of this proposed rule contains a fuller discussion of our proposed requirement for use of "C" codes for CY 2005.)

In the CY 2004 OPPS update, we reviewed the device categories eligible for continuing pass-through payment in CY 2004 to determine whether the costs associated with the device categories are packaged into the existing APCs. Based on our review of the data for the categories existing in CY 2004, we determined that there were no close or identifiable costs associated with the devices relating to the respective APCs that are normally billed with them. Therefore, for those device categories, we set the offset to \$0 for CY 2004.

2. Proposal for CY 2005

For CY 2005, we are proposing to continue to review each new device category on a case-by-case basis as we did in CY 2004 to determine whether device costs associated with the new category are packaged into the existing APC structure. We are also proposing to set the offsets to \$0 for the currently

established categories that would continue for pass-through payment into CY 2005. If, during CY 2005, we create a new device category and determine that our data contain identifiable costs associated with the devices in any APC, we would adjust the APC payment if the offset is greater than \$0. If we determine that device offsets greater than \$0 are appropriate for any new category that we create during CY 2005, we are proposing to announce the offset amounts in the program transmittal that announces the new category.

Further, for CY 2005, we are proposing to use the device percentages (portion of the APC median cost attributable to the packaged device) that we developed for potential offsets in CY 2004 and to apply these percentages to the CY 2005 payment amounts to obtain CY 2005 offset amounts, in cases where we determine that an offset is appropriate. We propose to use the device percentage developed for CY 2004 because, as noted above, for the CY 2005 update to the OPPS, we are using CY 2003 claims that do not include device codes. Therefore, we are not easily able to determine the device portions of APCs for CY 2003 claims data. We have posted the list of device-dependent APCs and their respective device portions on the CMS website: www.cms.hhs.gov.

V. Proposed Payment Changes for Drugs, Biologicals, Radiopharmaceutical Agents, and Blood and Blood Products

A. Transitional Pass-Through Payment for Additional Costs of Drugs and Biologicals

[If you choose to comment on issues in this section, include the caption "Pass-Through" at the beginning of your comment.]

1. Background

Section 1833(t)(6) of the Act provides for temporary additional payments or "transitional pass-through payments" for certain drugs and biological agents. As originally enacted by the BBRA, this provision required the Secretary to make additional payments to hospitals for current orphan drugs, as designated under section 526 of the Federal Food, Drug, and Cosmetic Act (Pub. L. 107-186); current drugs and biological agents and brachytherapy used for the treatment of cancer; and current radiopharmaceutical drugs and biological products. For those drugs and biological agents referred to as "current," the transitional pass-through payment began on the first date the hospital OPPS was implemented (before enactment of BIPA (Pub. L. 106-554), on December 21, 2000).

Transitional pass-through payments are also required for certain "new" drugs, devices and biological agents that were not being paid for as a hospital OPD service as of December 31, 1996,

and whose cost is "not insignificant" in relation to the OPPS payment for the procedures or services associated with the new drug, device, or biological. Under the statute, transitional pass-through payments can be made for at least 2 years but not more than 3 years. Pass-through drugs and biological agents are identified by status indicator "G."

The process to apply for transitional pass-through payment for eligible drugs and biological agents can be found on pages of our CMS website: www.cms.hhs.gov. If we revise the application instructions in any way, we will post the revisions on our website and submit the changes to the Office of Management and Budget (OMB) for approval, as required under the Paperwork Reduction Act (PRA). Notification of new drugs and biological application processes is generally posted on the OPPS website at: www.cms.hhs.gov/hopps.

2. Expiration in CY 2004 of Pass-Through Status for Drugs and Biologicals

Section 1833(t)(6)(C)(i) of the Act specifies that the duration of transitional pass-through payments for drugs and biologicals must be no less than 2 years and any longer than 3 years. The drugs whose pass-through status will expire on December 31, 2004, meet that criterion. Table 22 lists the drugs and biologicals for which we are proposing that pass-through status would expire on December 31, 2004.

Table 22.--Proposed List of Drugs and Biologicals for Which Pass-Through Status**Expires CY 2004**

| HCPCS | APC | Long Descriptor | Trade Name |
|--------------|------------|---|--|
| J0583 | 9111 | Injection, Bivalirudin, per 1 mg | Angiomax Inj (single source) |
| C9112 | 9112 | Injection, Perflutren lipid microsphere, per 2 ml | Definity (single source) |
| C9113 | 9113 | Injection, Pantoprazole sodium, per vial | Protonix (single source) |
| J1335 | 9116 | Injection, Ertapenem sodium, per 500 mg | Invanz (single source) |
| J2505 | 9119 | Injection, Pegfilgrastim, per 6 mg single dose vial | Neulasta (single source) |
| J9395 | 9120 | Injection, Fulvestrant, per 25 mg | Faslodex (single source) |
| C9121 | 9121 | Injection, Argotroban, per 5 mg | Acova (single source) |
| C9200 | 9200 | Orcel, per 36 square centimeters | Orcel (single source) |
| C9201 | 9201 | Dermagraft, per 37.5 square centimeters | Dermagraft (single source) |
| J2324 | 9114 | Injection, Nesiritide, per 0.5 mg | Natrecor (single source) |
| J3315 | 9122 | Injection, Triptorelin pamoate, per 3.75 mg | Trelstar depot Trelstar LA (single source) |
| J3487 | 9115 | Injection, Zoledronic acid, per 1 mg | Zometa (single source) |
| Q0137 | 0734 | Injection, Darbepoetin Alfa, 1 mcg (non-ESRD use) | Aranesp (single source) |

3. Drugs and Biologicals With Proposed Pass-Through Status in CY 2005

We are proposing to continue pass-through status for CY 2005 for the drugs and biologicals listed in Table 23. The APCs and HCPCS codes for drugs and biologicals that we are proposing to continue with pass-through status in CY 2005 are assigned status indicator "G" in Addendum A and Addendum B, respectively, to this proposed rule.

Section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs (assuming that no pro rata reduction in pass-through payment is necessary) as the amount determined under section 1842(o) of the Act. Section 303(c) of Pub. L. 108-173 amends Title XVIII of the Act by adding new section 1847A. This new section establishes the use of the average sales price (ASP) methodology for payment for drugs and biologicals described in section 1842(o)(1)(C) of the Act furnished on or after January 1, 2005. Therefore, in CY 2005, we are proposing to pay under the OPPS for drugs and

biologicals with pass-through status consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108-173 at a rate that is equivalent to the payment these drugs and biologicals would receive in the physician office setting, and established in accordance with the methodology described in the CY 2005 Physician Fee Schedule proposed rule (69 FR 47488).

We are further proposing to amend § 419.64 of the regulations to conform with these changes. Specifically, we propose to replace paragraphs (d)(1) and (d)(2) with paragraph (d) to provide that, subject to any reduction determined under § 419.62(b), the pass-through payment for a drug or biological equals the amount determined under section 1842(o) of the Act, minus the portion of the APC that we determine is associated with the drug or biological.

Section 1833(t)(6)(D)(i) of the Act also sets the amount of additional payment for pass-through eligible drugs and biologicals (the pass-through payment amount). The pass-through payment

amount is the difference between the amount authorized under section 1842(o) of the Act, and the portion of the otherwise applicable fee schedule amount (that is, the APC payment rate) that the Secretary determines is associated with the drug or biological. As we explain in section V.B. of this proposed rule, we are proposing to make separate payment, beginning in CY 2005, for new drugs and biologicals with a HCPCS code consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108-173 at a rate that is equivalent to the payment they would receive in a physician office setting, whether or not we have received a pass-through application for the item. Accordingly, beginning in CY 2005, the pass-through payment amount for new drugs and biologicals that we determine have pass-through status equals zero. That is, when we subtract the amount to be paid for pass-through drugs and biologicals under section 1842(o) of the Act, as amended by Pub. L. 108-173, from the portion of the otherwise

applicable fee schedule amount, or the APC payment rate associated with the drug or biological which would be the amount paid for drugs and biologicals under section 1842(o) of the Act as

amended by Pub. L. 108-173, the resulting difference is equal to zero. Table 23 lists the drugs and biologicals for which we propose pass-through status continuing in CY 2005.

Addendum B to this proposed rule lists the proposed CY 2005 rates for these pass-through drugs and biologicals based on data reported to CMS as of April 30, 2004.

Table 23.--Proposed List of Drugs and Biologicals for Which Pass-Through Status Continues In CY 2005

| HCPCS | APC | Long Descriptor | Trade Name |
|-------|------|---|------------------|
| C9123 | 9123 | TransCyte, per 247 sq. cm | TransCyte |
| C9205 | 9205 | Injection, Oxaliplatin, per 5 mg | Eloxatin |
| C9203 | 9203 | Injection, Perflexane lipid microspheres, per single use vial | Imagent |
| J3486 | 9204 | Injection, Ziprasidone mesylate, per 10 mg | Geodon |
| C9211 | 9211 | Injection, IV, Alefacept, per 7.5 mg | Amevive |
| C9212 | 9212 | Injection, IM, Alefacept, per 7.5 mg | Amevive |
| C9207 | 9207 | Injection, IV, Bortezomib, per 3.5 mg | Velcade |
| C9208 | 9208 | Injection, IV, Agalsidase beta, per 1 mg | Fabrazyme |
| C9209 | 9209 | Injection, IV Laronidase, per 2.9 mg | Aldurazyme |
| C9217 | 9300 | Injection, Sub Q, Omalizumab, per 150 mg vial | Xolair |
| C9210 | 9210 | Injection, IV, Palonosetron HCl per 0.25 mg (250 microgram) | Aloxi |
| C9124 | 9124 | Injection, daptomycin, per 1 mg | Cubicin |
| C9125 | 9125 | Injection, risperidone, per 12.5 mg | Risperdal Consta |
| J2783 | 0738 | Injection, rasburicase, 0.5 mg | Elitek |
| C9213 | 9213 | Injection, Pemetrexed, per 10 mg | Alimta |
| C9214 | 9214 | Injection, Bevacizumab, per 10 mg | Avastin |
| C9215 | 9215 | Injection, Cetuximab, per 10 mg | Erbitux |
| C9216 | 9216 | Abarelix for Injectable Suspension per 10 mg | Plenaxis |
| C9217 | 9300 | Injection, Omalizumab, per 5 mg | Xolair |

B. Drugs, Biologicals, and Radiopharmaceuticals Without Pass-Through Status

[If you choose to comment on issues in this section, include "Drugs, Biologicals, and Radiopharmaceuticals NonPass-Throughs" at the beginning of your comment.]

1. Background

Under the OPSS, we currently pay for drugs, biologicals including blood and blood products, and radiopharmaceuticals that do not have pass-through status in one of two ways: packaged payment and separate payment (individual APCs). We explained in the April 7, 2000 final rule

(65 FR 18450) that we generally package the cost of drugs and radiopharmaceuticals into the APC payment rate for the procedure or treatment with which the products are usually furnished. Hospitals do not receive separate payment from Medicare for packaged items and supplies, and hospitals may not bill beneficiaries separately for any packaged items and

supplies whose costs are recognized and paid for within the national OPPS payment rate for the associated procedure or service. (Program Memorandum Transmittal A-01-133, issued on November 20, 2001, explains in greater detail the rules regarding separate payment for packaged services.)

Packaging costs into a single aggregate payment for a service, procedure, or episode of care is a fundamental principle that distinguishes a prospective payment system from a fee schedule. In general, packaging the costs of items and services into the payment for the primary procedure or service with which they are associated encourages hospital efficiencies and also enables hospitals to manage their resources with maximum flexibility. Notwithstanding our commitment to package as many costs as possible, we are aware that packaging payments for certain drugs, biologicals, and radiopharmaceuticals, especially those that are particularly expensive or rarely used, might result in insufficient payments to hospitals, which could adversely affect beneficiary access to medically necessary services. As discussed in the November 7, 2003 OPPS final rule with comment period (68 FR 63445), we packaged payment for drugs, biologicals, and radiopharmaceuticals into the APCs with which they were billed if the median cost per day for the drug, biological, or radiopharmaceutical was less than \$50. We established a separate APC payment for drugs, biologicals, and radiopharmaceuticals for which the

median cost per day exceeded \$50. Our rationale for establishing a \$50 threshold was also discussed.

2. Proposed Criteria for Packaging Payment for Drugs, Biologicals, and Radiopharmaceuticals

Section 621(a)(2) of Pub. L. 108-173 amended section 1833(t)(16) of the Act by adding a new subparagraph (B) to require that the threshold for establishing separate APCs for drugs and biologicals be set at \$50 per administration for CYs 2005 and 2006. For CY 2005, we are proposing to continue our policy of paying separately for drugs, biologicals, and radiopharmaceuticals whose median cost per day exceeds \$50 and packaging the cost of drugs, biologicals, and radiopharmaceuticals whose median cost per day is less than \$50 into the procedures with which they are billed.

We calculated the median cost per day using claims data from January 1, 2003, to December 31, 2003, for all drugs, biologicals, and radiopharmaceuticals that had a HCPCS code during this time period and were paid (via packaged or separate payment) under the OPPS. Items such as single indication orphans drugs, certain vaccines, and blood and blood products were excluded from these calculations and our treatment of these is discussed separately in sections V.F., E., and I., respectively, of this preamble. In order to calculate the median cost per day for drugs, biologicals, and radiopharmaceuticals to determine their packaging status in CY 2005, we are proposing to use the methodology that was described in detail in the CY 2004

OPPS proposed rule (68 FR 47996 through 47997) and finalized in the CY 2004 final rule with comment period (68 FR 63444 through 63447). We are requesting comments on the methodology we are proposing to continue to use to determine the median cost per day of these items.

We are proposing to apply an exception to our packaging rule to one particular class of drugs, the injectible and oral forms of anti-emetic treatments. The HCPCS codes to which our exception would apply are listed below in Table 24. Our calculation of median cost per day for these products showed that, if we were to apply our packaging rule to these items, two of the injectible products would be packaged and one would be separately payable. In addition, two of the oral products would be separately payable and one would be packaged. Chemotherapy is very difficult for many patients to tolerate as the side effects are often debilitating. In order for beneficiaries to achieve the maximum therapeutic benefit from chemotherapy and other therapies with side effects of nausea and vomiting, anti-emetic use is often an integral part of the treatment regimen. We want to ensure that our payment rules do not impede a beneficiary's access to the particular anti-emetic that is most effective for him or her as determined by the beneficiary and his or her physician. Therefore, we are proposing to pay separately for all six injectible and oral forms of anti-emetic products CY 2005.

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Table 24.—OPPS Anti-Emetic Products To Which We Propose To Apply Packaging Exception In CY 2005

| HCPCS | Short Description | Median Cost per Day | CY 2005 Proposed Status Indicator without Exception |
|--------------|---|----------------------------|--|
| J1260 | I. INJECTION, DOLASETRON MESYLATE, 10 MG | \$42.94 | N |
| Q0180 | DOLASETRON MESYLATE, 100 MG, ORAL | \$55.68 | K |
| J1626 | INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG | \$55.06 | K |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1 MG, ORAL | \$43.91 | N |
| J2405 | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG | \$35.34 | N |
| Q0179 | ONDANSETRON HYDROCHLORIDE 8 MG, ORAL | \$50.22 | K |

3. Proposed Payment for Drugs, Biologicals, and Radiopharmaceuticals Without Pass-Through Status That Are Not Packaged

a. Payment for Specified Covered Outpatient Drugs

Section 621(a)(1) of Pub. L. 108–173 amended section 1833(t) of the Act by adding a new subparagraph (14) that requires special classification of certain separately paid radiopharmaceutical agents and drugs or biologicals and mandates specific payments for these items. Under section 1833(t)(14)(B)(i), a “specified covered outpatient drug” is a covered outpatient drug, as defined in section 1927(k)(2) of the Act, for which a separate APC exists and that either is a radiopharmaceutical agent or is a drug or biological for which payment was made on a pass-through basis on or before December 31, 2002.

Under section 1833(t)(14)(B)(ii) of the Act, certain drugs and biologicals are designated as exceptions and are not included in the definition of “specified covered outpatient drugs.” These exceptions are:

- A drug or biological for which payment is first made on or after January 1, 2003, under the transitional pass-through payment provision in section 1833(t)(6) of the Act.
- A drug or biological for which a temporary HCPCS code has not been assigned.

- During CYs 2004 and 2005, an orphan drug (as designated by the Secretary).

Section 1833(t)(14)(A)(i) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, specifies payment limits for three categories of specified covered outpatient drugs in CY 2004. Section 1833(t)(14)(F) of the Act defines the three categories of specified covered outpatient drugs based on section 1861(t)(1) and sections 1927(k)(7)(A)(ii), (k)(7)(A)(iii), and (k)(7)(A)(iv) of the Act. The categories of drugs are “sole source drugs,” “innovator multiple source drugs,” and “noninnovator multiple source drugs.” The definitions of these specified categories for drugs, biologicals, and radiopharmaceutical agents under Pub. L. 108–173 were discussed in the January 6, 2004 OPPS interim final rule with comment period (69 FR 822), along with our use of the Medicaid average manufacturer price database to determine the appropriate classification of these products. Because of the many comments received on the January 6, 2004 interim final rule with comment period, the classification of many of the drugs, biologicals, and radiopharmaceuticals changed from that initially published. These changes were announced to the public on February 27, 2004, Transmittal 112, Change Request 3144. Additional classification changes were implemented in Transmittals 3154 and 3322. We will finalize the interim final rule and

address public comments associated with that rule when we finalize this proposed rule.

Section 1833(t)(14)(A) of the Act, as added by section 621(a)(1) of Pub. L. 108–173, also provides that payment for these specified covered outpatient drugs is to be based on its “reference average wholesale price,” that is, the AWP for the drug, biological, or radiopharmaceutical as determined under section 1842(o) of the Act as of May 1, 2003 (section 1833(t)(14)(G) of the Act). Section 621(a) of Pub. L. 108–173 also amended the Act by adding section 1833(t)(14)(A)(ii), which requires that:

- A sole source drug must, in CY 2005, be paid no less than 83 percent and no more than 95 percent of the reference AWP.
 - An innovator multiple source drug must, in CY 2005, be paid no more than 68 percent of the reference AWP.
 - A noninnovator multiple source drug must, in CY 2005, be paid no more than 46 percent of the reference AWP.
- Section 1833(t)(14)(G) of the Act defines “reference AWP” as the AWP determined under section 1842(o) as of May 1, 2003. We interpret this to mean the AWP set under the CMS single drug pricer (SDP) based on prices published in the Red Book on May 1, 2003.

For CY 2005, we are proposing to determine the payment rates for specified covered outpatient drugs under the provisions of Pub. L. 108–173 by comparing the payment amount

calculated under the median cost methodology as done for procedural APCs (described previously in the preamble) to the AWP percentages specified in section 1833(t)(14)(A)(ii) of the Act.

Specifically, for sole source drugs, biologicals, and radiopharmaceuticals, we compared the payments established under the median cost methodology to their reference AWP. We are proposing to determine payment for sole source items as follows: If the payment falls below 83 percent of the reference AWP, we would increase the payment to 83 percent of the reference AWP. If the payment exceeds 95 percent of the reference AWP, we would reduce the payment to 95 percent of the reference AWP. If the payment is no lower than 83 percent and no higher than 95 percent of the reference AWP, we would make no change.

There is one sole source item, Co 57 cobaltous chloride (HCPCS code C9013), for which we cannot find a reference AWP amount. However, we have CY 2003 hospital claims data for C9013, and we are proposing to derive its payment rate using its median cost per unit. Therefore, we are proposing a CY

2005 payment rate for C9013 of \$143.96. We request comments on our proposed methodology for determining the payment rate for C9013.

We note that there are three radiopharmaceutical products for which we are proposing a different payment policy in CY 2005. These products are represented by HCPCS codes A9526 (Ammonia N-13, per dose), C1775 (FDG, per dose (4-40 mCi/ml), and Q3000 (Rubidium-Rb-82). Radiopharmaceuticals are classified as a "specified covered outpatient drug" according to section 1833(t)(14)(B)(i)(I) of the Act; and their payment is dependent on their classification as a single source, innovator multiple source, or noninnovator multiple source product as defined by sections 1927(k)(7)(A)(iv), (ii), and (iii) of the Act. Upon further analysis of these items, we determined that these three products do not meet the statutory definition of a sole source item or a multiple source item. Pub. L. 108-173 requires us to pay for "specified covered outpatient drugs" using specific payment methodologies based on their classification and does not address how payment should be made for items that

do not meet the definition of a sole source or multiple source item. Therefore, we are proposing to set the CY 2005 payment rates for these three products based on median costs derived from CY 2003 hospital outpatient claims data, which would reflect hospital costs associated with these products. With regard to HCPCS code A9526, we have no hospital outpatient cost data for this HCPCS code. We received correspondence from an outside source stating that Rubidium-Rb-82 (HCPCS code Q3000) is an alternative product used for procedures for which Ammonia N-13 is also used and these two products are similar in cost. Therefore, we are proposing to establish a payment rate for Ammonia N-13 that is equivalent to the payment rate for Rubidium Rb-82.

We request comments on the proposed CY 2005 payment rates for these three items and invite commenters to submit external data if they believe the proposed CY 2005 payment rates for these items do not adequately represent actual hospital costs. Table 25 below lists the CY 2005 OPPTS payment rates that we are proposing for these three radiopharmaceutical products.

Table 25.—Proposed CY 2005 APC Payment Rates for Three Radiopharmaceuticals That Do Not Meet the Definition of a Single Source or Multiple Source Item

| HCPCS Code | Status Indicator | APC | Short Description | CY 2005 Proposed Payment Rate |
|------------|------------------|------|-----------------------------|-------------------------------|
| A9526 | K | 0737 | Ammonia N-13, per dose | \$111.91 |
| C1775 | K | 1775 | FDG, per dose (4-40 mCi/ml) | \$220.50 |
| Q3000 | K | 9025 | Rubidium-Rb-82 | \$111.91 |

Table 25A lists the proposed payment amounts for sole source drugs, biologicals, and radiopharmaceuticals

effective January 1, 2005 to December 31, 2005.

**Table 25A.--Proposed OPSS Payment Amounts for Sole Source Drugs, Biologicals,
and Radiopharmaceuticals for CY 2005**

| HCPCS | Status Indicator | APC | Short Description | CY 2005 Proposed Payment Rate |
|-------|------------------|------|---------------------------------------|-------------------------------|
| A4642 | K | 0704 | Satumomab pendetide per dose | \$1,390.25 |
| A9500 | K | 1600 | Technetium TC 99m sestamibi | \$106.32 |
| A9502 | K | 0705 | Technetium TC99M tetrofosmin | \$104.58 |
| A9504 | K | 1602 | Technetium tc 99m apcitide | \$415.00 |
| A9507 | K | 1604 | Indium/111 capromab pendetid | \$1,915.23 |
| A9508 | K | 1045 | Iobenguane sulfate I-131, per 0.5 mCi | \$996.00 |
| A9511 | K | 1095 | Technetium TC 99m depreotide | \$38.00 |
| A9521 | K | 1096 | Technetiumtc-99m exametazine | \$778.13 |
| A9605 | K | 0702 | Samarium sm153 lexicronamm | \$916.90 |
| C1079 | K | 1079 | CO 57/58 per 0.5 uCi | \$221.78 |
| C1080 | K | 1080 | I-131 tositumomab, dx | \$2,241.00 |
| C1081 | K | 1081 | I-131 tositumomab, tx | \$19,422.00 |
| C1082 | K | 9118 | In-111 ibritumomab tiuxetan | \$2,419.78 |
| C1083 | K | 9117 | Yttrium 90 ibritumomab tiuxetan | \$20,948.25 |
| C1091 | K | 1091 | IN111 oxyquinoline,per0.5mCi | \$373.50 |
| C1092 | K | 1092 | IN 111 pentetate per 0.5 mCi | \$224.10 |
| C1122 | K | 1122 | Tc 99M ARCITUMOMAB PER VIAL | \$1,079.00 |
| C1178 | K | 1178 | BUSULFAN IV, 6 Mg | \$27.87 |
| C1201 | K | 1201 | TC 99M SUCCIMER, PER Vial | \$118.52 |
| C1305 | K | 1305 | Apligraf | \$1,130.88 |
| C9003 | K | 9003 | Palivizumab, per 50 mg | \$576.51 |
| C9008 | K | 9008 | Baclofen Refill Kit-500mcg | \$10.21 |
| C9009 | K | 9009 | Baclofen Refill Kit-2000mcg | \$37.64 |
| C9013 | K | 9013 | Co 57 cobaltous chloride | \$143.96 |
| C9105 | K | 9105 | Hep B imm glob, per 1 ml | \$118.32 |
| C9109 | K | 9109 | Tirofiban hcl, 6.25 mg | \$205.92 |
| C9112 | K | 9112 | Perflutren lipid micro, 2ml | \$129.69 |
| C9200 | K | 9200 | Orcel, per 36 cm2 | \$991.85 |
| C9201 | K | 9201 | Dermagraft, per 37.5 sq cm | \$529.54 |
| C9202 | K | 9202 | Octafluoropropane | \$129.48 |
| J0130 | K | 1605 | Abciximab injection | \$448.22 |
| J0207 | K | 7000 | Amifostine | \$395.75 |
| J0287 | K | 9024 | Amphotericin b lipid complex | \$19.09 |
| J0288 | K | 0735 | Ampho b cholesteryl sulfate | \$15.20 |
| J0289 | K | 0736 | Amphotericin b liposome inj | \$31.27 |
| J0350 | K | 1606 | Injection anistreplase 30 u | \$2,353.53 |
| J0583 | K | 9111 | Bivalirudin | \$1.52 |
| J0585 | K | 0902 | Botulinum toxin a per unit | \$4.32 |

| HCPCS | Status Indicator | APC | Short Description | CY 2005 Proposed Payment Rate |
|-------|------------------|------|------------------------------|-------------------------------|
| J0587 | K | 9018 | Botulinum toxin type B | \$7.68 |
| J0637 | K | 9019 | Caspofungin acetate | \$32.65 |
| J0850 | K | 0903 | Cytomegalovirus imm IV /vial | \$622.13 |
| J1260 | K | 0750 | Dolasetron mesylate | \$14.38 |
| J1327 | K | 1607 | Eptifibatide injection | \$11.21 |
| J1438 | K | 1608 | Etanercept injection | \$135.56 |
| J1440 | K | 0728 | Filgrastim 300 mcg injection | \$162.41 |
| J1441 | K | 7049 | Filgrastim 480 mcg injection | \$274.40 |
| J1563 | K | 0905 | IV immune globulin | \$68.48 |
| J1564 | K | 9021 | Immune globulin 10 mg | \$0.75 |
| J1565 | K | 0906 | RSV-ivig | \$16.55 |
| J1626 | K | 0764 | Granisetron HCl injection | \$16.20 |
| J1745 | K | 7043 | Infliximab injection | \$57.40 |
| J1830 | K | 0910 | Interferon beta-1b / .25 MG | \$58.73 |
| J1950 | K | 0800 | Leuprolide acetate /3.75 MG | \$451.98 |
| J2020 | K | 9001 | Linezolid injection | \$32.15 |
| J2324 | K | 9114 | Nesiritide | \$132.47 |
| J2353 | K | 1207 | Octreotide injection, depot | \$71.66 |
| J2354 | K | 7031 | Octreotide inj, non-depot | \$3.72 |
| J2405 | K | 0768 | Ondansetron hcl injection | \$5.54 |
| J2505 | K | 9119 | Injection, pegfilgrastim 6mg | \$2,448.50 |
| J2788 | K | 9023 | Rho d immune globulin 50 mcg | \$30.38 |
| J2792 | K | 1609 | Rho(D) immune globulin h, sd | \$17.95 |
| J2820 | K | 0731 | Sargramostim injection | \$25.39 |
| J2941 | K | 7034 | Somatropin injection | \$280.87 |
| J2993 | K | 9005 | Reteplase injection | \$1,192.09 |
| J3100 | K | 9002 | Tenecteplase injection | \$2,350.98 |
| J3245 | K | 7041 | Tirofiban hydrochloride | \$411.85 |
| J3305 | K | 7045 | Inj trimetrexate glucuronate | \$142.50 |
| J3395 | K | 1203 | Verteporfin injection | \$1,274.05 |
| J3487 | K | 9115 | Zoledronic acid | \$197.87 |
| J7190 | K | 0925 | Factor viii | \$0.76 |
| J7191 | K | 0926 | Factor VIII (porcine) | \$1.78 |
| J7192 | K | 0927 | Factor viii recombinant | \$1.10 |
| J7193 | K | 0931 | Factor IX non-recombinant | \$0.98 |
| J7194 | K | 0928 | Factor ix complex | \$0.32 |
| J7195 | K | 0932 | Factor IX recombinant | \$0.98 |
| J7198 | K | 0929 | Anti-inhibitor | \$1.25 |
| J7320 | K | 1611 | Hylan G-F 20 injection | \$203.70 |
| J7504 | K | 0890 | Lymphocyte immune globulin | \$243.50 |
| J7507 | K | 0891 | Tacrolimus oral per 1 MG | \$3.05 |
| J7511 | K | 9104 | Antithymocyte globuln rabbit | \$312.41 |
| J7517 | K | 9015 | Mycophenolate mofetil oral | \$2.46 |
| J7520 | K | 9020 | Sirolimus, oral | \$6.23 |
| J8510 | K | 7015 | Oral busulfan | \$2.08 |
| J8520 | K | 7042 | Capecitabine, oral, 150 mg | \$2.96 |

| HCPCS | Status Indicator | APC | Short Description | CY 2005 Proposed Payment Rate |
|-------|------------------|------|-------------------------------|-------------------------------|
| J8700 | K | 1086 | Temozolomide | \$6.42 |
| J9001 | K | 7046 | Doxorubicin hcl liposome inj | \$343.78 |
| J9010 | K | 9110 | Alemtuzumab injection | \$510.70 |
| J9020 | K | 0814 | Asparaginase injection | \$54.71 |
| J9031 | K | 0809 | Bcg live intravesical vac | \$139.90 |
| J9045 | K | 0811 | Carboplatin injection | \$129.96 |
| J9151 | K | 0821 | Daunorubicin citrate liposom | \$64.60 |
| J9170 | K | 0823 | Docetaxel | \$312.69 |
| J9178 | K | 1167 | Inj, epirubicin hcl, 2 mg | \$24.14 |
| J9185 | K | 0842 | Fludarabine phosphate inj | \$311.09 |
| J9201 | K | 0828 | Gemcitabine HCl | \$105.73 |
| J9202 | K | 0810 | Goserelin acetate implant | \$390.09 |
| J9206 | K | 0830 | Irinotecan injection | \$127.33 |
| J9213 | K | 0834 | Interferon alfa-2a inj | \$30.48 |
| J9214 | K | 0836 | Interferon alfa-2b inj | \$13.00 |
| J9215 | K | 0865 | Interferon alfa-n3 inj | \$8.17 |
| J9217 | K | 9217 | Leuprolide acetate suspnsion | \$543.72 |
| J9219 | K | 7051 | Leuprolide acetate implant | \$4,717.72 |
| J9245 | K | 0840 | Inj melphalan hydrochl 50 MG | \$367.03 |
| J9268 | K | 0844 | Pentostatin injection | \$1,683.24 |
| J9270 | K | 0860 | Plicamycin (mithramycin) inj | \$93.80 |
| J9293 | K | 0864 | Mitoxantrone hydrochl / 5 MG | \$313.96 |
| J9310 | K | 0849 | Rituximab cancer treatment | \$437.83 |
| J9350 | K | 0852 | Topotecan | \$697.76 |
| J9355 | K | 1613 | Trastuzumab | \$50.79 |
| J9390 | K | 0855 | Vinorelbine tartrate/10 mg | \$95.23 |
| J9600 | K | 0856 | Porfimer sodium | \$2,274.78 |
| Q0136 | K | 0733 | Non esrd epoetin alpha inj | \$11.09 |
| Q0137 | K | 0734 | Darbepoetin alfa, non esrd | \$4.14 |
| Q0166 | K | 0765 | Granisetron HCl 1 mg oral | \$39.04 |
| Q0179 | K | 0769 | Ondansetron HCl 8mg oral | \$26.12 |
| Q0180 | K | 0763 | Dolasetron mesylate oral | \$63.28 |
| Q0187 | K | 1409 | Factor viia recombinant | \$1,410.34 |
| Q2002 | K | 7022 | Elliotts b solution per ml | \$1.50 |
| Q2003 | K | 7019 | Aprotinin, 10,000 kiu | \$12.51 |
| Q2005 | K | 7024 | Corticotrelin ovine triflutat | \$353.70 |
| Q2006 | K | 7025 | Digoxin immune fab (ovine) | \$332.00 |
| Q2007 | K | 7026 | Ethanolamine oleate 100 mg | \$63.29 |
| Q2008 | K | 7027 | Fomepizole, 15 mg | \$10.04 |
| Q2009 | K | 7028 | Fosphenytoin, 50 mg | \$5.31 |
| Q2011 | K | 7030 | Hemin, per 1 mg | \$6.47 |
| Q2013 | K | 7040 | Pentastarch 10% solution | \$131.99 |
| Q2017 | K | 7035 | Teniposide, 50 mg | \$224.94 |
| Q2018 | K | 7037 | Urofollitropin, 75 iu | \$56.59 |
| Q2021 | K | 9057 | Lepirudin | \$130.30 |

| HCPCS | Status Indicator | APC | Short Description | CY 2005 Proposed Payment Rate |
|-------|------------------|------|------------------------------|-------------------------------|
| Q2022 | K | 1618 | VonWillebrandFactrCmplxperIU | \$0.83 |
| Q3002 | K | 1619 | Gallium ga 67 | \$27.10 |
| Q3003 | K | 1620 | Technetium tc99m bicisate | \$370.60 |
| Q3005 | K | 1622 | Technetium tc99m mertiatide | \$31.13 |
| Q3007 | K | 1624 | Sodium phosphate p32 | \$94.98 |
| Q3008 | K | 1625 | Indium 111-in pentetreotide | \$1,079.00 |
| Q3011 | K | 1628 | Chromic phosphate p32 | \$146.64 |
| Q3012 | K | 1089 | Cyanocobalamin cobalt co57 | \$85.49 |
| Q3025 | K | 9022 | IM inj interferon beta 1-a | \$74.44 |

In order to determine the payment amounts for innovator multiple source and noninnovator multiple source forms of the drug, biological, or radiopharmaceutical, we compared the payments established under the median cost methodology to their reference AWP. For innovator multiple source items, we are proposing to set payment rates at the lower of the payment rate calculated under our standard median

cost methodology or 68 percent of the reference AWP. For noninnovator or multiple source items, we are proposing to set payment rates at the lower of the payment rate calculated under our standard median cost methodology or 46 percent of the reference AWP. We followed this same methodology to set payment amounts for innovator multiple source and noninnovator multiple source specified covered to

payment drugs that were implemented by the January 6, 2004 interim final rule with comment period.

Table 26 lists the proposed payment amounts for innovator and noninnovator multiple source drugs, biologicals, and radiopharmaceuticals effective January 1, 2005 to December 31, 2005.

Table 26.--Proposed OPPS Payment Amounts for Innovator and Noninnovator Multiple Source Drugs, Biologicals, and Radiopharmaceuticals for CY 2005

| HCPCS | Status Indicator | APC | Short Description | 2005 Proposed Payment Rate |
|-------|------------------|------|-------------------------------|----------------------------|
| A9505 | K | 1603 | Thallous chloride TL 201/mci | \$18.29 |
| A9517 | K | 1064 | Th I131 so iodide cap millic | \$6.60 |
| A9528 | K | 1064 | Dx I131 so iodide cap millic | \$6.60 |
| A9529 | K | 1065 | Dx I131 so iodide sol millic | \$9.84 |
| A9530 | K | 1065 | Th I131 so iodide sol millic | \$9.84 |
| A9600 | K | 0701 | Strontium-89 chloride | \$410.45 |
| C9400 | K | 9400 | Thallous chloride, brand | \$20.86 |
| C9401 | K | 9401 | Strontium-89 chloride, brand | \$410.45 |
| C9402 | K | 9402 | Th I131 so iodide cap, brand | \$6.60 |
| C9403 | K | 9403 | Dx I131 so iodide cap, brand | \$6.60 |
| C9404 | K | 9404 | Dx I131 so iodide sol, brand | \$9.84 |
| C9405 | K | 9405 | Th I131 so iodide sol, brand | \$9.84 |
| C9410 | K | 9410 | Dexrazoxane HCl inj, brand | \$125.24 |
| C9411 | K | 9411 | Pamidronate disodium, brand | \$162.66 |
| C9413 | K | 9413 | Sodium hyaluronate inj, brand | \$54.33 |
| C9414 | K | 9414 | Etoposide oral, brand | \$27.72 |
| C9415 | K | 9415 | Doxorubic hcl chemo, brand | \$6.94 |
| C9417 | K | 9417 | Bleomycin sulfate inj, brand | \$130.56 |
| C9418 | K | 9418 | Cisplatin inj, brand | \$11.42 |
| C9419 | K | 9419 | Inj cladribine, brand | \$36.72 |
| C9420 | K | 9420 | Cyclophosphamide inj, brand | \$4.10 |
| C9421 | K | 9421 | Cyclophosphamide lyo, brand | \$3.50 |
| C9422 | K | 9422 | Cytarabine hcl inj, brand | \$2.28 |
| C9423 | K | 9423 | Dacarbazine inj, brand | \$8.24 |
| C9424 | K | 9424 | Daunorubicin, brand | \$53.14 |
| C9425 | K | 9425 | Etoposide inj, brand | \$1.22 |
| C9426 | K | 9426 | Floxuridine inj, brand | \$97.92 |
| C9427 | K | 9427 | Ifosfomide inj, brand | \$101.46 |
| C9428 | K | 9428 | Mesna injection, brand | \$25.07 |
| C9429 | K | 9429 | Idarubicin hcl inj, brand | \$13.45 |
| C9430 | K | 9430 | Leuprolide acetate inj, bran | \$21.41 |
| C9431 | K | 9431 | Paclitaxel inj, brand | \$95.84 |
| C9432 | K | 9432 | Mitomycin inj, brand | \$45.70 |
| C9433 | K | 9433 | Thiotepa inj, brand | \$66.98 |
| C9435 | K | 9435 | Gonadorelin hydroch, brand | \$16.08 |
| C9436 | K | 9436 | Azathioprine parenteral, brnd | \$44.61 |
| C9438 | K | 9438 | Cyclosporine oral, brand | \$1.81 |
| J1190 | K | 0726 | Dexrazoxane HCl injection | \$113.28 |
| J1620 | K | 7005 | Gonadorelin hydroch/ 100 mcg | \$16.09 |
| J2430 | K | 0730 | Pamidronate disodium /30 MG | \$128.74 |
| J7317 | K | 7316 | Sodium hyaluronate injection | \$54.33 |
| J7501 | K | 0887 | Azathioprine parenteral | \$30.18 |

| HCPCS | Status Indicator | APC | Short Description | 2005 Proposed Payment Rate |
|-------|------------------|------|------------------------------|----------------------------|
| J7502 | K | 0888 | Cyclosporine oral 100 mg | \$1.81 |
| J8560 | K | 0802 | Etoposide oral 50 MG | \$21.91 |
| J9000 | K | 0847 | Doxorubic hcl 10 MG vl chemo | \$4.69 |
| J9040 | K | 0857 | Bleomycin sulfate injection | \$88.32 |
| J9060 | K | 0813 | Cisplatin 10 MG injection | \$7.73 |
| J9065 | K | 0858 | Inj cladribine per l MG | \$24.84 |
| J9070 | K | 0815 | Cyclophosphamide 100 MG inj | \$2.77 |
| J9093 | K | 0816 | Cyclophosphamide lyophilized | \$2.36 |
| J9100 | K | 0817 | Cytarabine hcl 100 MG inj | \$1.55 |
| J9130 | K | 0819 | Dacarbazine 100 mg inj | \$6.14 |
| J9150 | K | 0820 | Daunorubicin | \$35.94 |
| J9181 | K | 0824 | Etoposide 10 MG inj | \$0.83 |
| J9200 | K | 0827 | Floxuridine injection | \$66.24 |
| J9208 | K | 0831 | Ifosfomide injection | \$72.81 |
| J9209 | K | 0732 | Mesna injection | \$17.66 |
| J9211 | K | 0832 | Idarubicin hcl injection | \$13.46 |
| J9218 | K | 0861 | Leuprolide acetate injeciton | \$14.48 |
| J9265 | K | 0863 | Paclitaxel injection | \$79.04 |
| J9280 | K | 0862 | Mitomycin 5 MG inj | \$30.91 |
| J9340 | K | 0851 | Thiotepa injection | \$45.31 |

b. Proposal To Treat Three Sunsetting Pass-Through Drugs as Specified Covered Outpatient Drugs

As discussed in section V.A.2 of the preamble, there are 13 drugs and biologicals whose pass-through status will expire on December 31, 2004. Table 22 lists these drugs and biologicals.

Pass-through payment was made for 10 of these 13 items as of December 31, 2002. Therefore, these 10 items now qualify as specified covered outpatient drugs under section 1833(t)(14) of the Act, as added by section 621(a) of Pub. L. 108-173, as described above. However, pass-through status for three of the pass-through drugs and biologicals that will expire on December 31, 2004 (C9121, Injection, argatroban; J9395, Fulvestrant; and J3315, Triptorelin pamoate), was first made effective on January 1, 2003. These items are specifically excluded from the definition of "specified covered outpatient drugs" in section 1833(t)(14)(B)(ii) of the Act, because they are not drugs or biologicals for which pass-through payment was first

made on or before December 31, 2002. Pub. L. 108-173 does not address how to set payment for items whose pass-through status expires in CY 2005, but for which pass-through payment was not made as of December 31, 2002.

Therefore, we are proposing to pay for the three expiring pass-through items for which payment was first made on January 1, 2003 rather than on or before December 31, 2002 using the methodology described under section 1833(t)(14) of the Act for specified covered outpatient drugs. We believe that this methodology would allow us to determine appropriate payment amounts for these products in a manner that is consistent with how we pay for drugs and biologicals whose pass-through status was effective as of December 31, 2002, and that does not penalize those products for receiving pass-through status on or after January 1, 2003. Table 27 below lists the CY 2005 OPPS payment rates that we are proposing for these three drugs and biologicals.

Of the 13 products for which we are proposing that pass-through status

expire on December 31, 2004, we are proposing to package two of them (C9113, Inj. Pantoprazole sodium and J1335, Ertapenum sodium) because their median cost per day falls below the \$50 packaging threshold. The remaining 11 drugs and biologicals were determined to be sole source items and would be paid separately according to the payment methodology for sole source products described above.

We wish to note that darbepoetin alfa (Q0137) will be considered a specified covered outpatient drug in CY 2005. Payment for these drugs is governed under section 1833(t)(14) of the Act. Specifically, darbepoetin alfa will be paid as a sole-source drug at a rate between 83 and 95 percent of its reference AWP. Given the status required under 1833(t)(14) of the Act, as added by section 621(a)(1) of Pub. L. 108-173, we specifically solicit comment on whether we should again apply an equitable adjustment, made pursuant to 1833(t)(2)(E) of the Act, to the price of this drug.

Table 27—Proposed CY 2005 APC Payment Rates for Three Expiring Pass-Through Drugs and Biologicals That Will Be Treated As Specified Covered Outpatient Drugs

| HCPCS | Status Indicator | Short Description | APC | 2005 Proposed Payment Rate |
|-------|------------------|------------------------|------|----------------------------|
| J9395 | K | Injection, Fulvestrant | 9120 | \$79.65 |
| J3315 | K | Triptorelin pamoate | 9122 | \$362.78 |
| C9121 | K | Injection, argatroban | 9121 | \$12.45 |

c. Proposed CY 2005 Payment for New Drugs and Biologicals With HCPCS Codes and Without Pass-Through Application and Reference AWP

Pub. L. 108–173 does not address OPPS payment in CY 2005 for new drugs and biologicals that have assigned HCPCS codes, but that do not have a reference AWP or approval for payment as pass-through drugs or biologicals. Because there is no statutory provision that dictates payment for such drugs and biologicals in CY 2005, and because we have no hospital claims data to use in establishing a payment rate for them, we investigated other possible options to pay for these items in CY 2005. Clearly, one option is to continue packaging payment for these new drugs and biologicals that have their own HCPCS codes until we accumulate sufficient claims data to calculate median costs for these items. Another option is to pay for them separately using a data source other than our claims data. The first option is consistent with the approach we have taken in prior years when claims data for new services and items are not available to calculate median costs. However, because these new drugs and biologicals may be expensive, we are concerned that packaging these new drugs and biologicals may jeopardize beneficiary access to them. In addition, we do not want to delay separate payment for a new drug or biological solely because a pass-through application was not submitted.

Therefore, in CY 2005, we are proposing to pay for these new drugs and biologicals which do not have pass-through status at a rate that is equivalent to the payment they would receive in the physician office setting, which will be established in accordance with the methodology described in the CY 2005 Physician Fee Schedule proposed rule (69 FR 47488, 47520 through 47524). We note that this payment methodology is the same as the methodology that would be used to calculate the OPPS

payment amount that pass-through drugs and biologicals would be paid in CY 2005 in accordance with section 1842(o) of the Act, as amended by section 303(b) of Pub. L. 108–173, and section 1847A of the Act. Thus, we would be treating new drugs and biologicals with established HCPCS codes the same, irrespective of whether pass-through status has been determined. We are also proposing to assign status indicator “K” to HCPCS codes for new drugs and biologicals for which we have not received a pass-through application.

In light of this proposal, we understand that manufacturers might be hesitant to apply for pass-through status. However, we do not believe there would be many instances in CY 2005 when we would not receive a pass-through application for a new drug or biological that has a HCPCS code. To avoid delays in setting an appropriate payment amount for new drugs and biologicals and to expedite the processing of claims, we strongly encourage manufacturers to continue submitting pass-through applications for new drugs and biologicals when FDA approval for a new drug or biological is imminent to give us advance notice to begin working to create a HCPCS code and APC. The preliminary application would have to be augmented by FDA approval documents and final package inserts once such materials become available. However, initiating the pass-through application process as early as possible would enable us to expedite coding and pricing for the new drugs and biologicals and accelerate the process for including them in the next available OPPS quarterly release.

We discuss in section V.D. of this preamble how we are proposing to pay in CY 2005 for new drugs and biologicals between their FDA approval date and assignment of a HCPCS code and APC. We share the desire of providers and manufacturers to incorporate payment for new drugs and

biological into the OPPS as expeditiously as possible to eliminate potential barriers to beneficiary access and to minimize the number of claims that must be processed manually under the OPPS interim process for claims without established HCPCS codes and APCs, and we solicit public comments on our proposal.

d. Proposed Payment for Separately Payable NonPass-Through Drugs and Biologicals

As discussed in section V.B.2. of this preamble, for CY 2005, we used CY 2003 claims data to calculate the proposed median cost per day for drugs, biologicals, and radiopharmaceuticals that have an assigned HCPCS code and are paid either as a packaged or separately payable item under the OPPS. Section 1833(t)(14) of the Act, as added by section 621(a) of Pub. L. 108–173, specified payment methodologies for most of these drugs, biologicals, and radiopharmaceuticals. However, this provision did not specify how payment was to be made for separately payable drugs and biologicals that never received pass-through status and that are not otherwise addressed in section 1833(t)(14) of the Act. Some of the items for which such payment is not specified are (1) those that have been paid separately since implementation of the OPPS on August 1, 2000, but are not eligible for pass-through status, and (2) those that have historically been packaged with the procedure with which they are billed but, based on the CY 2003 claims data, their median cost per day is above the legislated \$50 packaging threshold. Because Pub. L. 108–173 does not address how we are to pay for such drugs and biologicals (any drug or biological that falls into one or the other category and that has a per day cost greater than \$50), we are proposing to set payment based on median costs derived from the CY 2003 claims data. Because these products are generally older or low-cost items, or

both, we believe that the proposed payments would allow us to provide adequate payment to hospitals for

furnishing these items. Table 28. below lists the drugs and biologicals to which

this proposed payment policy would apply.

Table 28.—List of Drugs and Biologicals Not Eligible for Pass-Through Status and Proposed for Separate Nonpass-Through Payment

| HCPCS | Status Indicator | APC | Short Description | 2005 Proposed Payment Rate |
|-------|------------------|------|------------------------------|----------------------------|
| A4643 | K | 9026 | High dose contrast MRI | \$26.52 |
| A4647 | K | 9027 | Supp- paramagnetic contr mat | \$37.02 |
| J0120 | K | 9028 | Tetracyclin injection | \$101.05 |
| J0150 | K | 0379 | Injection adenosine 6 MG | \$12.42 |
| J0152 | K | 0917 | Adenosine injection | \$20.45 |
| J0282 | K | 9029 | Amiodarone HCl | \$12.06 |
| J0285 | K | 9030 | Amphotericin B | \$63.80 |
| J0395 | K | 9031 | Arbutamine HCl injection | \$68.80 |
| J0475 | K | 9032 | Baclofen 10 MG injection | \$8.52 |
| J0740 | K | 9033 | Cidofovir injection | \$353.60 |
| J0945 | K | 9034 | Brompheniramine maleate inj | \$59.63 |
| J1051 | K | 9035 | Medroxyprogesterone inj | \$17.75 |
| J1212 | K | 9036 | Dimethyl sulfoxide 50% 50 ML | \$52.29 |
| J1230 | K | 9037 | Methadone injection | \$13.46 |
| J1245 | K | 0380 | Dipyridamole injection | \$11.85 |
| J1410 | K | 9038 | Inj estrogen conjugate 25 MG | \$39.66 |
| J1450 | K | 9039 | Fluconazole | \$23.51 |
| J1452 | K | 9040 | Intraocular Fomivirsena na | \$949.71 |
| J1460 | K | 9041 | Gamma globulin 1 CC inj | \$31.96 |
| J1610 | K | 9042 | Glucagon hydrochloride/1 MG | \$46.61 |
| J1730 | K | 9043 | Diazoxide injection | \$15.49 |
| J1742 | K | 9044 | Ibutilide fumarate injection | \$130.82 |
| J1750 | K | 9045 | Iron dextran | \$14.71 |
| J1756 | K | 9046 | Iron sucrose injection | \$0.52 |
| J1835 | K | 9047 | Itraconazole injection | \$42.56 |
| J2260 | K | 7007 | Inj milrinone lactate / 5 MG | \$8.06 |
| J2597 | K | 9048 | Inj desmopressin acetate | \$4.71 |
| J2725 | K | 9049 | Inj protirelin per 250 mcg | \$41.24 |
| J2916 | K | 9050 | Na ferric gluconate complex | \$6.29 |
| J2995 | K | 0911 | Inj streptokinase /250000 IU | \$43.87 |
| J2997 | K | 7048 | Alteplase recombinant | \$17.86 |
| J3350 | K | 9051 | Urea injection | \$70.48 |
| J3365 | K | 7036 | Urokinase 250,000 IU inj | \$125.96 |
| J3400 | K | 9052 | Triflupromazine hcl inj | \$74.08 |
| J3530 | K | 9053 | Nasal vaccine inhalation | \$93.39 |
| J7342 | K | 9054 | Metabolically active tissue | \$7.23 |
| J7350 | K | 9055 | Injectable human tissue | \$8.14 |
| P9041 | K | 0961 | Albumin (human),5%, 50ml | \$19.47 |
| P9045 | K | 0963 | Albumin (human), 5%, 250 ml | \$59.30 |
| P9046 | K | 0964 | Albumin (human), 25%, 20 ml | \$13.16 |
| P9047 | K | 0965 | Albumin (human), 25%, 50ml | \$55.94 |

e. Proposed CY 2005 Change in Payment Status for HCPCS Code J7308

Since implementation of the OPPS on August 1, 2000, HCPCS code J7308 (Aminolevulinic acid HCl for topical administration, 20 percent single unit dosage form) has been treated as a packaged item and denoted as such using status indicator "N". Thus, historically we have not allowed separate payment for this drug under the OPPS. In CY 2005, this drug would receive a separate payment under the Medicare physician fee schedule when furnished in a physician's office. Therefore, as we generally intend to establish, wherever possible, consistent payment policies for drugs whether they are furnished in a hospital outpatient setting or in a physician's office or clinic, we are proposing to also pay separately for J7308 when furnished in a hospital outpatient department. Thus, for CY 2005, we are proposing to pay for this drug at 106 percent of ASP, which is equivalent to the payment rate that it would receive under the physician fee schedule. The proposed CY 2005 ASP and payment under the OPPS for J7308 is \$88.86. We are soliciting comments on our proposed payment methodology for HCPCS code J7308 for CY 2005.

C. Proposed Coding and Billing for Specified Outpatient Drugs

[If you choose to comment on issues in this section, include the caption "Drug Coding and Billing" at the beginning of your comment.]

As discussed in the January 6, 2004 interim final rule with comment period (69 FR 826), hospitals were instructed to bill for sole source drugs using the existing HCPCS code, which were priced in accordance with the provisions of newly added section 1833(t)(14)(A)(i) of the Act, as added by Pub. L. 108-173. However, at that time, the existing HCPCS codes did not allow us to differentiate payment amounts for innovator multiple source and noninnovator multiple source forms of the drug. Therefore, effective April 1, 2004, we implemented new HCPCS codes via Program Transmittal 112 (Change Request 3144, February 27, 2004) and Program Transmittal 132 (Change Request 3154, March 30, 2004) that providers were instructed to use to bill for innovator multiple source drugs in order to receive appropriate payment in accordance with section 1833(t)(14)(A)(i)(II) of the Act. Providers were also instructed to continue to use the current HCPCS codes to bill for noninnovator multiple source drugs to receive payment in accordance with section 1833(t)(14)(A)(i)(III). In this

manner, drugs, biologicals, and radiopharmaceuticals will be appropriately coded to reflect their classification and be paid accordingly. We are proposing to continue this coding practice in CY 2005 with payment made in accordance with section 1833(t)(14)(A)(ii) of the Act.

D. Proposed Payment for New Drugs, Biologicals and Radiopharmaceuticals Before HCPCS Codes Are Assigned

[If you choose to comment on issues in this section, include the caption "HCPCS Codes" at the beginning of your comment.]

1. Background

Historically, hospitals have used a code for an unlisted or unclassified drug, biological, or radiopharmaceutical or used an appropriate revenue code to bill for drugs, biologicals, and radiopharmaceuticals furnished in the outpatient department that do not have an assigned HCPCS code. The codes for not otherwise classified drugs, biologicals, and radiopharmaceuticals are assigned packaged status under the OPPS. That is, separate payment is not made for the code, but charges for the code would be eligible for an outlier payment and, in future updates, the charges for the code are packaged with the separately payable service with which the code is reported for the same date of service.

Drugs and biologicals that are newly approved by the FDA and for which a HCPCS code has not yet been assigned by the National HCPCS Alpha-Numeric Workgroup could qualify for pass-through payment under the OPPS. An application must be submitted to CMS in order for a drug or biological to be assigned pass-through status, along with a temporary C-code for billing purposes, and an APC payment amount. Pass-through applications are reviewed on a flow basis, and payment for drugs and biologicals approved for pass-through status is implemented throughout the year as part of the quarterly updates of the OPPS.

In the November 7, 2003 final rule with comment period (68 FR 63440), we explained how CMS generally pays under the OPPS for new drugs and biologicals that are assigned HCPCS codes, but that are not approved for pass-through payment, and for which CMS had no data upon which to base a payment rate. These codes do not receive separate payment, but are assigned packaged status. Hospitals were urged to report charges for the new codes even though separate payment is not provided. Charges reported for the new codes are used to determine

hospital costs and payment rates in future updates. For CY 2004, we again noted that drugs that were assigned a HCPCS code effective January 1, 2004, and that were assigned packaged status, remain packaged unless pass-through status is approved for the drug. If pass-through status is approved for these drugs, pass-through payments are implemented prospectively in the next available quarterly release.

2. Provisions of Pub. L. 108-173

Section 621(a)(1) of Pub. L. 108-173 amended section 1833(t) of the Act by adding paragraph (15) to provide for payment for new drugs and biologicals until HCPCS codes are assigned under the OPPS. Under this provision, we are required to make payment for an outpatient drug or biological that is furnished as part of covered OPD services for which a HCPCS code has not been assigned in an amount equal to 95 percent of AWP. This provision applies only to payments under the OPPS, effective January 1, 2004. However, we did not implement this provision in the January 6, 2004 interim final rule with comment period because we had not determined at that time how hospitals would be able to bill Medicare and receive payment for a drug or biological that did not have an identifying HCPCS code.

As stated earlier, at its February 2004 meeting, the APC Panel heard presentations suggesting how to make payment for a drug or biological that did not have a code. The APC Panel recommended that we work swiftly to implement a methodology to enable hospitals to file claims and receive payment for drugs that are newly approved by the FDA. The APC Panel further recommended that we consider using temporary or placeholder codes that could be quickly assigned following FDA approval of a drug or biological to facilitate timely payment for new drugs and biologicals.

We have explored a number of options to make operational the provisions of section 1833(t)(15) of the Act, as added by section 621(a)(1) of Pub. L. 108-173, as soon as possible. One of the approaches that we considered was to establish a set of placeholder codes in the Outpatient Code Editor (OCE) and the PPS pricing software for the hospital OPPS (PRICER) that we would instruct hospitals to use when a new drug was approved. Hospitals would be able to submit claims using the new code but would receive no payment until the next quarterly update. By that time, we would have installed an actual payment amount and descriptor for the code into

the PRICER, and would mass-adjust claims submitted between the date of FDA approval and the date of installation of the quarterly release. A second option that we considered was to implement an APC, a C-code, and a payment amount as part of the first quarterly update following notice of FDA approval of a drug or biological. Hospitals would hold claims for the new drug or biological until the quarterly release was implemented and then submit all claims for the drug or biological for payment using the new C-code to receive payment on a retroactive basis. We also considered instructing hospitals to bill for a new drug or biological using a "not otherwise classified" code for which they would receive an interim payment based on charges converted to cost. Final payment would then be reconciled at cost report settlement. While each of these approaches might enable hospitals to begin billing for a newly approved drug or biological as soon as it received FDA approval, each approach had significant operational disadvantages, such as increased burden on hospitals or payment delays, or the risk of significant overpayments or underpayments that could not be resolved until cost report settlement.

We adopted an interim approach that we believe balances the need for hospitals to receive timely and accurate payment as soon as a drug or biological is approved by the FDA with minimal disruption of the OPPS claims processing modules that support the payment of claims. On May 28, 2004 (Transmittal 188, Change Request 3287), we instructed hospitals to bill for a drug or biological that is newly approved by the FDA by reporting the National Drug Code (NDC) for the product along with a new HCPCS code C9399, Unclassified drug or biological. When C9399 appears on a claim, the OCE suspends the claim for manual pricing by the fiscal intermediary. The fiscal intermediary prices the claim at 95 percent of its AWP using Red Book or an equivalent recognized compendium, and processes the claim for payment. This approach enables hospitals to bill and receive payment for a new drug or biological concurrent with its approval by the FDA. The hospital does not have to wait for the next quarterly release or for approval of a product-specific HCPCS to receive payment for a newly approved drug or biological or to resubmit claims for adjustment. Hospitals would discontinue billing C9399 and the NDC upon implementation of a HCPCS code, status indicator, and appropriate payment amount with the next quarterly

update. In this proposed rule, we are proposing to formalize this methodology for CY 2005 and to expand it to include payment for new radiopharmaceuticals to which a HCPCS code is not assigned (see section V.G. of this preamble). We are soliciting comments on the methodology and are particularly interested in the reaction of hospitals to using this approach to bill and receive timely payment under the OPPS for drugs, biologicals, and radiopharmaceuticals that are newly approved by the FDA, prior to assignment of a product-specific HCPCS code.

E. Proposed Payment for Vaccines

[If you choose to comment on issues in this section, include the caption "Vaccines" at the beginning of your comment.]

Outpatient hospital departments administer large amounts of the vaccines for influenza (flu) and pneumococcal pneumonia (PPV), typically by participating in immunization programs. In recent years, the availability and cost of some vaccines (particularly the flu vaccine) have fluctuated considerably. As discussed in the November 1, 2002 final rule (67 FR 66718), we were advised by providers that OPPS payment was insufficient to cover the costs of the flu vaccine and that access of Medicare beneficiaries to flu vaccines might be limited. They cited the timing of updates to OPPS rates as a major concern. They indicated that our update methodology, which uses 2-year-old claims data to recalibrate payment rates, would never be able to take into account yearly fluctuations in the cost of the flu vaccine. We agreed with this concern and decided to pay hospitals for influenza and pneumococcal pneumonia vaccines based on a reasonable cost methodology. As a result of this change, hospitals, home health agencies (HHAs), and hospices, which were paid for these vaccines under the OPPS in CY 2002, have been receiving payment at reasonable cost for these vaccines since CY 2003. We are aware that access concerns continue to exist for these vaccines. However, we continue to believe that payment other than on a reasonable cost basis would exacerbate existing access problems. Therefore, we are proposing to continue paying for influenza and pneumococcal pneumonia vaccines under the reasonable cost methodology in CY 2005.

F. Proposed Changes in Payment for Single Indication Orphan Drugs

[If you choose to comment on issues in this section, include the caption "Orphan Drugs" at the beginning of your comment.]

Section 1833(t)(1)(B)(i) of the Act gives the Secretary the authority to designate the hospital outpatient services to be covered. The Secretary has specified coverage for certain drugs as orphan drugs (section 1833(t)(14)(B)(ii)(III) of the Act as added by section 621(a)(1) of Pub. L. 108-173). Section 1833(t)(14)(C) of the Act as added by section 621(a)(1) of Pub. L. 108-173, gives the Secretary the authority in CYs 2004 and 2005 to specify the amount of payment for an orphan drug that has been designated as such by the Secretary.

We recognize that orphan drugs that are used solely for an orphan condition or conditions are generally expensive and, by definition, are rarely used. We believe that if the cost of these drugs were packaged into the payment for an associated procedure or visit, the payment for the procedure might be insufficient to compensate a hospital for the typically high cost of this special type of drug. Therefore, we are proposing to continue making separate payments for orphan drugs based on their currently assigned APCs.

In the November 1, 2002 final rule (67 FR 66772), we identified 11 single indication orphan drugs that are used solely for orphan conditions by applying the following criteria:

- The drug is designated as an orphan drug by the FDA and approved by the FDA for treatment of only one or more orphan condition(s).
- The current United States Pharmacopoeia Drug Information (USPDI) shows that the drug has neither an approved use nor an off-label use for other than the orphan condition(s).

Eleven single indication orphan drugs were identified as having met these criteria and payments for these drugs were made outside of the OPPS on a reasonable cost basis.

In the November 7, 2003 final rule with comment period (68 FR 63452), we discontinued payment for orphan drugs on a reasonable cost basis and made separate payments for single indication orphan drugs. Payments for the orphan drugs were made at 88 percent of the AWP listed for these drugs in the April 1, 2003 single drug pricer, unless we were presented with verifiable information that shows that our payment rate does not reflect the price that is widely available to the hospital market. For CY 2004, Ceredase

(alglucerase) and Cerezyme (imiglucerase) were paid at 94 percent of AWP because external data submitted by commenters on the August 12, 2003 proposed rule caused us to believe that payment at 88 percent of AWP would be insufficient to ensure beneficiaries' access to these drugs.

In the December 31, 2003 correction of the November 7, 2003 final rule with comment period (68 FR 75442), we added HCPCS code J9017, arsenic trioxide (per unit) to our list of single indication orphan drugs. To date, the following are the 12 orphan drugs that we have identified as meeting our criteria: J0205 Injection, alglucerase, per 10 units; J0256 Injection, alpha 1-proteinase inhibitor, 10 mg; J9300 Gemtuzumab ozogamicin, 5 mg; J1785 Injection, imiglucerase, per unit; J2355 Injection, oprelvekin, 5 mg; J3240 Injection, thyrotropin alpha, 0.9 mg; J7513 Daclizumab parenteral, 25 mg; J9015 Aldesleukin, per vial; J9017 Arsenic trioxide, per unit; J9160 Denileukin diftitox, 300 mcg; J9216 Interferon, gamma 1-b, 3 million units and Q2019 Injection, basiliximab, 20 mg. We are not proposing any changes to this list of orphan drugs for CY 2005.

If we had not classified these drugs as single indication orphan drugs for payment under the OPSS, they would have met the definition and been paid as single source specified covered outpatient drugs, resulting in lower payments which could impede beneficiary access to these unique drugs dedicated to the treatment of rare diseases. Instead, for CY 2005, under our authority at section 1833(t)(14)(C) of the Act, we are proposing to pay for all 12 single indication orphan drugs, including Ceredase and Cerezyme, at the rate of 88 percent of AWP or 106 percent of the ASP, whichever is higher. However, for drugs where 106 percent of ASP would exceed 95 percent of AWP, payment would be capped at 95 percent of AWP, which is the upper limit allowed for sole source specific covered outpatient drugs. For example, Ceredase and Cerezyme would each be paid at 95 percent of the AWP because payment at 106 percent of the ASP for these two drugs not only exceeds 88 percent of the AWP but also exceeds 95 percent of the AWP. We are proposing to pay the higher of 88 percent of AWP or 106 percent of ASP capped at 95 percent of AWP to ensure that beneficiaries will continue to have access to such important drugs.

G. Proposal To Change Payment Policy for Radiopharmaceuticals

[If you choose to comment on issues in this section, include the caption

“Radiopharmaceuticals” at the beginning of your comment.]

In the November 1, 2002 OPSS final rule (67 FR 66757), we determined that we would classify any product containing a therapeutic radioisotope to be in the category of benefits described under section 1861(s)(4) of the Act. We also determined that the appropriate benefit category for diagnostic radiopharmaceuticals is section 1861(s)(3) of the Act. We stated in the November 1, 2002 final rule that we will consider neither diagnostic nor therapeutic radiopharmaceuticals to be drugs as defined in 1861(t) of the Act (67 FR 66757). Therefore, beginning with the CY 2003 OPSS update, and continuing with the CY 2004 OPSS update, we have not qualified diagnostic or therapeutic radiopharmaceuticals as drugs or biologicals.

When we analyzed the many changes mandated by Pub. L. 108-173 that affect how we would pay for drugs, biologicals, and radiopharmaceuticals under the OPSS in CY 2005, we revisited the decision that we implemented in CY 2003 not to classify diagnostic and therapeutic radiopharmaceuticals as drugs or biologicals. In our analysis, we noted that although we did not consider radiopharmaceuticals for pass-through payment in CYs 2003 and 2004, we did apply to radiopharmaceuticals the same packaging threshold policy that we applied to other drugs and biologicals, and which we are proposing to continue in CY 2005. In addition, for the CY 2004 OPSS update, we applied the same adjustments to median costs for radiopharmaceuticals that we applied to separately payable drugs and biologicals that did not have pass-through status (68 FR 63441).

In our review of this policy, we noted that section 1833(t)(14)(B)(i) of the Act, as amended by section 621(a) of Pub. L. 108-173, does include “radiopharmaceutical” within the meaning of the term “specified covered outpatient drugs,” although neither section 621(a)(2) nor section 621(a)(3) of Pub. L. 108-173 includes a reference to radiopharmaceuticals.

In an effort to provide a consistent reading and application of the statute, we are proposing to apply to radiopharmaceuticals certain provisions in section 621 of Pub. L. 108-173 which affect payment for drugs and biologicals billed by hospitals for payment under the OPSS. We believe it is reasonable to include radiopharmaceuticals in the general category of drugs in light of their inclusion as specified covered outpatient drugs in section

1833(t)(14)(B) of the Act, as added by section 621(a)(1) of Pub. L. 108-173.

Section 621(a)(1) of Pub. L. 108-173, which amends section 1833(t) of the Act by adding a new subparagraph (14) affecting payment for radiopharmaceuticals under the OPSS, is unambiguous. This provision clearly requires that separately paid radiopharmaceuticals be classified as “specified covered outpatient drugs.” Therefore, in CY 2005, we propose to continue to set payment for radiopharmaceuticals in accordance with these requirements, which are discussed in detail in section V.B.3. of this preamble.

Section 1833(t)(16)(B) of the Act, as added by section 621(a)(2) of Pub. L. 108-173, requires us to reduce the threshold for the establishment of separate APCs with respect to drugs and biologicals to \$50 per administration for drugs and biologicals furnished in 2005 and 2006. We are proposing to apply the \$50 packaging threshold methodology discussed in section V.B.2. of this preamble to radiopharmaceuticals as well as to drugs and biologicals.

Section 1833(t)(15) of the Act, added by section 621(a)(1) of Pub. L. 108-173, requires us to make payment equal to 95 percent of the AWP for an outpatient drug or biological that is covered and furnished as part of covered OPD services for which a HCPCS code has not been assigned. We propose, beginning in CY 2005, to extend to radiopharmaceuticals the same payment methodology proposed in section V.D. of this preamble for new drugs and biologicals before HCPCS codes are assigned. That is, we are proposing to pay for newly approved radiopharmaceuticals, as well as newly approved drugs and biologicals, at 95 percent of AWP prior to assignment of a HCPCS code.

Section 1833(t)(5)(E) of the Act, as added by section 621(a)(3) of Pub. L. 108-173, excludes separate drug and biological APCs from outlier payments. Beginning in CY 2005, we are proposing to apply section 621(a)(3) of Pub. L. 108-173 to APCs for radiopharmaceuticals. That is, beginning in CY 2005, radiopharmaceuticals would be excluded from receiving outlier payments.

Consistent with our proposal to apply to radiopharmaceutical agents payment policies that apply to drugs and biologicals, we further propose, beginning in CY 2005, to accept applications for pass-through status for certain radiopharmaceuticals. That is, we propose on a prospective basis to consider for pass-through status those

radiopharmaceuticals to which a HCPCS code is first assigned on or after January 1, 2005. As we explain in section V.A.3. above, section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs and biologicals as the amount determined under section 1842(o) of the Act. We propose in section V.A.3. to pay for drugs and biologicals with pass-through status in CY 2005 consistent with the provisions of section 1842(o) of the Act as amended by Pub. L. 108–173, at a rate that is equivalent to the payment these drugs and biologicals would receive in the physician office setting and set in accordance with the methodology described in the Medicare Physician Fee Schedule Proposed Rule for CY 2005 (69 FR 47488, 47520 through 47524).

We issued an interim final rule with comment period entitled “Medicare Program: Manufacturer Submission of Manufacturer’s Average Sales Price (ASP) Data for Medicare Part B Drugs and Biologicals” in the April 6, 2004 **Federal Register**, related to the calculation and submission of manufacturer’s ASP data (69 FR 17935). We need these data in order to determine payment for drugs and biologicals furnished in a physician office setting in accordance with the methodology described in the Medicare Physician Fee Schedule Proposed Rule (69 FR 47488, 47520 through 47524). However, the April 6, 2004 interim final rule with comment period excludes radiopharmaceuticals from the data reporting requirements that apply to Medicare Part B covered drugs and biologicals paid under sections 1842(o)(1)(D), 1847A, or 1881(b)(13)(A)(ii) of the Act (69 FR 17935). As a consequence, we would not have the same type of data available to determine payment for a new radiopharmaceutical approved for pass-through status after January 1, 2005 that would be available to determine payment for a new drug or biological with pass-through status in CY 2005.

Therefore, in order to set payment for a new radiopharmaceutical approved for pass-through status in accordance with 1842(o) and in a manner that is consistent with how we propose to set payment for a pass-through drug or biological, we are proposing a methodology that would apply solely to new radiopharmaceuticals for which payment would be made under the OPPS and for which an application for pass-through status is submitted after January 1, 2005. That is, in order to receive pass-through payment for a new radiopharmaceutical under the OPPS, a manufacturer would be required to submit data and certification for the

radiopharmaceutical in accordance with the requirements that apply to drugs and biologicals under section 303 of Pub. L. 108–173 as set forth in the interim final rule with comment period issued in the April 6, 2004 **Federal Register** (66 FR 17935) and described on the CMS website at *cms.hhs.gov*. Payment would be determined in accordance with the methodology applicable to drugs and biologicals that is discussed in the CY 2005 Medicare Physician Fee Schedule proposed rule (69 FR 47488, 47520–47524). In the event the manufacturer seeking pass-through status for a radiopharmaceutical does not submit data in accordance with the requirements specified for new drugs and biologicals, we propose to set payment for the new radiopharmaceutical as a specified covered outpatient drug, under section 1833(t)(14)(A) as added by section 621(a)(1) of Pub. L. 108–173.

H. Proposed Coding and Payment for Drug Administration

[If you choose to comment on issues in this section, include the caption “Drug Administration” at the beginning of your comment.]

Since implementation of the OPPS, Medicare OPPS payment for administration of cancer chemotherapy drugs and infusion of other drugs has been made using the following HCPCS codes:

- Q0081, Infusion therapy other than chemotherapy, per visit
- Q0083, Administration of chemotherapy by any route other than infusion, per visit
- Q0084, Administration of chemotherapy by infusion only, per visit
- Q0085, Administration of chemotherapy by both infusion and another route, per visit

In the CY 2004 proposed rule, we proposed to change coding and payment for these services to enable us to pay more accurately for the wide range of services and the drugs that we package into these per visit codes. (See August 12, 2003 proposed rule (68 FR 47998) for background discussion on these codes.) Commenters on the CY 2004 proposed rule recommended that we use the CPT codes for drug administration. One commenter provided a crosswalk from the CPT codes for drug administration to the Q codes that we could use in a transition. We did not implement this in the final rule for CY 2004 OPPS but indicated that we would consider it for CY 2005 and would discuss it with the APC Panel at its February 2004 meeting.

Commenters and the APC Panel recommended that we discontinue use of code Q0085 for CY 2004 because codes Q0083 and Q0084 could be used together to report the services described by code Q0085. We did implement this change for CY 2004 and made code Q0085 nonpayable for CY 2004 OPPS.

At the APC Panel meeting, we presented a proposal from an outside organization that matched CPT codes for chemotherapy and nonchemotherapy infusions to the Q codes currently used to pay for these services under the OPPS. We asked the APC Panel for their perspective on the potential benefit of using the proposed coding approach as the basis for billing and determining OPPS payment for administering these drugs. The APC Panel recommended that CMS continue to review the organization’s proposed coding crosswalk with the goal of using it to transition from the use of Q codes to that of CPT codes to bill for administration of these drugs.

For CY 2005, we are proposing to use the CPT codes for drug administration but to crosswalk the CPT codes into APCs that reflect how the services would have been paid under the Q codes. Although hospitals would bill the CPT codes and include the charges for each CPT code on the claim, payment would be made on a per visit basis, using the cost data from the per visit Q codes (Q0081, Q0083 and Q0084) to set the payment rate for CY 2005. See Table 29. for the crosswalk of CPT codes into APCs based on the Q codes. The only change from the crosswalk that was submitted by the outside organization is that we are proposing a Q code and APC crosswalk for CPT code 96549 (Unlisted chemotherapy procedure), rather than bundling that service. We believe that Q0083 is the code that would have previously been reported by hospitals to describe the unlisted service. In addition, this would place the unlisted service in our lowest resource utilization APC for chemotherapy, consistent with our policy for other unlisted services.

We are proposing to establish the Q code and APC crosswalk for CPT code 96549 because there is no CPT specific charge or frequency data on which to set payments. The CY 2005 OPPS is based on CY 2003 claims data which used the Q codes. Therefore, the only cost data available to us for establishment of median costs is the data based on the Q codes for drug administration. Moreover, the only frequency data that are available for use in calculating the scaler for budget neutrality of payment weights are the frequency data for the Q

codes. Therefore, the payments set for the CPT codes must use the cost data for the Q codes and must result in the same payments that would have been made had the Q codes been continued.

Under this proposed methodology, hospitals would report the services they furnish with the CPT codes and would show the charges that they assign to the CPT codes on the claim. The Medicare OCE would assign the code to an APC whose payment is based on the per visit Q code that would have been used absent coding under CPT. In most cases, the OCE would collapse multiple codes or multiple units of the same CPT code into a single unit to be paid a single APC amount. This approach is needed because the data for the Q codes is reported on a per visit basis and more than one unit of a CPT code can be provided in a visit.

For example, CPT code 96410 (Chemotherapy administration infusion technique, up to 1 hour) is for infusion of chemotherapy drugs for the first hour, and CPT code 96412 is for chemotherapy infusion up to 8 hours, each additional hour. The claims data used to set the APC payment rate for these codes is for a per visit amount (taken from CY 2003 data for Q0084 a

per visit code). The frequency data on the claim are also on a per visit basis. For CY 2005, we are proposing that CPT code 96410 would be paid one unit of APC 0117 (to which CPT code 96410 would be crosswalked) and no separate payment would be made for CPT code 96412, regardless of whether one unit or more than one unit is billed. CPT code 96412 would be a packaged code for CY 2005. Under the Q code data on which the payment weight for APC 0117 is based, the per visit amount would represent a payment that is appropriate for all drug administration services in a visit (that is, one unit of CPT code 96410 and as many units of CPT code 96412 as were furnished in the same visit).

Similarly, when a hospital bills 3 units of 96400 (Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia), the OCE would assign one unit of APC 0116 for that code. (APC 0116 is the APC to which CPT code 96400 would be crosswalked.) The payment would be based on Q0083, a per visit code, because, absent the ability to be paid based on CPT codes, the hospital would have billed one unit of Q0083 (for the 3 injections) had we

not discontinued the Q codes for CY 2005. The OCE would assume that there was one and only one visit in which there were 3 injections and would pay accordingly (that is, one unit of APC 0116).

If we adopt the CPT codes for drug administration to ensure accurate payment in the future, it would be critical for hospitals to bill the charges for the packaged CPT codes for drug administration for CY 2005 (that is, the CPT codes with SI=N), even though there would be no separate payment for them in CY 2005. For CY 2007 OPPS, CY 2005 claims data would be used as the basis for setting median costs for each CPT code, based on the reported charges reduced to cost, and would determine what APC configuration ensures most appropriate payment for the CPT drug administration codes. If hospitals do not bill charges in CY 2005 for the packaged drug administration CPT codes such as CPT codes 96412, 96423, 96545, or 90781, they would jeopardize our ability to make accurate payments for services billed and paid under these codes in CY 2007 when we use the CY 2005 data to set the payment weights.

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**Table 29.--Proposed Crosswalk from CPT Codes
for Drug Administration to Drug Administration APCs**

| CPT Code | Description | Proposed SI | Proposed APC | Corresponding HCPCS code | Maximum units of the APC OCE would assign, regardless of codes billed |
|-----------------|-------------------------------|--------------------|---------------------|---------------------------------|--|
| 96400 | Chemotherapy, sc/im | S | 116 | Q0083 | 1 |
| 96405 | Intralesional chemo admin | S | 116 | Q0083 | 1 |
| 96406 | Intralesional chemo admin | S | 116 | Q0083 | 1 |
| 96408 | Chemotherapy, push technique | S | 116 | Q0083 | 1 |
| 96410 | Chemotherapy, infusion method | S | 117 | Q0084 | 1 |
| 96412 | Chemo, infuse method add-on | N | -- | -- | 0 |
| 96414 | Chemo, infuse method add-on | S | 117 | Q0084 | 1 |
| 96420 | Chemotherapy, push technique | S | 116 | Q0083 | 1 |
| 96422 | Chemotherapy, infusion method | S | 117 | Q0084 | 1 |
| 96423 | Chemo, infuse method add-on | N | -- | -- | 0 |
| 96425 | Chemotherapy, infusion method | S | 117 | Q0084 | 1 |
| 96440 | Chemotherapy, intracavitary | S | 116 | Q0083 | 1 |
| 96445 | Chemotherapy, intracavitary | S | 116 | Q0083 | 1 |
| 96450 | Chemotherapy, into CNS | S | 116 | Q0083 | 1 |
| 96542 | Chemotherapy injection | S | 116 | Q0083 | 1 |
| 96545 | Provide chemotherapy agent | N | -- | -- | 0 |
| 96549 | Chemotherapy, unspecified | S | 116 | Q0083 | 1 |
| 90780 | IV infusion therapy, 1 hour | T | 120 | Q0081 | 1 |
| 90781 | IV infusion, additional hour | N | -- | -- | 0 |

I. Proposed Payment for Blood and Blood Products

[If you choose to comment on issues in this section, include the caption "Blood and Blood Products" at the beginning of your comments.]

Since the OPPS was first implemented in August 2000, separate payment has been made for blood and blood products in APCs rather than

packaging them into payment for the procedures with which they were administered. We recognize that blood is a valuable health care resource used regularly in a broad range of hospital procedures and the availability of safe blood is essential to the delivery of high quality health care services to Medicare beneficiaries.

In CY 2000, payment for blood was established based on external data

provided by commenters due to limited Medicare claims data. From CY 2000 to CY 2002, payment rates were updated for inflation. For CY 2003, as described in the November 1, 2002 final rule (67 FR 66773), we applied a special dampening methodology to blood and blood products that had significant reductions in payment rates from CY 2002 to CY 2003. Using the dampening methodology, we limited the decrease in

payment rates for blood and blood products to approximately 15 percent. For CY 2004, as recommended by the APC Panel, we froze payment rates for blood and blood products at CY 2003 levels. This allowed us to undertake further study of the issues raised by past commenters and presenters at the

August 2003 and February APC 2004 Panel meetings.

For CY 2005, we are proposing to continue to pay separately for blood and blood products. We also are proposing to establish new APCs that would allow each blood product to be in its own separate APC. In addition, after review, we determined that several of the blood product APCs contained multiple blood

products with no clinical homogeneity or whose product-specific median costs may not have been similar. Thus, we are also proposing to reassign some of these HCPCS already contained in certain APCs to new APCs. Table 30 below lists, by HCPCS code, our proposed CY 2005 APC reassignments for such blood and blood products.

**Table 30.--Proposed Assignment of Blood
and Blood Product Codes to APCs for CY 2005**

| HCPCS | Expired HCPCS | Status Indicator | Description | APC |
|--------------|--------------------------|-----------------------------|-----------------------------------|------------|
| P9023 | | K | Frozen plasma, pooled, sd | 0949 |
| P9054 | C1016 | K | Blood, L/R, Froz/Degly/Washed | 1016 |
| P9036 | | K | Platelet pheresis irradiated | 9502 |
| P9039 | | K | RBC deglycerolized | 9504 |
| P9052 | C1011 | K | Platelets, HLA-m, L/R, unit | 1011 |
| P9048 | | K | Plasmaprotein fract,5%,250ml | 0966 |
| P9055 | C1017 | K | Plt, Aph/Pher, L/R, CMV-Neg | 1017 |
| P9060 | C9503 | K | Fresh frozen plasma, ea unit | 9503 |
| P9043 | | K | Plasma protein fract,5%,50ml | 0956 |
| P9050 | | K | Granulocytes, pheresis unit | 9506 |
| P9059 | C1022 | K | Plasma, frz within 24 hour | 0955 |
| P9058 | C1021 | K | RBC, L/R, CMV neg, irradiated | 1022 |
| P9057 | C1020 | K | RBC, frz/deg/wsh, L/R, irradiated | 1021 |
| P9016 | | K | RBC leukocytes reduced | 0954 |
| P9021 | | K | Red blood cells unit | 0959 |
| P9019 | | K | Platelets, each unit | 0957 |
| P9040 | | K | RBC leukoreduced irradiated | 0969 |
| P9017 | | K | Plasma 1 donor frz w/in 8 hr | 9508 |
| P9035 | | K | Platelet pheres leukoreduced | 9501 |
| P9031 | | K | Platelets leukocytes reduced | 1013 |
| P9034 | | K | Platelets, pheresis | 9507 |
| P9037 | | K | Plate pheres leukoredu irradiated | 1019 |
| P9056 | C1018 | K | Blood, L/R, Irradiated | 1018 |

| HCPCS | Expired HCPCS | Status Indicator | Description | APC |
|-------|---------------|------------------|-----------------------------------|------|
| P9010 | | K | Whole blood for transfusion | 0950 |
| P9012 | | K | Cryoprecipitate each unit | 0952 |
| P9033 | | K | Platelets leukoreduced irradiated | 0968 |
| P9051 | C1010 | K | Blood, L/R, CMV-NEG | 1010 |
| P9044 | | K | Cryoprecipitate reduced plasma | 1009 |
| P9038 | | K | RBC irradiated | 9505 |
| P9022 | | K | Washed red blood cells unit | 0960 |
| P9020 | | K | Platelet rich plasma unit | 0958 |
| P9032 | | K | Platelets, irradiated | 9500 |
| P9011 | | K | Split unit of blood | 0967 |
| P9053 | C1015 | K | Plt, pher, L/R, CMV, irradiated | 1020 |

Administrative costs for the processing and storage specific to the transfused blood product are included in the APC payment, which is based on hospitals' charges. Payment for the collection, processing, and storage of autologous blood, as described by CPT 86890 and used in transfusion is made through APC 347 (Level III Transfusion Laboratory Procedures).

Other than for autologous blood products, the costs for collection, processing, storage, wastage, and other administrative costs for blood products that are not transfused are reported in the appropriate cost centers on hospitals' cost reports. These reported costs are attributable to overhead and distributed across all hospital services linked to those cost centers through the standard process of converting charges to costs using hospitals' CCRs for each cost center on the cost report.

The DHHS Advisory Committee on Blood Safety and Availability has recommended that CMS establish payment rates for blood and blood products based on current year acquisition costs and actual total costs of providing such blood products. At the February 2004 APC Panel meeting, the APC Panel recommended that CMS use external data to derive costs of blood and blood products in order to establish payment rates.

As with all services, we prefer to rely on our claims data whenever possible. We conducted a thorough analysis of billing for blood in CY 2003 claims data. Comments received for previous rules

suggest that current hospital blood costs are not captured because hospitals underreport blood on their claims. Commenters explained that hospitals sometimes found it too costly to bill for blood. However, we found that 81 percent of all hospitals included in our ratesetting and modeling billed at least one blood and blood product in CY 2003. Of these hospitals, only 47 percent reported separate costs and charges in the two cost centers specific to blood on their most recent annual cost report. It may be that those hospitals billing for blood but not reporting costs and charges on their cost report for either of the two blood-specific cost centers report their blood costs and charges under other cost centers, such as operating room.

We have also received comments that the CCRs that we use to adjust claim charges to costs for blood are too low, which results in an underestimation of the true cost of blood and blood products. Our current methodology for matching cost center CCRs to revenue codes includes a default to the overall CCR when any given provider has chosen not to report costs and charges for a specific cost center. After matching the two blood-specific cost centers to the 38X and 39X revenue codes, we observed a significant difference in CCRs for those hospitals with and without blood-specific cost centers. The median CCR for those hospitals with a blood-specific cost center was 0.66 for revenue code 38X and 0.64 for revenue

code 39X, and for those defaulting to the overall CCR, the result was a CCR of 0.34 for revenue code 38X and 0.33 for revenue code 39X. The median overall CCR for all hospitals in the 2005 analysis was 0.33.

As noted above, about half of the hospitals (47 percent) reported at least one of the blood-specific cost centers on their most recent cost report. We then looked at the CY 2003 claims being used to set CY 2005 median costs and discovered that about one-quarter relied on a CCR that was based on a blood-specific cost center to adjust charges to costs, and about three-quarters did not. This pattern existed even though almost all hospitals were billing blood in the 38X and 39X revenue codes. The result was the default CCR was used to adjust almost 75 percent of the line-items used to set the median costs for blood and blood products.

In light of this information, we simulated a blood-specific CCR for those hospitals now defaulting to the overall CCR. We assumed that those hospitals not reporting costs and charges in a blood-specific cost center on their annual cost report, in general, face similar costs and engage in comparable charging practices for blood as those reporting a blood-specific cost center. For each hospital reporting costs and charges for the blood cost centers on their cost report, we calculated the ratio of the CCR in the blood-specific cost center to the overall CCR. We then calculated the geometric mean of this ratio. This was 2.2 for revenue code 38X

and 2.1 for revenue code 39X. For each hospital not reporting costs and charges for the blood cost centers on their cost report, we applied this mean ratio to their overall CCR. We believe that this approach better responds to a missing blood-specific CCR than simply using the average blood-specific CCR for each revenue code because it takes into account the unique charging structure of each provider. We then adjusted charges to costs for all hospitals and calculated a median cost for all blood products. Overall, this methodology increased the estimated median costs by 25 percent for CY 2005 relative to the medians used to set CY 2004 rates. For example, the estimated median for P9016 (Red blood cells, leukocytes reduced), the most frequently billed blood product, increased by 32 percent relative to the CY 2004 median.

In reviewing the simulated medians created above relative to those medians used to set CY 2004 payment rates, we noticed that procedures relying on a low volume of blood units (<1,000) demonstrated large decreases. Overall, the simulated median costs for low-volume blood products declined by 14 percent for CY 2005. Because a small sample size can lead to great variability in point estimates, we sought to increase the number of units of blood by combining CY 2002 and CY 2003 claims data for the low-volume products. We used the simulated CCRs to calculate costs from charges. We recognize that not all of the low-volume blood products had claims in CY 2002. Listed in Table 31 are the low volume products for which we combined CY 2002 and 2003 claims. To ensure that we combined comparable costs, we updated the simulated costs on the claims in CY

2002 to the base year of 2003 using the Producer Price Index (PPI) for blood and derivatives for human use (Commodity Code #063711), which is the PPI used to update blood and blood product prices in the market basket (67 FR 50039, August 1, 2002). We estimated the annual PPI from December 2002 to December 2003 to be -12.2 percent. Although a decline in PPI is unusual, we understand that the price of plasma products have recently declined. Further, the majority of the low-volume items are plasma products. After combining the 2 years of claims, we were able to raise the volume of blood units billed for 5 of these products above 1,000. Ultimately, overall estimated median costs continue to increase by 25 percent for all products, but decline by 16 percent for the low-volume products.

Table 31.—Low Volume Proposed Blood and Blood Products Codes for CY 2005

Payments

| HCPCS | Description |
|--------------|--|
| P9023 | Frozen plasma, pooled, sd |
| P9054 | Blood, leukocyte reduced, frozen, deglycerolized, washed |
| P9036 | Platelet pheresis irradiated |
| P9039 | Red blood cells deglycerolized |
| P9052 | Platelets, HLA-m, leukocyte reduced, unit |
| P9048 | Plasmaprotein fractionated, 5 percent, 250 ml |
| P9055 | Platelet, APH/PHER, leukocyte reduced, CMV, irradiated |
| P9060 | Fresh frozen plasma, each unit |
| P9043 | Plasma protein fractionated, 5 percent, 50 ml |
| P9050 | Granulocytes, pheresis unit |

After discussions with industry representatives and hospitals and careful consideration of our claims analyses, for CY 2005 we are proposing to set payment rates for all blood and blood products listed in Table 29 based on our CY 2003 claims data, utilizing an actual or simulated hospital blood-specific CCR to convert charges to costs for blood and blood products. For those low-volume products listed in Table 30, we would combine claims data for CYs 2002 and 2003. We are confident that we have claims data from the vast majority of the OPSS hospitals for blood products, and the tight distribution of costs for individual products, including low-volume products, provides no evidence of significant coding problems.

In general, as a blood product undergoes increasing levels of processing or selection, our CY 2005 proposed payment for the product would increase commensurate with the additional resources utilized. We believe that the proposed payment methodology described above will enable us to use our historical hospital claims data to assure the adequate payment for blood and blood products essential to continued Medicare beneficiary access to blood and blood products. In addition, we recognize the need to clarify billing regarding a variety of blood-related services under the OPSS in response to numerous questions and comments we have received. We intend to provide further billing guidelines to

clarify our original Program Transmittal A-01-50 issued on April 12, 2001 (CR Request 1585) regarding correct billing for blood-related services in the near future.

VI. Estimated Transitional Pass-Through Spending in CY 2005 for Drugs, Biologicals, and Devices

[If you choose to comment on issues in this section, please include the caption "Estimated Transitional Pass-Through Spending" at the beginning of your comment.]

A. Basis for Pro Rata Reduction

Section 1833(t)(6)(E) of the Act limits the total projected amount of transitional pass-through payments for a

given year to an "applicable percentage" of projected total Medicare and beneficiary payments under the hospital OPSS. For a year before CY 2004, the applicable percentage is 2.5 percent; for CY 2004 and subsequent years, we specify the applicable percentage up to 2.0 percent.

If we estimate before the beginning of the calendar year that the total amount of pass-through payments in that year would exceed the applicable percentage, section 1833(t)(6)(E)(iii) of the Act requires a prospective uniform reduction in the amount of each of the transitional pass-through payments made in that year to ensure that the limit is not exceeded. We make an estimate of pass-through spending to determine not only whether payments exceed the applicable percentage but also to determine the appropriate reduction to the conversion factor.

For devices, making an estimate of pass-through spending in CY 2005 entails estimating spending for two groups of items. The first group consists of those items for which we have claims data for procedures that we believe used devices which were eligible for pass-through status in CY 2003 and CY 2004 and that would continue to be eligible for pass-through payment in CY 2005. The second group consists of those

items for which we have no direct claims data, that is, items that became, or would become, eligible in CY 2004 and would retain pass-through status in CY 2005, as well as items that would be newly eligible for pass-through payment beginning in CY 2005.

B. Proposed Estimate of Pass-Through Spending for CY 2005

We are proposing to set the applicable percentage cap at 2.0 percent of the total OPSS projected payments for CY 2005. To estimate CY 2005 pass-through spending for device categories in the first group described above, we are proposing to use volume information from CY 2003 claims data for procedures associated with a pass-through device and manufacturer's price information from applications for pass-through status. This information would be projected forward to CY 2005 levels, using inflation and utilization factors based on total growth in Medicare Part B as projected by the CMS Office of the Actuary (OACT).

To estimate CY 2005 pass-through spending for device categories included in the second group, that is, items for which we have no direct claims data, we are proposing to use the following approach: For categories with no claims data in CY 2003 that would be active in CY 2005, we would follow the

methodology described in the November 2, 2001 final rule (66 FR 55857). That is, we are proposing to use price information from manufacturers and volume estimates based on claims for procedures that would most likely use the devices in question. This information would be projected forward to CY 2005 using the inflation and utilization factors supplied by the CMS OACT to estimate CY 2005 pass-through spending for this group of device categories. For categories that become eligible in CY 2005, we would use the same methodology. We anticipate that any new categories for January 1, 2005, would be announced after the publication of this proposed rule but before the publication of the final rule. Therefore, the estimate of pass-through spending would incorporate pass-through spending for categories made effective January 1, 2005.

With respect to CY 2005 pass-through spending for drugs and biologicals, as we explain in section V.A.3. of this proposed rule, the pass-through payment amount for new drugs and biologicals that we determine have pass-through status would equal zero. Therefore, our estimate of total pass-through spending for drugs and biologicals with pass-through status in CY 2005 would equal zero.

Table 32.--Estimates for CY 2005 Transitional Pass-Through Spending for

Current Pass-through Categories Continuing Into CY 2005

| New HCPC S | APC | Existing Pass-Through Devices | CY 2005 Estimated Utilization | CY 2005 Anticipated Pass-through Payments |
|---------------------------|------------|---|--|--|
| C1814 | 1814 | Retinal tamponade device, silicone oil | 30,576 | \$11,888,143 |
| C1818 | 1818 | Integrated keratoprosthesis device | 4 | 27,800 |
| C1819 | 1819 | Tissue localization excision device | 9,709 | 1,796,165 |

In accordance with the methodology described above, we estimate that total pass-through spending in CY 2005 would equal approximately \$30.8 million, which represents 0.13 percent of total OPSS projected payments for CY 2005. This figure includes estimates for

the current device categories continuing into CY 2005, in addition to projections for categories that first become eligible in CY 2005. This estimate is significantly lower than previous year's estimates because of the method we are proposing in section V.A.3 of this

preamble for determining the amount of pass-through payment for drugs and biologicals with pass-through status in CY 2005.

In section V.G., we are proposing to accept pass-through applications for new radiopharmaceuticals that are

assigned a HCPCS code on or after January 1, 2005. The pass-through amount for new radiopharmaceuticals approved for pass-through status in CY 2005 would be the difference between the OPD payment for the radiopharmaceutical, that is, the payment amount determined for the radiopharmaceutical as a sole source specified covered drug, and the payment amount for the radiopharmaceutical under section 1842(o) of the Act. However, we have no information identifying new radiopharmaceuticals to which a HCPCS code might be assigned after January 1, 2005 for which pass-through status would be sought. We also have no data regarding payment for new radiopharmaceuticals with pass-through status under the methodology that we propose in section V.G. However, we do not believe that pass-through spending for new radiopharmaceuticals in CY 2005 would be significant enough to materially affect our estimate of total pass-through spending in CY 2005. Therefore, we are not including radiopharmaceuticals in our estimate of pass-through spending in CY 2005.

Because we estimate pass-through spending in CY 2005 would amount to 0.13 percent of total projected OPPS CY 2005 spending, we are proposing to return 1.87 percent of the pass-through pool to adjust the conversion factor, as we discuss in section VIII of this preamble.

VII. Other Policy Decisions and Proposed Policy Changes

A. Statewide Average Default Cost-to-Charge Ratios

[If you choose to comment on issues in this section, include the caption "Cost-

to-Charge Ratios" at the beginning of your comment.]

CMS uses cost-to-charge ratios (CCRs) to determine outlier payments, payments for pass-through devices, and monthly interim transitional corridor payments under the OPSS. Some hospitals do not have a valid CCR. These hospitals include, but are not limited to, hospitals that are new and have not yet submitted a cost report, hospitals that have a CCR that falls outside predetermined floor and ceiling thresholds for a valid CCR, or hospitals that have recently given up their all-inclusive rate status. When OPSS was first implemented in CY 2000, we used CY 1996 and CY 1997 cost reports to calculate default urban and rural CCRs for each State to use in determining the reasonable cost-based payments for those hospitals without a valid CCR (Program Memorandum A-00-63, CR 1310, issued on September 8, 2000). We are proposing to update the default ratios for CY 2005. Table 33 lists the proposed CY 2005 default urban and rural CCRs by State.

We calculated the proposed statewide default CCRs in Table 33 using the same CCRs that we use to adjust charges to costs on claims data. These CCRs are the ratio of total costs to total charges from each provider's most recently submitted cost report, for those cost centers relevant to outpatient services. We also adjust these ratios to reflect final settled status by applying the differential between settled to submitted costs and charges from the most recent pair of settled to submitted cost reports. The majority of submitted cost reports, 87 percent, were for CY 2002. We only used valid CCRs to calculate these default ratios. That is, we removed the

CCRs for all-inclusive hospitals, CAHs, and hospitals in Guam and the U.S. Virgin Islands because these entities are not paid under the OPSS, or in the case of all-inclusive hospitals, because their CCRs are suspect. We further identified and removed any obvious error CCRs and trimmed any outliers. We limited the hospitals used in the calculation of the default CCRs to those hospitals that billed for services under the OPSS during CY 2003.

Finally, we calculated an overall average CCR, weighted by a measure of volume, for each State except Maryland. This measure of volume is the total lines on claims and is the same one that we use in our impact tables. Calculating a rate for Maryland presented a unique challenge. There are only a few providers in Maryland that are eligible to receive payment under the OPSS. However, we had no usable in-house cost report data for these Maryland hospitals. Therefore, we obtained data from the fiscal intermediary for Maryland which we attempted to use in calculating the CCRs for Maryland but which we ultimately determined could not be used to calculate representative CCRs. The cost data for 3 Maryland hospitals with very low volumes of services and cost data were so irregular that we lacked confidence that it would result in a valid statewide CCR. Thus, for Maryland, we used an overall weighted average CCR for all hospitals in the nation to calculate the weighted average CCRs appearing in Table 33. The overall decrease in default statewide CCRs can be attributed to the general decline in the ratio between costs and charges widely observed in the cost report data.

Table 33.--Statewide Average Cost-to-Charge Ratios

| <u>State</u> | <u>Urban/Rural</u> | <u>Previous Default</u> <u>CCR</u> | <u>Proposed Default CCR</u> |
|----------------------|--------------------|---------------------------------------|-----------------------------|
| Alabama | RURAL | 0.31552 | 0.26715 |
| Alabama | URBAN | 0.29860 | 0.24577 |
| Alaska | RURAL | 0.59388 | 0.61859 |
| Alaska | URBAN | 0.38555 | 0.42717 |
| Arizona | RURAL | 0.39748 | 0.32769 |
| Arizona | URBAN | 0.30922 | 0.26980 |
| Arkansas | RURAL | 0.35936 | 0.31754 |
| Arkansas | URBAN | 0.38278 | 0.30471 |
| California | RURAL | 0.40335 | 0.29314 |
| California | URBAN | 0.32427 | 0.24213 |
| Colorado | RURAL | 0.51041 | 0.43069 |
| Colorado | URBAN | 0.41863 | 0.32179 |
| Connecticut | RURAL | 0.42702 | 0.47250 |
| Connecticut | URBAN | 0.46592 | 0.44626 |
| Delaware | RURAL | 0.36289 | 0.36304 |
| Delaware | URBAN | 0.45061 | 0.45948 |
| District of Columbia | URBAN | 0.38690 | 0.37513 |
| Florida | RURAL | 0.31782 | 0.24304 |
| Florida | URBAN | 0.28363 | 0.22401 |
| Georgia | RURAL | 0.39829 | 0.33823 |
| Georgia | URBAN | 0.40262 | 0.32105 |
| Hawaii | RURAL | 0.44420 | 0.41027 |
| Hawaii | URBAN | 0.34815 | 0.34474 |
| Idaho | RURAL | 0.49682 | 0.46454 |
| Idaho | URBAN | 0.51942 | 0.49178 |
| Illinois | RURAL | 0.41825 | 0.34063 |
| Illinois | URBAN | 0.36825 | 0.29964 |
| Indiana | RURAL | 0.44596 | 0.36862 |
| Indiana | URBAN | 0.44205 | 0.37237 |
| Iowa | RURAL | 0.50166 | 0.41996 |
| Iowa | URBAN | 0.46963 | 0.38788 |
| Kansas | RURAL | 0.48065 | 0.38973 |
| Kansas | URBAN | 0.34698 | 0.29271 |
| Kentucky | RURAL | 0.36987 | 0.31089 |

| <u>State</u> | Urban/Rural | <u>Previous Default</u> | <u>Proposed Default CCR</u> |
|----------------|-------------|-------------------------|-----------------------------|
| | | <u>CCR</u> | |
| Kentucky | URBAN | 0.37381 | 0.32476 |
| Louisiana | RURAL | 0.34317 | 0.29912 |
| Louisiana | URBAN | 0.34357 | 0.27736 |
| Maine | RURAL | 0.47857 | 0.38801 |
| Maine | URBAN | 0.54084 | 0.44897 |
| Massachusetts | URBAN | 0.44439 | 0.38812 |
| Michigan | RURAL | 0.44890 | 0.39418 |
| Michigan | URBAN | 0.41143 | 0.37428 |
| Minnesota | RURAL | 0.48514 | 0.47136 |
| Minnesota | URBAN | 0.45259 | 0.37416 |
| Mississippi | RURAL | 0.34264 | 0.30290 |
| Mississippi | URBAN | 0.37097 | 0.29322 |
| Missouri | RURAL | 0.42187 | 0.34160 |
| Missouri | URBAN | 0.38128 | 0.31081 |
| Montana | RURAL | 0.51173 | 0.47891 |
| Montana | URBAN | 0.49396 | 0.44817 |
| Nebraska | RURAL | 0.49386 | 0.42378 |
| Nebraska | URBAN | 0.42043 | 0.33875 |
| Nevada | RURAL | 0.42878 | 0.50623 |
| Nevada | URBAN | 0.22854 | 0.22333 |
| New Hampshire | RURAL | 0.50083 | 0.43585 |
| New Hampshire | URBAN | 0.39954 | 0.33224 |
| New Jersey | URBAN | 0.49024 | 0.34038 |
| New Mexico | RURAL | 0.44932 | 0.33899 |
| New Mexico | URBAN | 0.50857 | 0.43311 |
| New York | RURAL | 0.52062 | 0.43944 |
| New York | URBAN | 0.54625 | 0.42556 |
| North Carolina | RURAL | 0.37776 | 0.35416 |
| North Carolina | URBAN | 0.42726 | 0.38114 |
| North Dakota | RURAL | 0.52829 | 0.41175 |
| North Dakota | URBAN | 0.47341 | 0.36740 |
| Ohio | RURAL | 0.42562 | 0.41161 |
| Ohio | URBAN | 0.42718 | 0.32814 |
| Oklahoma | RURAL | 0.40628 | 0.32908 |
| Oklahoma | URBAN | 0.36264 | 0.29193 |
| Oregon | RURAL | 0.47915 | 0.42468 |
| Oregon | URBAN | 0.49958 | 0.43762 |
| Pennsylvania | RURAL | 0.40582 | 0.36015 |

| <u>State</u> | Urban/Rural | <u>Previous Default</u> | <u>Proposed Default CCR</u> |
|----------------|-------------|-------------------------|-----------------------------|
| | | <u>CCR</u> | |
| Pennsylvania | URBAN | 0.33807 | 0.28011 |
| Puerto Rico | URBAN | 0.42208 | 0.41376 |
| Rhode Island | URBAN | 0.43930 | 0.35106 |
| South Carolina | RURAL | 0.35996 | 0.29377 |
| South Carolina | URBAN | 0.36961 | 0.29167 |
| South Dakota | RURAL | 0.49599 | 0.39218 |
| South Dakota | URBAN | 0.44259 | 0.33947 |
| Tennessee | RURAL | 0.36663 | 0.30294 |
| Tennessee | URBAN | 0.36464 | 0.28313 |
| Texas | RURAL | 0.41763 | 0.33642 |
| Texas | URBAN | 0.33611 | 0.30306 |
| Utah | RURAL | 0.49748 | 0.47097 |
| Utah | URBAN | 0.46733 | 0.45230 |
| Vermont | RURAL | 0.47278 | 0.46757 |
| Vermont | URBAN | 0.54533 | 0.44259 |
| Virginia | RURAL | 0.39408 | 0.33502 |
| Virginia | URBAN | 0.38604 | 0.32559 |
| Washington | RURAL | 0.54246 | 0.43429 |
| Washington | URBAN | 0.54658 | 0.41362 |
| West Virginia | RURAL | 0.42671 | 0.35073 |
| West Virginia | URBAN | 0.45616 | 0.40700 |
| Wisconsin | RURAL | 0.50126 | 0.42304 |
| Wisconsin | URBAN | 0.46268 | 0.38487 |
| Wyoming | RURAL | 0.54596 | 0.51581 |
| Wyoming | URBAN | 0.41265 | 0.41087 |

*B. Transitional Corridor Payments:
Technical Change*

[If you choose to comment on issues in this section, include the caption "Transitional Corridor Payments" at the beginning of your comment.]

When the OPPS was implemented, every provider was eligible to receive an additional payment adjustment (or transitional corridor payment) if the payments it received under the OPPS were less than the payment it would have received for the same services under the prior reasonable cost-based system (section 1833(t)(7) of the Act). Transitional corridor payments were intended to be temporary payments for most providers but permanent payments for cancer and children's hospitals to ease their transition from the prior reasonable cost-based payment system to the prospective payment system. Section 411 of Pub. L. 108-173

amended section 1833(t)(7)(D)(i) to the Act to extend such payments through December 31, 2005, for rural hospitals with 100 or fewer beds and extended such payments for services furnished during the period that begins with the provider's first cost reporting period beginning on or after January 1, 2004 and ends on December 31, 2005, for sole community hospitals located in rural areas. Accordingly, transitional corridor payments are only available to children's hospitals, cancer hospitals, rural hospitals having 100 or fewer beds, and sole community hospitals located in rural areas.

At the time the OPPS was implemented, section 1833(t)(7)(F)(ii) of the Act defined the payment-to-cost ratio (PCR) used to calculate the "pre-BBA amount"² for purposes of

² Section 1833(t)(7) of the Act defined the "pre-BBA" amount for a period as the amount equal to

calculating the transitional corridor payments to be determined using the payments and reasonable costs of services furnished during the provider's cost reporting period ending in calendar year 1996. The BIPA, Pub. L. 106-554, enacted on December 21, 2000, revised that requirement. Section 403 of BIPA amended section 1833(t)(7)(F)(ii)(I) of the Act to allow transitional corridor payments to hospitals subject to the OPPS that did not have a 1996 cost report by authorizing use of the first available cost reporting period ending after 1996 and before 2001 in calculating a provider's PCR.

Although we discussed the BIPA amendment in the CY 2002 OPPS

the product of (1) the payment-to-cost ratio for the hospital based on its *cost reporting period ending in 1996*, and (2) the reasonable cost of the services for the period. (Emphasis added.) In this context, BBA refers to the Balanced Budget Act of 1997, Pub. L. 105-33, enacted on August 5, 1997.

proposed rule published on August 24, 2001 (66 FR 44674), and implemented the amendment through Program Memorandum No. A-01-51, issued on April 13, 2001, we failed to revise the regulations at § 419.70(f)(2) to reflect the change. In this proposed rule, we are proposing a technical correction to § 419.70(f)(2) to conform it to the provision of section 1833(t)(7)(F)(ii)(I) of the Act.

C. Status Indicators and Comment Indicators Assigned in the Outpatient Code Editor (OCE)

[If you choose to comment on issues in this section, include the caption "Status Indicators and Comment Indicators" at the beginning of your comment.]

1. Payment Status Indicators

The payment status indicators (SIs) that we assign to HCPCS codes and APCs under the OPSS play an important role in determining payment for services under the OPSS because they indicate whether a service represented by a HCPCS code is payable under the OPSS or another payment system and also whether particular OPSS policies apply to the code. For CY 2005, we are providing our proposed status indicator (SI) assignments for APCs in Addendum A, for the HCPCS codes in Addendum B, and the definitions of the status indicators in Addendum D1 to this proposed rule.

Payment under the OPSS is based on HCPCS codes for medical and other health services. These codes are used for a wide variety of payment systems under Medicare, including, but not limited to, the Medicare fee schedule for physician services, the Medicare fee schedule for durable medical equipment and prosthetic devices, and the Medicare clinical laboratory fee schedule. For purposes of making payment under the OPSS, we must be able to signal the claims processing system through the Outpatient Code Editor (OCE) software, as to HCPCS codes that are paid under the OPSS and those codes to which particular OPSS payment policies apply. We accomplish this identification in the OPSS through the establishment of a system of status indicators with specific meanings. Addendum D1 contains the proposed definitions of each status indicator for purposes of the OPSS for CY 2005.

We assign one and only one status indicator to each APC and to each HCPCS code. Each HCPCS code that is assigned to an APC has the same status indicator as the APC to which it is assigned.

Specifically, for CY 2005, we are proposing to use the following status indicators in the specified manner:

- "A" to indicate services that are paid under some payment method other than OPSS, such as under the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) fee schedule or the physician fee schedule. Some, but not all, of these other payment systems are identified in Addendum D1 to this proposed rule.
- "B" to indicate the services that are not payable under the OPSS when submitted on an outpatient hospital Part B bill type, but that may be payable by fiscal intermediaries to other provider types when submitted on an appropriate bill type.
- "C" to indicate inpatient services that are not payable under the OPSS.
- "D" to indicate a code that is discontinued, effective January 1, 2005.
- "E" to indicate items or services that are not covered by Medicare or codes that not recognized by Medicare.
- "F" to indicate acquisition of corneal tissue, which is paid on a reasonable cost basis and certain CRNA services that are paid on a reasonable cost basis.
- "G" to indicate drugs, biologicals, and radiopharmaceutical agents that are paid under the OPSS transitional pass-through rules.
- "H" to indicate devices that are paid under the OPSS transitional pass-through rules and brachtherapy sources that are paid on a cost basis.
- "K" to indicate drugs, biologicals (including blood and blood products), and radiopharmaceutical agents that are paid in separate APCs under the OPSS, but that are not paid under the OPSS transitional pass-through rules.
- "L" to indicate flu and pneumococcal immunizations that are paid at reasonable cost but to which no coinsurance or copayment apply.
- "N" to indicate services that are paid under the OPSS, but for which payment is packaged into another service or APC group.
- "P" to indicate services that are paid under the OPSS, but only in partial hospitalization programs.
- "S" to indicate significant procedures that are paid under the OPSS, but to which the multiple procedure reduction does not apply.
- "T" to indicate significant services that are paid under the OPSS and to which the multiple procedure payment discount under the OPSS applies.
- "V" to indicate medical visits (including emergency department or clinic visits) that are paid under the OPSS.
- "X" to indicate ancillary services that are paid under the OPSS.

- "Y" to indicate nonimplantable durable medical equipment that must be billed directly to the durable medical equipment regional carrier rather than to the fiscal intermediary.

We are proposing the payment status indicators identified above for each HCPCS code and each APC in Addenda A and B and are requesting comments on the appropriateness of the indicators we have assigned.

2. Comment Indicators

In the November 1, 2002 and the November 7, 2003 final rules with comment period, which implemented changes in the OPSS for CYs 2003 and 2004, respectively, we provided code condition indicators in Addendum B. The code condition indicators and their meaning are as follows:

- "DG"—Deleted code with a grace period; Payment will be made under the deleted code during the 90-day grace period.
- "DNG"—Deleted code with no grace period; Payment will not be made under the deleted code.
- "NF"—New code final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
- "NI"—New code interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

Medicare has permitted a 90-day grace period after implementation of an updated medical code set, such as the HCPCS, to give providers time to incorporate new codes in their coding and billing systems and to remove the discontinued codes. HCPCS codes are updated annually every January 1, so the grace period for billing discontinued HCPCS was implemented every January 1 through March 31.

The Health Insurance Portability and Accountability Act (HIPAA) transaction and code set rules require usage of the medical code set that is valid at the time that the service is provided. Therefore, effective January 1, 2005, CMS is eliminating the 90-day grace period for billing discontinued HCPCS codes. Details about elimination of the 90-day grace period for billing discontinued HCPCS codes were issued to our contractors on February 6, 2004, in Transmittal 89, Change Request 3093.

In order to be consistent with the HIPAA rule that results in the elimination of the 90-day grace period for billing discontinued HCPCS codes, we are proposing, effective January 1, 2005, to delete code condition indicators "DNG" and "DG". We are proposing to designate codes that are

discontinued effective January 1, 2005 with status indicator "D," as described in section VII.C.1. of this preamble.

Further, we are proposing to rename "code condition" indicators as "comment indicators." In Addendum D2 to this proposed rule, we list the following two comment indicators that we are proposing to use to identify HCPCS codes assigned to APCs that are or are not subject to comment:

- "NF"—New code, final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
- "NI"—New code, interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

D. Observation Services

[If you choose to comment on issues in this section, include the caption "Observation Services" at the beginning of your comment.]

Frequently, beneficiaries are placed in "observation status" in order to receive treatment or to be monitored before making a decision concerning their next placement (that is, admit to the hospital or discharge). This status assignment occurs most frequently after surgery or a visit to the emergency department. For a detailed discussion of the clinical and payment history of observation services, see the November 1, 2002 final rule with comment period (67 FR 66794).

Before the implementation of the OPSS in CY 2000, payment for observation care was made on a reasonable cost basis, which gave hospitals a financial incentive to keep beneficiaries in "observation status" even though clinically they were being treated as inpatients. With the initiation of the OPSS, observation services were no longer paid separately; that is, they were not assigned to a separate APC. Instead, costs for observation services were packaged into payments for the services with which the observation care was associated.

Beginning in early 2001, the APC Panel began discussing the topic of separate payment for observation services. In its deliberations, the APC Panel asserted that observation services following clinical and emergency room visits should be paid separately, and that observation following surgery should be packaged into the payment for the surgical procedure. For CY 2002, we implemented separate payment for observation services (APC 0339) under the OPSS for three medical conditions: chest pain, congestive heart failure, and asthma. A number of accompanying requirements were established,

including the billing of an evaluation and management visit in conjunction with the presence of certain specified diagnosis codes on the claim, hourly billing of observation care for a minimum of 8 hours up to a maximum of 48 hours, timing of observation beginning with the clock time on the nurse's admission note and ending at the clock time on the physician's discharge orders, a medical record documenting that the beneficiary was under the care of a physician who specifically assessed patient risk to determine that the beneficiary would benefit from observation care, and provision of specific diagnostic tests to beneficiaries based on their diagnoses. In developing this policy for separately payable observation services, we balanced issues of access, medical necessity, potential for abuse, and the need to ensure appropriate payment. We selected the three medical conditions, noted previously, and the accompanying diagnosis codes and diagnostic tests to avoid significant morbidity and mortality from inappropriate discharge while, at the same time, avoiding unnecessary inpatient admissions.

Over the past 2 years, we have continued to review observation care claims data for information on utilization and costs, along with additional information provided to us by physicians and hospitals concerning our current policies regarding separately payable observation services. Our primary goal is to ensure that Medicare beneficiaries have access to medically necessary observation care. We also want to ensure that separate payment is made only for beneficiaries actually receiving clinically appropriate observation care.

In January 2003, the APC Panel established an Observation Subcommittee. Over the last year, this subcommittee has held discussions concerning observation care and reviewed data extracted from claims that reported observation services. The subcommittee presented the results of its deliberations to the full APC Panel at the February 2004 meeting. The APC Panel recommendations regarding observation care provided under the OPSS were broad in scope and included elimination of the diagnosis requirement for separate payment for observation services, elimination of the requirement for the concomitant diagnostic tests for patients receiving observation care, unpackaging of observation services beyond the typical expected recovery time from surgical and interventional procedures, and modification of the method for

measuring beneficiaries' time in observation to make it more compatible with routine hospital practices and their associated electronic systems.

In response to the APC Panel recommendations, we undertook a number of studies regarding observation services, while acknowledging data limitations from the brief 2-year experience the OPSS has had with separately payable observation services.

To assess the appropriateness of our proposal not to pay separately for observation services following surgical or interventional procedures, we analyzed the claims for these procedures to determine the extent to which the claims reported packaged observation services codes. This analysis revealed that while observation services are being reported on some claims for surgical and interventional procedures, the great majority of claims for these procedures reported no observation services. The packaged status of these observation services codes may result in underreporting their frequency, but the proportion of surgical and interventional procedures reported with the packaged observation services codes was so small that any increase would not change our substantive conclusion. This confirms our belief that, although an occasional surgical case may require a longer recovery period than expected for the procedure, as a rule, surgical outpatients do not require observation care. Given the rapidly changing nature of outpatient surgical and interventional services, it would be difficult to determine an expected typical recovery time for each procedure. We have concerns about overutilization of observation services in the post-procedural setting as partial replacement for recovery room time. However, we note that, to the extent observation care or extended recovery services are provided to surgical or interventional patients, the cost of that care is packaged into the payment for the procedural APC which may result in higher median costs for those procedures.

We also analyzed the possibility of expanding the list of medical conditions for separately payable visit-related observation services, altering the requirements for diagnostic tests while in observation, and modifying the rules for counting time in observation care.

We looked at CY 2003 OPSS claims data for all packaged visit-related observation care for all medical conditions in order to determine whether or not there were other diagnoses that would be candidates for separately payable observation services. Our analysis confirmed that the three

diagnoses that are currently eligible for separate payment for observation services are appropriate, as those diagnoses are frequently reported in our visit-related claims with packaged observation services. In fact, diagnoses related to chest pain were, by far, the diagnosis most frequently reported for observation care, either separately payable or packaged. Other diagnoses that appeared in the claims data with packaged observation services included syncope and collapse, transient cerebral ischemia, and hypovolemia.

The packaged status of those observation stays means that the data are often incomplete and the frequency of services may be underreported. Generally, information about packaged services is not as reliably reported as is that for separately paid services. However, we are not convinced that, for those other conditions (such as hypovolemia, syncope and collapse, among others), there is a well-defined set of hospital services that are distinct from the services provided during a clinic or emergency room visit. Separately payable observation care must include specific, clinically appropriate services, and we are still accumulating data and experience for the three medical conditions for which we are currently making separate payment. Therefore, we believe it is premature to expand the conditions for which we would separately pay for visit-related observation services.

Hospitals have indicated that, even in the cases where the diagnostic tests have been performed, to assure that billing requirements for separately payable observation services under APC 0339 are met, they must manually review the medical records to prepare the claims. If they do not conduct this manual review, they may not be coding appropriately for separately payable observation services.

We have also received comments from the community and the APC Panel asserting that the requirements for diagnostic testing are overly prescriptive and administratively burdensome, and that hospitals may perform tests to comply with the CMS requirements, rather than based on clinical need. For example, a patient admitted directly to observation care with a diagnosis of chest pain may have had an electrocardiogram in a physician's office just prior to admission to observation and may only need one additional electrocardiogram while receiving observation care. Thus, two more electrocardiograms performed in the hospital as required under the current OPPS observation policy might not be medically necessary.

We continue to believe that the diagnostic testing criteria we established for the three medical conditions are the minimally appropriate tests for patients receiving a well-defined set of hospital observation services for those conditions. The previous example, notwithstanding, we also continue to believe that the majority of these tests would be performed in the hospital outpatient setting. We define observation care as an active treatment to determine if a patient's condition is going to require that he or she be admitted as an inpatient or if the condition resolves itself and the patient is discharged. The currently required diagnostic tests reflect that an active assessment of the patient was being undertaken, and we believe they are generally medically necessary to determine whether a beneficiary will benefit from being admitted to observation care and aid in determining the appropriate disposition of the patient following observation care.

After careful consideration, we agree that specifying which diagnostic tests must be performed as a prerequisite for payment of APC 0339 may be imposing an unreasonable reporting burden on hospitals and may, in some cases, result in unnecessary tests being performed. Therefore, beginning in CY 2005, we are proposing to remove the current requirements for specific diagnostic testing, and rely on clinical judgment in combination with internal and external quality review processes to ensure that appropriate diagnostic testing (which we expect would include some of the currently required diagnostic tests) is provided for patients receiving high quality, medically necessary observation care.

Accordingly, we are proposing that, beginning in CY 2005, the following tests would no longer be required to receive payment for APC 0339 (Observation):

- For congestive heart failure, a chest x-ray (71010, 71020, 71030), and electrocardiogram (93005) and pulse oximetry (94760, 94761, 94762)
- For asthma, a breathing capacity test (94010) or pulse oximetry (94760, 94761, 94762)
- For chest pain, two sets of cardiac enzyme tests; either two CPK (82550, 82552, 82553) or two troponins (84484, 84512) and two sequential electrocardiograms (93005)

We believe that this proposed policy change would benefit hospitals because it would reduce administrative burden, allow more flexibility in management of beneficiaries in observation care, provide payment for clinically appropriate care, and remove a

requirement that may have resulted in duplicative diagnostic testing.

Hospitals and the APC Panel further suggested that we modify the method for accounting for the beneficiary's time in observation care. Currently, hospitals report the time in observation beginning with the admission of the beneficiary to observation and ending with the physician's order to discharge the patient from observation. There are two problems related to using the time of the physician discharge order to determine the ending time of observation care. First, providers assert that it is not possible to electronically capture the time of the physician's orders for discharge. As a result, manual medical record review is required in order to bill accurately. Second, the hospital may continue to provide specific discharge-related observation care for a short time after the discharge orders are written and, therefore, may not be allowed to account for the full length of the observation care episode. In an effort to reduce hospitals' administrative burden related to accurate billing, we are proposing to modify our instructions for counting time in observation care to end at the time the outpatient is actually discharged from the hospital or admitted as an inpatient. Our expectation is that specific, medically necessary observation services are being provided to the patient up until the time of discharge. However, we do not expect reported observation time to include the time patients remain in the observation area after treatment is finished for reasons that include waiting for transportation home.

Although beneficiaries may be in observation care up to 48 hours or longer, we believe that, in general, 24 hours is adequate for the clinical staff to determine what further care the patient needs. In CY 2005, we would continue to make separate payment for observation care based on claims meeting the requirement for payment of HCPCS code G0244 (Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum 8 hours, maximum 48 hours). However, we are proposing not to include claims reporting more than 48 hours of observation care in calculating the final payment rate for APC 0339.

In CY 2005, we expect OPPS payments for observation care to increase over CY 2004 levels for two reasons. First, our proposal to eliminate the requirement that specific diagnostic tests be performed in order to receive separate payment for observation care will result in more observation stays being paid for under APC 0339. We identified a number of CY 2003 claims

with packaged observation services reported for congestive heart failure (CHF), asthma, and chest pains that would have qualified for separate payment absent the requirement that certain diagnostic tests be reported on the same claim. In the CY 2003 claims data we used for our analyses, we identified about 55,000 claims coded with G0244 for separate payment in APC 0339. We also identified approximately 13,500 claims coded for observation care provided to beneficiaries with one of the three eligible medical conditions that did not report HCPCS code G0244 for separate payment. Our analysis revealed that those claims satisfy all of the criteria for separate payment of observation services if we remove the requirements for diagnostic tests. As mentioned above, hospitals report that billing for separately payable observation services requires manual medical record review and the separate payment may not offset the cost of the additional work even if patients' observation stays meet our criteria for separately payable observation services. Therefore, if we adopt our proposed changes, we expect the volume of claims for payment under APC 0339 to increase in CY 2005.

This volume increase, combined with the slightly higher median cost calculated for APC 0339 based on CY 2003 claims, would likely result in higher aggregate Medicare payments to hospitals for observation care in CY 2005 than in previous years. We attribute the increase in payment rate for APC 0339 to an increase in the relative level of charges reported by hospitals for observation services in CY

2003, compared to the relative level of charges reported by hospitals for all other outpatient services furnished during the same period. Our budget neutrality simulations, which we discuss in section XVI. of this preamble take into account both the increased payment for APC 0339 proposed for CY 2005, as well as the increase in the volume of separately payable observation services that we project could result from the changes in criteria that we are proposing for CY 2005.

Moreover, the increase in payments for observation care may be offset by a modest decrease in the number of previously required diagnostic tests performed by hospitals for patients in observation and in the reduction of billing for HCPCS code G0264, which pays for the initial nursing assessment of a patient directly admitted to observation for congestive heart failure, asthma, or chest pain when the stay does not meet all of the criteria for G0244.

In summary, to receive separate payment for medically necessary observation services, G0244 in APC 0339, involving specific goals and a plan of care that are distinct from the goals and plan of care for an emergency department, physician office, or clinic visit, we are proposing the following requirements beginning in CY 2005:

- The beneficiary must have one of three medical conditions: congestive heart failure, chest pain, or asthma. The hospital bill must report as the admitting or principal diagnosis an appropriate ICD-9-CM code to reflect the condition. The eligible ICD-9-CM diagnosis codes for CY 2005 are shown in Table 34 below.

- The hospital must provide and report on the bill an emergency department visit (APC 0610, 0611, or 0612), clinic visit (APC 0600, 0601, or 0602), or critical care (APC 0620) on the same day or the day before the separately payable observation care (G0244) is provided. For direct admissions to observation, in lieu of an emergency department visit, clinic visit, or critical care, G0263 (Adm with CHF, CP, asthma) must be billed on the same day as G0244.

- HCPCS code G0244 must be billed for a minimum of 8 hours.

- No procedures with a T status indicator, except the code for infusion therapy of other than a chemotherapy drug (currently HCPCS code Q0081 or as proposed in this proposed rule, CPT code 90780), can be reported on the same day or day before observation care is provided.

- Observation time must be documented in the medical record and begins with the beneficiary's admission to an observation bed and ends when he or she is discharged from the hospital.

- The beneficiary must be in the care of a physician during the period of observation, as documented in the medical record by admission, discharge, and other appropriate progress notes that are timed, written, and signed by the physician.

- The medical record must include documentation that the physician explicitly assessed patient risk to determine that the beneficiary would benefit from observation care.

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Table 34.--CY 2005 Eligible Diagnosis Codes For Billing Observation Services

| Required Diagnosis For: | Eligible ICD-9-CM Code | Code Descriptor | |
|-------------------------|------------------------|--|--|
| Chest Pain | 411.0 | Postmyocardial infarction syndrome | |
| | 411.1 | Intermediate coronary syndrome | |
| | 411.81 | Coronary occlusion without myocardial infarction | |
| | 411.89 | Other acute ischemic heart disease | |
| | 413.0 | Angina decubitus | |
| | 413.1 | Prinzmetal angina | |
| | 413.9 | Other and unspecified angina pectoris | |
| | 786.05 | Shortness of breath | |
| | 786.50 | Chest pain, unspecified | |
| | 786.51 | Precordial pain | |
| | 786.52 | Painful respiration | |
| | 786.59 | Other chest pain | |
| | Asthma | 493.01 | Extrinsic asthma with status asthmaticus |
| | | 493.02 | Extrinsic asthma with acute exacerbation |
| 493.11 | | Intrinsic asthma with status asthmaticus | |
| 493.12 | | Intrinsic asthma with acute exacerbation | |
| 493.21 | | Chronic obstructive asthma with status asthmaticus | |
| 493.22 | | Chronic obstructive asthma with acute exacerbation | |
| 493.91 | | Asthma, unspecified with status asthmaticus | |
| 493.92 | | Asthma, unspecified with acute exacerbation | |
| 391.8 | | Other acute rheumatic heart disease | |
| 398.91 | | Rheumatic heart failure (congestive) | |
| Heart Failure | 402.01 | Malignant hypertensive heart disease with congestive heart failure | |
| | 402.11 | Benign hypertensive heart disease with congestive heart failure | |
| | 402.91 | Unspecified hypertensive heart disease with congestive heart failure | |
| | 404.01 | Malignant hypertensive heart and renal disease with congestive heart failure | |
| | 404.03 | Malignant hypertensive heart and renal disease with congestive heart and renal failure | |
| | 404.11 | Benign hypertensive heart and renal disease with congestive heart failure | |
| | 404.13 | Benign hypertensive heart and renal disease with congestive heart and renal failure | |

| Required Diagnosis For: | Eligible ICD-9-CM Code | Code Descriptor |
|-------------------------|------------------------|--|
| | 404.91 | Unspecified hypertensive heart and renal disease with congestive heart failure |
| | 404.93 | Unspecified hypertensive heart and renal disease with congestive heart and renal failure |
| | 428.0 | Congestive heart failure |
| | 428.1 | Left heart failure |
| | 428.20 | Unspecified systolic heart failure |
| | 428.21 | Acute systolic heart failure |
| | 428.22 | Chronic systolic heart failure |
| | 428.23 | Acute on chronic systolic heart failure |
| | 428.30 | Unspecified diastolic heart failure |
| | 428.31 | Acute diastolic heart failure |
| | 428.32 | Chronic diastolic heart failure |
| | 428.33 | Acute on chronic diastolic heart failure |
| | 428.40 | Unspecified combined systolic and diastolic heart failure |
| | 428.41 | Acute combined systolic and diastolic heart failure |
| | 428.42 | Chronic combined systolic and diastolic heart failure |
| | 428.43 | Acute on chronic combined systolic and diastolic heart failure |
| | 428.9 | Heart failure, unspecified |

E. Procedures That Will Be Paid Only as Inpatient Procedures

[If you choose to comment on issues in this section, include the caption

“Inpatient Procedures” at the beginning of your comment.]

Before implementation of the OPSS, Medicare paid reasonable costs for services provided in the outpatient

department. The claims submitted were subject to medical review by the fiscal intermediaries to determine the appropriateness of providing certain services in the outpatient setting. We

did not specify in regulations those services that were appropriate to provide only in the inpatient setting and that, therefore, should be payable only when provided in that setting.

Section 1833(t)(1)(B)(i) of the Act gives the Secretary broad authority to determine the services to be covered and paid for under the OPSS. In the April 7, 2000 final rule with comment period, we identified procedures that are typically provided only in an inpatient setting and, therefore, would not be paid by Medicare under the OPSS (65 FR 18455). These procedures comprise what is referred to as the "inpatient list." The inpatient list specifies those services that are only paid when provided in an inpatient setting. These are services that require inpatient care because of the nature of the procedure, the need for at least 24 hours of postoperative recovery time or monitoring before the patient can be safely discharged, or the underlying physical condition of the patient. As we discussed in the April 7, 2000 final rule with comment period (65 FR 18455) and the November 30, 2001 final rule (66 FR 59856), we use the following criteria when reviewing procedures to determine whether or not they should be moved from the inpatient list and assigned to an APC group for payment under the OPSS:

- Most outpatient departments are equipped to provide the services to the Medicare population.

- The simplest procedure described by the code may be performed in most outpatient departments.

- The procedure is related to codes that we have already removed from the inpatient list.

In the November 1, 2002 final rule (67 FR 66792), we added the following criteria for use in reviewing procedures to determine whether they should be removed from the inpatient list and assigned to an APC group for payment under the OPSS:

- We have determined that the procedure is being performed in multiple hospitals on an outpatient basis; or

- We have determined that the procedure can be appropriately and safely performed in an ASC and is on the list of approved ASC procedures or proposed by us for addition to the ASC list.

At the February 2004 meeting, the APC Panel made the recommendation to remove the following four abscess drainage CPT codes from the inpatient list: 44901, 49021, 49041, and 49061. As discussed in section II.G. of this preamble, we agree with the APC Panel's recommendation and we are proposing to remove these four abscess codes from the inpatient list and to assign them to APC 0037 for OPSS payment in CY 2005.

The APC Panel also made a recommendation to either eliminate the inpatient list from the OPSS or to evaluate the current list of procedures for any other appropriate changes. To determine the codes to be removed from the inpatient list, we have evaluated those codes that are performed in all sites of service other than the hospital inpatient setting approximately 60 percent or more of the time. We have chosen 60 percent as a threshold because, in general, we believe that a procedure should be considered for removal from the inpatient list if there is evidence that it is being performed less than one half of the time in the hospital inpatient setting. For procedures where data have shown that they can be done in a safe and appropriate manner on an outpatient basis in a variety of different hospitals, we believe that it would be reasonable to consider the removal of the procedure from the inpatient list. After careful evaluation of the list of inpatient codes against our criteria, we are proposing to remove the procedures listed in Table 35 from the inpatient list and to place them in APCs for payment under the OPSS. All of these codes would be assigned a status indicator "T", except for CPT codes 00174 and 00928, which would be assigned a status indicator "N" because, under the OPSS, anesthesia codes are packaged into the procedures with which they are billed.

Table 35.-- Proposed Procedure Codes to Be Removed From Inpatient List and Proposed APC Assignment

| HCPCS | Description | Proposed APC | SI |
|-------|------------------------------|--------------|----|
| 00174 | Anesth, pharyngeal surgery | n/a | N |
| 00928 | Anesth, removal of testis | n/a | N |
| 21356 | Treat cheek bone fracture | 0254 | T |
| 21557 | Remove tumor, neck/chest | 0022 | T |
| 22222 | Revision of thorax spine | 0208 | T |
| 24149 | Radical resection of elbow | 0050 | T |
| 31292 | Nasal/sinus endoscopy, surg | 0075 | T |
| 43510 | Surgical opening of stomach | 0141 | T |
| 45541 | Correct rectal prolapse | 0150 | T |
| 50020 | Renal abscess, open drain | 0162 | T |
| 50570 | Kidney endoscopy | 0160 | T |
| 50572 | Kidney endoscopy | 0160 | T |
| 50574 | Kidney endoscopy & biopsy | 0160 | T |
| 50575 | Kidney endoscopy | 0163 | T |
| 50576 | Kidney endoscopy & treatment | 0161 | T |
| 53085 | Drainage of urinary leakage | 0166 | T |
| 58770 | Create new tubal opening | 0195 | T |
| 50578 | Renal endoscopy/radiotracer | 0161 | T |
| 44901 | Drain app abscess, precut | 0037 | T |
| 49021 | Drain abdominal abscess | 0037 | T |
| 49041 | Drain, percut, abdom abscess | 0037 | T |
| 49061 | Drain, percut, retroper absc | 0037 | T |

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For the reasons stated above, we are not proposing to accept the APC Panel's recommendation to completely eliminate the inpatient list for CY 2005. However, we are soliciting comments, especially from professional societies and hospitals, on whether these procedures are appropriate for removal from the inpatient list and on whether any other such procedures should be paid under the OPSS. We are also asking commenters who recommend that a procedure that is currently on the inpatient list be reclassified to an APC to include evidence (preferably from peer-reviewed medical literature) that the procedure is being performed on an outpatient basis in a safe and effective manner. We request that commenters suggest an appropriate APC assignment for the procedure, and furnish supporting data, in the event that we determine in the final rule, based on comments, that the procedure would be payable under the OPSS in CY 2005.

F. Hospital Coding for Evaluation and Management Services

[If you choose to comment on issues in this section, include the caption "E/M Services Guidelines" at the beginning of your comment.]

1. Background

Currently, for claims processing purposes, we direct hospitals to use the CPT codes used by physicians to report clinic and emergency department visits on claims paid under the OPSS. However, we have received comments suggesting that the CPT codes are insufficient to describe the range and mix of services provided to patients in the clinic and emergency department setting because they are defined to reflect only the activities of physicians (for example, ongoing nursing care, and patient preparation for diagnostic tests). For both clinic and emergency department visits, there are currently five levels of care. To facilitate proper coding, we require each hospital to

create an internal set of guidelines to determine what level of visit to report for each patient (April 7, 2000, final rule with comment period (65 FR 18434)).

We have continued our efforts to address the situation of proper coding of clinic and emergency department visits to ensure proper Medicare payments to hospitals. Commenters who responded to the August 24, 2001 OPSS proposed rule (66 FR 44672) recommended that we retain the existing evaluation and management coding system until facility-specific evaluation and management codes for emergency department and clinic visits, along with national coding guidelines, were established. Commenters also recommended that we convene a panel of experts to develop codes and guidelines that are simple to understand and to implement, and that are compliant with the HIPAA requirements. We agreed with these commenters, and in our November 1, 2002 OPSS final rule (67 FR 66792), we

stated that we believed the most appropriate forum for development of new code definitions and guidelines would be an independent expert panel that could provide information and data to us. We believed that, in light of the expertise of organizations such as the AHA and the AHIMA, these organizations were particularly well equipped to do so and to provide ongoing education to providers.

The AHA and the AHIMA, on their own initiative, convened an independent expert panel comprised of members of the AHA and AHIMA, as well as representatives of the American College of Emergency Physicians, the Emergency Nurses Association, and the American Organization of Nurse Executives, to develop code descriptions and guidelines for hospital emergency department and clinic visits and to provide us with the information and data. In June 2003, we received the panel's input concerning a set of national coding guidelines for emergency and clinic visits.

We are currently considering the panel's set of coding guidelines and the public comments we have received in response to them. In the November 7, 2003 OPSS final rule with comment period (68 FR 63463), we also indicated that we would implement new evaluation and management codes only when we are also ready to implement guidelines for their use. We further indicated that we would allow ample opportunity for public comment, systems changes, and provider education before implementing such new coding requirements.

2. Proposal for Evaluation and Management Guidelines

In the November 7, 2003 OPSS final rule with comment period (68 FR 63463), we discussed our primary concerns and direction for developing the proposed coding guidelines for emergency department and clinic visits and indicated our plans to make available for public comment the proposed coding guidelines that we are considering through the CMS OPSS website as soon as we have completed them. We will notify the public through our "listserve" when the proposed guidelines will become available. To subscribe to this listserve, individuals should access the following website: <http://www.cms.hhs.gov/medlearn/listserv.asp> and follow the directions to the OPSS listserve. When we post the proposed guidelines on the website, we will provide ample opportunity for the public to comment.

In addition, we will provide ample time to train clinicians and coders on

the use of new codes and guidelines and for hospitals to modify their systems. We anticipate providing at least 6 to 12 months notice prior to implementation of the new evaluation and management codes and guidelines. We will continue working to develop and test the new codes even though we have not yet made plans for their implementation.

G. Brachytherapy Payment Issues

[If you choose to comment on issues in this section, include the caption "Brachytherapy" at the beginning of your comment.]

Payment for Brachytherapy Sources (Section 621(b) of Pub. L. 108-173, MMA)

Sections 621(b)(1) and (b)(2) of Pub. L. 108-173 amended the Act by adding section 1833(t)(16)(C) and section 1833(t)(2)(H), respectively, to establish separate payment for devices of brachytherapy consisting of a seed or seeds (or radioactive source) based on a hospital's charges for the service, adjusted to cost. Charges for the brachytherapy devices may not be used in determining any outlier payments under the OPSS. In addition, consistent with our practice under the OPSS to exclude items paid at cost from budget neutrality consideration, these items must be excluded from budget neutrality as well. The period of payment under this provision is for brachytherapy sources furnished from January 1, 2004 through December 31, 2006.

In the OPSS interim final rule with comment period published on January 6, 2004 (69 FR 827), we implemented sections 621(b)(1) and 621(b)(2)(C) of Pub. L. 108-173. We stated that we will pay for the brachytherapy sources listed in Table 4 of the interim final rule with comment period (69 FR 828) on a cost basis, as required by the statute. The status indicator for brachytherapy sources was changed to "H." The definition of status indicator "H" was for pass-through payment only for devices, but the brachytherapy sources affected by new sections 1833(t)(16)(C) and 1833(t)(2)(H) of the Act are not pass-through device categories. Therefore, we also changed, for CY 2004, the definition of payment status indicator "H" to include nonpass-through brachytherapy sources paid on a cost basis. This use of status indicator "H" is a pragmatic decision that allows us to pay for brachytherapy sources in accordance with new section 1833(t)(16)(C) of the Act, effective January 1, 2004, without having to modify our claims processing systems. We stated in the January 6, 2004 interim

final rule with comment period that we would revisit the use and definition of status indicator "H" for this purpose in the OPSS update for CY 2005. Therefore, in this proposed rule, we are soliciting further comments on this policy.

As we indicated in the January 6, 2004 interim final rule with comment period, we began payment for the brachytherapy source in HCPCS code C1717 (Brachytx source, HCR lr-192) based on the hospital's charge adjusted to cost beginning January 1, 2004. Prior to enactment of Pub. L. 108-173, these sources were paid as packaged services in APC 0313. As a result of the requirement under Pub. L. 108-173 to pay for C1717 separately, we adjusted the payment rate for APC 0313, Brachytherapy, to reflect the unpackaging of the brachytherapy source.

Section 1833(t)(2)(H) of the Act, as added by section 621(b)(2)(C) of Pub. L. 108-173, mandated the creation of separate groups of covered OPD services that classify brachytherapy devices separately from other services or groups of services. The additional groups must be created in a manner that reflects the number, isotope, and radioactive intensity of the devices of brachytherapy furnished, including separate groups for Palladium-103 and Iodine-125 devices.

We invited the public to submit recommendations for new codes to describe brachytherapy sources in a manner that reflects the number, radioisotope, and radioactive intensity of the sources. We requested commenting parties to provide a detailed rationale to support recommended new codes. We stated that we would propose appropriate changes in codes for brachytherapy sources in the CY 2005 OPSS update.

At its meetings of February 18 through 20, 2004, the APC Panel heard from parties that recommended the addition of two new brachytherapy codes and HCPCS codes for high activity Iodine-125 and high activity Palladium-103. The APC Panel, in turn, recommended that CMS establish new HCPCS codes and new APCs, on a per source basis, for these two brachytherapy sources.

We have considered this recommendation and agree with the APC Panel. Therefore, we are proposing to establish the following two new brachytherapy source codes for CY 2005:

- Cxxx1 Brachytherapy source, high activity, Iodine-125, per source
- Cxxx2 Brachytherapy source, high activity, Palladium-103, per source

In addition, we believe the APC Panel's recommendation to establish new HCPCS codes that would distinguish high activity Iodine-125 from high activity Palladium-103 on a per source basis is an approach that should be implemented for other brachytherapy code descriptors, as well. Specifically, that recommendation would require that we include in the HCPCS code descriptor for such brachytherapy sources that the new high activity sources are paid "per source."

Therefore, we are proposing to include "per source" in the HCPCS code descriptors for all those brachytherapy source descriptors for which units of payment are not already delineated.

Further, a new linear source Palladium-103 came to our attention in CY 2003 by means of an application for a new device category for pass-through payment. While we declined to create a new category for pass-through payment, we believe that this source falls under the provisions of Pub. L. 108-173 for separate cost-based payment as a

brachytherapy source. Accordingly, we are proposing to add, for separate payment, the following code of linear source Palladium-103: Cxxx3 Brachytherapy linear source, Palladium-103, per 1 mm.

Table 36 provides a complete listing of the HCPCS codes, long descriptors, APC assignments and status indicators that we are proposing for brachytherapy sources paid under the OPSS in CY 2005.

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Table 36.—Current and Proposed Separately Payable Brachytherapy Sources

| HCPCS | Long Descriptor | APC | APC title | NEW Status Indicator |
|---------|--|------|---------------------------------|----------------------|
| C1716 | Brachytherapy source, Gold 198, per source | 1716 | Brachytx source, Gold 198 | H |
| C1717 | Brachytherapy source, High Dose Rate iridium 192, per source | 1717 | Brachytx source, HDR Ir-192 | H |
| C1718 | Brachytherapy source, Iodine 125, per source | 1718 | Brachytx source, Iodine 125 | H |
| C1719 | Brachytherapy source, Non-High Dose Rate Iridium 192, per source | 1719 | Brachytx source, Non-HDR Ir-192 | H |
| C1720 | Brachytherapy source, Palladium 103, per source | 1720 | Brachytx source, Paladium 103 | H |
| C2616 | Brachytherapy source, Yttrium-90, per source | 2616 | Brachytx source, Yttrium-90 | H |
| C2632* | Brachytherapy solution, Iodine125, per mCi | 2632 | Brachytx sol, I-125, per mCi | H |
| C2633 | Brachytherapy source, Cesium-131, per source | 2633 | Brachytx source, Cesium-131 | H |
| Cxxx1** | Brachytherapy source, High Activity, Iodine-125, per source | TBD | Brachytx source, HA, I-125 | H |
| Cxxx2** | Brachytherapy source, High Activity, Paladium-103, per source | TBD | Brachytx source, HA, P-103 | H |
| Cxxx3** | Brachytherapy linear source, Paladium-103, per 1MM | TBD | Brachytx linear source, P-103 | H |

*Currently paid as a pass-through device category, scheduled to expire from pass-through payment as of January 1, 2005.

** Newly proposed brachytherapy payment codes beginning January 1, 2005.

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H. Payment for APC 0375, Ancillary Outpatient Services When Patient Expires

In CY 2003, we implemented a new modifier -CA, Procedure payable only in the inpatient setting when performed emergently on an outpatient who dies

before admission. The purpose of this modifier is to allow payment, under certain conditions, for outpatient services on a claim that have the same date of service as a HCPCS code with status indicator "C" that is billed with modifier -CA. When a procedure with status indicator "C" (inpatient services not payable under the OPSS) was billed

with modifier -CA, we made payment of a fixed amount, under New Technology APC 0977.

In the November 7, 2003 final rule with comment period, we implemented APC 0375 to pay for services furnished in CY 2004 on the same date billed for a procedure code with modifier -CA, (68 FR 63467). We were concerned that

continuing to pay a fixed amount under a new technology APC for otherwise payable outpatient services furnished on the same date of service that a procedure with status indicator "C" is performed emergently on an outpatient would not result in appropriate payment for these services. That is, continuing to make payment under a new technology APC would not allow us to establish a relative payment weight for the services, subject to recalibration based on actual hospital costs.

We implemented a payment rate of \$1,150 for APC 0375, which is the payment amount for the restructured New Technology—Level XIII, APC 1513, that replaced APC 0977, in CY 2004. We also stated that for the CY 2005 update of the OPSS, we would calculate a median cost and relative payment weight for APC 0375 using charge data from CY 2003 claims for line items with a HCPC code and status indicator "V," "S," "T," "X," "N," "K," "G," and "H," in addition to charges for revenue codes without a HCPCS code, that have the same date of service reported for a procedure billed with modifier -CA. We would then determine whether to set payment for APC 0375 based on our claims data or continue a fixed payment rate for these special services.

In accordance with this methodology, for CY 2005 we reviewed the services on the 18 claims that reported modifier -CA in CY 2003. We calculated a median cost for the aggregated payable services on the 18 claims reporting modifier -CA in the amount of \$2,804.18. The mix of outpatient services that were reported appeared reasonable for a patient with an emergent condition requiring immediate medical intervention, and revealed a wide range of costs, which would also be expected. Therefore, we are proposing to set the payment rate for APC 0375 in accordance with the same methodology we have followed to set payment rates for the other procedural APCs in CY 2005, based on the relative payment weight calculated for APC 0375.

VIII. Proposed Conversion Factor Update for CY 2005

[If you choose to comment on issues in this section, please indicate the caption "Conversion Factor" at the beginning of your comment.]

Section 1833(t)(3)(C)(ii) of the Act requires us to update the conversion factor used to determine payment rates under the OPSS on an annual basis. Section 1833(t)(3)(C)(iv) of the Act provides that, for CY 2005, the update is equal to the hospital inpatient market

basket percentage increase applicable to hospital discharges under section 1886(b)(3)(B)(iii) of the Act.

The forecast of the hospital market basket increase for FY 2005 published in the IPPS proposed rule on May 18, 2004, is 3.3 percent (69 FR 28374). To set the proposed OPSS conversion factor for CY 2005, we increased the CY 2004 conversion factor of \$54,561, as specified in the November 7, 2003 final rule (68 FR 63459), by 3.3 percent.

In accordance with section 1833(t)(9)(B) of the Act, we further adjusted the proposed conversion factor for CY 2004 to ensure that the revisions we are proposing to update by means of the wage index are made on a budget-neutral basis. We calculated a proposed budget neutrality factor of 1.001 for wage index changes by comparing total payments from our simulation model using the proposed FY 2005 IPPS wage index values to those payments using the current (FY 2004) IPPS wage index values. In addition, for CY 2005, allowed pass-through payments have decreased to 0.13 percent of total OPSS payments, down from 1.3 percent in CY 2004. The proposed conversion factor is also adjusted by the difference in estimated pass-through payments of 1.17 percent.

The proposed market basket increase update factor of 3.3 percent for CY 2005, the required wage index budget neutrality adjustment of approximately 1.001, and the 1.17 percent adjustment to the pass-through estimate result in a proposed conversion factor for CY 2005 of \$57,098.

IX. Proposed Wage Index Changes for CY 2005

[If you choose to comment on issues in this section, please include the caption "Wage Index" at the beginning of your comment.]

Section 1833(t)(2)(D) of the Act requires the Secretary to determine a wage adjustment factor to adjust, for geographic wage differences, the portion of the OPSS payment rate and the copayment standardized amount attributable to labor and labor-related cost. This adjustment must be made in a budget neutral manner.

As discussed in section III.B., of this preamble, we are proposing to standardize 60 percent of estimated costs (labor-related costs) for geographic area wage variation using the IPPS wage indices that are calculated prior to adjustments for reclassification to remove the effects of differences in area wage levels in determining the OPSS payment rate and the copayment standardized amount. The proposed IPPS pre-reclassified urban and rural

wage indices for FY 2005 are reprinted in Addenda L and M of this proposed rule.

In accordance with section 1886(d)(3)(E) of the Act, the IPPS wage index is updated annually. In this proposed rule, we are proposing to use the proposed corrected FY 2005 hospital IPPS wage index for urban areas published in the **Federal Register** on June 25, 2004 (69 FR 35919) and the proposed FY 2005 hospital IPPS wage index for rural areas published in the **Federal Register** on May 18, 2004 (69 FR 28580) to determine the wage adjustments for the OPSS payment rate and the copayment standardized amount for CY 2005. We note that the proposed FY 2005 IPPS wage indices reflect a number of proposed changes as a result of the new OMB standards for defining geographic statistical areas, the proposed implementation of an occupational mix adjustment as part of the wage index, and new wage adjustments provided for under Pub. L. 108-173. The following is a brief summary of the proposed changes in the FY 2005 IPPS wage indices and any adjustments that we are proposing to apply to the OPSS for CY 2005. (We refer the reader to the May 18, 2004 IPPS proposed rule (69 FR 28248) for a fuller discussion of the proposed changes to the wage indices.)

A. The proposed use of the new Core Based Statistical Areas (CBSAs) issued by the Office of Management and Budget (OMB) as revised standards for designating geographical statistical areas based on the 2000 Census data, to define labor market areas for hospitals for purposes of the IPPS wage index. The OMB revised standards were published in the **Federal Register** on December 27, 2000 (65 FR 82235), and OMB announced the new CBSAs on June 6, 2003, through an OMB bulletin. In the FY 2005 hospital IPPS proposed rule, for wage index purposes, we proposed to treat hospitals designated as rural under the new CBSA classification system that were previously located in an MSA as if they were located in their old MSA, and further proposed to maintain that MSA designation for determining a wage index for the next 3 years. To be consistent, we are proposing to apply the same criterion to TEFRA hospitals paid under the OPSS but not under the IPPS and to maintain that MSA designation for determining a wage index for the next 3 years. This proposed policy would impact six TEFRA providers for purposes of OPSS payment.

B. The proposed incorporation of a blend of an occupational mix adjusted wage index into the unadjusted wage

index to reflect the effect of hospitals' employment choices of occupational categories to provide specific patient care.

C. The reclassifications of hospitals to geographic areas for purposes of the wage index that were approved under the one-time appeal process for hospitals authorized under section 508 of Pub. L. 108–173 (May 18, 2004 IPPS proposed rule (69 FR 28265 through 28266)).

D. The proposed implementation of an adjustment to the wage index to reflect the “out-migration” of hospital employees who reside in one county but commute to work in a different county with a higher wage index, in accordance with section 505 of Pub. L. 108–173 (May 18, 2004 IPPS proposed rule (69 FR 28266 through 28269)). Hospitals paid under the IPPS located in the qualifying section 505 “out-migration” counties received a wage index increase. We are proposing to apply the same criterion to TEFRA hospitals paid under the OPSS but not paid under the IPPS. Therefore, TEFRA hospitals located in a qualifying section 505 county would also receive an increase to their wage index under OPSS. These additional hospitals are listed in Addendum K to this proposed rule with all IPPS hospitals receiving a wage index increase because they are located in a qualifying 505 county.

The following proposed FY 2005 IPPS wage indices that were published in the May 18, 2004 **Federal Register** (69 FR 28195) or corrected in the June 25, 2004 **Federal Register** (69 FR 35919) are reprinted as Addenda in this OPSS proposed rule: Addendum H—Wage Index for Urban Areas; Addendum I—Wage Index for Rural Areas; Addendum J—Wage Index for Hospitals That Are Reclassified; Addendum K—Wage Index Adjustment for Commuting Hospital Employees (Out-Migration) in Qualifying Counties; Addendum L—Pre-Reclassified Wage Index for Urban Areas; Addendum M—Pre-Reclassified Wage Index for Rural Areas; Addendum N—Hospital Reclassifications and Redesignations by Individual Hospital under Section 508 of Pub. L. 108–173. We are proposing to use these IPPS indices, as they are finalized by July 30, 2004, to adjust the payment rates and coinsurance amounts that we will publish in the OPSS final rule for CY 2005. Because the reclassification that results from implementation of section 508 of Pub. L. 108–173 is not subject to budget neutrality, we have not taken it into account in developing the OPSS budget neutrality estimates for CY 2005. However, the wage index increases that result from implementation of section

505 of Pub. L. 108–173 are subject to budget neutrality. Therefore, we have included the wage index changes associated with section 505 of Pub. L. 108–173 in calculating the OPSS budget neutrality estimates for CY 2005.

X. Determination of Proposed Payment Rates and Outlier Payments for CY 2005

A. Calculation of the Proposed National Unadjusted Medicare Payment

[If you choose to comment on issues in this section, please indicate the caption “Payment Rate for APCs” at the beginning of your comment.]

The basic methodology for determining prospective payment rates for OPD services under the OPSS is set forth in existing regulations at §§ 419.31 and 419.32. The payment rate for services and procedures for which payment is made under the OPSS is the product of the conversion factor calculated in accordance with section VIII. of this proposed rule, and the relative weight determined under section III. of this proposed rule. Therefore, the national unadjusted payment rate for APCs contained in Addendum A to this proposed rule and for payable HCPCS codes in Addendum B to this proposed rule (Addendum B is provided as a convenience for readers) was calculated by multiplying the proposed CY 2005 scaled weight for the APC by the proposed CY 2005 conversion factor.

However, to determine the payment that would be made under the OPSS to a specific hospital for an APC for a service other than a drug, in a circumstance in which the multiple procedure discount does not apply, we take the following steps:

Step 1. Calculate 60 percent (the labor-related portion) of the national unadjusted payment rate. Since initial implementation of the OPSS, we have used 60 percent to represent our estimate of that portion of costs attributable, on average, to labor. (See the April 7, 2000 final rule with comment period (65 FR 18496 through 18497), for a detailed discussion of how we derived this percentage.)

Step 2. Determine the wage index area in which the hospital is located and identify the wage index level that applies to the specific hospital. Addenda H, I, J, and L to this proposed rule, which reflect the new proposed geographic statistical areas as a result of revised OMB standards (urban and rural) to which hospitals would be assigned for FY 2005 under the IPPS and the reclassifications of hospitals under the one-time appeals process

under section 508 of Pub. L. 108–173, contain the wage index values assigned to each area. The wage index values include the proposed occupational mix adjustment described in section IX. of this proposed rule that was developed for the IPPS.

Step 3. Adjust the wage index of hospitals located in certain qualifying counties that have a relatively high percentage of hospital employees who reside in the county but who work in a different county with a higher wage index, in accordance with section 505 of Pub. L. 108–173. Addendum K contains the qualifying counties and the proposed wage index increase developed for the IPPS.

Step 4. Multiply the applicable wage index determined under Steps 2 and 3 by the amount determined under Step 1 that represents the labor-related portion of the national unadjusted payment rate.

Step 5. Calculate 40 percent (the nonlabor-related portion) of the national unadjusted payment rate and add that amount to the resulting product of Step 4. The result is the wage index adjusted payment rate for the relevant wage index area.

B. Proposed Hospital Outpatient Outlier Payments

[If you choose to comment on issues in this section, please indicate the caption “Outlier Payments” at the beginning of your comment.]

For OPSS services furnished between August 1, 2000, and April 1, 2002, we calculated outlier payments in the aggregate for all OPSS services that appear on a bill in accordance with section 1833(t)(5)(D) of the Act. In the November 30, 2001 final rule (66 FR 59856 through 59888), we specified that, beginning with CY 2002, we calculate outlier payments based on each individual OPSS service. We revised the aggregate method that we had used to calculate outlier payments and began to determine outlier payments on a service-by-service basis.

As explained in the April 7, 2000 final rule with comment period (65 FR 18498), we set a target for outlier payments at 2.0 percent of total payments. For purposes of simulating payments to calculate outlier thresholds, we set the target for outlier payments at 2.0 percent for CYs 2001, 2002, 2003, and 2004. For reasons discussed in the November 7, 2003 final rule with comment period (68 FR 63469), for CY 2004, we established a separate outlier threshold for CMHCs. For CY 2004, the outlier threshold is met when costs of furnishing a service or procedure by a hospital exceed 2.6 times the APC payment amount or when

the cost of furnishing services by a CMHC exceeds 3.65 times the APC payment amount. The current outlier payment percentage is 50 percent of the amount of costs in excess of the threshold.

For CY 2005, we are proposing to continue to set the target for outlier payments at 2.0 percent of total OPSS payments (a portion of that 2.0 percent, 0.6 percent, would be allocated to CMHCs for partial hospitalization program (PHP) services).

Outlier payments are intended to ensure beneficiary access to services by having the Medicare program share in the financial loss incurred by a provider associated with individual, extraordinarily expensive cases. They are not intended to pay hospitals additional amounts for specific services on a routine basis. In its March 2004 Report, MedPAC found that 50 percent of OPSS outlier payments in CY 2004 were for 21 fairly common services that had relatively low APC payment rates, such as plain film x-rays and pathology services. We are concerned by the MedPAC findings which indicate that a significant portion of outlier payments are being made for high volume, lower cost services rather than for unusually high cost services, contrary to the intent of an outlier policy. (A full discussion of the 2004 MedPAC recommendations related to the OPSS and the CMS response to those recommendations can be found in section XII. of this preamble.)

In light of the MedPAC findings, we are proposing to change the standard we have used to qualify a service for outlier payments since the OPSS was originally implemented. That is, in addition to the outlier threshold we have applied since the beginning of the OPSS, which requires that a hospital's cost for a service exceed the APC payment rate for that service by a specified multiple of the APC payment rate, we are proposing to add a fixed dollar threshold that would have to be met in order for a service to qualify for an outlier payment. Section 1833(t)(5)(A) of the Act gives the Secretary the authority to impose a fixed dollar threshold in addition to an APC multiplier threshold. By imposing a dollar threshold, we expect to redirect outlier payments from lower cost, relatively simple procedures to more complex, expensive procedures for which the costs associated with individual cases could be exceptionally high and for which hospitals have a financial risk would be at greater risk financially.

In this proposed rule, we are proposing to require that, in order to qualify for an outlier payment, the cost

of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a \$625 fixed dollar threshold. Based upon our review of the data, a threshold of \$625 better meets our 2.0 percent targets. When the cost of a hospital outpatient service exceeds these thresholds, we would pay 50 percent of the amount by which the cost of furnishing the service exceeds 1.5 times the APC payment rate (the APC multiple) as an outlier payment.

We are proposing to set the dollar threshold at a level that would, for all intents and purposes, exclude outliers for a number of lower cost services. For example, under the CY 2004 methodology a service mapped to an APC with a payment rate of \$20 would only have to exceed \$52 ($2.6 \times$ APC payment amount) in order to qualify for an outlier payment. Our proposed policy for CY 2005 with the additional fixed dollar threshold would require that the service in this example exceed \$645 in order to qualify for an outlier payment. That is, the cost of the service would have to exceed both 1.5 times the APC payment rate, or \$30, and \$645 ($\$20 + \625).

The proposed dollar threshold would also enable us to lower the APC multiplier portion of the total outlier threshold from 2.6 to 1.5. We have chosen a multiple of 1.5 because this continues to recognize some variability relative to APC payment implicit in the current statute, but limits its impact in determining outlier payments. Under the proposed changes to the outlier methodology, it would also be easier for the higher cost cases of a complex, expensive procedure or service to qualify for outlier payments because the \$625 threshold is a small portion of the total payment rate for high cost services. For example, under the CY 2004 methodology, a service mapped to an APC with a payment rate of \$20,000 would have to exceed \$52,000 in order to qualify for an outlier payment but, as proposed for CY 2005, would have to exceed only \$30,000. That is, the cost of the service would have to exceed both 1.5 times the APC payment rate, or \$30,000, and \$20,625 ($\$20,000 + \625). Further, outlier payments for unusually expensive cases would be higher because the APC multiplier for outlier payment would decrease from 2.6 to 1.5 times the APC payment rate.

As discussed in the following section pertaining to Proposed Payment for Partial Hospitalization services, we are proposing to set the APC multiplier outlier threshold for CMHCs for CY 2005 at 3.35 times the APC payment amount and the CY 2005 outlier

payment percentage applicable to costs in excess of the threshold at 50 percent.

C. Proposed Payment for Partial Hospitalization

[If you choose to comment on issues in this section, please indicate the caption "Partial Hospitalization" at the beginning of your comment.]

1. Background

Partial hospitalization is an intensive outpatient program of psychiatric services provided to patients as an alternative to inpatient psychiatric care for beneficiaries who have an acute mental illness. A partial hospitalization program (PHP) may be provided by a hospital to its outpatients or by a Medicare-certified CMHC. Section 1833(t)(1)(B)(i) of the Act provides the Secretary with the authority to designate the hospital outpatient services to be covered under the OPSS. Section 419.21(c) of the Medicare regulations that implement this provision specifies that payments under the OPSS will be made for partial hospitalization services furnished by CMHCs. Section 1883(t)(2)(C) of the Act requires that we establish relative payment weights based on median (or mean, at the election of the Secretary) hospital costs determined by 1996 claims data and data from the most recent available cost reports. Payment to providers under the OPSS for PHPs represents the provider's overhead costs associated with the program. Because a day of care is the unit that defines the structure and scheduling of partial hospitalization services, we established a per diem payment methodology for the PHP APC, effective for services furnished on or after August 1, 2000. For a detailed discussion, see the April 7, 2000 OPSS final rule (65 FR 18452).

2. Proposed PHP APC Update for CY 2005

For calculation of the proposed CY 2005 per diem payment, we used the same methodology that was used to compute the CY 2004 per diem payment. For CY 2004, the per diem amount was based on three quarters of hospital and CMHC PHP claims data (for services furnished from April 1, 2002, through December 31, 2002). We used data from all hospital bills reporting condition code 41, which identifies the claim as partial hospitalization, and all bills from CMHCs because CMHCs are Medicare providers only for the purpose of providing partial hospitalization services. We used cost-to-charge ratios from the most recently available hospital and CMHC cost reports to

convert each provider's line item charges as reported on bills, to estimate the provider's cost for a day of PHP services. Per diem costs are then computed by summing the line item costs on each bill and dividing by the number of days on the bill.

Unlike hospitals, CMHCs do not file cost reports electronically and the cost report information is not included in the Healthcare Cost Report Information System (HCRIS). The CMHC cost reports are held by the Medicare fiscal intermediaries. In a Program Memorandum issued on January 17, 2003 (Transmittal A-03-004), we directed fiscal intermediaries to recalculate hospital and CMHC cost-to-charge ratios using the most recently settled cost reports by April 30, 2003. Following the initial update of cost-to-charge ratios, fiscal intermediaries were further instructed to continue to update a provider's cost-to-charge ratio and enter revised cost-to-charge ratios into the outpatient provider specific file. Therefore, for CMHCs, we use cost-to-charge ratios from the outpatient provider specific file. For CY 2005, we analyzed 12 months of data for hospital and CMHC PHP claims for services furnished between January 1, 2003, and December 31, 2003. Updated cost-to-charge ratios reduced the median cost per day for CMHCs. The revised medians are \$313 for CMHCs and \$213 for hospitals. Combining these files results in a median per diem PHP cost of \$297. As with all APCs in the OPSS, the median cost for each APC is scaled to be relative to a mid-level office visit and the conversion factor is applied. We are proposing the resulting APC amount for PHP of \$292.19 for CY 2005, of which \$58.44 is the beneficiary's coinsurance.

3. Separate Threshold for Outlier Payments to CMHCs

In the November 7, 2003 final rule with comment period (68 FR 63469), we indicated that, given the difference in PHP charges between hospitals and CMHCs, we did not believe it was appropriate to make outlier payments to CMHCs using the outlier percentage target amount and threshold established for hospitals. There was a significant difference in the amount of outlier payments made to hospitals and CMHCs for PHP. Further analysis indicated the use of outlier payments was contrary to the intent of the outlier policy as discussed previously in section X.B. above. Therefore, for CY 2004, we established a separate outlier threshold for CMHCs. We designated a portion of the estimated 2.0 percent outlier target amount specifically for CMHCs,

consistent with the percentage of projected payments to CMHCs under the OPSS in CY 2004, excluding outlier payments.

As stated in the November 7, 2003 final rule with comment period, CMHCs were projected to receive 0.5 percent of the estimated total OPSS payments in CY 2004. The CY 2004 outlier threshold is met when the cost of furnishing services by a CMHC exceeds 3.65 times the APC payment amount. The current outlier payment percentage is 50 percent of the amount of costs in excess of the threshold.

CMS and the Office of the Inspector General are continuing to monitor the excessive outlier payments to CMHCs. However, we do not yet have CY 2004 claims data that will show the effect of the separate outlier threshold for CMHCs that was effective January 1, 2004. Therefore, for CY 2005, as discussed in section X.B. of this preamble, we are proposing to continue to set the target for hospital outpatient outlier payments at 2.0 percent of total OPSS payments. We are proposing that a portion of that 2.0 percent, 0.6 percent, would be allocated to CMHCs for PHP services. We propose 0.6 percent for CMHCs because the percentage of CMHC's payment to total OPSS payment rose slightly in the CY 2003 claims data. In the absence of CY 2004 claims data, we developed simulations for CY 2005. As discussed in section X.B. of this preamble, we are proposing a dollar threshold in addition to an APC multiplier threshold for hospital OPSS outlier payments. However, because PHP is the only APC for which CMHCs may receive payment under the OPSS, we would not expect to redirect outlier payments by imposing a dollar threshold. Therefore, we are not proposing a dollar threshold for CMHC outliers. We are proposing to set the outlier threshold for CMHCs for CY 2005 at 3.35 percent times the APC payment amount and the CY 2005 outlier payment percentage applicable to costs in excess of the threshold at 50 percent.

XI. Proposed Beneficiary Copayments for CY 2005

[If you choose to comment on issues in this section, please indicate the caption "Copayment" at the beginning of your comment.]

A. Background

Section 1833(t)(3)(B) of the Act requires the Secretary to set rules for determining copayment amounts to be paid by beneficiaries for covered OPD services. Section 1833(t)(8)(C)(ii) of the Act specifies that the Secretary must

reduce the national unadjusted copayment amount for a covered OPD service (or group of such services) furnished in a year in a manner so that the effective copayment rate (determined on a national unadjusted basis) for that service in the year does not exceed specified percentages. For all services paid under the OPSS in CY 2005, the specified percentage is 45 percent of the APC payment rate. Section 1833(t)(3)(B)(ii) of the Act provides that, for a covered OPD service (or group of such services) furnished in a year, the national unadjusted coinsurance amount cannot be less than 20 percent of the OPD fee schedule amount.

B. Proposed Copayment for CY 2005

For CY 2005, we determined copayment amounts for new and revised APCs using the same methodology that we implemented for CY 2004 (see the November 7, 2003 final rule 68 FR 63458). The unadjusted copayment amounts for services payable under the OPSS effective January 1, 2005 are shown in Addendum A and Addendum B.

XII. MedPAC Recommendations

The Medicare Payment Advisory Commission (MedPAC) in its March 2004 Report to the Congress: "Medicare Payment Policy," made two recommendations relating to the OPSS. This section provides responses to those recommendations.

Recommendation 3A-2: The Congress should increase payment rates for the OPSS by the projected rate of increase in the hospital market basket index for CY 2005.

Response: Section 1833(t)(3)(C)(ii) of the Act requires the Secretary to update the conversion factor used to determine payment rates under the OPSS on an annual basis. Section 1833(t)(3)(C)(iv) of the Act provides that, for CY 2005, the update is equal to the hospital inpatient market basket percentage applicable under section 1886(b)(3) of the Act to hospital discharges. The forecast of the hospital market basket increase for FY 2005 published in the IPPS proposed rule on May 18, 2004, is 3.3 percent (69 FR 63459). Therefore, in accordance with this statutory requirement, we are proposing to update the OPSS conversion factor for CY 2005 by 3.3 percent as discussed in section VIII. of this preamble.

Recommendation 3A-3: The Congress should eliminate the outlier policy under the outpatient PPS.

Response: We have carefully reviewed the MedPAC report regarding this recommendation and are concerned by

its findings which indicate that a significant portion of outlier payments are being made for high volume, lower cost services rather than for unusually high cost services, contrary to the intent of an outlier policy. While it is evident that the OPPS outlier payments cannot be discontinued by us without a legislative change by Congress, we believe that the MedPAC findings warrant a change in our standard for qualifying a hospital outpatient service for an outlier payment. Therefore, in light of the MedPAC findings we are proposing to change the standard we have used to qualify a service for an outlier payment since initial implementation of the OPPS. As discussed in section X.B. of this preamble, we are proposing to add a fixed dollar threshold requirement to the current threshold, which requires that a hospital's cost for a service exceed the APC payment rate for that service by a specified multiple in order to qualify for an outlier payment. That is, we are proposing to require, that in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a \$625 fixed dollar threshold. By imposing a dollar threshold in addition to an APC multiplier threshold, we expect to redirect outlier payments from lower cost and relatively simple procedures to more complex, expensive procedures for which the costs associated with individual cases could be exceptionally high.

We are not proposing to apply the fixed dollar threshold to CMHCs because partial hospitalization services are the only APC service for which CMHCs can receive payment under the OPPS, and we would not expect to redirect outlier payment by imposing a dollar threshold.

XIII. Addenda Files Available to the Public Via Internet

The data referenced for Addenda C and G to this proposed rule are available on the following CMS Web site via Internet only: <http://www.cms.hhs.gov/providers/hopps/>. We are not republishing the data represented in these two Addenda to this proposed rule because of their volume. For additional assistance, contact Chris Smith-Ritter at (410) 786-0378. Addendum C—Healthcare Common Procedure Coding System (HCPCS) Codes by Ambulatory Payment Classification (APC.)

This file contains the HCPCS codes sorted by the APCs into which they are assigned for payment under the OPPS. The file also includes the APC status

indicators, relative weights, and OPPS payment amounts.

XIV. Collection of Information Requirements

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

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

We are soliciting public comments on each of these issues for the following information collection requirement: Section 410.16 Initial preventive physical examination.

Proposed new section 410.16 would require, for the furnishing of education, counseling and referral services as part of an initial preventive physical examination, a written plan for obtaining the appropriate screening and other preventive services which are also covered as separate Medicare B Part services.

The burden associated with this requirement is the time required of the physician or practitioner to provide beneficiaries with education, counseling, and referral services and to develop and provide a written plan for obtaining screening and other preventive services.

While these requirements are subject to the PRA, the burden associated with these requirements is currently captured and discussed in the "Revisions to Payment Policies Under the Physician Fee Schedule for CY 2005" (CMS-1429-P). This section mirrors that proposed rule for convenience purposes.

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements described above. These requirements are not effective until they have been approved by OMB.

If you comment on any of these information collection and record keeping requirements, please mail copies directly to the following:

Centers for Medicare & Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Regulations Development and Issuances Group, Attn: John Burke, CMS-1427-P, Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850; and Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Christopher Martin, CMS Desk Officer

Comments submitted to OMB may also be e-mailed to the following address: e-mail: Christopher.Martin@omb.eop.gov, or faxed to OMB at (202) 395-6974.

XV. Response to Public Comments

Because of the large number of items of correspondence we normally receive on a proposed rule, we are not able to acknowledge or respond to them individually. However, in preparing the final rule, we will consider all comments concerning the provisions of this proposed rule that we receive by the date and time specified in the **DATES** section of this preamble, and when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

XVI. Regulatory Impact Analysis

A. OPPS: General

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 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 (as amended by Executive Order 13258, which merely reassigns responsibility of duties) 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).

We estimate the effects of the provisions that would be implemented by this proposed rule would result in expenditures exceeding \$100 million in any 1 year. We estimate the total increase (from changes in the proposed rule as well as enrollment, utilization,

and case mix changes) in expenditures under the OPPS for CY 2005 compared to CY 2004 to be approximately \$1.5 billion. Therefore, this proposed rule is an economically significant rule under Executive Order 12866, and a major rule under 5 U.S.C. 804(2).

The RFA requires agencies to determine whether a rule would have a significant economic impact on a substantial number of small entities. 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 million to \$29 million in any 1 year (*see* 65 FR 69432).

For purposes of the RFA, we have determined that approximately 37 percent of hospitals would be considered small entities according to the Small Business Administration (SBA) size standards. We do not have data available to calculate the percentages of entities in the pharmaceutical preparation manufacturing, biological products, or medical instrument industries that would be considered to be small entities according to the SBA size standards. For the pharmaceutical preparation manufacturing industry (NAICS 325412), the size standard is 750 or fewer employees and \$67.6 billion in annual sales (1997 business census). For biological products (except diagnostic) (NAICS 325414), with \$5.7 billion in annual sales, and medical instruments (NAICS 339112), with \$18.5 billion in annual sales, the standard is 50 or fewer employees (*see* the standards website at <http://www.sba.gov/regulations/siccodes/>). 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 603 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we previously defined a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) (or New England County Metropolitan Area (NECMA)). However, under the new labor market definitions that we are proposing to adopt, we no longer employ NECMAs to define urban areas in New England. Therefore, we now define a small rural hospital as a hospital with fewer than 100 beds that

is located outside of an MSA. Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the OPPS, we classify these hospitals as urban hospitals. We believe that the changes in this proposed rule would affect both a substantial number of rural hospitals as well as other classes of hospitals and that the effects on some may be significant. Therefore, we conclude that this proposed rule would have a significant impact on a substantial number of small entities.

Unfunded Mandates

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in an expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This proposed rule would not mandate any requirements for State, local, or tribal governments. This proposed rule would not impose unfunded mandates on the private sector of more than \$110 million dollars.

Federalism

Executive Order 13132 establishes certain requirements that an agency must meet when it publishes a proposed rule (and subsequent final rule) that imposes substantial direct costs on State and local governments, preempts State law, or otherwise has Federalism implications.

We have examined this proposed rule in accordance with Executive Order 13132, Federalism, and have determined that it would not have an impact on the rights, roles, and responsibilities of State, local or tribal governments. The impact analysis (*see* Table 37) shows that payments to governmental hospitals (including State, local, and tribal governmental hospitals) would increase by 4.3 percent under the proposed rule.

B. Impact of Proposed Changes in This Proposed Rule

We are proposing several changes to the OPPS that are required by the statute. We are required under section 1833(t)(3)(C)(ii) of the Act to update annually the conversion factor used to determine the APC payment rates. We are also required under section 1833(t)(9)(A) of the Act to revise, not less often than annually, the wage index and other adjustments. In addition, we must review the clinical integrity of

payment groups and weights at least annually. Accordingly, in this proposed rule, we are proposing to update the conversion factor and the wage index adjustment for hospital outpatient services furnished beginning January 1, 2005 as we discuss in sections VIII. and IX., respectively, of this proposed rule. We are also proposing to revise the relative APC payment weights using claims data from January 1, 2003 through December 31, 2003. Finally, we are proposing to remove 6 devices and 12 drugs and biological agents from pass-through payment status. In particular, *see* section V.A.2 with regard to the expiration of pass-through status for devices and *see* section IV.A.2 with regard to the expiration of pass-through status for drugs and biological agents.

Under this proposed rule, the update change to the conversion factor as provided by statute as well as the additional money for the OPPS payments in CY 2005 as authorized by Pub. L. 108–173, including money for drugs and increases in the wage index adjustment, would increase total OPPS payments by 4.6 percent in CY 2005. The changes to the wage index and to the APC weights (which incorporate the cessation of pass-through payments for several drugs and devices) would not increase OPPS payments because the OPPS is budget neutral. However, the wage index and APC weight changes would change the distribution of payments within the budget neutral system as shown in Table 37 and described in more detail in this section.

C. Alternatives Considered

Alternatives to the changes we are making and the reasons that we have chosen the options we have are discussed throughout this proposed rule. Some of the major issues discussed in this proposed rule and options that affect our policies are discussed below.

Payment for Device-Dependent APCs

We package payment for an implantable device into the APC payment for the procedure performed to insert the device. Because almost all devices lost pass-through status at the end of CY 2002, we discontinued use of separate codes to report devices in CY 2003. We have found that claims that we use to set payment rates for device-dependent APCs frequently have packaged costs that are much lower than the cost of the device. This is attributed, in part, to variations in hospital billing practices. In response, we reestablished device codes for reporting on a voluntary basis in CY 2004.

The APC Panel recommended that we use CY 2004 device-dependent APC

rates updated for inflation as the CY 2005 payments. We considered this option but did not adopt it because it would not recognize changes in relative cost for these APCs and would not advance us towards our goal of using unadjusted claims data as the basis for payment weights for all OPSS services.

In addition to consideration of the APC Panel's recommendation, we considered using CY 2002 claims to calculate a ratio between the median calculated using all single bills and the median calculated using only claims with HCPCS codes for devices on them, and applying that ratio to the median calculated using CY 2003 claims data. We rejected this option because it assumes that the relationship between the costs of the claims with and without codes for devices is a valid relationship not only for CY 2002 but CY 2003 as well. It also assumes no changes in billing behavior. We have no reason to believe either of these assumptions is true and, therefore, we did not choose this option.

We do not believe that any of the above options would help us progress toward reliance on our data. Rather than adoption of any of those approaches, we developed an option to adjust the payment for only those device-dependent APCs that have the most dramatic decreases for CY 2005. We believe that the better payment approach for determining median costs for device-dependent APCs in CY 2005 would be to base these medians on the greater of (1) median costs calculated using CY 2003 claims data, or (2) 90 percent of the APC payment median used in CY 2004 for these services. We believe that this proposed adjustment methodology provides an appropriate transition to eventual use of all single bill claims data without adjustment.

We are also proposing to use "C" codes to bill for the device-dependent procedures for which we adjusted the medians for CY 2005 as well as for a few APCs that require devices that are coming off pass-through payment in CY 2005 (a continuation of current billing practice). We believe that adoption of our proposal will mitigate barriers to beneficiary access to care while encouraging hospitals to bill correctly for the services they furnish. For a more detailed discussion of this issue, see section III. of the preamble.

Proposed Hospital Outpatient Outlier Payments

In its March 2004 Report, MedPAC made a recommendation to the Congress to eliminate the outlier provision under the OPSS. MedPAC made its recommendation after studying outlier

payments on claims for services furnished during CY 2002 and concluding that in 2002, 50 percent of outlier payments were paid for 21 fairly common services that had relatively low APC payment rates, while high cost services accounted for only a small share of outlier payments. However, outlier payments are required under the statute; therefore, we cannot discontinue outlier payments absent a legislative change by the Congress.

In light of the MedPAC findings, we are proposing a change to the threshold we use for qualifying a service for outlier payments to add a fixed dollar threshold in addition to the threshold based on a multiple of the APC amount that we have applied since the beginning of the OPSS. For a more detailed discussion of this issue, see section X. of the preamble.

D. Limitations of Our Analysis

The distributional impacts represent the projected effects of the policy changes, as well as the statutory changes that would be effective for CY 2005 on various hospital groups. We estimate the effects of individual policy changes by estimating payments per service while holding all other payment policies constant. We use the best data available but do not attempt to predict behavioral responses to our policy changes. In addition, we are not proposing to make adjustments for future changes in variables such as service volume, service mix, or number of encounters. As we have done in previous proposed rules, we are soliciting comments and information about the anticipated effects of these proposed changes on hospitals and our methodology for estimating them.

E. Estimated Impacts of This Proposed Rule on Hospitals

The OPSS is a budget neutral payment system under which the increase to the total payments made under OPSS is limited by the increase to the conversion factor set under the methodology in the statute. The enactment of Pub. L. 108-173 on December 8, 2003, provided for the payment of additional dollars in 2005 to providers of OPSS services outside of the budget neutrality requirements for both specified covered outpatient drugs (see section V.A.3.a. of the preamble to this rule) and the wage indexes for specific hospitals through reclassification reform in section 508 of Pub. L. 108-173 (see section IX. of the preamble to this rule). Table 38 shows the estimated redistribution of hospital payments among providers as a result of a new APC structure and wage index,

which are budget neutral; the estimated distribution of increased payments in CY 2005 resulting from the combined impact of APC recalibration and wage effects, and market basket update to the conversion factor; and estimated payments considering all proposed changes for CY 2005. In some cases, specific hospitals may receive more total payment in CY 2005 than in CY 2004 while in other cases they may receive less total payment than they received in CY 2004. However, our impact analysis suggests that no class of hospitals would receive less total payments in CY 2005 than in CY 2004. Because updates to the conversion factor, including the market basket and any reintroduction of pass-through dollars, are applied uniformly, the extent to which this proposed rule redistributes money would largely depend on the mix of services furnished by a hospital (for example, how the APCs for the hospital's most frequently furnished services would change) and the impact of the wage index changes on the hospital.

Overall, the proposed OPSS rates for CY 2005 would have a positive effect for every category of hospital. Proposed changes will result in a 4.6 percent increase in Medicare payments, to all hospitals, exclusive of outlier and transitional pass-through payments. As described in the preamble, budget neutrality adjustments are made to the conversion factor and the relative weights to ensure that the revisions in the wage index, APC groups, and relative weights do not affect aggregate payments. The impact of the wage and APC recalibration changes are moderate across hospital groups.

To illustrate the impact of the proposed CY 2005 changes, our analysis begins with a baseline simulation model that uses the final CY 2004 weights, the FY 2004 final post-reclassification wage index without increases resulting from section 508 reclassifications, and the final CY 2004 conversion factor. Columns 2 and 3 in Table 38 reflect the independent effects of the changes in the APC reclassification and recalibration changes and the wage index, respectively. These effects are budget neutral, which is apparent in the overall zero impact in payment for all hospitals. Column 2 shows the independent effect of changes resulting from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on a complete year of 2003 hospital OPSS claims data. We modeled the independent effect of APC recalibration by varying only the weights, final CY 2004 weights versus proposed CY 2005

weights, in our baseline model, and calculating the percent difference in payments. Column 3 shows the impact of updating the wage index used to calculate payment by applying the FY 2005 hospital inpatient wage index. In addition to new wage data, the new inpatient hospital wage index uses the Core Based Statistical Area (CBSA) system as the basis for geographic adjustment for wages, rather than the Metropolitan Statistical Areas (MSA) designations used previously. The CY 2005 proposed OPSS wage index also includes the new adjustment for occupational mix, the reclassifications of hospitals to geographic areas by the Medicare Geographic Classification Review Board, and the increased payment authorized by section 505 of Pub. L. 108-173 for out-migration. However, the proposed OPSS wage index does not include wage increases due to reclassification of hospitals through section 508 of Pub. L. 108-173. We modeled the independent effect of introducing a new wage index by varying only the wage index between years, using CY 2004 weights, and a CY 2004 conversion factor that included a budget neutrality adjustment.

Column 4 demonstrates the combined "budget neutral" impact of APC recalibration and wage index updates on various classes of hospitals, as well as the impact of updating the conversion factor with the market basket. We modeled the independent effect of budget neutrality adjustments and the market basket update by using the weights and wage index for each year, and using a CY 2004 conversion factor that included a budget neutrality adjustment for differences in wages and the market basket increase. Finally, the remaining column depicts the full impact of proposed CY 2005 policy on each hospital group by including the effect of all the changes for CY 2005. Column 5 shows not only the combined budget neutral effects of APC and wage updates, and the market basket update, but it also shows the effects of additional monies added to the OPSS as a result of Pub. L. 108-173 and pass-through money returned to the conversion factor from CY 2004. We modeled the independent effect of all changes using the final weights for CY 2004 and CY 2005 with additional money for drugs authorized by section 621 of Pub. L. 108-173, final wage indexes including wage index increases for hospitals eligible for reclassification under section 508 of Pub. L. 108-173 and the CY 2005 proposed conversion factor of \$57.098.

Column 1: Total Number of Hospitals

Column 1 in Table 38 shows the total number of hospital providers, 4,821, for which we were able to use CY 2003 hospital outpatient claims to model CY 2004 and CY 2005 payments by category. We excluded all hospitals for which we could not accurately estimate CY 2004 or CY 2005 payment and entities that are not paid under the OPSS. The latter include critical access hospitals, all-inclusive hospitals, and hospitals located in Guam, the U.S. Virgin Islands, and the State of Maryland. This process is discussed in greater detail in section III.B of the preamble. In prior years, we displayed non-TEFRA hospitals paid under PPS separately from TEFRA hospitals in our impact and outlier tables. The distinction between TEFRA and non-TEFRA holds little value for OPSS as all hospitals are treated equally under the OPSS payment system. Therefore, for this proposed rule we did not include TEFRA hospitals as a distinct hospital category in Table 38. Finally, of the hospitals displayed in Table 38 and Table 39, it is important to note that section 1833(t)(7)(D) of the Act holds harmless cancer hospitals, children's hospitals, small rural hospitals with less than 100 beds, and sole community hospitals. These hospitals cannot receive less payment in CY 2005 than they did in the CY 2004.

Column 2: APC Recalibration

The APC reclassification and recalibration changes tend to favor rural hospitals especially those characterized as small, although the overall redistribution impact is modest. Rural hospitals show a 0.9 percent increase. Specifically, rural hospitals with 0 to 49 beds experience an increase of 1 percent, rural hospitals with 50 to 100 beds show a 1.4 percent increase and rural hospitals with 101 to 149 beds show a 0.9 percent increase attributable to the APC recalibration. Rural hospitals also show overall increases by region, with the East North Central and East South Central regions benefiting by 1.3 percent and the Mountain region gaining 2.3 percent. Further, sole community hospitals experience an increase of 0.9 percent.

Urban hospitals show, on an average, a 0.2 percent decrease. This decrease is concentrated in "other" urban hospitals, which experience a decline of 0.4 percent. Urban hospitals with greater than 300 beds show decreases, and the largest urban hospitals with bed size greater than 500 report a decrease of 2.0 percent. The smallest urban hospitals report a positive 1.1 percent increase,

and urban hospitals with 200 to 299 beds show an increase of 0.1 percent. Urban hospitals also demonstrate overall decreases by region, with South Atlantic hospitals losing 1.2 percent and West South Central hospitals losing 0.5 percent attributable to APC recalibration.

The largest observed impacts among other hospital classes resulting from APC recalibration include declines of 2 percent for major teaching hospitals and 2.2 percent for hospitals without a valid low-income indicator, most of which are TEFRA hospitals. Hospitals treating more low-income patients also demonstrate declines as high as 1.3 percent. In these tables, cancer and children's hospitals also demonstrate declines of 2.3 and 2.4 percent, respectively. However, these hospitals are "held harmless" by section 1833(t)(7)(D)(ii) of the Act.

In general, APC changes effect the distribution of hospital payments by increasing payments to small rural hospitals while decreasing those made to large urban hospitals, including major teaching hospitals and those serving low-income patients.

Column 3: Wage Effect

Changes introduced by the new wage index had a very modest impact, with the majority of these marginal declines located in rural hospitals. Overall, urban hospitals experience no change and rural hospitals experience a decrease of 0.2 percent. This pattern is evident in all of the urban and rural comparisons. Low-volume urban hospitals with fewer than 5000 services and urban hospitals in the West South Central region show the largest percentage increases, 0.7 and 0.8 respectively, attributable to wage index changes.

Specifically, rural hospitals show modest decreases for most bed sizes but show the largest losses for categories with greater than 149 beds where the wage index change results in a 0.4 percent decrease for the largest rural hospitals. Hospitals located in the New England and Middle Atlantic regions show a negative impact due to wage index changes regardless of urban or rural designation. Rural hospitals in the South Atlantic region decrease by 0.6 percent. As noted previously, rural hospitals with 100 or fewer beds and sole community hospitals are "held harmless" and earn, at least, the same amount as they earned in CY 2004.

Rural hospitals providing a low volume of services, 10,999 or fewer services, are also estimated to experience modest declines, and rural hospitals providing a high volume of services, greater than 42,999 services,

also face a decline of 0.6 percent. This same pattern continues for rural hospitals in half of the regions with the New England region experiencing the largest decline of 1.3 percent.

Looking across other categories of hospitals, major teaching hospitals are estimated to lose 0.3 percent. Hospitals not serving low-income patients lose 0.8 percent, and, among hospitals serving low-income patients, those serving a high percentage of low-income patients also experience a decline. Hospitals for which DSH is not available, mostly TEFRA hospitals, lose 0.3 percent.

Column 4: Budget Neutrality and Market Basket Update

In general, the market basket update lessens the overall impact of the budget neutrality adjustments made in columns 2 and 3. As column 4 demonstrates, with the addition of the market basket update, we do not expect any class of hospital providers to experience an overall negative impact as a result of the proposed changes to OPSS for CY 2005. Further, the redistributions created by APC recalibration tend to offset those observed with the introduction of the new wage index. For example, rural hospitals may gain 0.9 percent from the APC changes but lose 0.2 percent as a result of changes to the wage index. Overall, the budget neutrality adjustments and the introduction of the market basket may result in a projected increase of 4.1 percent for rural hospitals. Urban hospitals show a decrease of 0.2 percent resulting from APC recalibration and no change as a result of the new wage index, leading to an update in column 4 of 3.1 percent.

However, for several classes of hospitals, positive or neutral wage effects do not offset the impact of APC recalibration resulting in lower update amounts. Specifically, major teaching hospitals may only gain 0.9 with the update factor. Urban hospitals with more than 500 beds show a gain of 1.2 percent because the impact of APC recalibration was a 2 percent decline. Hospitals serving a medium level of low-income patients, between 0.16 and 0.23 percent, may experience an update of only 1.9 percent.

A handful of hospital providers may experience much lower and higher update amounts because the combined impact of the budget neutrality adjustments for the APC recalibration and the new wage index are reinforcing. Specifically, low volume rural hospitals show an update of 2.4 percent. Cancer hospitals show an update of only 0.2 percent and children's hospitals, of only 1.3 percent. But as noted earlier, statutory provisions ensure that each of

these hospitals is "held harmless" relative to last year's payments. A handful of hospitals may also gain from the combined positive effect of the APC recalibration and the wage effect. Overall low volume to mid-volume urban hospitals and urban hospitals with a small number of beds, mid-volume rural hospitals, and rural hospitals in the East South Central, Pacific, and Mountain regions have projected updates ranging from 5.0 to 5.2 percent.

Column 5: All Proposed Changes for CY 2005

Column 5 compares all proposed changes for CY 2005 to final simulated payment for CY 2004 and includes all additional dollars resulting from provisions in Pub. L. 108-173 and the difference in pass-through estimates.

In both urban and rural areas, hospitals that provide a lower volume of outpatient services are projected to receive a larger increase in payments than higher volume hospitals. In rural areas, hospitals with service volumes between 5,000 and 42,999 are projected to experience increases larger than 5.5 percent. Urban hospitals that provide low-volume services show similar rates of increases (5.4 to 5.8 percent). Conversely, urban and rural hospitals providing more than 42,999 services are projected to experience a rate of increase in the 4.1 to 4.3 percent range. The overall projected increase in payments for urban hospitals is slightly lower (4.5 percent) than the average increase for all hospitals (4.6 percent) while the increase for rural hospitals is slightly greater (5.3 percent) than the average increase.

Major teaching hospitals are projected to experience a smaller increase in payments (2.9 percent) than the aggregate for all hospitals (4.6 percent) due to negative impacts from both the APC recalibration (-2.0 percent) and wage index (-0.3 percent). Hospitals with less intensive teaching programs are projected to experience an overall increase (4.7 percent). There is some difference in impact among hospitals that serve low-income patients where increases in payments range from 3.9 to 5.0 percent higher than in CY 2004.

F. Projected Distribution of Outlier Payments

As stated in section X.B. of this preamble, we have allocated 2 percent of the estimated CY 2005 expenditures to outlier payments. For 2005, we are proposing to add a fixed dollar threshold to our outlier policy. As discussed in section X.B. of the preamble, we are proposing to change

our current policy, which sets the outlier threshold using only a multiple of the APC payment rate, to a policy that includes both a multiple of the APC payment rate and a new fixed dollar threshold. We hope that this policy would better target outlier payments to higher cost cases.

For CY 2005, we are specifically proposing to require that, in order to qualify for an outlier payment, the cost of a service must exceed 1.5 times the APC payment rate and the cost must also exceed the sum of the APC rate plus a \$625 fixed dollar threshold. The outlier payment under this proposed policy remains at 50 percent of the cost minus the multiple of the APC payment rate.

Table 38 below compares the percentage of outlier payments relative to total projected payments for the simulated CY 2004 and proposed CY 2005 outlier policies. In order to model 2 percent of total estimated payments in outlier payments for the simulated CY 2004 policy option, we had to lower the multiple for this policy from its current level of 2.6 percent to 2.25 percent.

Overall, Table 38 demonstrates that the proposed outlier policy accomplishes the goal of redistributing outlier payments to hospitals performing more expensive procedures and incurring greater financial risk. First, based on the mix of services for the hospitals that would be paid under the OPSS in CY 2005, fewer hospitals would receive outlier payments. This is appropriate as more outlier money is targeted to specific services. We estimate that approximately 88 percent of all hospitals would receive outlier payments under the proposed policy, where 95 percent of all hospitals were estimated to get these types of payments in CY 2004.

We estimate that the redistribution of outlier payments under the proposed policy tends to benefit urban hospitals, especially major teaching hospitals, children's hospitals, and those that serve a smaller percentage of low income patients. The distribution observed here may offset the less than average increases in payment observed for these same classes of hospitals in the overall impact Table 37. Rural hospitals, specifically those that show a small number of beds and report low volume, are eligible for fewer outlier payments when compared to other types of hospital categories. Rural hospitals in the Mid Atlantic, West South Central, Mountain, and Pacific regions, show a smaller percent of outlier payments for CY 2005 when compared to the average. Sole community hospitals; hospitals without a DSH percent, mostly TEFRA

hospitals; and urban hospitals located in the New England area show a small percentage share of their total payments attributable to outlier payments when compared to other types of hospital categories.

G. Estimated Impacts of This Proposed Rule on Beneficiaries

For services for which the beneficiary pays a coinsurance of 20 percent of the payment rate, the beneficiary share of payment will increase for services for

which OPSS payments will rise and will decrease for services for which OPSS payments will fall. For example, for a mid-level office visit (APC 0601), the minimum unadjusted co-payment in 2004 was \$10.71; under this proposed rule, the minimum unadjusted co-payment for APC 601 would be \$11.27 because the OPSS payment for the service will increase under this rule.

However, in all cases, the statute limits beneficiary liability for co-payment for a service to the inpatient

hospital deductible for the applicable year. This amount is \$912 for CY 2005.

We estimate that the overall impact on the CY 2005 Part B monthly premium rate due to the projected increase in OPSS spending is \$0.70. This is the impact due only to the projected increase in spending from 2004 to 2005 and does not reflect any increase in the premium rate in order to put the trust fund asset level within an acceptable range.

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Table 38.--Impact Changes for CY 2005 Hospital Outpatient Prospective Payment System

| | (1) Number of Hospitals | (2) APC Changes | (3) New Wage Index | (4) Market Basket and Budget Neutrality | (5) All CY 2005 Effects: includes additional PT and MMA \$ |
|---|----------------------------------|-----------------------|-----------------------------|--|---|
| ALL HOSPITALS: | 4281 | 0.0 | 0.0 | 3.3 | 4.6 |
| Urban Hospitals: | 2959 | -0.2 | 0.0 | 3.1 | 4.5 |
| Large Urban (greater than 1 million) | 1629 | 0.0 | 0.1 | 3.4 | 4.5 |
| Other Urban (less than or equal to 1 million) | 1330 | -0.4 | 0.0 | 2.8 | 4.5 |
| Rural Hospitals | 1322 | 0.9 | -0.2 | 4.1 | 5.3 |
| BEDS (URBAN): | 910 | 1.1 | 0.4 | 4.9 | 5.9 |
| 0 - 99 Beds | 987 | 0.8 | -0.1 | 4.0 | 5.1 |
| 100 - 199 Beds | 508 | 0.1 | 0.1 | 3.5 | 4.7 |
| 200 - 299 Beds | 397 | -0.3 | 0.1 | 3.1 | 4.2 |
| 300 - 499 Beds | 157 | -2.0 | 0.0 | 1.2 | 3.6 |
| 500 or more Beds | | | | | |
| BEDS (RURAL): | 585 | 1.0 | 0.2 | 4.5 | 5.8 |
| 0 - 49 Beds | 442 | 1.4 | -0.1 | 4.6 | 5.6 |
| 50 - 100 Beds | 183 | 0.9 | -0.2 | 4.1 | 5.2 |
| 101 - 149 Beds | 63 | 0.3 | -0.5 | 3.1 | 4.5 |
| 150 - 199 Beds | 49 | 0.2 | -0.4 | 3.0 | 4.6 |
| 200 or more Beds | | | | | |
| VOLUME (URBAN): | 656 | 0.2 | 0.7 | 4.3 | 5.4 |
| Less than 5,000 Lines | 314 | 0.7 | 0.5 | 4.6 | 5.7 |
| 5,000 - 10,999 Lines | 439 | 1.0 | 0.4 | 4.7 | 5.8 |
| 11,000 - 20,999 Lines | 698 | 0.7 | 0.1 | 4.1 | 5.2 |
| 21,000 - 42,999 Lines | | | | | |

| | (1) Number of Hospitals | (2) APC Changes | (3) New Wage Index | (4) Market Basket and Budget Neutrality | (5) All CY 2005 Effects: includes additional PT and MMA \$ |
|---------------------------|----------------------------------|-----------------------|-----------------------------|--|---|
| Greater than 42,999 Lines | 852 | -0.6 | 0.0 | 2.6 | 4.1 |
| VOLUME (RURAL): | | | | | |
| Less than 5,000 Lines | 217 | -0.9 | 0.0 | 2.4 | 5.0 |
| 5,000 - 10,999 Lines | 342 | 1.5 | -0.2 | 4.6 | 5.7 |
| 11,000 - 20,999 Lines | 385 | 1.4 | 0.2 | 4.9 | 5.9 |
| 21,000 - 42,999 Lines | 281 | 1.2 | 0.0 | 4.5 | 5.5 |
| Greater than 42,999 Lines | 97 | 0.2 | -0.6 | 2.8 | 4.3 |
| REGION (URBAN): | | | | | |
| New England | 163 | 0.2 | -1.0 | 2.5 | 3.6 |
| Middle Atlantic | 395 | 0.3 | -0.5 | 3.1 | 3.9 |
| South Atlantic | 455 | -1.2 | 0.1 | 2.2 | 4.7 |
| East North Central | 475 | -0.1 | 0.1 | 3.3 | 4.3 |
| East South Central | 194 | -0.1 | 0.1 | 3.4 | 4.8 |
| West North Central | 189 | 0.1 | 0.3 | 3.7 | 5.1 |
| West South Central | 429 | -0.5 | 0.8 | 3.6 | 5.0 |
| Mountain | 167 | 0.1 | -0.1 | 3.3 | 4.4 |
| Pacific | 440 | 0.3 | 0.3 | 3.9 | 5.1 |
| Puerto Rico | 52 | 1.5 | -0.3 | 4.5 | 5.3 |
| REGION (RURAL): | | | | | |
| New England | 44 | 0.3 | -1.3 | 2.3 | 3.6 |
| Middle Atlantic | 79 | 0.4 | -0.8 | 2.8 | 3.9 |
| South Atlantic | 192 | 0.7 | -0.6 | 3.4 | 4.7 |
| East North Central | 189 | 1.3 | -0.3 | 4.3 | 5.4 |
| East South Central | 205 | 1.3 | 0.3 | 5.0 | 6.2 |
| West North Central | 205 | 0.8 | 0.2 | 4.4 | 5.8 |
| West South Central | 247 | 0.5 | 0.5 | 4.4 | 5.8 |
| Mountain | 99 | 2.3 | -0.4 | 5.2 | 5.3 |
| Pacific | 62 | 1.0 | 0.7 | 5.0 | 6.2 |

| | (1) Number of Hospitals | (2) APC Changes | (3) New Wage Index | (4) Market Basket and Budget Neutrality | (5) All CY 2005 Effects: includes additional PT and MMA \$ |
|-------------------------------|----------------------------------|-----------------------|-----------------------------|--|---|
| TEACHING STATUS: | | | | | |
| Non-Teaching | 3156 | 0.8 | 0.0 | 4.2 | 5.3 |
| Minor | 807 | 0.0 | 0.1 | 3.4 | 4.7 |
| Major | 318 | -2.0 | -0.3 | 0.9 | 2.9 |
| DSH PATIENT PERCENTAGE: | | | | | |
| 0 | 56 | 1.1 | -0.8 | 3.6 | 4.9 |
| Greater than 0 - 0.10 | 1780 | 0.5 | 0.1 | 3.9 | 5.0 |
| 0.10 - 0.16 | 889 | 0.2 | 0.0 | 3.5 | 4.7 |
| 0.16 - 0.23 | 540 | -1.3 | 0.0 | 1.9 | 4.3 |
| 0.23 - 0.35 | 302 | -1.0 | -0.3 | 2.0 | 3.9 |
| Greater than or equal to 0.35 | 154 | -0.2 | -0.1 | 3.0 | 3.9 |
| TEFRA: DSH Not Available | 560 | -2.2 | -0.3 | 0.7 | 1.4 |
| URBAN TEACHING/DSH: | | | | | |
| Teaching & DSH | 953 | -0.8 | 0.0 | 2.5 | 4.1 |
| Teaching/No DSH | 8 | 0.4 | -0.5 | 3.2 | 4.4 |
| No Teaching/DSH | 1425 | 0.8 | 0.1 | 4.2 | 5.3 |
| No Teaching/No DSH | 43 | 1.6 | -0.6 | 4.3 | 5.5 |
| DSH Not Available | 530 | -2.2 | 0.0 | 1.0 | 1.6 |
| RURAL HOSPITAL TYPES: | | | | | |
| No Special Status | 809 | 0.9 | -0.2 | 4.1 | 5.2 |
| SCH | 513 | 0.9 | -0.2 | 4.1 | 5.4 |
| TYPE OF OWNERSHIP: | | | | | |
| Voluntary | 2495 | 0.1 | 0.0 | 3.3 | 4.6 |
| Proprietary | 1020 | 0.5 | 0.1 | 4.0 | 5.2 |

| | (1) Number of Hospitals | (2) APC Changes | (3) New Wage Index | (4) Market Basket and Budget Neutrality | (5) All CY 2005 Effects: includes additional PT and MMA \$ |
|-----------------------------|----------------------------------|-----------------------|-----------------------------|--|---|
| Government | 766 | -0.7 | 0.1 | 2.6 | 4.3 |
| SPECIALTY HOSPITALS: | | | | | |
| Cancer | 11 | -2.3 | -0.7 | 0.2 | 0.7 |
| Children | 46 | -2.4 | 0.6 | 1.3 | 3.4 |

(1) Total Hospitals in 2005

(2) This column shows the impact of changes from the reclassification of HCPCS codes among APC groups and the recalibration of APC weights based on 2003 hospital claims data.

(3) This column shows the impact of updating the wage index used to calculate payment by applying the proposed FY 2005 hospital inpatient wage index including impact of new wage data, occupational mix, CBSA system, and geographic reclassification by MCGRB.

(4) This column shows the combined impact of budget neutrality (columns 2 and 3) with the market basket update.

(5) This column shows changes in total payment from CY 2004 to CY 2005, excluding outlier and pass-through payments. It incorporates all of the changes reflected in columns 2, 3, and 4. In addition, it shows the impact of payment for drugs under MMA, 508 and 505 additions to the wage index, and any additional pass through money included in the conversion factor.

¹Complete DSH numbers are not available for some hospitals including TEFRA hospitals.

Table 39.--Distribution of Outlier Payments for 2005 Hospital Outpatient Prospective Payment System

| | (1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold | | | | (2) 2005 Policy 1.5 Multiple and Separate \$625 Threshold | | | |
|---|---|--|---|--|---|---|---|--|
| | Number of Hospita ls | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Number of Hospitals with Outliers | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Percent Change in Total Payments Attributable to Differences in Outlier Policies ² | |
| ALL HOSPITALS: | 4281 | 4047 | 2.0 | 3749 | 2.0 | 0.0 | | |
| Urban Hospitals: | 2959 | 2742 | 2.0 | 2514 | 2.1 | 0.1 | | |
| Large Urban (greater than 1 million) | 1629 | 1507 | 2.2 | 1386 | 2.2 | 0.1 | | |
| Other Urban (less than or equal to 1 million) | 1330 | 1235 | 1.8 | 1128 | 1.9 | 0.2 | | |
| Rural Hospitals | 1322 | 1305 | 1.6 | 1235 | 1.3 | -0.3 | | |
| BEDS (URBAN): | 910 | 741 | 2.0 | 587 | 1.8 | -0.2 | | |
| 0 - 99 Beds | 987 | 944 | 1.8 | 881 | 1.8 | 0.0 | | |
| 100 - 199 Beds | 508 | 504 | 1.8 | 495 | 1.9 | 0.1 | | |
| 200 - 299 Beds | 397 | 396 | 2.0 | 394 | 2.1 | 0.2 | | |
| 300 - 499 Beds | 157 | 157 | 2.5 | 157 | 2.8 | 0.3 | | |
| 500 or more Beds | | | | | | | | |
| BEDS (RURAL) | 585 | 576 | 2.3 | 520 | 1.5 | -0.7 | | |
| 0 - 49 Beds | 442 | 434 | 1.6 | 422 | 1.2 | -0.3 | | |
| 50 - 100 Beds | 183 | 183 | 1.4 | 182 | 1.1 | -0.2 | | |
| 101 - 149 Beds | 63 | 63 | 1.4 | 62 | 1.3 | -0.1 | | |
| 150 - 199 Beds | 49 | 49 | 1.4 | 49 | 1.3 | 0.0 | | |
| 200 or more Beds | | | | | | | | |
| VOLUME (URBAN): | 656 | 445 | 2.9 | 245 | 2.5 | -0.4 | | |
| Less than 5,000 Lines | 314 | 310 | 2.0 | 289 | 2.0 | 0.0 | | |
| 5,000 - 10,999 Lines | 439 | 437 | 2.1 | 432 | 2.1 | 0.0 | | |
| 11,000 - 20,999 Lines | | | | | | | | |

| | (1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold | | | (2) 2005 Policy 1.5 Multiple and Separate \$625 Threshold | | |
|---------------------------|--|-----------------------------------|---|--|---|---|
| | Number of Hospitals | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Percent Change in Total Payments Attributable to Differences in Outlier Policies ² |
| 21,000 - 42,999 Lines | 698 | 698 | 1.9 | 696 | 1.9 | 0.1 |
| Greater than 42,999 Lines | 852 | 852 | 2.0 | 852 | 2.1 | 0.2 |
| VOLUME (RURAL): | | | | | | |
| Less than 5,000 Lines | 217 | 200 | 3.0 | 145 | 1.9 | -1.1 |
| 5,000 - 10,999 Lines | 342 | 342 | 2.3 | 328 | 1.6 | -0.7 |
| 11,000 - 20,999 Lines | 385 | 385 | 1.9 | 384 | 1.4 | -0.5 |
| 21,000 - 42,999 Lines | 281 | 281 | 1.4 | 281 | 1.1 | -0.2 |
| Greater than 42,999 Lines | 97 | 97 | 1.4 | 97 | 1.2 | -0.1 |
| REGION (URBAN): | | | | | | |
| New England | 163 | 150 | 2.2 | 135 | 1.8 | -0.3 |
| Middle Atlantic | 395 | 376 | 2.5 | 353 | 2.3 | -0.1 |
| South Atlantic | 455 | 419 | 1.8 | 390 | 2.0 | 0.3 |
| East North Central | 475 | 444 | 1.9 | 416 | 1.9 | 0.1 |
| East South Central | 194 | 178 | 1.6 | 164 | 1.7 | 0.2 |
| West North Central | 189 | 183 | 1.5 | 168 | 1.6 | 0.1 |
| West South Central | 429 | 377 | 2.4 | 329 | 2.4 | 0.0 |
| Mountain | 167 | 153 | 2.1 | 136 | 2.3 | 0.2 |
| Pacific | 440 | 414 | 2.0 | 390 | 2.5 | 0.5 |
| Puerto Rico | 52 | 48 | 1.3 | 33 | 1.7 | 0.4 |
| REGION (RURAL): | | | | | | |
| New England | 44 | 41 | 1.7 | 41 | 1.6 | -0.1 |
| Middle Atlantic | 79 | 79 | 1.6 | 78 | 0.9 | -0.6 |
| South Atlantic | 192 | 189 | 1.4 | 187 | 1.2 | -0.2 |
| East North Central | 189 | 188 | 1.5 | 186 | 1.3 | -0.2 |

| | (1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold | | | (2) 2005 Policy 1.5 Multiple and Separate \$625 Threshold | | |
|--------------------------------|---|--|---|---|---|---|
| | Number of Hospita ls | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Percent Change in Total Payments Attributable to Differences in Outlier Policies ² |
| East South Central | 205 | 203 | 1.3 | 180 | 0.9 | -0.3 |
| West North Central | 205 | 202 | 1.7 | 192 | 1.4 | -0.3 |
| West South Central | 247 | 243 | 1.7 | 217 | 1.2 | -0.5 |
| Mountain | 99 | 99 | 2.8 | 94 | 2.3 | -0.4 |
| Pacific | 62 | 61 | 2.3 | 60 | 1.9 | -0.4 |
| TEACHING STATUS: | | | | | | |
| Non-Teaching | 3156 | 2935 | 1.7 | 2660 | 1.5 | -0.1 |
| Minor | 807 | 794 | 1.7 | 775 | 1.8 | 0.1 |
| Major | 318 | 318 | 3.0 | 314 | 3.2 | 0.2 |
| DSH PATIENT PERCENTAGE: | | | | | | |
| 0 | 56 | 53 | 2.9 | 44 | 3.1 | 0.2 |
| Greater than 0 - 0.10 | 1780 | 1777 | 1.7 | 1738 | 1.7 | 0.0 |
| 0.10 - 0.16 | 889 | 889 | 1.8 | 875 | 1.8 | 0.1 |
| 0.16 - 0.23 | 540 | 540 | 2.1 | 530 | 2.2 | 0.2 |
| 0.23 - 0.35 | 302 | 302 | 3.0 | 294 | 3.1 | 0.1 |
| Greater than or equal to 0.35 | 154 | 153 | 2.6 | 140 | 2.5 | -0.1 |
| DSH Not Available ¹ | 560 | 333 | 3.0 | 128 | 2.1 | -0.8 |
| URBAN TEACHING/DSH: | | | | | | |
| Teaching & DSH | 953 | 953 | 2.2 | 949 | 2.4 | 0.2 |
| Teaching/No DSH | 8 | 8 | 4.5 | 8 | 5.6 | 1.2 |
| No Teaching/DSH | 1425 | 1423 | 1.7 | 1401 | 1.7 | 0.0 |
| No Teaching/No DSH | 43 | 42 | 2.5 | 33 | 2.4 | -0.1 |

| | (1) 2004 Policy Adjusted to 2005 Total Outlier Target: 2.25 Multiple and No Threshold | | | (2) 2005 Policy 1.5 Multiple and Separate \$625 Threshold | | |
|-----------------------|--|-----------------------------------|---|--|---|---|
| | Number of Hospitals | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Number of Hospitals with Outliers | Outlier Payments as a Percent of Total Payments | Percent Change in Total Payments Attributable to Differences in Outlier Policies ² |
| DSH Not Available | 530 | 315 | 2.9 | 123 | 2.1 | -0.7 |
| RURAL HOSPITAL TYPES: | | | | | | |
| No Special Status | 809 | 794 | 1.6 | 745 | 1.2 | -0.3 |
| SCH | 513 | 511 | 1.8 | 490 | 1.4 | -0.3 |
| TYPE OF OWNERSHIP: | | | | | | |
| Voluntary | 2495 | 2429 | 1.9 | 2330 | 1.9 | 0.0 |
| Proprietary | 1020 | 864 | 1.7 | 728 | 1.8 | 0.2 |
| Government | 766 | 753 | 2.6 | 691 | 2.4 | -0.1 |
| SPECIALTY HOSPITALS: | | | | | | |
| Cancer | 11 | 11 | 3.5 | 11 | 2.5 | -0.9 |
| Children | 46 | 45 | 8.4 | 37 | 8.5 | 0.2 |

(1) The column shows the impact of the 2004 policy, after adjusting the multiple to pay the 2% of estimated 2005 total payments. The outlier threshold is 2.25 times the APC payment, and the outlier payment is 50% of the observed cost less 2.25 times APC payment.

(2) This column shows the impact of the proposed 2005 policy. The outlier thresholds are 1.5 times the APC payment and \$625 plus the APC payment. The outlier payment is 50% of the observed cost less 1.5 times the APC payment.

¹DSH is not available for some hospitals, including TEFFRA.
²Calculated differences may not be exact due to rounding.

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Conclusion

Notwithstanding the statutory "hold harmless" provisions that prevent negative impacts on small rural, sole community, cancer, and children's hospitals, the changes in this proposed rule would affect all classes of hospitals, and the effects on some may be significant. Table 38 demonstrates the estimated distributional impact of the OPSS budget neutrality requirements and an additional 4.6 percent increase in payments proposed for CY 2005, exclusive of outlier and transitional pass-through payments, across various classes of hospitals. These two tables and the accompanying discussion below, in combination with the rest of this proposed rule, constitute a regulatory impact analysis.

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

XVII. Regulation Text**List of Subjects***42 CFR Part 410*

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

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 419

Hospitals, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR Chapter IV, as set forth below:

A. Part 410 is amended as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

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

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

2. A new § 410.16 is added to read as follows:

§ 410.16 Initial preventive physical examinations: conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

Eligible beneficiary means individuals who receive their initial preventive physical examinations within 6 months after the effective date of their first Medicare Part B coverage period, but

only if their first Part B coverage period begins on or after January 1, 2005.

Initial preventive physical examination means all of the following services furnished to an individual by a physician or a qualified nonphysician practitioner with the goal of health promotion and disease detection:

(1) Review of the beneficiary's comprehensive medical and social history.

(2) Review of the beneficiary's potential (risk factors) for depression, including past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument that the physician or qualified nonphysician practitioner may select, unless the appropriate screening instrument is further defined through a national coverage determination.

(3) Review of the beneficiary's functional ability and level of safety, based on the use of an appropriate screening instrument, which the physician or qualified nonphysician practitioner may select, unless the appropriate screening instrument is further defined through a national coverage determination.

(4) An examination to include measurement of the individual's height, weight, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the individual's medical and social history and current clinical standards.

(5) Performance of an electrocardiogram and interpretation of an electrocardiogram.

(6) Education, counseling, and referral, as deemed appropriate by the physician or qualified nonphysician practitioner, based on the results of the elements of the review and evaluation services described in this section.

(7) Education, counseling, and referral, including a written plan provided to the individual for obtaining the appropriate screening and other preventive services for the individual that are covered as separate Medicare Part B benefits as described in section 1861(s)(10), section 1861(jj), section 1861(nn), section 1861(oo), section 1861(pp), section 1861(qq)(1), section 1861(rr), section 1861(uu), section 1861(vv), section 1861(xx)(1), and section 1861(yy) of the Social Security Act (the Act).

Medical history is defined to include, at a minimum, the following:

(1) Past medical and surgical history, including experience with illnesses, hospital stays, operations, allergies, injuries, and treatments.

(2) Current medications and supplements, including calcium and vitamins.

(3) Family history, including a review of medical events in the patient's family, including diseases that may be hereditary or place the individual at risk.

Physician for purposes of this provision means a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

Qualified nonphysician practitioner for purposes of this provision means a physician assistant, nurse practitioner, or clinical nurse specialist (as authorized under section 1861(s)(2)(K)(i) and section 1861(s)(2)(K)(ii) of the Act and defined in section 1861(aa)(5) of the Act, or in regulations at § 410.74, § 410.75, and § 410.76).

Review of the individual's functional ability and level of safety. Review of the individual's functional ability and level of safety must include, at a minimum, a review of the following areas:

- (1) Hearing impairment.
- (2) Activities of daily living.
- (3) Falls risk.
- (4) Home safety.

Social history is defined to include, at a minimum, the following:

- (1) History of alcohol, tobacco, and illicit drug use.
- (2) Work and travel history.
- (3) Diet.
- (4) Social activities.
- (5) Physical activities.

(b) *Condition for coverage of an initial preventive physical examination.* Medicare Part B pays for an initial preventive physical examination provided to an eligible beneficiary, as described in paragraph (a) of this section, if it is furnished by a physician or other qualified nonphysician practitioner, as defined in paragraph (a) of this section.

(c) *Limitations on coverage of initial preventive physical examinations.* Payment may not be made for an initial preventive physical examination that is performed for an individual who is not an eligible beneficiary as described in paragraph (a) of this section.

B. Part 411 is amended as follows:

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

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

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

2. Section 411.15 is amended by—

A. Republishing the introductory text of the section and the introductory text of paragraphs (a) and (k).

B. Revising paragraph (a)(1).

C. Adding a new paragraph (k)(11).

The additions and revisions read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage:

(a) Routine physical checkups such as:

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptom, complaint, or injury, except for screening and diagnostic mammography, colorectal cancer screening tests, screening pelvic examinations, prostate cancer screening tests, glaucoma screening exams, or initial preventive physical examinations that meet the criteria specified in paragraph (k)(11) of this section.

* * * * *

(k) Any services that are not reasonable and necessary for one of the following purposes: * * *

(11) In the case of initial preventive physical examinations, with the goal of health promotion and disease prevention, subject to the conditions and limitations specified in § 410.16 of this chapter.

C. Part 419 is amended as follows:

PART 419—PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES

1. The authority citation for Part 419 continues to read as follows:

Authority: Secs. 1102, 1833(t), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395l(t), and 1395hh).

2. Section 419.21 is amended by adding a new paragraph (e) to read as follows:

§ 419.21 Hospital outpatient services subject to the outpatient prospective payment system.

* * * * *

(e) Effective January 1, 2005, an initial preventive physical examination, as defined in § 410.16, if the examination is performed no later than 6 months after the individual's initial Part B coverage date that begins on or after January 1, 2005.

3. Section 419.22 is amended by adding a new paragraph (s) to read as follows:

§ 419.22 Hospital outpatient services excluded from payment under the hospital outpatient prospective payment system.

* * * * *

(s) Effective December 8, 2003, screening mammography and effective January 1, 2005, diagnostic mammography services.

4. Section 419.64 is amended by revising paragraphs (d)(1) and (d)(2) to read as follows:

§ 419.64 Transitional pass-through payments: Drugs and biologicals.

* * * * *

(d) Amount of pass-through payment subject to any reduction determined under section 419.62(b), the pass-through payment for a drug or biological equals the amount determined under section 1842(o) of the Social Security Act, minus the portion of the APC that CMS determines is associated with the drug or biological.

5. Section 419.70 is amended by revising the section heading and paragraphs (f)(2)(i) and (f)(2)(ii) to read as follows:

§ 419.70 Transitional adjustment to limit decline in payments.

* * * * *

(f) *Pre-BBA amount defined.*

* * * * *

(2) *Base payment-to-cost ratio defined.* * * *

(i) The provider's payment under this part for covered outpatient services furnished during one of the following periods, including any payment for these services through cost-sharing described in paragraph (e) of this section.

(A) The cost reporting period ending in 1996; or

(B) If the provider does not have a cost reporting period ending in 1996, the first cost reporting period ending on or after January 1, 1997, and before January 1, 2001; and

(ii) The reasonable costs of these services for the same cost reporting period.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 27, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

Dated: August 6, 2004.

Tommy G. Thompson,

Secretary.

BILLING CODE 4120-01-P

**Addendum A - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|---|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0001 | Level I Photochemotherapy | S | 0.4046 | \$23.10 | \$7.08 | \$4.62 |
| 0002 | Level I Fine Needle Biopsy/Aspiration | T | 0.9588 | \$54.75 | | \$10.95 |
| 0003 | Bone Marrow Biopsy/Aspiration | T | 2.6152 | \$149.32 | | \$29.86 |
| 0004 | Level I Needle Biopsy/Aspiration Except Bone Marrow | T | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 0005 | Level II Needle Biopsy/Aspiration Except Bone Marrow | T | 3.7810 | \$215.89 | \$71.59 | \$43.18 |
| 0006 | Level I Incision & Drainage | T | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 0007 | Level II Incision & Drainage | T | 12.5436 | \$716.21 | | \$143.24 |
| 0008 | Level III Incision and Drainage | T | 19.5952 | \$1,118.85 | | \$223.77 |
| 0009 | Nail Procedures | T | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| 0010 | Level I Destruction of Lesion | T | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 0011 | Level II Destruction of Lesion | T | 2.4657 | \$140.79 | | \$28.16 |
| 0012 | Level I Debridement & Destruction | T | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 0013 | Level II Debridement & Destruction | T | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 0015 | Level III Debridement & Destruction | T | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 0016 | Level IV Debridement & Destruction | T | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 0017 | Level VI Debridement & Destruction | T | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 0018 | Biopsy of Skin/Puncture of Lesion | T | 0.9747 | \$55.65 | \$16.04 | \$11.13 |
| 0019 | Level I Excision/ Biopsy | T | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 0020 | Level II Excision/ Biopsy | T | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 0021 | Level III Excision/ Biopsy | T | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 0022 | Level IV Excision/ Biopsy | T | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 0023 | Exploration Penetrating Wound | T | 3.3487 | \$191.20 | \$40.37 | \$38.24 |
| 0024 | Level I Skin Repair | T | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 0025 | Level II Skin Repair | T | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 0027 | Level IV Skin Repair | T | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 0028 | Level I Breast Surgery | T | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 0029 | Level II Breast Surgery | T | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 0030 | Level III Breast Surgery | T | 39.5804 | \$2,259.96 | \$763.55 | \$451.99 |
| 0032 | Insertion of Central Venous/Arterial Catheter | T | 10.2664 | \$586.19 | | \$117.24 |
| 0033 | Partial Hospitalization | P | 5.1174 | \$292.19 | | \$58.44 |
| 0035 | Placement of Arterial or Central Venous Catheter | T | 0.2931 | \$16.74 | | \$3.35 |
| 0036 | Level II Fine Needle Biopsy/Aspiration | T | 2.2216 | \$126.85 | | \$25.37 |
| 0037 | Level III Needle Biopsy/Aspiration Except Bone Marrow | T | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 0039 | Level I Implantation of Neurostimulator | S | 210.1285 | \$11,997.90 | | \$2,399.58 |
| 0040 | Level II Implantation of Neurostimulator Electrodes | S | 49.2226 | \$2,810.51 | | \$562.10 |
| 0041 | Level I Arthroscopy | T | 28.2366 | \$1,612.25 | | \$322.45 |
| 0042 | Level II Arthroscopy | T | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 0043 | Closed Treatment Fracture Finger/Toe/Trunk | T | 1.8350 | \$104.77 | | \$20.95 |
| 0045 | Bone/Joint Manipulation Under Anesthesia | T | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 0046 | Open/Percutaneous Treatment Fracture or Dislocation | T | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 0047 | Arthroplasty without Prosthesis | T | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 0048 | Level I Arthroplasty with Prosthesis | T | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 0049 | Level I Musculoskeletal Procedures Except Hand and Foot | T | 20.3460 | \$1,161.72 | | \$232.34 |
| 0050 | Level II Musculoskeletal Procedures Except Hand and Foot | T | 24.7044 | \$1,410.57 | | \$282.11 |
| 0051 | Level III Musculoskeletal Procedures Except Hand and Foot | T | 36.1086 | \$2,061.73 | | \$412.35 |
| 0052 | Level IV Musculoskeletal Procedures Except Hand and Foot | T | 43.8069 | \$2,501.29 | | \$500.26 |
| 0053 | Level I Hand Musculoskeletal Procedures | T | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 0054 | Level II Hand Musculoskeletal Procedures | T | 25.0921 | \$1,432.71 | | \$286.54 |
| 0055 | Level I Foot Musculoskeletal Procedures | T | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 0056 | Level II Foot Musculoskeletal Procedures | T | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 0057 | Bunion Procedures | T | 27.1422 | \$1,549.77 | \$475.91 | \$309.95 |
| 0058 | Level I Strapping and Cast Application | S | 1.1094 | \$63.34 | | \$12.67 |
| 0060 | Manipulation Therapy | S | 0.4885 | \$27.89 | | \$5.58 |
| 0068 | CPAP Initiation | S | 1.1723 | \$66.94 | \$29.48 | \$13.39 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0069 | Thoracoscopy | T | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 0070 | Thoracentesis/Lavage Procedures | T | 3.3485 | \$191.19 | | \$38.24 |
| 0071 | Level I Endoscopy Upper Airway | T | 0.7525 | \$42.97 | \$11.54 | \$8.59 |
| 0072 | Level II Endoscopy Upper Airway | T | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 0073 | Level III Endoscopy Upper Airway | T | 3.9506 | \$225.57 | \$73.38 | \$45.11 |
| 0074 | Level IV Endoscopy Upper Airway | T | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 0075 | Level V Endoscopy Upper Airway | T | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 0076 | Level I Endoscopy Lower Airway | T | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 0077 | Level I Pulmonary Treatment | S | 0.3092 | \$17.65 | \$7.74 | \$3.53 |
| 0078 | Level II Pulmonary Treatment | S | 0.8207 | \$46.86 | \$14.55 | \$9.37 |
| 0079 | Ventilation Initiation and Management | S | 2.0455 | \$116.79 | | \$23.36 |
| 0080 | Diagnostic Cardiac Catheterization | T | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 0081 | Non-Coronary Angioplasty or Atherectomy | T | 31.2963 | \$1,786.96 | | \$357.39 |
| 0082 | Coronary Atherectomy | T | 98.4762 | \$5,622.79 | \$1,209.50 | \$1,124.56 |
| 0083 | Coronary Angioplasty and Percutaneous Valvuloplasty | T | 52.8967 | \$3,020.30 | | \$604.06 |
| 0084 | Level I Electrophysiologic Evaluation | S | 10.6492 | \$608.05 | | \$121.61 |
| 0085 | Level II Electrophysiologic Evaluation | T | 35.0395 | \$2,000.69 | \$426.25 | \$400.14 |
| 0086 | Ablate Heart Dysrhythm Focus | T | 43.9843 | \$2,511.42 | \$833.33 | \$502.28 |
| 0087 | Cardiac Electrophysiologic Recording/Mapping | T | 35.5739 | \$2,031.20 | | \$406.24 |
| 0088 | Thrombectomy | T | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 0089 | Insertion/Replacement of Permanent Pacemaker and Electrodes | T | 109.1734 | \$6,233.58 | \$1,679.38 | \$1,246.72 |
| 0090 | Insertion/Replacement of Pacemaker Pulse Generator | T | 86.5117 | \$4,939.65 | \$1,544.11 | \$987.93 |
| 0091 | Level II Vascular Ligation | T | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 0092 | Level I Vascular Ligation | T | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 0093 | Vascular Reconstruction/Fistula Repair without Device | T | 24.5670 | \$1,402.73 | | \$280.55 |
| 0094 | Level I Resuscitation and Cardioversion | S | 2.7247 | \$155.57 | \$48.58 | \$31.11 |
| 0095 | Cardiac Rehabilitation | S | 0.6086 | \$34.75 | \$15.63 | \$6.95 |
| 0096 | Non-Invasive Vascular Studies | S | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 0097 | Cardiac and Ambulatory Blood Pressure Monitoring | X | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 0098 | Injection of Sclerosing Solution | T | 1.3532 | \$77.27 | | \$15.45 |
| 0099 | Electrocardiograms | S | 0.3835 | \$21.90 | | \$4.38 |
| 0100 | Cardiac Stress Tests | X | 2.5336 | \$144.66 | \$41.44 | \$28.93 |
| 0101 | Tilt Table Evaluation | S | 4.4294 | \$252.91 | \$105.27 | \$50.58 |
| 0103 | Miscellaneous Vascular Procedures | T | 13.2856 | \$758.58 | \$223.63 | \$151.72 |
| 0104 | Transcatheter Placement of Intracoronary Stents | T | 81.9772 | \$4,680.73 | | \$936.15 |
| 0105 | Revision/Removal of Pacemakers, AICD, or Vascular | T | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 0106 | Insertion/Replacement/Repair of Pacemaker and/or Electrodes | T | 52.6887 | \$3,008.42 | | \$601.68 |
| 0107 | Insertion of Cardioverter-Defibrillator | T | 301.2105 | \$17,198.50 | \$3,458.69 | \$3,439.70 |
| 0108 | Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads | T | 404.4663 | \$23,094.20 | | \$4,618.84 |
| 0109 | Removal of Implanted Devices | T | 7.6069 | \$434.34 | \$131.49 | \$86.87 |
| 0110 | Transfusion | S | 3.7794 | \$215.80 | | \$43.16 |
| 0111 | Blood Product Exchange | S | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 0112 | Apheresis, Photopheresis, and Plasmapheresis | S | 37.7298 | \$2,154.30 | \$612.47 | \$430.86 |
| 0113 | Excision Lymphatic System | T | 21.1249 | \$1,206.19 | | \$241.24 |
| 0114 | Thyroid/Lymphadenectomy Procedures | T | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 0115 | Cannula/Access Device Procedures | T | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 0116 | Chemotherapy Administration by Other Technique Except Infusion | S | 1.0913 | \$62.31 | | \$12.46 |
| 0117 | Chemotherapy Administration by Infusion Only | S | 2.9002 | \$165.60 | \$42.53 | \$33.12 |
| 0119 | Implantation of Infusion Pump | T | 120.3656 | \$6,872.64 | | \$1,374.53 |
| 0120 | Infusion Therapy Except Chemotherapy | T | 1.9428 | \$110.93 | \$28.21 | \$22.19 |
| 0121 | Level I Tube changes and Repositioning | T | 2.3062 | \$131.68 | \$43.80 | \$26.34 |
| 0122 | Level II Tube changes and Repositioning | T | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 0123 | Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant | S | 9.9408 | \$567.60 | | \$113.52 |
| 0124 | Revision of Implanted Infusion Pump | T | 20.1279 | \$1,149.26 | | \$229.85 |

**Addendum A. - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0125 | Refilling of Infusion Pump | T | 2.0894 | \$119.30 | | \$23.86 |
| 0130 | Level I Laparoscopy | T | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 0131 | Level II Laparoscopy | T | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 0132 | Level III Laparoscopy | T | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 0140 | Esophageal Dilatation without Endoscopy | T | 6.5633 | \$374.75 | \$107.24 | \$74.95 |
| 0141 | Level I Upper GI Procedures | T | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 0142 | Small Intestine Endoscopy | T | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 0143 | Lower GI Endoscopy | T | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 0146 | Level I Sigmoidoscopy | T | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 0147 | Level II Sigmoidoscopy | T | 8.1297 | \$464.19 | | \$92.84 |
| 0148 | Level I Anal/Rectal Procedure | T | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 0149 | Level III Anal/Rectal Procedure | T | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 0150 | Level IV Anal/Rectal Procedure | T | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 0151 | Endoscopic Retrograde Cholangio-Pancreatography (ERCP) | T | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 0152 | Level I Percutaneous Abdominal and Biliary Procedures | T | 12.0879 | \$690.19 | | \$138.04 |
| 0153 | Pentoneal and Abdominal Procedures | T | 23.9175 | \$1,365.64 | \$410.87 | \$273.13 |
| 0154 | Hernia/Hydrocele Procedures | T | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 0155 | Level II Anal/Rectal Procedure | T | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 0156 | Level II Urinary and Anal Procedures | T | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 0157 | Colorectal Cancer Screening: Barium Enema | S | 2.5594 | \$146.14 | | \$29.23 |
| 0158 | Colorectal Cancer Screening: Colonoscopy | T | 7.7973 | \$445.21 | | \$111.30 |
| 0159 | Colorectal Cancer Screening: Flexible Sigmoidoscopy | S | 2.8560 | \$163.07 | | \$40.77 |
| 0160 | Level I Cystourethroscopy and other Genitourinary Procedures | T | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 0161 | Level II Cystourethroscopy and other Genitourinary Procedures | T | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 0162 | Level III Cystourethroscopy and other Genitourinary Procedures | T | 23.1717 | \$1,323.06 | | \$264.61 |
| 0163 | Level IV Cystourethroscopy and other Genitourinary Procedures | T | 36.3924 | \$2,077.93 | | \$415.59 |
| 0164 | Level I Urinary and Anal Procedures | T | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 0165 | Level III Urinary and Anal Procedures | T | 16.4914 | \$941.63 | | \$188.33 |
| 0166 | Level I Urethral Procedures | T | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 0167 | Level III Urethral Procedures | T | 28.6337 | \$1,634.93 | \$554.85 | \$326.99 |
| 0168 | Level II Urethral Procedures | T | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 0169 | Lithotripsy | T | 45.1513 | \$2,578.05 | \$1,115.69 | \$515.61 |
| 0170 | Dialysis | S | 6.6759 | \$381.18 | | \$76.24 |
| 0180 | Circumcision | T | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 0181 | Penile Procedures | T | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 0183 | Testes/Epididymis Procedures | T | 23.1967 | \$1,324.49 | | \$264.90 |
| 0184 | Prostate Biopsy | T | 4.2147 | \$240.65 | \$96.27 | \$48.13 |
| 0187 | Miscellaneous Placement/Repositioning | T | 3.8434 | \$219.45 | | \$43.89 |
| 0188 | Level II Female Reproductive Proc | T | 1.1133 | \$63.57 | | \$12.71 |
| 0189 | Level III Female Reproductive Proc | T | 2.1850 | \$124.76 | | \$24.95 |
| 0190 | Level I Hysteroscopy | T | 20.6906 | \$1,181.39 | \$424.28 | \$236.28 |
| 0191 | Level I Female Reproductive Proc | T | 0.1898 | \$10.84 | \$2.93 | \$2.17 |
| 0192 | Level IV Female Reproductive Proc | T | 3.9119 | \$223.36 | | \$44.67 |
| 0193 | Level V Female Reproductive Proc | T | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 0194 | Level VIII Female Reproductive Proc | T | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 0195 | Level IX Female Reproductive Proc | T | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 0196 | Dilation and Curettage | T | 17.0819 | \$975.34 | \$338.23 | \$195.07 |
| 0197 | Infertility Procedures | T | 2.0508 | \$117.10 | | \$23.42 |
| 0198 | Pregnancy and Neonatal Care Procedures | T | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 0200 | Level VII Female Reproductive Proc | T | 14.9004 | \$850.78 | \$266.79 | \$170.16 |
| 0201 | Level VI Female Reproductive Proc | T | 18.3567 | \$1,048.13 | \$329.65 | \$209.63 |
| 0202 | Level X Female Reproductive Proc | T | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 0203 | Level IV Nerve Injections | T | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 0204 | Level I Nerve Injections | T | 2.1898 | \$125.03 | \$40.13 | \$25.01 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|---|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0206 | Level II Nerve Injections | T | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 0207 | Level III Nerve Injections | T | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 0208 | Laminotomies and Laminectomies | T | 42.6390 | \$2,434.60 | | \$486.92 |
| 0209 | Extended EEG Studies and Sleep Studies, Level II | S | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 0212 | Nervous System Injections | T | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 0213 | Extended EEG Studies and Sleep Studies, Level I | S | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 0214 | Electroencephalogram | S | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 0215 | Level I Nerve and Muscle Tests | S | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 0216 | Level III Nerve and Muscle Tests | S | 2.6360 | \$150.51 | | \$30.10 |
| 0218 | Level II Nerve and Muscle Tests | S | 1.1542 | \$65.90 | | \$13.18 |
| 0220 | Level I Nerve Procedures | T | 17.4557 | \$996.69 | | \$199.34 |
| 0221 | Level II Nerve Procedures | T | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 0222 | Implantation of Neurological Device | T | 207.4621 | \$11,845.60 | | \$2,369.13 |
| 0223 | Implantation or Revision of Pain Management Catheter | T | 27.1757 | \$1,551.68 | | \$310.34 |
| 0224 | Implantation of Reservoir/Pump/Shunt | T | 37.8581 | \$2,161.62 | \$453.41 | \$432.32 |
| 0225 | Level I Implantation of Neurostimulator Electrodes | S | 213.3580 | \$12,182.30 | | \$2,436.46 |
| 0226 | Implantation of Drug Infusion Reservoir | T | 48.1100 | \$2,746.98 | | \$549.40 |
| 0227 | Implantation of Drug Infusion Device | T | 147.4115 | \$8,416.90 | | \$1,683.38 |
| 0228 | Creation of Lumbar Subarachnoid Shunt | T | 42.6965 | \$2,437.88 | \$546.07 | \$487.58 |
| 0229 | Transcatheter Placement of Intravascular Shunts | T | 59.3213 | \$3,387.13 | \$771.23 | \$677.43 |
| 0230 | Level I Eye Tests & Treatments | S | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 0231 | Level III Eye Tests & Treatments | S | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 0232 | Level I Anterior Segment Eye Procedures | T | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 0233 | Level II Anterior Segment Eye Procedures | T | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 0234 | Level III Anterior Segment Eye Procedures | T | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 0235 | Level I Posterior Segment Eye Procedures | T | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 0236 | Level II Posterior Segment Eye Procedures | T | 21.3988 | \$1,221.83 | | \$244.37 |
| 0237 | Level III Posterior Segment Eye Procedures | T | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 0238 | Level I Repair and Plastic Eye Procedures | T | 2.9161 | \$166.50 | | \$33.30 |
| 0239 | Level II Repair and Plastic Eye Procedures | T | 6.7303 | \$384.29 | | \$76.86 |
| 0240 | Level III Repair and Plastic Eye Procedures | T | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 0241 | Level IV Repair and Plastic Eye Procedures | T | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 0242 | Level V Repair and Plastic Eye Procedures | T | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 0243 | Strabismus/Muscle Procedures | T | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 0244 | Corneal Transplant | T | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 0245 | Level I Cataract Procedures without IOL Insert | T | 14.0851 | \$804.23 | \$222.22 | \$160.85 |
| 0246 | Cataract Procedures with IOL Insert | T | 23.4763 | \$1,340.45 | \$495.96 | \$268.09 |
| 0247 | Laser Eye Procedures Except Retinal | T | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 0248 | Laser Retinal Procedures | T | 4.9612 | \$283.27 | \$95.08 | \$56.65 |
| 0249 | Level II Cataract Procedures without IOL Insert | T | 28.4466 | \$1,624.24 | \$524.67 | \$324.85 |
| 0250 | Nasal Cauterization/Packing | T | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 0251 | Level I ENT Procedures | T | 1.9490 | \$111.28 | | \$22.26 |
| 0252 | Level II ENT Procedures | T | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 0253 | Level III ENT Procedures | T | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 0254 | Level IV ENT Procedures | T | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 0256 | Level V ENT Procedures | T | 37.1347 | \$2,120.32 | | \$424.06 |
| 0258 | Tonsil and Adenoid Procedures | T | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 0259 | Level VI ENT Procedures | T | 414.8416 | \$23,686.60 | \$9,394.83 | \$4,737.33 |
| 0260 | Level I Plain Film Except Teeth | X | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 0261 | Level II Plain Film Except Teeth Including Bone Density Measurement | X | 1.3469 | \$76.91 | | \$15.38 |
| 0262 | Plain Film of Teeth | X | 1.5454 | \$88.24 | | \$17.65 |
| 0263 | Level I Miscellaneous Radiology Procedures | X | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 0264 | Level II Miscellaneous Radiology Procedures | X | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 0265 | Level I Diagnostic Ultrasound Except Vascular | S | 1.0564 | \$60.32 | \$27.14 | \$12.06 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
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Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0266 | Level II Diagnostic Ultrasound Except Vascular | S | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 0267 | Level III Diagnostic Ultrasound Except Vascular | S | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 0268 | Ultrasound Guidance Procedures | S | 1.3041 | \$74.46 | | \$14.89 |
| 0269 | Level III Echocardiogram Except Transesophageal | S | 3.2844 | \$187.53 | \$84.38 | \$37.51 |
| 0270 | Transesophageal Echocardiogram | S | 6.1563 | \$351.51 | \$146.79 | \$70.30 |
| 0272 | Level I Fluoroscopy | X | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 0274 | Myelography | S | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 0275 | Arthrography | S | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 0276 | Level I Digestive Radiology | S | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 0277 | Level II Digestive Radiology | S | 2.4600 | \$140.46 | \$60.47 | \$28.09 |
| 0278 | Diagnostic Urography | S | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 0279 | Level II Angiography and Venography except Extremity | S | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 0280 | Level III Angiography and Venography except Extremity | S | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 0281 | Venography of Extremity | S | 7.3009 | \$416.87 | \$115.16 | \$83.37 |
| 0282 | Miscellaneous Computerized Axial Tomography | S | 1.7163 | \$98.00 | \$44.10 | \$19.60 |
| 0283 | Computerized Axial Tomography with Contrast Material | S | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 0284 | Magnetic Resonance Imaging and Magnetic Resonance Angiography with Contras | S | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 0285 | Myocardial Positron Emission Tomography (PET) | S | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| 0287 | Complex Venography | S | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 0288 | Bone Density Axial Skeleton | S | 1.2814 | \$73.17 | | \$14.63 |
| 0289 | Needle Localization for Breast Biopsy | X | 1.5759 | \$89.98 | \$21.17 | \$18.00 |
| 0296 | Level I Therapeutic Radiologic Procedures | S | 2.3571 | \$134.59 | \$59.61 | \$26.92 |
| 0297 | Level II Therapeutic Radiologic Procedures | S | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 0299 | Miscellaneous Radiation Treatment | S | 5.8011 | \$331.23 | | \$66.25 |
| 0300 | Level I Radiation Therapy | S | 1.5378 | \$87.81 | | \$17.56 |
| 0301 | Level II Radiation Therapy | S | 2.1866 | \$124.85 | | \$24.97 |
| 0302 | Level III Radiation Therapy | S | 5.4746 | \$312.59 | \$118.42 | \$62.52 |
| 0303 | Treatment Device Construction | X | 2.8928 | \$165.17 | \$66.95 | \$33.03 |
| 0304 | Level I Therapeutic Radiation Treatment Preparation | X | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 0305 | Level II Therapeutic Radiation Treatment Preparation | X | 3.9600 | \$226.11 | \$91.38 | \$45.22 |
| 0310 | Level III Therapeutic Radiation Treatment Preparation | X | 14.2195 | \$811.91 | \$325.27 | \$162.38 |
| 0312 | Radioelement Applications | S | 4.3901 | \$250.67 | | \$50.13 |
| 0313 | Brachytherapy | S | 14.0680 | \$803.25 | | \$160.65 |
| 0314 | Hyperthermic Therapies | S | 4.0235 | \$229.73 | \$93.07 | \$45.95 |
| 0315 | Level II Implantation of Neurostimulator | T | 355.3811 | \$20,291.50 | | \$4,058.31 |
| 0320 | Electroconvulsive Therapy | S | 5.3551 | \$305.77 | \$80.06 | \$61.15 |
| 0321 | Biofeedback and Other Training | S | 1.4268 | \$81.47 | \$21.78 | \$16.29 |
| 0322 | Brief Individual Psychotherapy | S | 1.2681 | \$72.41 | | \$14.48 |
| 0323 | Extended Individual Psychotherapy | S | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 0324 | Family Psychotherapy | S | 2.9372 | \$167.71 | | \$33.54 |
| 0325 | Group Psychotherapy | S | 1.4790 | \$84.45 | \$18.27 | \$16.89 |
| 0330 | Dental Procedures | S | 11.7764 | \$672.41 | | \$134.48 |
| 0332 | Computerized Axial Tomography and Computerized Angiography without Contras | S | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 0333 | Computerized Axial Tomography and Computerized Angio w/o Contrast Material | S | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 0335 | Magnetic Resonance Imaging, Miscellaneous | S | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 0336 | Magnetic Resonance Imaging and Magnetic Resonance Angiography without Cont | S | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 0337 | MRI and Magnetic Resonance Angiography without Contrast Material followed | S | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 0339 | Observation | S | 7.0750 | \$403.97 | | \$80.79 |
| 0340 | Minor Ancillary Procedures | X | 0.6454 | \$36.85 | | \$7.37 |
| 0341 | Skin Tests | X | 0.1128 | \$6.44 | \$2.62 | \$1.29 |
| 0342 | Level I Pathology | X | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 0343 | Level II Pathology | X | 0.4339 | \$24.77 | \$11.14 | \$4.95 |

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Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0344 | Level III Pathology | X | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 0345 | Level I Transfusion Laboratory Procedures | X | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 0346 | Level II Transfusion Laboratory Procedures | X | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 0347 | Level III Transfusion Laboratory Procedures | X | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 0348 | Fertility Laboratory Procedures | X | 0.7716 | \$44.06 | | \$8.81 |
| 0352 | Level I Injections | X | 0.1209 | \$6.90 | | \$1.38 |
| 0353 | Level II Allergy Injections | X | 0.4013 | \$22.91 | | \$4.58 |
| 0355 | Level I Immunizations | K | 0.3164 | \$18.07 | | \$3.61 |
| 0356 | Level II Immunizations | K | 0.6483 | \$37.02 | | \$7.40 |
| 0359 | Level II Injections | X | 0.8744 | \$49.93 | | \$9.99 |
| 0360 | Level I Alimentary Tests | X | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 0361 | Level II Alimentary Tests | X | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 0362 | Contact Lens and Spectacle Services | X | 1.1152 | \$63.68 | | \$12.74 |
| 0363 | Level I Otorhinolaryngologic Function Tests | X | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 0364 | Level I Audiometry | X | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 0365 | Level II Audiometry | X | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 0367 | Level I Pulmonary Test | X | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 0368 | Level II Pulmonary Tests | X | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 0369 | Level III Pulmonary Tests | X | 2.7466 | \$156.83 | \$44.18 | \$31.37 |
| 0370 | Allergy Tests | X | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 0371 | Level I Allergy Injections | X | 0.4238 | \$24.20 | | \$4.84 |
| 0372 | Therapeutic Phlebotomy | X | 0.5720 | \$32.66 | \$10.09 | \$6.53 |
| 0373 | Neuropsychological Testing | X | 2.3631 | \$134.93 | | \$26.99 |
| 0374 | Monitoring Psychiatric Drugs | X | 1.1042 | \$63.05 | | \$12.61 |
| 0375 | Ancillary Outpatient Services When Patient Expires | T | | \$2,757.68 | | \$551.54 |
| 0376 | Level II Cardiac Imaging | S | 4.9331 | \$281.67 | \$121.42 | \$56.33 |
| 0377 | Level III Cardiac Imaging | S | 7.0824 | \$404.39 | \$181.97 | \$80.88 |
| 0378 | Level II Pulmonary Imaging | S | 5.6109 | \$320.37 | \$144.16 | \$64.07 |
| 0379 | Injection adenosine 6 MG | K | 0.2175 | \$12.42 | | \$2.48 |
| 0380 | Dipyridamole injection | K | 0.2075 | \$11.85 | | \$2.37 |
| 0384 | GI Procedures with Stents | T | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 0385 | Level I Prosthetic Urological Procedures | S | 65.9789 | \$3,767.26 | | \$753.45 |
| 0386 | Level II Prosthetic Urological Procedures | S | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 0387 | Level II Hysteroscopy | T | 30.0907 | \$1,718.12 | \$655.55 | \$343.62 |
| 0388 | Discography | S | 11.8142 | \$674.57 | \$303.19 | \$134.91 |
| 0389 | Non-imaging Nuclear Medicine | S | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 0390 | Level I Endocrine Imaging | S | 2.9219 | \$166.83 | \$75.07 | \$33.37 |
| 0391 | Level II Endocrine Imaging | S | 3.3269 | \$189.96 | \$85.48 | \$37.99 |
| 0393 | Red Cell/Plasma Studies | S | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 0394 | Hepatobiliary Imaging | S | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 0395 | GI Tract Imaging | S | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 0396 | Bone Imaging | S | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 0397 | Vascular Imaging | S | 2.6037 | \$148.67 | \$60.51 | \$29.73 |
| 0398 | Level I Cardiac Imaging | S | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 0399 | Nuclear Medicine Add-on Imaging | S | 1.6064 | \$91.72 | \$41.27 | \$18.34 |
| 0400 | Hematopoietic Imaging | S | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 0401 | Level I Pulmonary Imaging | S | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 0402 | Brain Imaging | S | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 0403 | CSF Imaging | S | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 0404 | Renal and Genitourinary Studies Level I | S | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 0405 | Renal and Genitourinary Studies Level II | S | 4.4678 | \$255.10 | \$114.79 | \$51.02 |
| 0406 | Tumor/Infection Imaging | S | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 0407 | Radionuclide Therapy | S | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 0409 | Red Blood Cell Tests | X | 0.1277 | \$7.29 | \$2.23 | \$1.46 |

**Addendum A. - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0411 | Respiratory Procedures | S | 0.4299 | \$24.55 | | \$4.91 |
| 0412 | IMRT Treatment Delivery | S | 5.3903 | \$307.78 | | \$61.58 |
| 0415 | Level II Endoscopy Lower Airway | T | 21.2703 | \$1,214.49 | \$459.92 | \$242.90 |
| 0418 | Level I Intravenous and Intracardiac Ultrasound and Flow Reserve | S | 4.4669 | \$255.05 | \$92.37 | \$51.01 |
| 0417 | Computerized Reconstruction | S | 4.3258 | \$249.99 | | \$49.40 |
| 0418 | Insertion of Left Ventricular Pacing Elect. | T | 79.0525 | \$4,458.64 | | \$891.33 |
| 0419 | Proton Beam Radiation Therapy | S | 11.8798 | \$678.31 | | \$135.68 |
| 0420 | PET Imaging | S | 15.7385 | \$898.64 | | \$179.73 |
| 0421 | Prolonged Physiologic Monitoring | X | 1.8195 | \$103.88 | | \$20.78 |
| 0422 | Level II Upper GI Procedures | T | 22.3214 | \$1,274.51 | | \$254.98 |
| 0423 | Level II Percutaneous Abdominal and Biliary Procedures | T | 29.0679 | \$1,659.71 | | \$331.94 |
| 0424 | Drug Administration In Clinical Trial | S | 3.2393 | \$184.96 | | \$36.99 |
| 0425 | Level II Arthroplasty with Prosthesis | T | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 0426 | Level II Strapping and Cast Application | S | 2.0113 | \$114.84 | | \$22.97 |
| 0600 | Low Level Clinic Visits | V | 0.9153 | \$52.26 | | \$10.45 |
| 0601 | Mid Level Clinic Visits | V | 0.9872 | \$56.37 | | \$11.27 |
| 0602 | High Level Clinic Visits | V | 1.4126 | \$80.66 | | \$16.13 |
| 0610 | Low Level Emergency Visits | V | 1.3646 | \$77.92 | \$19.57 | \$15.58 |
| 0611 | Mid Level Emergency Visits | V | 2.4057 | \$137.36 | \$36.16 | \$27.47 |
| 0612 | High Level Emergency Visits | V | 4.0940 | \$233.76 | \$54.12 | \$46.75 |
| 0620 | Critical Care | S | 9.8673 | \$512.01 | \$142.30 | \$102.40 |
| 0648 | Breast Reconstruction with Prosthesis | T | 49.4801 | \$2,825.21 | | \$565.04 |
| 0651 | Complex Interstitial Radiation Source Application | S | 25.8867 | \$1,466.86 | | \$293.33 |
| 0652 | Insertion of Intraoperative Catheters | T | 27.9061 | \$1,593.38 | | \$318.68 |
| 0653 | Vascular Reconstruction/Fistula Repair with Device | T | 28.1900 | \$1,609.59 | | \$321.92 |
| 0654 | Insertion/Replacement of a permanent dual chamber pacemaker | T | 104.1200 | \$5,945.04 | | \$1,189.01 |
| 0655 | Insertion/Replacement/Conversion of a permanent dual chamber pacemaker | T | 135.7710 | \$7,752.25 | | \$1,550.45 |
| 0656 | Transcatheter Placement of Intracoronary Drug-Eluting Stents | T | 104.5082 | \$5,967.10 | | \$1,193.42 |
| 0657 | Placement of Tissue Clips | S | 1.8524 | \$105.77 | | \$21.15 |
| 0658 | Percutaneous Breast Biopsies | T | 8.7367 | \$384.65 | | \$76.93 |
| 0659 | Hyperbaric Oxygen | S | 1.4279 | \$81.53 | | \$16.31 |
| 0660 | Level II Otorhinolaryngologic Function Tests | X | 1.6869 | \$85.18 | \$30.66 | \$19.04 |
| 0661 | Level IV Pathology | X | 3.5289 | \$202.08 | \$88.87 | \$40.41 |
| 0662 | CT Angiography | S | 5.9149 | \$320.60 | \$144.28 | \$64.12 |
| 0664 | Level I Proton Beam Radiation Therapy | S | 9.9301 | \$588.99 | | \$113.40 |
| 0665 | Bone Density Appendicular Skeleton | S | 0.7777 | \$44.41 | | \$8.88 |
| 0668 | Level I Angiography and Venography except Extremity | S | 8.7393 | \$384.80 | \$114.99 | \$76.96 |
| 0670 | Level II Intravenous and Intracardiac Ultrasound and Flow Reserve | S | 29.7495 | \$1,688.64 | \$542.37 | \$339.73 |
| 0671 | Level II Echocardiogram Except Transesophageal | S | 1.7247 | \$98.48 | \$44.31 | \$19.70 |
| 0672 | Level IV Posterior Segment Procedures | T | 40.1207 | \$2,280.81 | \$988.43 | \$458.16 |
| 0673 | Level IV Anterior Segment Eye Procedures | T | 29.0716 | \$1,659.93 | \$649.56 | \$331.99 |
| 0674 | Prostate Cryoablation | T | 111.5690 | \$6,370.37 | | \$1,274.07 |
| 0675 | Prostatic Thermotherapy | T | 48.7737 | \$2,670.68 | | \$534.14 |
| 0676 | Level II Thrombolysis and Thrombectomy | T | 4.3038 | \$245.74 | | \$49.15 |
| 0677 | Level I Thrombolysis and Thrombectomy | T | 2.5825 | \$146.31 | | \$29.26 |
| 0678 | External Counterpulsation | T | 1.8456 | \$105.38 | | \$21.08 |
| 0679 | Level II Resuscitation and Cardioversion | S | 5.8465 | \$322.40 | \$95.30 | \$64.48 |
| 0680 | Insertion of Patient Activated Event Recorders | S | 64.0980 | \$3,659.87 | | \$731.97 |
| 0681 | Knee Arthroplasty | T | 92.1163 | \$5,259.88 | \$2,093.11 | \$1,051.93 |
| 0682 | Level V Debridement & Destruction | T | 7.5273 | \$429.79 | \$170.21 | \$85.96 |
| 0683 | Level II Photodynamic Therapy | S | 2.4306 | \$138.78 | \$30.42 | \$27.78 |
| 0685 | Level III Needle Biopsy/Aspiration Except Bone Marrow | T | 5.8959 | \$338.84 | \$115.47 | \$67.33 |
| 0688 | Level III Skin Repair | T | 6.7412 | \$384.91 | \$173.20 | \$76.98 |
| 0689 | Revision/Removal of Neurostimulator Electrodes | T | 20.2192 | \$1,154.48 | \$513.05 | \$230.90 |

**Addendum A. - List of Ambulatory Payment Classifications (APCs)
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Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0688 | Revision/Removal of Neurostimulator Pulse Generator Receiver | T | 42.5576 | \$2,429.95 | \$1,093.47 | \$485.99 |
| 0689 | Electronic Analysis of Cardioverter-defibrillators | S | 0.5894 | \$33.65 | | \$6.73 |
| 0690 | Electronic Analysis of Pacemakers and other Cardiac Devices | S | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 0691 | Electronic Analysis of Programmable Shunts/Pumps | S | 2.4955 | \$142.49 | \$64.12 | \$28.50 |
| 0692 | Electronic Analysis of Neurostimulator Pulse Generators | S | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 0693 | Level II Breast Reconstruction | T | 41.0228 | \$2,342.32 | \$798.17 | \$468.46 |
| 0694 | Mohs Surgery | T | 4.2372 | \$241.94 | \$64.93 | \$48.39 |
| 0695 | Level VII Debridement & Destruction | T | 20.6606 | \$1,179.68 | \$266.59 | \$235.94 |
| 0697 | Level I Echocardiogram Except Transesophageal | S | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 0698 | Level II Eye Tests & Treatments | S | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 0699 | Level IV Eye Tests & Treatments | T | 9.8497 | \$562.40 | | \$112.48 |
| 0700 | Antepartum Manipulation | T | 3.2254 | \$184.16 | \$37.13 | \$36.83 |
| 0701 | SR 89 chloride, per mCi | K | 7.1886 | \$410.45 | | \$82.09 |
| 0702 | SM 153 leixidronam, 50 mCi | K | 16.0584 | \$916.90 | | \$183.38 |
| 0704 | IN 111 Satumomab pendetide per dose | K | | \$1,390.25 | | \$278.05 |
| 0705 | Technetium TC99M tetrofosmin | K | | \$104.58 | | \$20.92 |
| 0726 | Dexrazoxane hcl injection, 250 mg | K | | \$113.28 | | \$22.66 |
| 0728 | Filgrastim 300 mcg injection | K | | \$162.41 | | \$32.48 |
| 0730 | Pamidronate disodium , 30 mg | K | | \$128.74 | | \$25.75 |
| 0731 | Sargramostim injection | K | | \$25.39 | | \$5.08 |
| 0732 | Mesna injection 200 mg | K | | \$17.66 | | \$3.53 |
| 0733 | Non esrd epoetin alpha inj, 1000 u | K | | \$11.09 | | \$2.22 |
| 0734 | Injection, darbepoetin alfa (for non-ESRD), per 1 mcg | K | | \$4.14 | | \$0.83 |
| 0735 | Ampho b cholesteryl sulfate | K | | \$15.20 | | \$3.04 |
| 0736 | Amphotericin b liposome inj | K | | \$31.27 | | \$6.25 |
| 0737 | Ammonia N-13, per dose | K | | \$111.91 | | \$22.38 |
| 0738 | Rasburicase | G | | \$105.87 | | |
| 0750 | Dolasetron mesylate | K | | \$14.38 | | \$2.88 |
| 0763 | Dolasetron mesylate oral | K | | \$63.28 | | \$12.66 |
| 0764 | Granisetron HCl injection | K | | \$16.20 | | \$3.24 |
| 0765 | Granisetron HCl 1 mg oral | K | | \$39.04 | | \$7.81 |
| 0768 | Ondansetron hcl injection | K | | \$5.54 | | \$1.11 |
| 0769 | Ondansetron hcl oral | K | | \$26.12 | | \$5.22 |
| 0800 | Leuprolide acetate, 3.75 mg | K | | \$451.98 | | \$90.40 |
| 0802 | Etoposide oral 50 mg | K | | \$21.91 | | \$4.38 |
| 0807 | Aldesleukin/single use vial | K | | \$680.35 | | \$136.07 |
| 0809 | Bcg live intravesical vac | K | | \$139.90 | | \$27.98 |
| 0810 | Goserelin acetate implant 3.6 mg | K | | \$390.09 | | \$78.02 |
| 0811 | Carboplatin injection 50 mg | K | | \$129.96 | | \$25.99 |
| 0813 | Cisplatin 10 mg injection | K | | \$7.73 | | \$1.55 |
| 0814 | Asparaginase injection | K | | \$54.71 | | \$10.94 |
| 0815 | Cyclophosphamide 100 MG inj | K | | \$2.77 | | \$0.55 |
| 0816 | Cyclophosphamide lyophilized | K | | \$2.36 | | \$0.47 |
| 0817 | Cytarabine hcl 100 MG inj | K | | \$1.55 | | \$0.31 |
| 0819 | Dacarbazine 100 mg inj | K | | \$6.14 | | \$1.23 |
| 0820 | Daunorubicin 10 mg | K | | \$35.94 | | \$7.19 |
| 0821 | Daunorubicin citrate liposom 10 mg | K | | \$64.60 | | \$12.92 |
| 0823 | Docetaxel, 20 mg | K | | \$312.69 | | \$62.54 |
| 0824 | Etoposide 10 MG inj | K | | \$0.83 | | \$0.17 |
| 0827 | Floxuridine injection 500 mg | K | | \$66.24 | | \$13.25 |
| 0828 | Gemcitabine HCL 200 mg | K | | \$105.73 | | \$21.15 |
| 0830 | Irinotecan injection 20 mg | K | | \$127.33 | | \$25.47 |
| 0831 | Ifosfomide injection 1 gm | K | | \$72.81 | | \$14.56 |
| 0832 | Idarubicin hcl injection 5 mg | K | 0.2357 | \$13.46 | | \$2.69 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
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Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0834 | Interferon alfa-2a inj | K | | \$30.48 | | \$6.10 |
| 0836 | Interferon alfa-2b inj recombinant, 1 million | K | | \$13.00 | | \$2.60 |
| 0838 | Interferon gamma 1-b inj, 3 million u | K | 3.3927 | \$193.80 | | \$38.76 |
| 0840 | Melphalan hydrochl 50 mg | K | | \$367.03 | | \$73.41 |
| 0842 | Fludarabine phosphate inj 50 mg | K | | \$311.09 | | \$62.22 |
| 0844 | Pentostatin injection, 10 mg | K | | \$1,683.24 | | \$336.65 |
| 0847 | Doxorubic hcl 10 MG vl chemo | K | | \$4.69 | | \$0.94 |
| 0849 | Rituximab, 100 mg | K | | \$437.83 | | \$87.57 |
| 0851 | Thiotepa injection | K | | \$45.31 | | \$9.06 |
| 0852 | Topotecan, 4 mg | K | | \$697.76 | | \$139.55 |
| 0855 | Vinorelbine tartrate, 10 mg | K | | \$95.23 | | \$19.05 |
| 0856 | Porfimer sodium, 75 mg | K | | \$2,274.78 | | \$454.96 |
| 0857 | Bleomycin sulfate injection 15 u | K | | \$88.32 | | \$17.66 |
| 0858 | Cladribine, 1mg | K | | \$24.84 | | \$4.97 |
| 0860 | Plicamycin (mithramycin) inj | K | | \$93.80 | | \$18.76 |
| 0861 | Leuprolide acetate injection 1 mg | K | | \$14.48 | | \$2.90 |
| 0862 | Mitomycin 5 mg inj | K | | \$30.91 | | \$6.18 |
| 0863 | Paclitaxel injection, 30 mg | K | | \$79.04 | | \$15.81 |
| 0864 | Mitoxantrone hcl, 5 mg | K | | \$313.96 | | \$62.79 |
| 0865 | Interferon alfa-n3 inj, human leukocyte derived, 2 | K | | \$8.17 | | \$1.63 |
| 0887 | Azathioprine parenteral | K | | \$30.18 | | \$6.04 |
| 0888 | Cyclosporine oral 100 mg | K | 0.0317 | \$1.81 | | \$0.36 |
| 0890 | Lymphocyte immune globulin 250 mg | K | | \$243.50 | | \$48.70 |
| 0891 | Tacrolimus oral per 1 mg | K | | \$3.05 | | \$0.61 |
| 0900 | Alglucerase injection | K | | \$37.53 | | \$7.51 |
| 0901 | Alpha 1 proteinase inhibitor | K | | \$2.46 | | \$0.49 |
| 0902 | Botulinum toxin a, per unit | K | | \$4.32 | | \$0.86 |
| 0903 | Cytomegalovirus imm IV/vial | K | | \$622.13 | | \$124.43 |
| 0905 | Immune globulin, 1g | K | | \$68.48 | | \$13.70 |
| 0906 | RSV-ivig, 50 mg | K | | \$16.55 | | \$3.31 |
| 0910 | Interferon beta-1b /0.25 mg | K | | \$58.73 | | \$11.75 |
| 0911 | Streptokinase per 250,000 iu | K | 0.7864 | \$43.87 | | \$8.77 |
| 0916 | Injection imiglucerase /unit | K | | \$3.75 | | \$0.75 |
| 0917 | Adenosine injection | K | 0.3599 | \$20.46 | | \$4.11 |
| 0925 | Factor viii per iu | K | | \$0.76 | | \$0.15 |
| 0926 | Factor VIII (porcine) per iu | K | | \$1.78 | | \$0.36 |
| 0927 | Factor viii recombinant per iu | K | | \$1.10 | | \$0.22 |
| 0928 | Factor ix complex per iu | K | | \$0.32 | | \$0.06 |
| 0929 | Anti-inhibitor per iu | K | | \$1.25 | | \$0.25 |
| 0931 | Factor IX non-recombinant, per iu | K | | \$0.98 | | \$0.20 |
| 0932 | Factor IX recombinant, per iu | K | | \$0.98 | | \$0.20 |
| 0949 | Plasma, Pooled Multiple Donor, Solvent/Detergent T | K | | \$99.44 | | \$19.89 |
| 0950 | Blood (Whole) For Transfusion | K | | \$114.05 | | \$22.81 |
| 0952 | Cryoprecipitate | K | | \$50.59 | | \$10.12 |
| 0954 | RBC leukocytes reduced | K | | \$167.17 | | \$33.43 |
| 0955 | Plasma, Fresh Frozen | K | | \$49.19 | | \$9.84 |
| 0956 | Plasma Protein Fraction | K | | \$55.38 | | \$11.08 |
| 0957 | Platelet Concentrate | K | | \$48.92 | | \$9.78 |
| 0958 | Platelet Rich Plasma | K | | \$144.28 | | \$28.86 |
| 0959 | Red Blood Cells | K | | \$113.09 | | \$22.62 |
| 0960 | Washed Red Blood Cells | K | | \$163.49 | | \$32.70 |
| 0961 | Infusion, Albumin (Human) 5%, 50 ml | K | 0.3410 | \$19.47 | | \$3.89 |
| 0963 | Albumin (human), 5%, 250 ml | K | 1.0386 | \$59.30 | | \$11.86 |
| 0964 | Albumin (human), 25%, 20 ml | K | 0.2304 | \$13.16 | | \$2.63 |

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Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|---|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 0965 | Albumin (human), 25%, 50ml | K | 0.9798 | \$55.94 | | \$11.19 |
| 0966 | Plasmaprotein fract,5%,250ml | K | | \$142.75 | | \$28.55 |
| 0967 | Split unit of blood | K | | \$83.58 | | \$16.72 |
| 0968 | Platelets leukocyte reduced irradiated | K | | \$155.87 | | \$31.17 |
| 0969 | Red blood cell leukocyte reduced irradiated | K | | \$207.17 | | \$41.43 |
| 1009 | Cryoprecip reduced plasma | K | | \$56.92 | | \$11.38 |
| 1010 | Blood, L/R, CMV-neg | K | | \$169.50 | | \$33.90 |
| 1011 | Platelets, HLA-m, L/R, unit | K | | \$599.37 | | \$119.87 |
| 1013 | Platelet concentrate, L/R, unit | K | | \$87.30 | | \$17.46 |
| 1016 | Blood, L/R, froz/deglycerol/washed | K | | \$130.66 | | \$26.13 |
| 1017 | Platelets, aph/pher, L/R, CMV-neg, unit | K | | \$481.35 | | \$96.27 |
| 1018 | Blood, L/R, irradiated | K | | \$178.64 | | \$35.73 |
| 1019 | Platelets, aph/pher, L/R, irradiated, unit | K | | \$594.05 | | \$118.81 |
| 1020 | Pit, pher,L/R,CMV,irrad | K | | \$504.62 | | \$100.92 |
| 1021 | RBC, frz/deg/wsh, L/R, irrad | K | | \$232.27 | | \$46.45 |
| 1022 | RBC, L/R, CMV neg, irrad | K | | \$276.29 | | \$55.26 |
| 1045 | Iobenguane sulfate I-131 per 0.5 mCi | K | | \$996.00 | | \$199.20 |
| 1064 | I-131 sodium iodide capsule | K | 0.1156 | \$6.60 | | \$1.32 |
| 1065 | I-131 sodium iodide solution | K | 0.1723 | \$9.84 | | \$1.97 |
| 1079 | CO 57/58 per 0.5 uCi | K | | \$221.78 | | \$44.36 |
| 1080 | I-131 tositumomab, dx | K | | \$2,241.00 | | \$448.20 |
| 1081 | I-131 tositumomab, tx | K | | \$19,422.00 | | \$3,884.40 |
| 1084 | Denileukin diftotox, 300 MCG | K | | \$1,232.88 | | \$246.58 |
| 1086 | Temozolomide,oral 5 mg | K | | \$6.42 | | \$1.28 |
| 1089 | Cyanocobalamin cobalt co57 | K | | \$85.49 | | \$17.10 |
| 1091 | IN 111 Oxyquinoline, per .5 mCi | K | | \$373.50 | | \$74.70 |
| 1092 | IN 111 Pentetate, per 0.5 mCi | K | | \$224.10 | | \$44.82 |
| 1095 | Technetium TC 99M Depreotide | K | | \$38.00 | | \$7.60 |
| 1096 | TC 99M Exametazime, per dose | K | | \$778.13 | | \$155.63 |
| 1122 | TC 99M arcitumomab, per vial | K | | \$1,079.00 | | \$215.80 |
| 1167 | Epirubicin hcl, 2 mg | K | | \$24.14 | | \$4.83 |
| 1178 | Busulfan IV, 6 mg | K | | \$27.87 | | \$5.57 |
| 1201 | TC 99M SUCCIMER, PER Vial | K | | \$118.52 | | \$23.70 |
| 1203 | Verteporfin for injection | K | | \$1,274.05 | | \$254.81 |
| 1207 | Octreotide injection, depot | K | 1.2552 | \$71.66 | | \$14.33 |
| 1305 | Apligraf | K | | \$1,130.88 | | \$226.18 |
| 1409 | Factor viia recombinant, per 1.2 mg | K | | \$1,410.34 | | \$282.07 |
| 1501 | New Technology - Level I (\$0 - \$50) | S | | \$25.00 | | \$5.00 |
| 1502 | New Technology - Level II (\$50 - \$100) | S | | \$75.00 | | \$15.00 |
| 1503 | New Technology - Level III (\$100 - \$200) | S | | \$150.00 | | \$30.00 |
| 1504 | New Technology - Level IV (\$200 - \$300) | S | | \$250.00 | | \$50.00 |
| 1505 | New Technology - Level V (\$300 - \$400) | S | | \$350.00 | | \$70.00 |
| 1506 | New Technology - Level VI (\$400 - \$500) | S | | \$450.00 | | \$90.00 |
| 1507 | New Technology - Level VII (\$500 - \$600) | S | | \$550.00 | | \$110.00 |
| 1508 | New Technology - Level VIII (\$600 - \$700) | S | | \$650.00 | | \$130.00 |
| 1509 | New Technology - Level IX (\$700 - \$800) | S | | \$750.00 | | \$150.00 |
| 1510 | New Technology - Level X (\$800 - \$900) | S | | \$850.00 | | \$170.00 |
| 1511 | New Technology - Level XI (\$900 - \$1000) | S | | \$950.00 | | \$190.00 |
| 1512 | New Technology - Level XII (\$1000 - \$1100) | S | | \$1,050.00 | | \$210.00 |
| 1513 | New Technology - Level XIII (\$1100 - \$1200) | S | | \$1,150.00 | | \$230.00 |
| 1514 | New Technology-Level XIV (\$1200 - \$1300) | S | | \$1,250.00 | | \$250.00 |
| 1515 | New Technology - Level XV (\$1300 - \$1400) | S | | \$1,350.00 | | \$270.00 |
| 1516 | New Technology - Level XVI (\$1400 - \$1500) | S | | \$1,450.00 | | \$290.00 |
| 1517 | New Technology - Level XVII (\$1500-\$1600) | S | | \$1,550.00 | | \$310.00 |

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with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 1518 | New Technology - Level XVIII (\$1600-\$1700) | S | | \$1,650.00 | | \$330.00 |
| 1519 | New Technology - Level XIX (\$1700-\$1800) | S | | \$1,750.00 | | \$350.00 |
| 1520 | New Technology - Level XX (\$1800-\$1900) | S | | \$1,850.00 | | \$370.00 |
| 1521 | New Technology - Level XXI (\$1900-\$2000) | S | | \$1,950.00 | | \$390.00 |
| 1522 | New Technology - Level XXII (\$2000-\$2500) | S | | \$2,250.00 | | \$450.00 |
| 1523 | New Technology - Level XXIII (\$2500-\$3000) | S | | \$2,750.00 | | \$550.00 |
| 1524 | New Technology - Level XIV (\$3000-\$3500) | S | | \$3,250.00 | | \$650.00 |
| 1525 | New Technology - Level XXV (\$3500-\$4000) | S | | \$3,750.00 | | \$750.00 |
| 1526 | New Technology - Level XXVI (\$4000-\$4500) | S | | \$4,250.00 | | \$850.00 |
| 1527 | New Technology - Level XXVII (\$4500-\$5000) | S | | \$4,750.00 | | \$950.00 |
| 1528 | New Technology - Level XXVIII (\$5000-\$5500) | S | | \$5,250.00 | | \$1,050.00 |
| 1529 | New Technology - Level XXIX (\$5500-\$6000) | S | | \$5,750.00 | | \$1,150.00 |
| 1530 | New Technology - Level XXX (\$6000-\$6500) | S | | \$6,250.00 | | \$1,250.00 |
| 1531 | New Technology - Level XXXI (\$6500-\$7000) | S | | \$6,750.00 | | \$1,350.00 |
| 1532 | New Technology - Level XXXII (\$7000-\$7500) | S | | \$7,250.00 | | \$1,450.00 |
| 1533 | New Technology - Level XXXIII (\$7500-\$8000) | S | | \$7,750.00 | | \$1,550.00 |
| 1534 | New Technology - Level XXXIV (\$8000-\$8500) | S | | \$8,250.00 | | \$1,650.00 |
| 1535 | New Technology - Level XXXV (\$8500-\$9000) | S | | \$8,750.00 | | \$1,750.00 |
| 1536 | New Technology - Level XXXVI (\$9000-\$9500) | S | | \$9,250.00 | | \$1,850.00 |
| 1537 | New Technology - Level XXXVII (\$9500-\$10000) | S | | \$9,750.00 | | \$1,950.00 |
| 1538 | New Technology - Level I (\$0 - \$50) | T | | \$25.00 | | \$5.00 |
| 1539 | New Technology - Level II (\$50 - \$100) | T | | \$75.00 | | \$15.00 |
| 1540 | New Technology - Level III (\$100 - \$200) | T | | \$150.00 | | \$30.00 |
| 1541 | New Technology - Level IV (\$200 - \$300) | T | | \$250.00 | | \$50.00 |
| 1542 | New Technology - Level V (\$300 - \$400) | T | | \$350.00 | | \$70.00 |
| 1543 | New Technology - Level VI (\$400 - \$500) | T | | \$450.00 | | \$90.00 |
| 1544 | New Technology - Level VII (\$500 - \$600) | T | | \$550.00 | | \$110.00 |
| 1545 | New Technology - Level VIII (\$600 - \$700) | T | | \$650.00 | | \$130.00 |
| 1546 | New Technology - Level IX (\$700 - \$800) | T | | \$750.00 | | \$150.00 |
| 1547 | New Technology - Level X (\$800 - \$900) | T | | \$850.00 | | \$170.00 |
| 1548 | New Technology - Level XI (\$900 - \$1000) | T | | \$950.00 | | \$190.00 |
| 1549 | New Technology - Level XII (\$1000 - \$1100) | T | | \$1,050.00 | | \$210.00 |
| 1550 | New Technology - Level XIII (\$1100 - \$1200) | T | | \$1,150.00 | | \$230.00 |
| 1551 | New Technology - Level XIV (\$1200 - \$1300) | T | | \$1,250.00 | | \$250.00 |
| 1552 | New Technology - Level XV (\$1300 - \$1400) | T | | \$1,350.00 | | \$270.00 |
| 1553 | New Technology - Level XVI (\$1400 - \$1500) | T | | \$1,450.00 | | \$290.00 |
| 1554 | New Technology - Level XVII (\$1500-\$1600) | T | | \$1,550.00 | | \$310.00 |
| 1555 | New Technology - Level XVIII (\$1600-\$1700) | T | | \$1,650.00 | | \$330.00 |
| 1556 | New Technology - Level XIX (\$1700-\$1800) | T | | \$1,750.00 | | \$350.00 |
| 1557 | New Technology - Level XX (\$1800-\$1900) | T | | \$1,850.00 | | \$370.00 |
| 1558 | New Technology - Level XXI (\$1900-\$2000) | T | | \$1,950.00 | | \$390.00 |
| 1559 | New Technology - Level XXII (\$2000-\$2500) | T | | \$2,250.00 | | \$450.00 |
| 1560 | New Technology - Level XXIII (\$2500-\$3000) | T | | \$2,750.00 | | \$550.00 |
| 1561 | New Technology - Level XXIV (\$3000-\$3500) | T | | \$3,250.00 | | \$650.00 |
| 1562 | New Technology - Level XXV (\$3500-\$4000) | T | | \$3,750.00 | | \$750.00 |
| 1563 | New Technology - Level XXVI (\$4000-\$4500) | T | | \$4,250.00 | | \$850.00 |
| 1564 | New Technology - Level XXVII (\$4500-\$5000) | T | | \$4,750.00 | | \$950.00 |
| 1565 | New Technology - Level XXVIII (\$5000-\$5500) | T | | \$5,250.00 | | \$1,050.00 |
| 1566 | New Technology - Level XXIX (\$5500-\$6000) | T | | \$5,750.00 | | \$1,150.00 |
| 1567 | New Technology - Level XXX (\$6000-\$6500) | T | | \$6,250.00 | | \$1,250.00 |
| 1568 | New Technology - Level XXXI (\$6500-\$7000) | T | | \$6,750.00 | | \$1,350.00 |
| 1569 | New Technology - Level XXXII (\$7000-\$7500) | T | | \$7,250.00 | | \$1,450.00 |
| 1570 | New Technology - Level XXXIII (\$7500-\$8000) | T | | \$7,750.00 | | \$1,550.00 |
| 1571 | New Technology - Level XXXIV (\$8000-\$8500) | T | | \$8,250.00 | | \$1,650.00 |

**Addendum A. - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 1572 | New Technology - Level XXXV (\$8500-\$9000) | T | | \$8,750.00 | | \$1,750.00 |
| 1573 | New Technology - Level XXXVI (\$9000-\$9500) | T | | \$9,250.00 | | \$1,850.00 |
| 1574 | New Technology - Level XXXVII (\$9500-\$10000) | T | | \$9,750.00 | | \$1,950.00 |
| 1600 | Technetium TC 99m sestamibi | K | 1.8612 | \$106.32 | | \$21.26 |
| 1602 | Technetium tc 99m apcitide | K | 7.2650 | \$415.00 | | \$83.00 |
| 1603 | Thalious chloride TL 201/mci | K | | \$18.29 | | \$3.66 |
| 1604 | IN 111 capromab pendetide, per dose | K | | \$1,915.23 | | \$383.05 |
| 1605 | Abciximab injection, 10 mg | K | | \$448.22 | | \$89.64 |
| 1606 | Anistreplase, 30 u | K | | \$2,353.53 | | \$470.71 |
| 1607 | Eplifibatide injection, 5mg | K | | \$11.21 | | \$2.24 |
| 1608 | Etanercept injection | K | | \$135.56 | | \$27.11 |
| 1609 | Rho(D) immune globulin h. sd. 100 iu | K | | \$17.95 | | \$3.59 |
| 1611 | Hylan G-F 20 injection, 16 mg | K | | \$203.70 | | \$40.74 |
| 1612 | Daclizumab, parenteral, 25 mg | K | | \$393.78 | | \$78.76 |
| 1613 | Trastuzumab, 10 mg | K | | \$50.79 | | \$10.16 |
| 1615 | Basiliximab, 20 mg | K | | \$1,425.06 | | \$285.01 |
| 1618 | Vonwillebrandfactrcmplx, per iu | K | | \$0.83 | | \$0.17 |
| 1619 | Gallium ga 67 | K | | \$27.10 | | \$5.42 |
| 1620 | Technetium tc99m bicisate | K | | \$370.60 | | \$74.12 |
| 1622 | Technetium tc99m mertiatide | K | | \$31.13 | | \$6.23 |
| 1624 | Sodium phosphate p32 | K | | \$94.98 | | \$19.00 |
| 1625 | Indium 111-in pentetreotide | K | | \$1,079.00 | | \$215.80 |
| 1628 | Chromic phosphate p32 | K | | \$146.64 | | \$29.33 |
| 1716 | Brachytx source, Gold 198 | H | | | | |
| 1717 | Brachytx source, HDR Ir-192 | H | | | | |
| 1718 | Brachytx source, Iodine 125 | H | | | | |
| 1719 | Brachytx sour,Non-HDR Ir-192 | H | | | | |
| 1720 | Brachytx sour, Palladium 103 | H | | | | |
| 1775 | FDG, per dose (4-40 mCi/ml) | K | | \$220.50 | | \$44.10 |
| 1814 | Retinal tamp, silicone oil | H | | | | |
| 1818 | Integrated keratoprosthesis | H | | | | |
| 1819 | Tissue localization-excision dev | H | | | | |
| 2616 | Brachytx source, Yttrium-90 | H | | | | |
| 2632 | Brachytx sol, I-125, per mCi | H | | | | |
| 2633 | Brachytx source, Cesium-131 | H | | | | |
| 7000 | Amifostine, 500 mg | K | | \$395.75 | | \$79.15 |
| 7005 | Gonadorelin hydrochl/ 100 mcg | K | | \$16.09 | | \$3.22 |
| 7007 | Inj milrinone lactate, per 5 mg | K | 0.1411 | \$8.06 | | \$1.61 |
| 7011 | Oprelvekin injection, 5 mg | K | | \$248.16 | | \$49.63 |
| 7015 | Busulfan, oral, 2 mg | K | | \$2.08 | | \$0.42 |
| 7019 | Aprolinin, 10,000 kiu | K | | \$12.51 | | \$2.50 |
| 7022 | Elliotts b solution per ml | K | | \$1.50 | | \$0.30 |
| 7024 | Corticoelin ovine triflutat | K | | \$353.70 | | \$70.74 |
| 7025 | Digoxin immune FAB (ovine) | K | | \$332.00 | | \$66.40 |
| 7026 | Ethanolamine oleate 100 mg | K | | \$63.29 | | \$12.66 |
| 7027 | Fomepizole, 15mg | K | | \$10.04 | | \$2.01 |
| 7028 | Fosphenytoin, 50 mg | K | | \$5.31 | | \$1.06 |
| 7030 | Hemin, per 1 mg | K | | \$6.47 | | \$1.29 |
| 7031 | Octreotide acetate injection | K | | \$3.72 | | \$0.74 |
| 7034 | Somatropin injection | K | | \$280.87 | | \$56.17 |
| 7035 | Teniposide, 50 mg | K | | \$224.94 | | \$44.99 |
| 7036 | Urokinase 250,000 iu inj | K | 2.2060 | \$125.96 | | \$25.19 |
| 7037 | Muromonab-CD3, 5 mg | K | | \$56.59 | | \$11.32 |
| 7040 | Pentastarch 10% solution | K | | \$131.99 | | \$26.40 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|-------------------------------------|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 7041 | Tirofiban hydrochloride 12.5 mg | K | | \$411.85 | | \$82.37 |
| 7042 | Capecitabine, oral, 150 mg | K | | \$2.96 | | \$0.59 |
| 7043 | Infliximab injection 10 mg | K | | \$57.40 | | \$11.48 |
| 7045 | Trimetrexate glucuronate | K | | \$142.50 | | \$28.50 |
| 7046 | Doxorubicin hcl liposome inj 10 mg | K | | \$343.78 | | \$68.76 |
| 7048 | Alteplase recombinant | K | 0.3128 | \$17.86 | | \$3.57 |
| 7049 | Filgrastim 480 mcg injection | K | | \$274.40 | | \$54.88 |
| 7051 | Leuprolide acetate implant, 65 mg | K | | \$4,717.72 | | \$943.54 |
| 7308 | Aminolevulinic acid hcl top | K | | \$88.86 | | \$17.77 |
| 7316 | Sodium hyaluronate injection | K | | \$54.33 | | \$10.87 |
| 9001 | Linezolid injection | K | | \$32.15 | | \$6.43 |
| 9002 | Tenecteplase, 50mg/vial | K | | \$2,350.98 | | \$470.20 |
| 9003 | Palivizumab, per 50mg | K | | \$576.51 | | \$115.30 |
| 9004 | Gemtuzumab ozogamicin | K | | \$2,183.81 | | \$436.76 |
| 9005 | Retepase injection | K | | \$1,192.09 | | \$238.42 |
| 9008 | Baclofen Refill Kit-500mcg | K | | \$10.21 | | \$2.04 |
| 9009 | Baclofen refill kit - per 2000 mcg | K | | \$37.64 | | \$7.53 |
| 9012 | Arsenic Trioxide | K | | \$34.32 | | \$6.86 |
| 9013 | Co 57 cobaltous chloride | K | 2.5212 | \$143.96 | | \$28.79 |
| 9015 | Mycophenolate mofetil oral 250 mg | K | | \$2.46 | | \$0.49 |
| 9018 | Botulinum toxin B, per 100 u | K | | \$7.68 | | \$1.54 |
| 9019 | Caspofungin acetate, 5 mg | K | 0.5717 | \$32.65 | | \$6.53 |
| 9020 | Sirolimus tablet, 1 mg | K | | \$6.23 | | \$1.25 |
| 9021 | Immune globulin 10 mg | K | | \$0.75 | | \$0.15 |
| 9022 | IM inj interferon beta 1-a | K | | \$74.44 | | \$14.89 |
| 9023 | Rho d immune globulin 50 mcg | K | | \$30.38 | | \$6.08 |
| 9024 | Amphotericin b lipid complex | K | | \$19.09 | | \$3.82 |
| 9025 | Rubidium-Rb-82 | K | | \$111.91 | | \$22.38 |
| 9026 | High dose contrast MRI | K | 0.4645 | \$26.52 | | \$5.30 |
| 9027 | Supp-paramagnetic contrast material | K | 0.6484 | \$37.02 | | \$7.40 |
| 9028 | Tetracyclin injection | K | 1.7697 | \$101.05 | | \$20.21 |
| 9029 | Amiodarone HCl | K | 0.2112 | \$12.06 | | \$2.41 |
| 9030 | Amphotericin B | K | 1.1173 | \$63.80 | | \$12.76 |
| 9031 | Arbutamine HCl injection | K | 1.2049 | \$68.80 | | \$13.76 |
| 9032 | Baclofen 10 MG injection | K | 0.1492 | \$8.52 | | \$1.70 |
| 9033 | Cidofovir injection | K | 6.1929 | \$353.80 | | \$70.72 |
| 9034 | Brompheniramine maleate inj | K | 1.0444 | \$59.63 | | \$11.93 |
| 9035 | Medroxyprogesterone injection | K | 0.3109 | \$17.75 | | \$3.55 |
| 9036 | Dimethyl sulfoxide 50% 50 ML | K | 0.9158 | \$52.29 | | \$10.46 |
| 9037 | Methadone injection | K | 0.2357 | \$13.46 | | \$2.69 |
| 9038 | Inj estrogen conjugate 25 MG | K | 0.6946 | \$39.66 | | \$7.93 |
| 9039 | Fluconazole | K | 0.4117 | \$23.51 | | \$4.70 |
| 9040 | Intraocular Fomivirsen na | K | 16.6329 | \$949.71 | | \$189.94 |
| 9041 | Gamma globulin 1 CC inj | K | 0.5598 | \$31.96 | | \$6.39 |
| 9042 | Glucagon hydrochloride/1 MG | K | 0.8163 | \$46.61 | | \$9.32 |
| 9043 | Diazoxide injection | K | 0.2713 | \$15.49 | | \$3.10 |
| 9044 | Ibutilide fumarate injection | K | 2.2912 | \$130.82 | | \$26.16 |
| 9045 | Iron dextran | K | 0.2577 | \$14.71 | | \$2.94 |
| 9046 | Iron sucrose injection | K | 0.0091 | \$0.52 | | \$0.10 |
| 9047 | Itraconazole injection | K | 0.7453 | \$42.56 | | \$8.51 |
| 9048 | Inj desmopressin acetate | K | 0.0825 | \$4.71 | | \$0.94 |
| 9049 | Inj protirefin per 250 mcg | K | 0.7222 | \$41.24 | | \$8.25 |
| 9050 | Na ferric gluconate complex | K | 0.1101 | \$6.29 | | \$1.26 |
| 9051 | Urea injection | K | 1.2343 | \$70.48 | | \$14.10 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
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Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|--------------------------------------|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 9052 | Triflupromazine hcl inj | K | 1.2974 | \$74.08 | | \$14.82 |
| 9053 | Nasal vaccine inhalation | K | 1.6356 | \$93.39 | | \$18.68 |
| 9054 | Metabolically active tissue | K | 0.1266 | \$7.23 | | \$1.45 |
| 9055 | Injectable human tissue | K | 0.1425 | \$8.14 | | \$1.63 |
| 9057 | Lepirudin | K | | \$130.30 | | \$26.06 |
| 9104 | Anti-thymocyte globulin rabbit | K | | \$312.41 | | \$62.48 |
| 9105 | Hep B imm glob, per 1 ml | K | | \$118.32 | | \$23.66 |
| 9108 | Thyrotropin alfa, per 1.1 mg | K | 10.8100 | \$617.50 | | \$123.50 |
| 9109 | Tirofiban hcl, per 6.25 mg | K | | \$205.92 | | \$41.18 |
| 9110 | Alemtuzumab injection | K | | \$510.70 | | \$102.14 |
| 9111 | Inj, bivalirudin | K | | \$1.52 | | \$0.30 |
| 9112 | Perflutren lipid micro, per 2ml | K | | \$129.69 | | \$25.94 |
| 9114 | Nesiritide, per 0.5 mg vial | K | | \$132.47 | | \$26.49 |
| 9115 | Inj, zoledronic acid, per 1 mg | K | | \$197.87 | | \$39.57 |
| 9117 | Yttrium 90 ibritumomab tiuxetan | K | | \$20,948.20 | | \$4,189.65 |
| 9118 | In-111 ibritumomab tiuxetan | K | | \$2,419.78 | | \$483.96 |
| 9119 | Pegfilgrastim, per 6 mg | K | | \$2,448.50 | | \$489.70 |
| 9120 | Inj, Fulvestrant | K | | \$79.65 | | \$15.93 |
| 9121 | Inj, Argatroban, per 5 mg | K | | \$12.45 | | \$2.49 |
| 9122 | Triptorelin pamoate | K | | \$362.78 | | \$72.56 |
| 9123 | Transcyte | G | | \$705.55 | | |
| 9124 | Injection, daptomycin | G | | \$0.28 | | |
| 9125 | Injection, risperidone | G | | \$113.63 | | |
| 9200 | Orcel, per 36 cm2 | K | | \$991.85 | | \$198.37 |
| 9201 | Dermagraft, per 37.5 sq cm | K | | \$529.54 | | \$105.91 |
| 9202 | Octafluoropropane | K | | \$129.48 | | \$25.90 |
| 9203 | Perflexane lipid micro | G | | \$153.90 | | |
| 9204 | Ziprasidone mesylate | G | | \$18.93 | | |
| 9205 | Oxaliplatin | G | | \$81.98 | | |
| 9207 | Injection, bortezomib | G | | \$946.57 | | |
| 9208 | Injection, agalsidase beta | G | | \$115.08 | | |
| 9209 | Injection, laronidase | G | | \$598.90 | | |
| 9210 | Injection, palonosetron HCL | G | | \$194.91 | | |
| 9211 | Inj, alefacept, IV | G | | \$665.00 | | |
| 9212 | Inj, alefacept, IM | G | | \$405.66 | | |
| 9213 | Injection, Pemetrexed | G | | \$40.02 | | |
| 9214 | Injection, Bevacizumab | G | | \$57.13 | | |
| 9215 | Injection, Cetuximab | G | | \$51.98 | | |
| 9216 | Abarelix, Inject Suspension | G | | \$66.82 | | |
| 9217 | Leuprolide acetate suspnsion, 7.5 mg | K | | \$543.72 | | \$108.74 |
| 9300 | Injection, Omalizumab | G | | \$15.19 | | |
| 9400 | Thallous chloride, brand | K | 0.3654 | \$20.86 | | \$4.17 |
| 9401 | Strontium-89 chloride, brand | K | 7.1885 | \$410.45 | | \$82.09 |
| 9402 | Th I131 so iodide cap, brand | K | 0.1155 | \$6.60 | | \$1.32 |
| 9403 | Dx I131 so iodide cap, brand | K | 0.1155 | \$6.60 | | \$1.32 |
| 9404 | Dx I131 so iodide sol, brand | K | 0.1723 | \$9.84 | | \$1.97 |
| 9405 | Th I131 so iodide sol, brand | K | 0.1723 | \$9.84 | | \$1.97 |
| 9410 | Dexrazoxane HCl inj, brand | K | 2.1935 | \$125.24 | | \$25.05 |
| 9411 | Pamidronate disodium, brand | K | 2.8488 | \$162.66 | | \$32.53 |
| 9413 | Sodium hyaluronate inj, brand | K | 0.9516 | \$54.33 | | \$10.87 |
| 9414 | Etoposide oral, brand | K | 0.4854 | \$27.72 | | \$5.54 |
| 9415 | Doxorubic hcl chemo, brand | K | | \$6.94 | | \$1.39 |
| 9417 | Bleomycin sulfate inj, brand | K | | \$130.56 | | \$26.11 |
| 9418 | Cisplatin inj, brand | K | | \$11.42 | | \$2.28 |

**Addendum A - List of Ambulatory Payment Classifications (APCs)
with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts
Calendar Year 2005**

| APC | Group Title | Status Indicator | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------|---|------------------|-----------------|--------------|-------------------------------|------------------------------|
| 9419 | Inj cladribine, brand | K | | \$36.72 | | \$7.34 |
| 9420 | Cyclophosphamide inj, brand | K | | \$4.10 | | \$0.82 |
| 9421 | Cyclophosphamide lyo, brand | K | | \$3.50 | | \$0.70 |
| 9422 | Cytarabine hcl inj, brand | K | | \$2.28 | | \$0.46 |
| 9423 | Dacarbazine inj, brand | K | 0.1443 | \$8.24 | | \$1.65 |
| 9424 | Daunorubicin, brand | K | | \$53.14 | | \$10.63 |
| 9425 | Etoposide inj, brand | K | | \$1.22 | | \$0.24 |
| 9426 | Floxuridine inj, brand | K | | \$97.92 | | \$19.58 |
| 9427 | Ifosfomide inj, brand | K | 1.7769 | \$101.46 | | \$20.29 |
| 9428 | Mesna injection, brand | K | 0.4391 | \$25.07 | | \$5.01 |
| 9429 | Idarubicin hcl inj, brand | K | 0.2356 | \$13.45 | | \$2.69 |
| 9430 | Leuprolide acetate inj, bran | K | | \$21.41 | | \$4.28 |
| 9431 | Paclitaxel inj, brand | K | 1.6785 | \$95.84 | | \$19.17 |
| 9432 | Mitomycin inj, brand | K | | \$45.70 | | \$9.14 |
| 9433 | Thiotepa inj, brand | K | | \$66.98 | | \$13.40 |
| 9435 | Gonadorelin hydroch, brand | K | 0.2817 | \$16.08 | | \$3.22 |
| 9436 | Azathioprine parenteral, brand | K | | \$44.61 | | \$8.92 |
| 9438 | Cyclosporine oral, brand | K | 0.0317 | \$1.81 | | \$0.36 |
| 9500 | Platelets, irradiated | K | | \$89.59 | | \$17.92 |
| 9501 | Platelets, pheresis, leukocytes reduced | K | | \$468.65 | | \$93.73 |
| 9502 | Platelet pheresis irradiated | K | | \$330.57 | | \$66.11 |
| 9503 | Fresh frozen plasma, ea unit | K | | \$70.89 | | \$14.18 |
| 9504 | RBC deglycerolized | K | | \$297.71 | | \$59.54 |
| 9505 | RBC irradiated | K | | \$124.11 | | \$24.82 |
| 9506 | Granulocytes, pheresis | K | | \$790.73 | | \$158.15 |
| 9507 | Platelets, pheresis | K | | \$439.35 | | \$87.87 |
| 9508 | Plasma, frozen w/in 8 hours | K | | \$63.32 | | \$12.66 |

**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 0001F | E | | Blood pressure, measured | | | | | |
| 0001T | C | | Endovas repr abdo ao aneurys | | | | | |
| 0002F | E | | Tobacco use, smoking, assess | | | | | |
| 0003F | E | | Tobacco use, non-smoking | | | | | |
| 0003T | S | | Cervicography | 1501 | | \$25.00 | | \$5.00 |
| 0004F | E | | Tobacco use txmnt counseling | | | | | |
| 0005F | E | | Tobacco use txmnt, pharmacol | | | | | |
| 0005T | C | | Perc cath stent/brain cv art | | | | | |
| 0006F | E | | Statin therapy, prescribed | | | | | |
| 0006T | C | | Perc cath stent/brain cv art | | | | | |
| 0007F | E | | Beta-blocker thx prescribed | | | | | |
| 0007T | C | | Perc cath stent/brain cv art | | | | | |
| 0008F | E | | Ace inhibitor thx prescribed | | | | | |
| 0008T | E | | Upper gi endoscopy w/suture | | | | | |
| 0009F | E | | Assess anginal symptom/level | | | | | |
| 0009T | T | | Endometrial cryoablation | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 00100 | N | | Anesth, salivary gland | | | | | |
| 00102 | N | | Anesth, repair of cleft lip | | | | | |
| 00103 | N | | Anesth, blepharoplasty | | | | | |
| 00104 | N | | Anesth, electroshock | | | | | |
| 0010F | E | | Assess anginal symptom/level | | | | | |
| 0010T | A | | Tb test, gamma interferon | | | | | |
| 0011F | E | | Oral antiplat thx prescribed | | | | | |
| 00120 | N | | Anesth, ear surgery | | | | | |
| 00124 | N | | Anesth, ear exam | | | | | |
| 00126 | N | | Anesth, tympanotomy | | | | | |
| 0012T | T | | Osteochondral knee autograft | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 0013T | T | | Osteochondral knee allograft | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 00140 | N | | Anesth, procedures on eye | | | | | |
| 00142 | N | | Anesth, lens surgery | | | | | |
| 00144 | N | | Anesth, corneal transplant | | | | | |
| 00145 | N | | Anesth, vitreoretinal surg | | | | | |
| 00147 | N | | Anesth, iridectomy | | | | | |
| 00148 | N | | Anesth, eye exam | | | | | |
| 0014T | T | | Meniscal transplant, knee | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 00160 | N | | Anesth, nose/sinus surgery | | | | | |
| 00162 | N | | Anesth, nose/sinus surgery | | | | | |
| 00164 | N | | Anesth, biopsy of nose | | | | | |
| 0016T | T | | Thermox choroid vascul lesion | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 00170 | N | | Anesth, procedure on mouth | | | | | |
| 00172 | N | | Anesth, cleft palate repair | | | | | |
| 00174 | N | | Anesth, pharyngeal surgery | | | | | |
| 00176 | C | | Anesth, pharyngeal surgery | | | | | |
| 0017T | E | | Photocoagulat macular drusen | | | | | |
| 0018T | S | | Transcranial magnetic stimul | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 00190 | N | | Anesth, face/skull bone surg | | | | | |
| 00192 | C | | Anesth, facial bone surgery | | | | | |
| 0019T | E | | Extracorp shock wave tx, ms | | | | | |
| 0020T | A | | Extracorp shock wave tx, ft | | | | | |
| 00210 | N | | Anesth, open head surgery | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 00212 | N | | Anesth, skull drainage | | | | | |
| 00214 | C | | Anesth, skull drainage | | | | | |
| 00215 | C | | Anesth, skull repair/fract | | | | | |
| 00216 | N | | Anesth, head vessel surgery | | | | | |
| 00218 | N | | Anesth, special head surgery | | | | | |
| 0021T | C | | Fetal oximetry, trnsvag/cerv | | | | | |
| 00220 | N | | Anesth, intrcrn nerve | | | | | |
| 00222 | N | | Anesth, head nerve surgery | | | | | |
| 0023T | A | | Phenotype drug test, hiv 1 | | | | | |
| 0024T | C | | Transcath cardiac reduction | | | | | |
| 0026T | A | | Measure remnant lipoproteins | | | | | |
| 0027T | T | | Endoscopic epidural lysis | 1547 | | \$850.00 | | \$170.00 |
| 0028T | N | | Dexa body composition study | | | | | |
| 0029T | A | | Magnetic tx for incontinence | | | | | |
| 00300 | N | | Anesth, head/neck/ptrunk | | | | | |
| 0030T | A | | Antiprothrombin antibody | | | | | |
| 0031T | N | | Speculoscopy | | | | | |
| 00320 | N | | Anesth, neck organ, 1 & over | | | | | |
| 00322 | N | | Anesth, biopsy of thyroid | | | | | |
| 00326 | N | | Anesth, larynx/trach, < 1 yr | | | | | |
| 0032T | N | | Speculoscopy w/direct sample | | | | | |
| 0033T | C | | Endovasc taa repr incl subcl | | | | | |
| 0034T | C | | Endovasc taa repr w/o subcl | | | | | |
| 00350 | N | | Anesth, neck vessel surgery | | | | | |
| 00352 | N | | Anesth, neck vessel surgery | | | | | |
| 0035T | C | | Insert endovasc prosth, taa | | | | | |
| 0036T | C | | Endovasc prosth, taa, add-on | | | | | |
| 0037T | C | | Artery transpose/endovas taa | | | | | |
| 0038T | C | | Rad endovasc taa rpr w/cover | | | | | |
| 0039T | C | | Rad s/i, endovasc taa repair | | | | | |
| 00400 | N | | Anesth, skin, ext/per/atrunk | | | | | |
| 00402 | N | | Anesth, surgery of breast | | | | | |
| 00404 | C | | Anesth, surgery of breast | | | | | |
| 00406 | C | | Anesth, surgery of breast | | | | | |
| 0040T | C | | Rad s/i, endovasc taa prosth | | | | | |
| 00410 | N | | Anesth, correct heart rhythm | | | | | |
| 0041T | A | | Detect ur infect agnt w/cpas | | | | | |
| 0042T | N | | Ct perfusion w/contrast, cbf | | | | | |
| 0043T | A | | Co expired gas analysis | | | | | |
| 0044T | N | | Whole body photography | | | | | |
| 00450 | N | | Anesth, surgery of shoulder | | | | | |
| 00452 | C | | Anesth, surgery of shoulder | | | | | |
| 00454 | N | | Anesth, collar bone biopsy | | | | | |
| 0045T | N | | Whole body photography | | | | | |
| 0046T | T | | Cath lavage, mammary duct(s) | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 00470 | N | | Anesth, removal of rib | | | | | |
| 00472 | N | | Anesth, chest wall repair | | | | | |
| 00474 | C | | Anesth, surgery of rib(s) | | | | | |
| 0047T | T | | Cath lavage, mammary duct(s) | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 0048T | C | | Implant ventricular device | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 0049T | C | | External circulation assist | | | | | |
| 00500 | N | | Anesth, esophageal surgery | | | | | |
| 0050T | C | | Removal circulation assist | | | | | |
| 0051T | C | | Implant total heart system | | | | | |
| 00520 | N | | Anesth, chest procedure | | | | | |
| 00522 | N | | Anesth, chest lining biopsy | | | | | |
| 00524 | C | | Anesth, chest drainage | | | | | |
| 00528 | N | | Anesth, chest partition view | | | | | |
| 00529 | N | | Anesth, chest partition view | | | | | |
| 0052T | C | | Replace component heart syst | | | | | |
| 00530 | N | | Anesth, pacemaker insertion | | | | | |
| 00532 | N | | Anesth, vascular access | | | | | |
| 00534 | N | | Anesth, cardioverter/defib | | | | | |
| 00537 | N | | Anesth, cardiac electrophys | | | | | |
| 00539 | N | | Anesth, trach-bronch reconst | | | | | |
| 0053T | C | | Replace component heart syst | | | | | |
| 00540 | C | | Anesth, chest surgery | | | | | |
| 00541 | N | | Anesth, one lung ventilation | | | | | |
| 00542 | C | | Anesth, release of lung | | | | | |
| 00546 | C | | Anesth, lung,chest wall surg | | | | | |
| 00548 | N | | Anesth, trachea,bronchi surg | | | | | |
| 0054T | B | | Bone surgery using computer | | | | | |
| 00550 | N | | Anesth, sternal debridement | | | | | |
| 0055T | B | | Bone surgery using computer | | | | | |
| 00560 | C | | Anesth, open heart surgery | | | | | |
| 00562 | C | | Anesth, open heart surgery | | | | | |
| 00563 | N | | Anesth, heart proc w/pump | | | | | |
| 00566 | N | | Anesth, cabg w/o pump | | | | | |
| 0056T | B | | Bone surgery using computer | | | | | |
| 0057T | B | | Uppr gi scope w/ thrml txmnt | | | | | |
| 00580 | C | | Anesth, heart/lung transplnt | | | | | |
| 0058T | X | | Cryopreservation, ovary tiss | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 0059T | X | | Cryopreservation, oocyte | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 00600 | N | | Anesth, spine, cord surgery | | | | | |
| 00604 | C | | Anesth, sitting procedure | | | | | |
| 0060T | B | | Electrical impedance scan | | | | | |
| 0061T | B | | Destruction of tumor, breast | | | | | |
| 00620 | N | | Anesth, spine, cord surgery | | | | | |
| 00622 | C | | Anesth, removal of nerves | | | | | |
| 00630 | N | | Anesth, spine, cord surgery | | | | | |
| 00632 | C | | Anesth, removal of nerves | | | | | |
| 00634 | C | | Anesth for chemonucleolysis | | | | | |
| 00635 | N | | Anesth, lumbar puncture | | | | | |
| 00640 | N | | Anesth, spine manipulation | | | | | |
| 00670 | C | | Anesth, spine, cord surgery | | | | | |
| 00700 | N | | Anesth, abdominal wall surg | | | | | |
| 00702 | N | | Anesth, for liver biopsy | | | | | |
| 00730 | N | | Anesth, abdominal wall surg | | | | | |
| 00740 | N | | Anesth, upper gi visualize | | | | | |
| 00750 | N | | Anesth, repair of hernia | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 00752 | N | | Anesth, repair of hernia | | | | | |
| 00754 | N | | Anesth, repair of hernia | | | | | |
| 00756 | N | | Anesth, repair of hernia | | | | | |
| 00770 | N | | Anesth, blood vessel repair | | | | | |
| 00790 | N | | Anesth, surg upper abdomen | | | | | |
| 00792 | C | | Anesth, hemorr/excise liver | | | | | |
| 00794 | C | | Anesth, pancreas removal | | | | | |
| 00796 | C | | Anesth, for liver transplant | | | | | |
| 00797 | N | | Anesth, surgery for obesity | | | | | |
| 00800 | N | | Anesth, abdominal wall surg | | | | | |
| 00802 | C | | Anesth, fat layer removal | | | | | |
| 00810 | N | | Anesth, low intestine scope | | | | | |
| 00820 | N | | Anesth, abdominal wall surg | | | | | |
| 00830 | N | | Anesth, repair of hernia | | | | | |
| 00832 | N | | Anesth, repair of hernia | | | | | |
| 00834 | N | | Anesth, hernia repair< 1 yr | | | | | |
| 00836 | N | | Anesth hernia repair preemie | | | | | |
| 00840 | N | | Anesth, surg lower abdomen | | | | | |
| 00842 | N | | Anesth, amniocentesis | | | | | |
| 00844 | C | | Anesth, pelvis surgery | | | | | |
| 00846 | C | | Anesth, hysterectomy | | | | | |
| 00848 | C | | Anesth, pelvic organ surg | | | | | |
| 00851 | N | | Anesth, tubal ligation | | | | | |
| 00860 | N | | Anesth, surgery of abdomen | | | | | |
| 00862 | N | | Anesth, kidney/ureter surg | | | | | |
| 00864 | C | | Anesth, removal of bladder | | | | | |
| 00865 | C | | Anesth, removal of prostate | | | | | |
| 00866 | C | | Anesth, removal of adrenal | | | | | |
| 00868 | C | | Anesth, kidney transplant | | | | | |
| 00870 | N | | Anesth, bladder stone surg | | | | | |
| 00872 | N | | Anesth kidney stone destruct | | | | | |
| 00873 | N | | Anesth kidney stone destruct | | | | | |
| 00880 | N | | Anesth, abdomen vessel surg | | | | | |
| 00882 | C | | Anesth, major vein ligation | | | | | |
| 00902 | N | | Anesth, anorectal surgery | | | | | |
| 00904 | C | | Anesth, perineal surgery | | | | | |
| 00906 | N | | Anesth, removal of vulva | | | | | |
| 00908 | C | | Anesth, removal of prostate | | | | | |
| 00910 | N | | Anesth, bladder surgery | | | | | |
| 00912 | N | | Anesth, bladder tumor surg | | | | | |
| 00914 | N | | Anesth, removal of prostate | | | | | |
| 00916 | N | | Anesth, bleeding control | | | | | |
| 00918 | N | | Anesth, stone removal | | | | | |
| 00920 | N | | Anesth, genitalia surgery | | | | | |
| 00921 | N | | Anesth, vasectomy | | | | | |
| 00922 | N | | Anesth, sperm duct surgery | | | | | |
| 00924 | N | | Anesth, testis exploration | | | | | |
| 00926 | N | | Anesth, removal of testis | | | | | |
| 00928 | N | | Anesth, removal of testis | | | | | |
| 00930 | N | | Anesth, testis suspension | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| 00932 | C | | Anesth, amputation of penis | | | | | |
| 00934 | C | | Anesth, penis, nodes removal | | | | | |
| 00936 | C | | Anesth, penis, nodes removal | | | | | |
| 00938 | N | | Anesth, insert penis device | | | | | |
| 00940 | N | | Anesth, vaginal procedures | | | | | |
| 00942 | N | | Anesth, surg on vag/urethral | | | | | |
| 00944 | C | | Anesth, vaginal hysterectomy | | | | | |
| 00948 | N | | Anesth, repair of cervix | | | | | |
| 00950 | N | | Anesth, vaginal endoscopy | | | | | |
| 00952 | N | | Anesth, hysteroscope/graph | | | | | |
| 01112 | N | | Anesth, bone aspirate/bx | | | | | |
| 01120 | N | | Anesth, pelvis surgery | | | | | |
| 01130 | N | | Anesth, body cast procedure | | | | | |
| 01140 | C | | Anesth, amputation at pelvis | | | | | |
| 01150 | C | | Anesth, pelvic tumor surgery | | | | | |
| 01160 | N | | Anesth, pelvis procedure | | | | | |
| 01170 | N | | Anesth, pelvis surgery | | | | | |
| 01173 | N | | Anesth, fx repair, pelvis | | | | | |
| 01180 | N | | Anesth, pelvis nerve removal | | | | | |
| 01190 | C | | Anesth, pelvis nerve removal | | | | | |
| 01200 | N | | Anesth, hip joint procedure | | | | | |
| 01202 | N | | Anesth, arthroscopy of hip | | | | | |
| 01210 | N | | Anesth, hip joint surgery | | | | | |
| 01212 | C | | Anesth, hip disarticulation | | | | | |
| 01214 | C | | Anesth, hip arthroplasty | | | | | |
| 01215 | N | | Anesth, revise hip repair | | | | | |
| 01220 | N | | Anesth, procedure on femur | | | | | |
| 01230 | N | | Anesth, surgery of femur | | | | | |
| 01232 | C | | Anesth, amputation of femur | | | | | |
| 01234 | C | | Anesth, radical femur surg | | | | | |
| 01250 | N | | Anesth, upper leg surgery | | | | | |
| 01260 | N | | Anesth, upper leg veins surg | | | | | |
| 01270 | N | | Anesth, thigh arteries surg | | | | | |
| 01272 | C | | Anesth, femoral artery surg | | | | | |
| 01274 | C | | Anesth, femoral embolectomy | | | | | |
| 01320 | N | | Anesth, knee area surgery | | | | | |
| 01340 | N | | Anesth, knee area procedure | | | | | |
| 01360 | N | | Anesth, knee area surgery | | | | | |
| 01380 | N | | Anesth, knee joint procedure | | | | | |
| 01382 | N | | Anesth, dx knee arthroscopy | | | | | |
| 01390 | N | | Anesth, knee area procedure | | | | | |
| 01392 | N | | Anesth, knee area surgery | | | | | |
| 01400 | N | | Anesth, knee joint surgery | | | | | |
| 01402 | C | | Anesth, knee arthroplasty | | | | | |
| 01404 | C | | Anesth, amputation at knee | | | | | |
| 01420 | N | | Anesth, knee joint casting | | | | | |
| 01430 | N | | Anesth, knee veins surgery | | | | | |
| 01432 | N | | Anesth, knee vessel surg | | | | | |
| 01440 | N | | Anesth, knee arteries surg | | | | | |
| 01442 | C | | Anesth, knee artery surg | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 01444 | C | | Anesth, knee artery repair | | | | | |
| 01462 | N | | Anesth, lower leg procedure | | | | | |
| 01464 | N | | Anesth, ankle/ft arthroscopy | | | | | |
| 01470 | N | | Anesth, lower leg surgery | | | | | |
| 01472 | N | | Anesth, achilles tendon surg | | | | | |
| 01474 | N | | Anesth, lower leg surgery | | | | | |
| 01480 | N | | Anesth, lower leg bone surg | | | | | |
| 01482 | N | | Anesth, radical leg surgery | | | | | |
| 01484 | N | | Anesth, lower leg revision | | | | | |
| 01486 | C | | Anesth, ankle replacement | | | | | |
| 01490 | N | | Anesth, lower leg casting | | | | | |
| 01500 | N | | Anesth, leg arteries surg | | | | | |
| 01502 | C | | Anesth, lwr leg embolectomy | | | | | |
| 01520 | N | | Anesth, lower leg vein surg | | | | | |
| 01522 | N | | Anesth, lower leg vein surg | | | | | |
| 01610 | N | | Anesth, surgery of shoulder | | | | | |
| 01620 | N | | Anesth, shoulder procedure | | | | | |
| 01622 | N | | Anes dx shoulder arthroscopy | | | | | |
| 01630 | N | | Anesth, surgery of shoulder | | | | | |
| 01632 | C | | Anesth, surgery of shoulder | | | | | |
| 01634 | C | | Anesth, shoulder joint amput | | | | | |
| 01636 | C | | Anesth, forequarter amput | | | | | |
| 01638 | C | | Anesth, shoulder replacement | | | | | |
| 01650 | N | | Anesth, shoulder artery surg | | | | | |
| 01652 | C | | Anesth, shoulder vessel surg | | | | | |
| 01654 | C | | Anesth, shoulder vessel surg | | | | | |
| 01656 | C | | Anesth, arm-leg vessel surg | | | | | |
| 01670 | N | | Anesth, shoulder vein surg | | | | | |
| 01680 | N | | Anesth, shoulder casting | | | | | |
| 01682 | N | | Anesth, airplane cast | | | | | |
| 01710 | N | | Anesth, elbow area surgery | | | | | |
| 01712 | N | | Anesth, uppr arm tendon surg | | | | | |
| 01714 | N | | Anesth, uppr arm tendon surg | | | | | |
| 01716 | N | | Anesth, biceps tendon repair | | | | | |
| 01730 | N | | Anesth, uppr arm procedure | | | | | |
| 01732 | N | | Anesth, dx elbow arthroscopy | | | | | |
| 01740 | N | | Anesth, upper arm surgery | | | | | |
| 01742 | N | | Anesth, humerus surgery | | | | | |
| 01744 | N | | Anesth, humerus repair | | | | | |
| 01756 | C | | Anesth, radical humerus surg | | | | | |
| 01758 | N | | Anesth, humeral lesion surg | | | | | |
| 01760 | N | | Anesth, elbow replacement | | | | | |
| 01770 | N | | Anesth, uppr arm artery surg | | | | | |
| 01772 | N | | Anesth, uppr arm embolectomy | | | | | |
| 01780 | N | | Anesth, upper arm vein surg | | | | | |
| 01782 | N | | Anesth, uppr arm vein repair | | | | | |
| 01810 | N | | Anesth, lower arm surgery | | | | | |
| 01820 | N | | Anesth, lower arm procedure | | | | | |
| 01829 | N | | Anesth, dx wrist arthroscopy | | | | | |
| 01830 | N | | Anesth, lower arm surgery | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 01832 | N | | Anesth, wrist replacement | | | | | |
| 01840 | N | | Anesth, lwr arm artery surg | | | | | |
| 01842 | N | | Anesth, lwr arm embolectomy | | | | | |
| 01844 | N | | Anesth, vascular shunt surg | | | | | |
| 01850 | N | | Anesth, lower arm vein surg | | | | | |
| 01852 | N | | Anesth, lwr arm vein repair | | | | | |
| 01860 | N | | Anesth, lower arm casting | | | | | |
| 01905 | N | | Anes, spine inject, x-ray/re | | | | | |
| 01916 | N | | Anesth, dx arteriography | | | | | |
| 01920 | N | | Anesth, catheterize heart | | | | | |
| 01922 | N | | Anesth, cat or MRI scan | | | | | |
| 01924 | N | | Anes, ther interven rad, art | | | | | |
| 01925 | N | | Anes, ther interven rad, car | | | | | |
| 01926 | N | | Anes, tx interv rad hrt/cran | | | | | |
| 01930 | N | | Anes, ther interven rad, vei | | | | | |
| 01931 | N | | Anes, ther interven rad, tip | | | | | |
| 01932 | N | | Anes, tx interv rad, th vein | | | | | |
| 01933 | N | | Anes, tx interv rad, cran v | | | | | |
| 01951 | N | | Anesth, burn, less 4 percent | | | | | |
| 01952 | N | | Anesth, burn, 4-9 percent | | | | | |
| 01953 | N | | Anesth, burn, each 9 percent | | | | | |
| 01958 | N | | Anesth, antepartum manipul | | | | | |
| 01960 | N | | Anesth, vaginal delivery | | | | | |
| 01961 | N | | Anesth, cs delivery | | | | | |
| 01962 | N | | Anesth, emer hysterectomy | | | | | |
| 01963 | N | | Anesth, cs hysterectomy | | | | | |
| 01964 | N | | Anesth, abortion procedures | | | | | |
| 01967 | N | | Anesth/analg, vag delivery | | | | | |
| 01968 | N | | Anes/analg cs deliver add-on | | | | | |
| 01969 | N | | Anesth/analg cs hyst add-on | | | | | |
| 01990 | C | | Support for organ donor | | | | | |
| 01991 | N | | Anesth, nerve block/inj | | | | | |
| 01992 | N | | Anesth, n block/inj, prone | | | | | |
| 01995 | N | | Regional anesthesia limb | | | | | |
| 01996 | N | | Hosp manage cont drug admin | | | | | |
| 01999 | N | | Unlisted anesth procedure | | | | | |
| 10021 | T | | Fna w/o image | 0002 | 0.9588 | \$54.75 | | \$10.95 |
| 10022 | T | | Fna w/image | 0036 | 2.2216 | \$126.85 | | \$25.37 |
| 10040 | T | | Acne surgery | 0010 | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 10060 | T | | Drainage of skin abscess | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 10061 | T | | Drainage of skin abscess | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 10080 | T | | Drainage of pilonidal cyst | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 10081 | T | | Drainage of pilonidal cyst | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 10120 | T | | Remove foreign body | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 10121 | T | | Remove foreign body | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 10140 | T | | Drainage of hematoma/fluid | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 10160 | T | | Puncture drainage of lesion | 0018 | 0.9747 | \$55.65 | \$16.04 | \$11.13 |
| 10180 | T | | Complex drainage, wound | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 11000 | T | | Debride infected skin | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 11001 | T | | Debride infected skin add-on | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 11010 | T | | Debride skin, fx | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11011 | T | | Debride skin/muscle, fx | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11012 | T | | Debride skin/muscle/bone, fx | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11040 | T | | Debride skin, partial | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 11041 | T | | Debride skin, full | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 11042 | T | | Debride skin/tissue | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 11043 | T | | Debride tissue/muscle | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 11044 | T | | Debride tissue/muscle/bone | 0682 | 7.5273 | \$429.79 | \$170.21 | \$85.96 |
| 11055 | T | | Trim skin lesion | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11056 | T | | Trim skin lesions, 2 to 4 | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11057 | T | | Trim skin lesions, over 4 | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11100 | T | | Biopsy, skin lesion | 0018 | 0.9747 | \$55.65 | \$16.04 | \$11.13 |
| 11101 | T | | Biopsy, skin add-on | 0018 | 0.9747 | \$55.65 | \$16.04 | \$11.13 |
| 11200 | T | | Removal of skin tags | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11201 | T | | Remove skin tags add-on | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 11300 | T | | Shave skin lesion | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11301 | T | | Shave skin lesion | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11302 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11303 | T | | Shave skin lesion | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 11305 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11306 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11307 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11308 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11310 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11311 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11312 | T | | Shave skin lesion | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11313 | T | | Shave skin lesion | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 11400 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11401 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11402 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11403 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11404 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11406 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11420 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11421 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11422 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11423 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11424 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11426 | T | | Removal of skin lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11440 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11441 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11442 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11443 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11444 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11446 | T | | Removal of skin lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11450 | T | | Removal, sweat gland lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11451 | T | | Removal, sweat gland lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11462 | T | | Removal, sweat gland lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11463 | T | | Removal, sweat gland lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11470 | T | | Removal, sweat gland lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 11471 | T | | Removal, sweat gland lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11600 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11601 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11602 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11603 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11604 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11606 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11620 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11621 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11622 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11623 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11624 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11626 | T | | Removal of skin lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11640 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11641 | T | | Removal of skin lesion | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11642 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11643 | T | | Removal of skin lesion | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 11644 | T | | Removal of skin lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 11646 | T | | Removal of skin lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11719 | T | | Trim nail(s) | 0009 | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| 11720 | T | | Debride nail, 1-5 | 0009 | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| 11721 | T | | Debride nail, 6 or more | 0009 | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| 11730 | T | | Removal of nail plate | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 11732 | T | | Remove nail plate, add-on | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11740 | T | | Drain blood from under nail | 0009 | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| 11750 | T | | Removal of nail bed | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11752 | T | | Remove nail bed/finger tip | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11755 | T | | Biopsy, nail unit | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11760 | T | | Repair of nail bed | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11762 | T | | Reconstruction of nail bed | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11765 | T | | Excision of nail fold, toe | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 11770 | T | | Removal of pilonidal lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11771 | T | | Removal of pilonidal lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11772 | T | | Removal of pilonidal lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11900 | T | | Injection into skin lesions | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11901 | T | | Added skin lesions injection | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 11920 | T | | Correct skin color defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11921 | T | | Correct skin color defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11922 | T | | Correct skin color defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11950 | T | | Therapy for contour defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11951 | T | | Therapy for contour defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11952 | T | | Therapy for contour defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11954 | T | | Therapy for contour defects | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 11960 | T | | Insert tissue expander(s) | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 11970 | T | | Replace tissue expander | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 11971 | T | | Remove tissue expander(s) | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 11975 | E | | Insert contraceptive cap | | | | | |
| 11976 | T | | Removal of contraceptive cap | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 11977 | E | | Removal/reinsert contra cap | | | | | |
| 11980 | X | | Implant hormone pellet(s) | 0340 | 0.6454 | \$36.85 | | \$7.37 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-----------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 11981 | X | | Insert drug implant device | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 11982 | X | | Remove drug implant device | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 11983 | X | | Remove/insert drug implant | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 12001 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12002 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12004 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12005 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12006 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12007 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12011 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12013 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12014 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12015 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12016 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12017 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12018 | T | | Repair superficial wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12020 | T | | Closure of split wound | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12021 | T | | Closure of split wound | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12031 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12032 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12034 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12035 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12036 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12037 | T | | Layer closure of wound(s) | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 12041 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12042 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12044 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12045 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12046 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12047 | T | | Layer closure of wound(s) | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 12051 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12052 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12053 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12054 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12055 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12056 | T | | Layer closure of wound(s) | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 12057 | T | | Layer closure of wound(s) | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 13100 | T | | Repair of wound or lesion | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 13101 | T | | Repair of wound or lesion | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 13102 | T | | Repair wound/lesion add-on | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13120 | T | | Repair of wound or lesion | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13121 | T | | Repair of wound or lesion | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13122 | T | | Repair wound/lesion add-on | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13131 | T | | Repair of wound or lesion | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13132 | T | | Repair of wound or lesion | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13133 | T | | Repair wound/lesion add-on | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13150 | T | | Repair of wound or lesion | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 13151 | T | | Repair of wound or lesion | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 13152 | T | | Repair of wound or lesion | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 13153 | T | | Repair wound/lesion add-on | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| 13160 | T | | Late closure of wound | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14000 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14001 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14020 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14021 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14040 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14041 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14060 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14061 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14300 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 14350 | T | | Skin tissue rearrangement | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15000 | T | | Skin graft | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15001 | T | | Skin graft add-on | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15050 | T | | Skin pinch graft | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15100 | T | | Skin split graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15101 | T | | Skin split graft add-on | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15120 | T | | Skin split graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15121 | T | | Skin split graft add-on | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15200 | T | | Skin full graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15201 | T | | Skin full graft add-on | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15220 | T | | Skin full graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15221 | T | | Skin full graft add-on | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15240 | T | | Skin full graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15241 | T | | Skin full graft add-on | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15260 | T | | Skin full graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15261 | T | | Skin full graft add-on | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15342 | T | | Cultured skin graft, 25 cm | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 15343 | T | | Culture skin graft addl 25 cm | 0024 | 1.7881 | \$102.10 | \$33.10 | \$20.42 |
| 15350 | T | | Skin homograft | 0686 | 6.7412 | \$384.91 | \$173.20 | \$76.98 |
| 15351 | T | | Skin homograft add-on | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15400 | T | | Skin heterograft | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15401 | T | | Skin heterograft add-on | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15570 | T | | Form skin pedicle flap | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15572 | T | | Form skin pedicle flap | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15574 | T | | Form skin pedicle flap | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15576 | T | | Form skin pedicle flap | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15600 | T | | Skin graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15610 | T | | Skin graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15620 | T | | Skin graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15630 | T | | Skin graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15650 | T | | Transfer skin pedicle flap | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15732 | T | | Muscle-skin graft, head/neck | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15734 | T | | Muscle-skin graft, trunk | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15736 | T | | Muscle-skin graft, arm | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15738 | T | | Muscle-skin graft, leg | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15740 | T | | Island pedicle flap graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15750 | T | | Neurovascular pedicle graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15756 | C | | Free muscle flap, microvasc | | | | | |
| 15757 | C | | Free skin flap, microvasc | | | | | |
| 15758 | C | | Free fascial flap, microvasc | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 15760 | T | | Composite skin graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15770 | T | | Derma-fat-fascia graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15775 | T | | Hair transplant punch grafts | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15776 | T | | Hair transplant punch grafts | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15780 | T | | Abrasion treatment of skin | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15781 | T | | Abrasion treatment of skin | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 15782 | T | | Dressing change not for burn | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 15783 | T | | Abrasion treatment of skin | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 15786 | T | | Abrasion, lesion, single | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 15787 | T | | Abrasion, lesions, add-on | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 15788 | T | | Chemical peel, face, epiderm | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 15789 | T | | Chemical peel, face, dermal | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 15792 | T | | Chemical peel, nonfacial | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 15793 | T | | Chemical peel, nonfacial | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 15810 | T | | Salabrasion | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 15811 | T | | Salabrasion | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 15819 | T | | Plastic surgery, neck | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15820 | T | | Revision of lower eyelid | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15821 | T | | Revision of lower eyelid | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15822 | T | | Revision of upper eyelid | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15823 | T | | Revision of upper eyelid | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15824 | T | | Removal of forehead wrinkles | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15825 | T | | Removal of neck wrinkles | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15826 | T | | Removal of brow wrinkles | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15828 | T | | Removal of face wrinkles | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15829 | T | | Removal of skin wrinkles | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15831 | T | | Excise excessive skin tissue | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15832 | T | | Excise excessive skin tissue | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15833 | T | | Excise excessive skin tissue | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15834 | T | | Excise excessive skin tissue | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15835 | T | | Excise excessive skin tissue | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 15836 | T | | Excise excessive skin tissue | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 15837 | T | | Excise excessive skin tissue | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 15838 | T | | Excise excessive skin tissue | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 15839 | T | | Excise excessive skin tissue | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 15840 | T | | Graft for face nerve palsy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15841 | T | | Graft for face nerve palsy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15842 | T | | Flap for face nerve palsy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15845 | T | | Skin and muscle repair, face | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15850 | T | | Removal of sutures | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 15851 | T | | Removal of sutures | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 15852 | X | | Dressing change not for burn | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 15860 | X | | Test for blood flow in graft | 0359 | 0.8744 | \$49.93 | | \$9.99 |
| 15876 | T | | Suction assisted lipectomy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15877 | T | | Suction assisted lipectomy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15878 | T | | Suction assisted lipectomy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15879 | T | | Suction assisted lipectomy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15920 | T | | Removal of tail bone ulcer | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 15922 | T | | Removal of tail bone ulcer | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15931 | T | | Remove sacrum pressure sore | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 15933 | T | | Remove sacrum pressure sore | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15934 | T | | Remove sacrum pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15935 | T | | Remove sacrum pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15936 | T | | Remove sacrum pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15937 | T | | Remove sacrum pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15940 | T | | Remove hip pressure sore | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15941 | T | | Remove hip pressure sore | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15944 | T | | Remove hip pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15945 | T | | Remove hip pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15946 | T | | Remove hip pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15950 | T | | Remove thigh pressure sore | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15951 | T | | Remove thigh pressure sore | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 15952 | T | | Remove thigh pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15953 | T | | Remove thigh pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15956 | T | | Remove thigh pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15958 | T | | Remove thigh pressure sore | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 15999 | T | | Removal of pressure sore | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 16000 | T | | Initial treatment of burn(s) | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 16010 | T | | Treatment of burn(s) | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 16015 | T | | Treatment of burn(s) | 0017 | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 16020 | T | | Treatment of burn(s) | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 16025 | T | | Treatment of burn(s) | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 16030 | T | | Treatment of burn(s) | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 16035 | C | | Incision of burn scab, initi | | | | | |
| 16036 | C | | Escharotomy; add'l incision | | | | | |
| 17000 | T | | Destroy benign/premlyg lesion | 0010 | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 17003 | T | | Destroy lesions, 2-14 | 0010 | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 17004 | T | | Destroy lesions, 15 or more | 0011 | 2.4657 | \$140.79 | | \$28.16 |
| 17106 | T | | Destruction of skin lesions | 0011 | 2.4657 | \$140.79 | | \$28.16 |
| 17107 | T | | Destruction of skin lesions | 0011 | 2.4657 | \$140.79 | | \$28.16 |
| 17108 | T | | Destruction of skin lesions | 0011 | 2.4657 | \$140.79 | | \$28.16 |
| 17110 | T | | Destruct lesion, 1-14 | 0010 | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 17111 | T | | Destruct lesion, 15 or more | 0010 | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 17250 | T | | Chemical cautery, tissue | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 17260 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17261 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17262 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17263 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17264 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17266 | T | | Destruction of skin lesions | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 17270 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17271 | T | | Destruction of skin lesions | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 17272 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17273 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17274 | T | | Destruction of skin lesions | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 17276 | T | | Destruction of skin lesions | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 17280 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17281 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17282 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17283 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 17284 | T | | Destruction of skin lesions | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 17286 | T | | Destruction of skin lesions | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 17304 | T | | Chemotherapy of skin lesion | 0694 | 4.2372 | \$241.94 | \$64.93 | \$48.39 |
| 17305 | T | | 2 stage mohs, up to 5 spec | 0694 | 4.2372 | \$241.94 | \$64.93 | \$48.39 |
| 17306 | T | | 3 stage mohs, up to 5 spec | 0694 | 4.2372 | \$241.94 | \$64.93 | \$48.39 |
| 17307 | T | | Mohs addl stage up to 5 spec | 0694 | 4.2372 | \$241.94 | \$64.93 | \$48.39 |
| 17310 | T | | Extensive skin chemotherapy | 0694 | 4.2372 | \$241.94 | \$64.93 | \$48.39 |
| 17340 | T | | Cryotherapy of skin | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 17360 | T | | Skin peel therapy | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 17380 | T | | Hair removal by electrolysis | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 17999 | T | | Skin tissue procedure | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 19000 | T | | Drainage of breast lesion | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 19001 | T | | Drain breast lesion add-on | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 19020 | T | | Incision of breast lesion | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 19030 | N | | Injection for breast x-ray | | | | | |
| 19100 | T | | Bx breast percut w/o image | 0005 | 3.7810 | \$215.89 | \$71.59 | \$43.18 |
| 19101 | T | | Biopsy of breast, open | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19102 | T | | Bx breast percut w/image | 0005 | 3.7810 | \$215.89 | \$71.59 | \$43.18 |
| 19103 | T | | Bx breast percut w/device | 0658 | 6.7367 | \$384.65 | | \$76.93 |
| 19110 | T | | nipple exploration | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19112 | T | | Excise breast duct fistula | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19120 | T | | Removal of breast lesion | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19125 | T | | Excision, breast lesion | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19126 | T | | Excision, addl breast lesion | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19140 | T | | Removal of breast tissue | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19160 | T | | Removal of breast tissue | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19162 | T | | Remove breast tissue, nodes | 0693 | 41.0228 | \$2,342.32 | \$798.17 | \$468.46 |
| 19180 | T | | Removal of breast | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19182 | T | | Removal of breast | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19200 | C | | Removal of breast | | | | | |
| 19220 | C | | Removal of breast | | | | | |
| 19240 | T | | Removal of breast | 0030 | 39.5804 | \$2,259.96 | \$763.55 | \$451.99 |
| 19260 | T | | Removal of chest wall lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 19271 | C | | Revision of chest wall | | | | | |
| 19272 | C | | Extensive chest wall surgery | | | | | |
| 19290 | N | | Place needle wire, breast | | | | | |
| 19291 | N | | Place needle wire, breast | | | | | |
| 19295 | S | | Place breast clip, percut | 0657 | 1.8524 | \$105.77 | | \$21.15 |
| 19316 | T | | Suspension of breast | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19318 | T | | Reduction of large breast | 0693 | 41.0228 | \$2,342.32 | \$798.17 | \$468.46 |
| 19324 | T | | Enlarge breast | 0693 | 41.0228 | \$2,342.32 | \$798.17 | \$468.46 |
| 19325 | T | | Enlarge breast with implant | 0648 | 49.4801 | \$2,825.21 | | \$565.04 |
| 19328 | T | | Removal of breast implant | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19330 | T | | Removal of implant material | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19340 | T | | Immediate breast prosthesis | 0030 | 39.5804 | \$2,259.96 | \$763.55 | \$451.99 |
| 19342 | T | | Delayed breast prosthesis | 0648 | 49.4801 | \$2,825.21 | | \$565.04 |
| 19350 | T | | Breast reconstruction | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 19355 | T | | Correct inverted nipple(s) | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19357 | T | | Breast reconstruction | 0648 | 49.4801 | \$2,825.21 | | \$565.04 |
| 19361 | C | | Breast reconstruction | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 19364 | C | | Breast reconstruction | | | | | |
| 19366 | T | | Breast reconstruction | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19367 | C | | Breast reconstruction | | | | | |
| 19368 | C | | Breast reconstruction | | | | | |
| 19369 | C | | Breast reconstruction | | | | | |
| 19370 | T | | Surgery of breast capsule | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19371 | T | | Removal of breast capsule | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19380 | T | | Revise breast reconstruction | 0030 | 39.5804 | \$2,259.96 | \$763.55 | \$451.99 |
| 19396 | T | | Design custom breast implant | 0029 | 31.5099 | \$1,799.15 | \$632.64 | \$359.83 |
| 19499 | T | | Breast surgery procedure | 0028 | 18.9346 | \$1,081.13 | \$303.74 | \$216.23 |
| 20000 | T | | Incision of abscess | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 20005 | T | | Incision of deep abscess | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 20100 | T | | Explore wound, neck | 0023 | 3.3487 | \$191.20 | \$40.37 | \$38.24 |
| 20101 | T | | Explore wound, chest | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20102 | T | | Explore wound, abdomen | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20103 | T | | Explore wound, extremity | 0023 | 3.3487 | \$191.20 | \$40.37 | \$38.24 |
| 20150 | T | | Excise epiphyseal bar | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 20200 | T | | Muscle biopsy | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 20205 | T | | Deep muscle biopsy | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 20206 | T | | Needle biopsy, muscle | 0005 | 3.7810 | \$215.89 | \$71.59 | \$43.18 |
| 20220 | T | | Bone biopsy, trocar/needle | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 20225 | T | | Bone biopsy, trocar/needle | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 20240 | T | | Bone biopsy, excisional | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 20245 | T | | Bone biopsy, excisional | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 20250 | T | | Open bone biopsy | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 20251 | T | | Open bone biopsy | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 20500 | T | | Injection of sinus tract | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 20501 | N | | Inject sinus tract for x-ray | | | | | |
| 20520 | T | | Removal of foreign body | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 20525 | T | | Removal of foreign body | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 20526 | T | | Ther injection, carp tunnel | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20550 | T | | Inject tendon/ligament/cyst | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20551 | T | | Inj tendon origin/insertion | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20552 | T | | Inj trigger point, 1/2 muscl | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20553 | T | | Inject trigger points, > 3 | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20600 | T | | Drain/inject, joint/bursa | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20605 | T | | Drain/inject, joint/bursa | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20610 | T | | Drain/inject, joint/bursa | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20612 | T | | Aspirate/inj ganglion cyst | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 20615 | T | | Treatment of bone cyst | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 20650 | T | | Insert and remove bone pin | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 20660 | C | | Apply, rem fixation device | | | | | |
| 20661 | C | | Application of head brace | | | | | |
| 20662 | C | | Application of pelvis brace | | | | | |
| 20663 | C | | Application of thigh brace | | | | | |
| 20664 | C | | Halo brace application | | | | | |
| 20665 | X | | Removal of fixation device | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 20670 | T | | Removal of support implant | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 20680 | T | | Removal of support implant | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 20690 | T | | Apply bone fixation device | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 20692 | T | | Apply bone fixation device | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 20693 | T | | Adjust bone fixation device | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 20694 | T | | Remove bone fixation device | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 20802 | C | | Replantation, arm, complete | | | | | |
| 20805 | C | | Replant forearm, complete | | | | | |
| 20808 | C | | Replantation hand, complete | | | | | |
| 20816 | C | | Replantation digit, complete | | | | | |
| 20822 | C | | Replantation digit, complete | | | | | |
| 20824 | C | | Replantation thumb, complete | | | | | |
| 20827 | C | | Replantation thumb, complete | | | | | |
| 20838 | C | | Replantation foot, complete | | | | | |
| 20900 | T | | Removal of bone for graft | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 20902 | T | | Removal of bone for graft | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 20910 | T | | Remove cartilage for graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20912 | T | | Remove cartilage for graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20920 | T | | Removal of fascia for graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20922 | T | | Removal of fascia for graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20924 | T | | Removal of tendon for graft | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 20926 | T | | Removal of tissue for graft | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 20930 | C | | Spinal bone allograft | | | | | |
| 20931 | C | | Spinal bone allograft | | | | | |
| 20936 | C | | Spinal bone autograft | | | | | |
| 20937 | C | | Spinal bone autograft | | | | | |
| 20938 | C | | Spinal bone autograft | | | | | |
| 20950 | T | | Fluid pressure, muscle | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 20955 | C | | Fibula bone graft, microvasc | | | | | |
| 20956 | C | | Iliac bone graft, microvasc | | | | | |
| 20957 | C | | Mt bone graft, microvasc | | | | | |
| 20962 | C | | Other bone graft, microvasc | | | | | |
| 20969 | C | | Bone/skin graft, microvasc | | | | | |
| 20970 | C | | Bone/skin graft, iliac crest | | | | | |
| 20972 | C | | Bone/skin graft, metatarsal | | | | | |
| 20973 | C | | Bone/skin graft, great toe | | | | | |
| 20974 | A | | Electrical bone stimulation | | | | | |
| 20975 | X | | Electrical bone stimulation | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 20979 | A | | Us bone stimulation | | | | | |
| 20982 | T | | Ablate, bone tumor(s) perq | 1557 | | \$1,850.00 | | \$370.00 |
| 20999 | T | | Musculoskeletal surgery | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 21010 | T | | Incision of jaw joint | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21015 | T | | Resection of facial tumor | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21025 | T | | Excision of bone, lower jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21026 | T | | Excision of facial bone(s) | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21029 | T | | Contour of face bone lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21030 | T | | Removal of face bone lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21031 | T | | Remove exostosis, mandible | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21032 | T | | Remove exostosis, maxilla | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21034 | T | | Removal of face bone lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21040 | T | | Removal of jaw bone lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21044 | T | | Removal of jaw bone lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21045 | C | | Extensive jaw surgery | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 21046 | T | | Remove mandible cyst complex | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21047 | T | | Excise lwr jaw cyst w/repair | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21048 | T | | Remove maxilla cyst complex | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21049 | T | | Excis uppr jaw cyst w/repair | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21050 | T | | Removal of jaw joint | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21060 | T | | Remove jaw joint cartilage | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21070 | T | | Remove coronoid process | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21076 | T | | Prepare face/oral prosthesis | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21077 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21079 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21080 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21081 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21082 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21083 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21084 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21085 | T | | Prepare face/oral prosthesis | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21086 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21087 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21088 | T | | Prepare face/oral prosthesis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21089 | T | | Prepare face/oral prosthesis | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21100 | T | | Maxillofacial fixation | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21110 | T | | Interdental fixation | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21116 | N | | Injection, jaw joint x-ray | | | | | |
| 21120 | T | | Reconstruction of chin | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21121 | T | | Reconstruction of chin | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21122 | T | | Reconstruction of chin | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21123 | T | | Reconstruction of chin | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21125 | T | | Augmentation, lower jaw bone | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21127 | T | | Augmentation, lower jaw bone | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21137 | T | | Reduction of forehead | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21138 | T | | Reduction of forehead | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21139 | T | | Reduction of forehead | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21141 | C | | Reconstruct midface, lefort | | | | | |
| 21142 | C | | Reconstruct midface, lefort | | | | | |
| 21143 | C | | Reconstruct midface, lefort | | | | | |
| 21145 | C | | Reconstruct midface, lefort | | | | | |
| 21146 | C | | Reconstruct midface, lefort | | | | | |
| 21147 | C | | Reconstruct midface, lefort | | | | | |
| 21150 | C | | Reconstruct midface, lefort | | | | | |
| 21151 | C | | Reconstruct midface, lefort | | | | | |
| 21154 | C | | Reconstruct midface, lefort | | | | | |
| 21155 | C | | Reconstruct midface, lefort | | | | | |
| 21159 | C | | Reconstruct midface, lefort | | | | | |
| 21160 | C | | Reconstruct midface, lefort | | | | | |
| 21172 | C | | Reconstruct orbit/forehead | | | | | |
| 21175 | C | | Reconstruct orbit/forehead | | | | | |
| 21179 | C | | Reconstruct entire forehead | | | | | |
| 21180 | C | | Reconstruct entire forehead | | | | | |
| 21181 | T | | Contour cranial bone lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21182 | C | | Reconstruct cranial bone | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 21183 | C | | Reconstruct cranial bone | | | | | |
| 21184 | C | | Reconstruct cranial bone | | | | | |
| 21188 | C | | Reconstruction of midface | | | | | |
| 21193 | C | | Reconst lwr jaw w/o graft | | | | | |
| 21194 | C | | Reconst lwr jaw w/graft | | | | | |
| 21195 | C | | Reconst lwr jaw w/o fixation | | | | | |
| 21196 | C | | Reconst lwr jaw w/fixation | | | | | |
| 21198 | T | | Reconstr lwr jaw segment | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21199 | T | | Reconstr lwr jaw w/advance | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21206 | T | | Reconstruct upper jaw bone | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21208 | T | | Augmentation of facial bones | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21209 | T | | Reduction of facial bones | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21210 | T | | Face bone graft | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21215 | T | | Lower jaw bone graft | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21230 | T | | Rib cartilage graft | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21235 | T | | Ear cartilage graft | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21240 | T | | Reconstruction of jaw joint | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21242 | T | | Reconstruction of jaw joint | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21243 | T | | Reconstruction of jaw joint | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21244 | T | | Reconstruction of lower jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21245 | T | | Reconstruction of jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21246 | T | | Reconstruction of jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21247 | C | | Reconstruct lower jaw bone | | | | | |
| 21248 | T | | Reconstruction of jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21249 | T | | Reconstruction of jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21255 | C | | Reconstruct lower jaw bone | | | | | |
| 21256 | C | | Reconstruction of orbit | | | | | |
| 21260 | T | | Revise eye sockets | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21261 | T | | Revise eye sockets | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21263 | T | | Revise eye sockets | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21267 | T | | Revise eye sockets | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21268 | C | | Revise eye sockets | | | | | |
| 21270 | T | | Augmentation, cheek bone | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21275 | T | | Revision, orbitofacial bones | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21280 | T | | Revision of eyelid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21282 | T | | Revision of eyelid | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21295 | T | | Revision of jaw muscle/bone | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21296 | T | | Revision of jaw muscle/bone | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21299 | T | | Cranio/maxillofacial surgery | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21300 | T | | Treatment of skull fracture | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21310 | T | | Treatment of nose fracture | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21315 | T | | Treatment of nose fracture | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21320 | T | | Treatment of nose fracture | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21325 | T | | Treatment of nose fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21330 | T | | Treatment of nose fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21335 | T | | Treatment of nose fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21336 | T | | Treat nasal septal fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 21337 | T | | Treat nasal septal fracture | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21338 | T | | Treat nasoethmoid fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21339 | T | | Treat nasoethmoid fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-----------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 21340 | T | | Treatment of nose fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21343 | C | | Treatment of sinus fracture | | | | | |
| 21344 | C | | Treatment of sinus fracture | | | | | |
| 21345 | T | | Treat nose/jaw fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21346 | C | | Treat nose/jaw fracture | | | | | |
| 21347 | C | | Treat nose/jaw fracture | | | | | |
| 21348 | C | | Treat nose/jaw fracture | | | | | |
| 21355 | T | | Treat cheek bone fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21356 | T | | Treat cheek bone fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21360 | C | | Treat cheek bone fracture | | | | | |
| 21365 | C | | Treat cheek bone fracture | | | | | |
| 21366 | C | | Treat cheek bone fracture | | | | | |
| 21385 | C | | Treat eye socket fracture | | | | | |
| 21386 | C | | Treat eye socket fracture | | | | | |
| 21387 | C | | Treat eye socket fracture | | | | | |
| 21390 | T | | Treat eye socket fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21395 | C | | Treat eye socket fracture | | | | | |
| 21400 | T | | Treat eye socket fracture | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21401 | T | | Treat eye socket fracture | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21406 | T | | Treat eye socket fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21407 | T | | Treat eye socket fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21408 | C | | Treat eye socket fracture | | | | | |
| 21421 | T | | Treat mouth roof fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21422 | C | | Treat mouth roof fracture | | | | | |
| 21423 | C | | Treat mouth roof fracture | | | | | |
| 21431 | C | | Treat craniofacial fracture | | | | | |
| 21432 | C | | Treat craniofacial fracture | | | | | |
| 21433 | C | | Treat craniofacial fracture | | | | | |
| 21435 | C | | Treat craniofacial fracture | | | | | |
| 21436 | C | | Treat craniofacial fracture | | | | | |
| 21440 | T | | Treat dental ridge fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21445 | T | | Treat dental ridge fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21450 | T | | Treat lower jaw fracture | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21451 | T | | Treat lower jaw fracture | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21452 | T | | Treat lower jaw fracture | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21453 | T | | Treat lower jaw fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21454 | T | | Treat lower jaw fracture | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 21461 | T | | Treat lower jaw fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21462 | T | | Treat lower jaw fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21465 | T | | Treat lower jaw fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21470 | T | | Treat lower jaw fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21480 | T | | Reset dislocated jaw | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21485 | T | | Reset dislocated jaw | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21490 | T | | Repair dislocated jaw | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 21493 | T | | Treat hyoid bone fracture | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21494 | T | | Treat hyoid bone fracture | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21495 | C | | Treat hyoid bone fracture | | | | | |
| 21497 | T | | Interdental wiring | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 21499 | T | | Head surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21501 | T | | Drain neck/chest lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 21502 | T | | Drain chest lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 21510 | C | | Drainage of bone lesion | | | | | |
| 21550 | T | | Biopsy of neck/chest | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 21555 | T | | Remove lesion, neck/chest | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 21556 | T | | Remove lesion, neck/chest | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 21557 | T | | Remove tumor, neck/chest | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 21600 | T | | Partial removal of rib | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 21610 | T | | Partial removal of rib | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 21615 | C | | Removal of rib | | | | | |
| 21616 | C | | Removal of rib and nerves | | | | | |
| 21620 | C | | Partial removal of sternum | | | | | |
| 21627 | C | | Sternal debridement | | | | | |
| 21630 | C | | Extensive sternum surgery | | | | | |
| 21632 | C | | Extensive sternum surgery | | | | | |
| 21685 | T | | Hyoid myotomy & suspension | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 21700 | T | | Revision of neck muscle | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 21705 | C | | Revision of neck muscle/rib | | | | | |
| 21720 | T | | Revision of neck muscle | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 21725 | T | | Revision of neck muscle | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 21740 | C | | Reconstruction of sternum | | | | | |
| 21742 | T | | Repair stern/nuss w/o scope | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 21743 | T | | Repair sternum/nuss w/scope | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 21750 | C | | Repair of sternum separation | | | | | |
| 21800 | T | | Treatment of rib fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 21805 | T | | Treatment of rib fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 21810 | C | | Treatment of rib fracture(s) | | | | | |
| 21820 | T | | Treat sternum fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 21825 | C | | Treat sternum fracture | | | | | |
| 21899 | T | | Neck/chest surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 21920 | T | | Biopsy soft tissue of back | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 21925 | T | | Biopsy soft tissue of back | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 21930 | T | | Remove lesion, back or flank | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 21935 | T | | Remove tumor, back | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 22100 | T | | Remove part of neck vertebra | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22101 | T | | Remove part, thorax vertebra | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22102 | T | | Remove part, lumbar vertebra | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22103 | T | | Remove extra spine segment | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22110 | C | | Remove part of neck vertebra | | | | | |
| 22112 | C | | Remove part, thorax vertebra | | | | | |
| 22114 | C | | Remove part, lumbar vertebra | | | | | |
| 22116 | C | | Remove extra spine segment | | | | | |
| 22210 | C | | Revision of neck spine | | | | | |
| 22212 | C | | Revision of thorax spine | | | | | |
| 22214 | C | | Revision of lumbar spine | | | | | |
| 22216 | C | | Revise, extra spine segment | | | | | |
| 22220 | C | | Revision of neck spine | | | | | |
| 22222 | T | | Revision of thorax spine | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22224 | C | | Revision of lumbar spine | | | | | |
| 22226 | C | | Revise, extra spine segment | | | | | |
| 22305 | T | | Treat spine process fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 22310 | T | | Treat spine fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 22315 | T | | Treat spine fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 22318 | C | | Treat odontoid fx w/o graft | | | | | |
| 22319 | C | | Treat odontoid fx w/graft | | | | | |
| 22325 | C | | Treat spine fracture | | | | | |
| 22326 | C | | Treat neck spine fracture | | | | | |
| 22327 | C | | Treat thorax spine fracture | | | | | |
| 22328 | C | | Treat each add spine fx | | | | | |
| 22505 | T | | Manipulation of spine | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 22520 | T | | Percut vertebroplasty thor | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 22521 | T | | Percut vertebroplasty lumb | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 22522 | T | | Percut vertebroplasty add'l | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 22532 | C | | Lat thorax spine fusion | | | | | |
| 22533 | C | | Lat lumbar spine fusion | | | | | |
| 22534 | C | | Lat thor/lumb, add'l seg | | | | | |
| 22548 | C | | Neck spine fusion | | | | | |
| 22554 | C | | Neck spine fusion | | | | | |
| 22556 | C | | Thorax spine fusion | | | | | |
| 22558 | C | | Lumbar spine fusion | | | | | |
| 22585 | C | | Additional spinal fusion | | | | | |
| 22590 | C | | Spine & skull spinal fusion | | | | | |
| 22595 | C | | Neck spinal fusion | | | | | |
| 22600 | C | | Neck spine fusion | | | | | |
| 22610 | C | | Thorax spine fusion | | | | | |
| 22612 | T | | Lumbar spine fusion | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22614 | T | | Spine fusion, extra segment | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 22630 | C | | Lumbar spine fusion | | | | | |
| 22632 | C | | Spine fusion, extra segment | | | | | |
| 22800 | C | | Fusion of spine | | | | | |
| 22802 | C | | Fusion of spine | | | | | |
| 22804 | C | | Fusion of spine | | | | | |
| 22808 | C | | Fusion of spine | | | | | |
| 22810 | C | | Fusion of spine | | | | | |
| 22812 | C | | Fusion of spine | | | | | |
| 22818 | C | | Kyphectomy, 1-2 segments | | | | | |
| 22819 | C | | Kyphectomy, 3 or more | | | | | |
| 22830 | C | | Exploration of spinal fusion | | | | | |
| 22840 | C | | Insert spine fixation device | | | | | |
| 22841 | C | | Insert spine fixation device | | | | | |
| 22842 | C | | Insert spine fixation device | | | | | |
| 22843 | C | | Insert spine fixation device | | | | | |
| 22844 | C | | Insert spine fixation device | | | | | |
| 22845 | C | | Insert spine fixation device | | | | | |
| 22846 | C | | Insert spine fixation device | | | | | |
| 22847 | C | | Insert spine fixation device | | | | | |
| 22848 | C | | Insert pelv fixation device | | | | | |
| 22849 | C | | Reinsert spinal fixation | | | | | |
| 22850 | C | | Remove spine fixation device | | | | | |
| 22851 | C | | Apply spine prosth device | | | | | |
| 22852 | C | | Remove spine fixation device | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 22855 | C | | Remove spine fixation device | | | | | |
| 22899 | T | | Spine surgery procedure | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 22900 | T | | Remove abdominal wall lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 22999 | T | | Abdomen surgery procedure | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 23000 | T | | Removal of calcium deposits | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 23020 | T | | Release shoulder joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23030 | T | | Drain shoulder lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 23031 | T | | Drain shoulder bursa | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 23035 | T | | Drain shoulder bone lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 23040 | T | | Exploratory shoulder surgery | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23044 | T | | Exploratory shoulder surgery | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23065 | T | | Biopsy shoulder tissues | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 23066 | T | | Biopsy shoulder tissues | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 23075 | T | | Removal of shoulder lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 23076 | T | | Removal of shoulder lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 23077 | T | | Remove tumor of shoulder | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 23100 | T | | Biopsy of shoulder joint | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 23101 | T | | Shoulder joint surgery | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23105 | T | | Remove shoulder joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23106 | T | | Incision of collarbone joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23107 | T | | Explore treat shoulder joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23120 | T | | Partial removal, collar bone | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23125 | T | | Removal of collar bone | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23130 | T | | Remove shoulder bone, part | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23140 | T | | Removal of bone lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 23145 | T | | Removal of bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23146 | T | | Removal of bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23150 | T | | Removal of humerus lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23155 | T | | Removal of humerus lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23156 | T | | Removal of humerus lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23170 | T | | Remove collar bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23172 | T | | Remove shoulder blade lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23174 | T | | Remove humerus lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23180 | T | | Remove collar bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23182 | T | | Remove shoulder blade lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23184 | T | | Remove humerus lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23190 | T | | Partial removal of scapula | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23195 | T | | Removal of head of humerus | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23200 | C | | Removal of collar bone | | | | | |
| 23210 | C | | Removal of shoulder blade | | | | | |
| 23220 | C | | Partial removal of humerus | | | | | |
| 23221 | C | | Partial removal of humerus | | | | | |
| 23222 | C | | Partial removal of humerus | | | | | |
| 23330 | T | | Remove shoulder foreign body | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 23331 | T | | Remove shoulder foreign body | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 23332 | C | | Remove shoulder foreign body | | | | | |
| 23350 | N | | Injection for shoulder x-ray | | | | | |
| 23395 | T | | Muscle transfer, shoulder/arm | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23397 | T | | Muscle transfers | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23400 | T | | Fixation of shoulder blade | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 23405 | T | | Incision of tendon & muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23406 | T | | Incise tendon(s) & muscle(s) | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 23410 | T | | Repair of tendon(s) | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23412 | T | | Repair rotator cuff, chronic | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23415 | T | | Release of shoulder ligament | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23420 | T | | Repair of shoulder | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23430 | T | | Repair biceps tendon | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23440 | T | | Remove/transplant tendon | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23450 | T | | Repair shoulder capsule | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23455 | T | | Repair shoulder capsule | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23460 | T | | Repair shoulder capsule | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23462 | T | | Repair shoulder capsule | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23465 | T | | Repair shoulder capsule | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23466 | T | | Repair shoulder capsule | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 23470 | T | | Reconstruct shoulder joint | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 23472 | C | | Reconstruct shoulder joint | | | | | |
| 23480 | T | | Revision of collar bone | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23485 | T | | Revision of collar bone | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23490 | T | | Reinforce clavicle | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23491 | T | | Reinforce shoulder bones | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23500 | T | | Treat clavicle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23505 | T | | Treat clavicle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23515 | T | | Treat clavicle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23520 | T | | Treat clavicle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23525 | T | | Treat clavicle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23530 | T | | Treat clavicle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23532 | T | | Treat clavicle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23540 | T | | Treat clavicle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23545 | T | | Treat clavicle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23550 | T | | Treat clavicle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23552 | T | | Treat clavicle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23570 | T | | Treat shoulder blade fx | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23575 | T | | Treat shoulder blade fx | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23585 | T | | Treat scapula fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23600 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23605 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23615 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23616 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23620 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23625 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23630 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23650 | T | | Treat shoulder dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23655 | T | | Treat shoulder dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 23660 | T | | Treat shoulder dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23665 | T | | Treat dislocation/fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23670 | T | | Treat dislocation/fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23675 | T | | Treat dislocation/fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23680 | T | | Treat dislocation/fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 23700 | T | | Fixation of shoulder | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 23800 | T | | Fusion of shoulder joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 23802 | T | | Fusion of shoulder joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 23900 | C | | Amputation of arm & girdle | | | | | |
| 23920 | C | | Amputation at shoulder joint | | | | | |
| 23921 | T | | Amputation follow-up surgery | 0025 | 4.6906 | \$267.82 | \$101.17 | \$53.56 |
| 23929 | T | | Shoulder surgery procedure | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 23930 | T | | Drainage of arm lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 23931 | T | | Drainage of arm bursa | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 23935 | T | | Drain arm/elbow bone lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24000 | T | | Exploratory elbow surgery | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24006 | T | | Release elbow joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24065 | T | | Biopsy arm/elbow soft tissue | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 24066 | T | | Biopsy arm/elbow soft tissue | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 24075 | T | | Remove arm/elbow lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 24076 | T | | Remove arm/elbow lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 24077 | T | | Remove tumor of arm/elbow | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 24100 | T | | Biopsy elbow joint lining | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24101 | T | | Explore/treat elbow joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24102 | T | | Remove elbow joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24105 | T | | Removal of elbow bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24110 | T | | Remove humerus lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24115 | T | | Remove/graft bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24116 | T | | Remove/graft bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24120 | T | | Remove elbow lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24125 | T | | Remove/graft bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24126 | T | | Remove/graft bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24130 | T | | Removal of head of radius | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24134 | T | | Removal of arm bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24136 | T | | Remove radius bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24138 | T | | Remove elbow bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24140 | T | | Partial removal of arm bone | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24145 | T | | Partial removal of radius | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24147 | T | | Partial removal of elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24149 | T | | Radical resection of elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24150 | T | | Extensive humerus surgery | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 24151 | T | | Extensive humerus surgery | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 24152 | T | | Extensive radius surgery | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 24153 | T | | Extensive radius surgery | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 24155 | T | | Removal of elbow joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24160 | T | | Remove elbow joint implant | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24164 | T | | Remove radius head implant | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24200 | T | | Removal of arm foreign body | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 24201 | T | | Removal of arm foreign body | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 24220 | N | | Injection for elbow x-ray | | | | | |
| 24300 | T | | Manipulate elbow w/anesth | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 24301 | T | | Muscle/tendon transfer | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24305 | T | | Arm tendon lengthening | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24310 | T | | Revision of arm tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24320 | T | | Repair of arm tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24330 | T | | Revision of arm muscles | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24331 | T | | Revision of arm muscles | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 24332 | T | | Tenolysis, triceps | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24340 | T | | Repair of biceps tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24341 | T | | Repair arm tendon/muscle | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24342 | T | | Repair of ruptured tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24343 | T | | Repr elbow lat ligmnt w/tiss | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24344 | T | | Reconstruct elbow lat ligmnt | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24345 | T | | Repr elbw med ligmnt w/tissu | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24346 | T | | Reconstruct elbow med ligmnt | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24350 | T | | Repair of tennis elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24351 | T | | Repair of tennis elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24352 | T | | Repair of tennis elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24354 | T | | Repair of tennis elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24356 | T | | Revision of tennis elbow | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24360 | T | | Reconstruct elbow joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 24361 | T | | Reconstruct elbow joint | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 24362 | T | | Reconstruct elbow joint | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 24363 | T | | Replace elbow joint | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 24365 | T | | Reconstruct head of radius | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 24366 | T | | Reconstruct head of radius | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 24400 | T | | Revision of humerus | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24410 | T | | Revision of humerus | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24420 | T | | Revision of humerus | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24430 | T | | Repair of humerus | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24435 | T | | Repair humerus with graft | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24470 | T | | Revision of elbow joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24495 | T | | Decompression of forearm | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 24498 | T | | Reinforce humerus | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24500 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24505 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24515 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24516 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24530 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24535 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24538 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24545 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24546 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24560 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24565 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24566 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24575 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24576 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24577 | T | | Treat humerus fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24579 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24582 | T | | Treat humerus fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24586 | T | | Treat elbow fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24587 | T | | Treat elbow fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24600 | T | | Treat elbow dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24605 | T | | Treat elbow dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 24615 | T | | Treat elbow dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24620 | T | | Treat elbow fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 24635 | T | | Treat elbow fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24640 | T | | Treat elbow dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24650 | T | | Treat radius fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24655 | T | | Treat radius fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24665 | T | | Treat radius fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24666 | T | | Treat radius fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24670 | T | | Treat ulnar fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24675 | T | | Treat ulnar fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 24685 | T | | Treat ulnar fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 24800 | T | | Fusion of elbow joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24802 | T | | Fusion/graft of elbow joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 24900 | C | | Amputation of upper arm | | | | | |
| 24920 | C | | Amputation of upper arm | | | | | |
| 24925 | T | | Amputation follow-up surgery | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 24930 | C | | Amputation follow-up surgery | | | | | |
| 24931 | C | | Amputate upper arm & implant | | | | | |
| 24935 | T | | Revision of amputation | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 24940 | C | | Revision of upper arm | | | | | |
| 24999 | T | | Upper arm/elbow surgery | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25000 | T | | Incision of tendon sheath | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25001 | T | | Incise flexor carpi radialis | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25020 | T | | Decompress forearm 1 space | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25023 | T | | Decompress forearm 1 space | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25024 | T | | Decompress forearm 2 spaces | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25025 | T | | Decompress forearm 2 spaces | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25028 | T | | Drainage of forearm lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25031 | T | | Drainage of forearm bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25035 | T | | Treat forearm bone lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25040 | T | | Explore/treat wrist joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25065 | T | | Biopsy forearm soft tissues | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 25066 | T | | Biopsy forearm soft tissues | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 25075 | T | | Removal forearm lesion subcu | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 25076 | T | | Removal forearm lesion deep | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 25077 | T | | Remove tumor, forearm/wrist | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 25085 | T | | Incision of wrist capsule | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25100 | T | | Biopsy of wrist joint | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25101 | T | | Explore/treat wrist joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25105 | T | | Remove wrist joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25107 | T | | Remove wrist joint cartilage | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25110 | T | | Remove wrist tendon lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25111 | T | | Remove wrist tendon lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 25112 | T | | Reremove wrist tendon lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 25115 | T | | Remove wrist/forearm lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25116 | T | | Remove wrist/forearm lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25118 | T | | Excise wrist tendon sheath | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25119 | T | | Partial removal of ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25120 | T | | Removal of forearm lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25125 | T | | Remove/graft forearm lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25126 | T | | Remove/graft forearm lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25130 | T | | Removal of wrist lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 25135 | T | | Remove & graft wrist lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25136 | T | | Remove & graft wrist lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25145 | T | | Remove forearm bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25150 | T | | Partial removal of ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25151 | T | | Partial removal of radius | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25170 | T | | Extensive forearm surgery | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 25210 | T | | Removal of wrist bone | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 25215 | T | | Removal of wrist bones | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 25230 | T | | Partial removal of radius | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25240 | T | | Partial removal of ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25246 | N | | Injection for wrist x-ray | | | | | |
| 25248 | T | | Remove forearm foreign body | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25250 | T | | Removal of wrist prosthesis | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25251 | T | | Removal of wrist prosthesis | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25259 | T | | Manipulate wrist w/anesthes | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25260 | T | | Repair forearm tendon/muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25263 | T | | Repair forearm tendon/muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25265 | T | | Repair forearm tendon/muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25270 | T | | Repair forearm tendon/muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25272 | T | | Repair forearm tendon/muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25274 | T | | Repair forearm tendon/muscle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25275 | T | | Repair forearm tendon sheath | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25280 | T | | Revise wrist/forearm tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25290 | T | | Incise wrist/forearm tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25295 | T | | Release wrist/forearm tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25300 | T | | Fusion of tendons at wrist | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25301 | T | | Fusion of tendons at wrist | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25310 | T | | Transplant forearm tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25312 | T | | Transplant forearm tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25315 | T | | Revise palsy hand tendon(s) | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25316 | T | | Revise palsy hand tendon(s) | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25320 | T | | Repair/revise wrist joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25332 | T | | Revise wrist joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 25335 | T | | Realignment of hand | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25337 | T | | Reconstruct ulna/radioulnar | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25350 | T | | Revision of radius | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25355 | T | | Revision of radius | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25360 | T | | Revision of ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25365 | T | | Revise radius & ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25370 | T | | Revise radius or ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25375 | T | | Revise radius & ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25390 | T | | Shorten radius or ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25391 | T | | Lengthen radius or ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25392 | T | | Shorten radius & ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25393 | T | | Lengthen radius & ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25394 | T | | Repair carpal bone, shorten | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 25400 | T | | Repair radius or ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25405 | T | | Repair/graft radius or ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25415 | T | | Repair radius & ulna | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 25420 | T | | Repair/graft radius & ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 25425 | T | | Repair/graft radius or ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25426 | T | | Repair/graft radius & ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25430 | T | | Vasc graft into carpal bone | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 25431 | T | | Repair nonunion carpal bone | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 25440 | T | | Repair/graft wrist bone | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25441 | T | | Reconstruct wrist joint | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 25442 | T | | Reconstruct wrist joint | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 25443 | T | | Reconstruct wrist joint | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 25444 | T | | Reconstruct wrist joint | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 25445 | T | | Reconstruct wrist joint | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 25446 | T | | Wrist replacement | 0425 | 99.7643 | \$5,696.34 | \$1,411.22 | \$1,139.27 |
| 25447 | T | | Repair wrist joint(s) | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 25449 | T | | Remove wrist joint implant | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 25450 | T | | Revision of wrist joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25455 | T | | Revision of wrist joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25490 | T | | Reinforce radius | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25491 | T | | Reinforce ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25492 | T | | Reinforce radius and ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25500 | T | | Treat fracture of radius | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25505 | T | | Treat fracture of radius | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25515 | T | | Treat fracture of radius | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25520 | T | | Treat fracture of radius | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25525 | T | | Treat fracture of radius | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25526 | T | | Treat fracture of radius | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25530 | T | | Treat fracture of ulna | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25535 | T | | Treat fracture of ulna | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25545 | T | | Treat fracture of ulna | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25560 | T | | Treat fracture radius & ulna | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25565 | T | | Treat fracture radius & ulna | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25574 | T | | Treat fracture radius & ulna | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25575 | T | | Treat fracture radius/ulna | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25600 | T | | Treat fracture radius/ulna | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25605 | T | | Treat fracture radius/ulna | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25611 | T | | Treat fracture radius/ulna | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25620 | T | | Treat fracture radius/ulna | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25622 | T | | Treat wrist bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25624 | T | | Treat wrist bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25628 | T | | Treat wrist bone fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25630 | T | | Treat wrist bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25635 | T | | Treat wrist bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25645 | T | | Treat wrist bone fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25650 | T | | Treat wrist bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25651 | T | | Pin ulnar styloid fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25652 | T | | Treat fracture ulnar styloid | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25660 | T | | Treat wrist dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25670 | T | | Treat wrist dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25671 | T | | Pin radioulnar dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25675 | T | | Treat wrist dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25676 | T | | Treat wrist dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25680 | T | | Treat wrist fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 25685 | T | | Treat wrist fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25690 | T | | Treat wrist dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 25695 | T | | Treat wrist dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 25800 | T | | Fusion of wrist joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25805 | T | | Fusion/graft of wrist joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25810 | T | | Fusion/graft of wrist joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25820 | T | | Fusion of hand bones | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 25825 | T | | Fuse hand bones with graft | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 25830 | T | | Fusion, radioulnar jnt/ulna | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 25900 | C | | Amputation of forearm | | | | | |
| 25905 | C | | Amputation of forearm | | | | | |
| 25907 | T | | Amputation follow-up surgery | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25909 | C | | Amputation follow-up surgery | | | | | |
| 25915 | C | | Amputation of forearm | | | | | |
| 25920 | C | | Amputate hand at wrist | | | | | |
| 25922 | T | | Amputate hand at wrist | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 25924 | C | | Amputation follow-up surgery | | | | | |
| 25927 | C | | Amputation of hand | | | | | |
| 25929 | T | | Amputation follow-up surgery | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 25931 | C | | Amputation follow-up surgery | | | | | |
| 25999 | T | | Forearm or wrist surgery | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26010 | T | | Drainage of finger abscess | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 26011 | T | | Drainage of finger abscess | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 26020 | T | | Drain hand tendon sheath | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26025 | T | | Drainage of palm bursa | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26030 | T | | Drainage of palm bursa(s) | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26034 | T | | Treat hand bone lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26035 | T | | Decompress fingers/hand | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26037 | T | | Decompress fingers/hand | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26040 | T | | Release palm contracture | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26045 | T | | Release palm contracture | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26055 | T | | Incise finger tendon sheath | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26060 | T | | Incision of finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26070 | T | | Explore/treat hand joint | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26075 | T | | Explore/treat finger joint | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26080 | T | | Explore/treat finger joint | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26100 | T | | Biopsy hand joint lining | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26105 | T | | Biopsy finger joint lining | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26110 | T | | Biopsy finger joint lining | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26115 | T | | Removal hand lesion subcut | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 26116 | T | | Removal hand lesion, deep | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 26117 | T | | Remove tumor, hand/finger | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 26121 | T | | Release palm contracture | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26123 | T | | Release palm contracture | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26125 | T | | Release palm contracture | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26130 | T | | Remove wrist joint lining | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26135 | T | | Revise finger joint, each | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26140 | T | | Revise finger joint, each | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26145 | T | | Tendon excision, palm/finger | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26160 | T | | Remove tendon sheath lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 26170 | T | | Removal of palm tendon, each | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26180 | T | | Removal of finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26185 | T | | Remove finger bone | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26200 | T | | Remove hand bone lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26205 | T | | Remove/graft bone lesion | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26210 | T | | Removal of finger lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26215 | T | | Remove/graft finger lesion | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26230 | T | | Partial removal of hand bone | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26235 | T | | Partial removal, finger bone | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26236 | T | | Partial removal, finger bone | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26250 | T | | Extensive hand surgery | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26255 | T | | Extensive hand surgery | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26260 | T | | Extensive finger surgery | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26261 | T | | Extensive finger surgery | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26262 | T | | Partial removal of finger | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26320 | T | | Removal of implant from hand | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 26340 | T | | Manipulate finger w/anesth | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26350 | T | | Repair finger/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26352 | T | | Repair/graft hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26356 | T | | Repair finger/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26357 | T | | Repair finger/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26358 | T | | Repair/graft hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26370 | T | | Repair finger/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26372 | T | | Repair/graft hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26373 | T | | Repair finger/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26390 | T | | Revise hand/finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26392 | T | | Repair/graft hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26410 | T | | Repair hand tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26412 | T | | Repair/graft hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26415 | T | | Excision, hand/finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26416 | T | | Graft hand or finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26418 | T | | Repair finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26420 | T | | Repair/graft finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26426 | T | | Repair finger/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26428 | T | | Repair/graft finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26432 | T | | Repair finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26433 | T | | Repair finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26434 | T | | Repair/graft finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26437 | T | | Realignment of tendons | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26440 | T | | Release palm/finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26442 | T | | Release palm & finger tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26445 | T | | Release hand/finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26449 | T | | Release forearm/hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26450 | T | | Incision of palm tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26455 | T | | Incision of finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26460 | T | | Incise hand/finger tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26471 | T | | Fusion of finger tendons | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26474 | T | | Fusion of finger tendons | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26476 | T | | Tendon lengthening | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26477 | T | | Tendon shortening | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 26478 | T | | Lengthening of hand tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26479 | T | | Shortening of hand tendon | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26480 | T | | Transplant hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26483 | T | | Transplant/graft hand tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26485 | T | | Transplant palm tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26489 | T | | Transplant/graft palm tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26490 | T | | Revise thumb tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26492 | T | | Tendon transfer with graft | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26494 | T | | Hand tendon/muscle transfer | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26496 | T | | Revise thumb tendon | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26497 | T | | Finger tendon transfer | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26498 | T | | Finger tendon transfer | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26499 | T | | Revision of finger | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26500 | T | | Hand tendon reconstruction | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26502 | T | | Hand tendon reconstruction | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26504 | T | | Hand tendon reconstruction | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26508 | T | | Release thumb contracture | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26510 | T | | Thumb tendon transfer | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26516 | T | | Fusion of knuckle joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26517 | T | | Fusion of knuckle joints | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26518 | T | | Fusion of knuckle joints | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26520 | T | | Release knuckle contracture | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26525 | T | | Release finger contracture | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26530 | T | | Revise knuckle joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 26531 | T | | Revise knuckle with implant | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 26535 | T | | Revise finger joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 26536 | T | | Revise/implant finger joint | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 26540 | T | | Repair hand joint | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26541 | T | | Repair hand joint with graft | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26542 | T | | Repair hand joint with graft | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26545 | T | | Reconstruct finger joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26546 | T | | Repair nonunion hand | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26548 | T | | Reconstruct finger joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26550 | T | | Construct thumb replacement | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26551 | C | | Great toe-hand transfer | | | | | |
| 26553 | C | | Single transfer, toe-hand | | | | | |
| 26554 | C | | Double transfer, toe-hand | | | | | |
| 26555 | T | | Positional change of finger | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26556 | C | | Toe joint transfer | | | | | |
| 26560 | T | | Repair of web finger | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26561 | T | | Repair of web finger | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26562 | T | | Repair of web finger | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26565 | T | | Correct metacarpal flaw | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26567 | T | | Correct finger deformity | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26568 | T | | Lengthen metacarpal/finger | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26580 | T | | Repair hand deformity | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26587 | T | | Reconstruct extra finger | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26590 | T | | Repair finger deformity | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26591 | T | | Repair muscles of hand | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26593 | T | | Release muscles of hand | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|--------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 26596 | T | | Excision constricting tissue | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26600 | T | | Treat metacarpal fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26605 | T | | Treat metacarpal fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26607 | T | | Treat metacarpal fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26608 | T | | Treat metacarpal fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26615 | T | | Treat metacarpal fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26641 | T | | Treat thumb dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26645 | T | | Treat thumb fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26650 | T | | Treat thumb fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26665 | T | | Treat thumb fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26670 | T | | Treat hand dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26675 | T | | Treat hand dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26676 | T | | Pin hand dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26685 | T | | Treat hand dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26686 | T | | Treat hand dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26700 | T | | Treat knuckle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26705 | T | | Treat knuckle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26706 | T | | Pin knuckle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26715 | T | | Treat knuckle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26720 | T | | Treat finger fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26725 | T | | Treat finger fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26727 | T | | Treat finger fracture, each | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26735 | T | | Treat finger fracture, each | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26740 | T | | Treat finger fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26742 | T | | Treat finger fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26746 | T | | Treat finger fracture, each | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26750 | T | | Treat finger fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26755 | T | | Treat finger fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26756 | T | | Pin finger fracture, each | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26765 | T | | Treat finger fracture, each | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26770 | T | | Treat finger dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26775 | T | | Treat finger dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 26776 | T | | Pin finger dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26785 | T | | Treat finger dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 26820 | T | | Thumb fusion with graft | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26841 | T | | Fusion of thumb | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26842 | T | | Thumb fusion with graft | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26843 | T | | Fusion of hand joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26844 | T | | Fusion/graft of hand joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26850 | T | | Fusion of knuckle | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26852 | T | | Fusion of knuckle with graft | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26860 | T | | Fusion of finger joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26861 | T | | Fusion of finger joint, add-on | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26862 | T | | Fusion/graft of finger joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26863 | T | | Fuse/graft added joint | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26910 | T | | Amputate metacarpal bone | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 26951 | T | | Amputation of finger/thumb | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26952 | T | | Amputation of finger/thumb | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 26989 | T | | Hand/finger surgery | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 26990 | T | | Drainage of pelvis lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 26991 | T | | Drainage of pelvis bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 26992 | C | | Drainage of bone lesion | | | | | |
| 27000 | T | | Incision of hip tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27001 | T | | Incision of hip tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27003 | T | | Incision of hip tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27005 | C | | Incision of hip tendon | | | | | |
| 27006 | C | | Incision of hip tendons | | | | | |
| 27025 | C | | Incision of hip/thigh fascia | | | | | |
| 27030 | C | | Drainage of hip joint | | | | | |
| 27033 | T | | Exploration of hip joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27035 | T | | Denervation of hip joint | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 27036 | C | | Excision of hip joint/muscle | | | | | |
| 27040 | T | | Biopsy of soft tissues | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 27041 | T | | Biopsy of soft tissues | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 27047 | T | | Remove hip/pelvis lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27048 | T | | Remove hip/pelvis lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27049 | T | | Remove tumor, hip/pelvis | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27050 | T | | Biopsy of sacroiliac joint | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27052 | T | | Biopsy of hip joint | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27054 | C | | Removal of hip joint lining | | | | | |
| 27060 | T | | Removal of ischial bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27062 | T | | Remove femur lesion/bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27065 | T | | Removal of hip bone lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27066 | T | | Removal of hip bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27067 | T | | Remove/graft hip bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27070 | C | | Partial removal of hip bone | | | | | |
| 27071 | C | | Partial removal of hip bone | | | | | |
| 27075 | C | | Extensive hip surgery | | | | | |
| 27076 | C | | Extensive hip surgery | | | | | |
| 27077 | C | | Extensive hip surgery | | | | | |
| 27078 | C | | Extensive hip surgery | | | | | |
| 27079 | C | | Extensive hip surgery | | | | | |
| 27080 | T | | Removal of tail bone | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27086 | T | | Remove hip foreign body | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 27087 | T | | Remove hip foreign body | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27090 | C | | Removal of hip prosthesis | | | | | |
| 27091 | C | | Removal of hip prosthesis | | | | | |
| 27093 | N | | Injection for hip x-ray | | | | | |
| 27095 | N | | Injection for hip x-ray | | | | | |
| 27096 | B | | Inject sacroiliac joint | | | | | |
| 27097 | T | | Revision of hip tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27098 | T | | Transfer tendon to pelvis | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27100 | T | | Transfer of abdominal muscle | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27105 | T | | Transfer of spinal muscle | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27110 | T | | Transfer of iliopsoas muscle | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27111 | T | | Transfer of iliopsoas muscle | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27120 | C | | Reconstruction of hip socket | | | | | |
| 27122 | C | | Reconstruction of hip socket | | | | | |
| 27125 | C | | Partial hip replacement | | | | | |
| 27130 | C | | Total hip arthroplasty | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 27132 | C | | Total hip arthroplasty | | | | | |
| 27134 | C | | Revise hip joint replacement | | | | | |
| 27137 | C | | Revise hip joint replacement | | | | | |
| 27138 | C | | Revise hip joint replacement | | | | | |
| 27140 | C | | Transplant femur ridge | | | | | |
| 27146 | C | | Incision of hip bone | | | | | |
| 27147 | C | | Revision of hip bone | | | | | |
| 27151 | C | | Incision of hip bones | | | | | |
| 27156 | C | | Revision of hip bones | | | | | |
| 27158 | C | | Revision of pelvis | | | | | |
| 27161 | C | | Incision of neck of femur | | | | | |
| 27165 | C | | Incision/fixation of femur | | | | | |
| 27170 | C | | Repair/graft femur head/neck | | | | | |
| 27175 | C | | Treat slipped epiphysis | | | | | |
| 27176 | C | | Treat slipped epiphysis | | | | | |
| 27177 | C | | Treat slipped epiphysis | | | | | |
| 27178 | C | | Treat slipped epiphysis | | | | | |
| 27179 | C | | Revise head/neck of femur | | | | | |
| 27181 | C | | Treat slipped epiphysis | | | | | |
| 27185 | C | | Revision of femur epiphysis | | | | | |
| 27187 | C | | Reinforce hip bones | | | | | |
| 27193 | T | | Treat pelvic ring fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27194 | T | | Treat pelvic ring fracture | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27200 | T | | Treat tail bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27202 | T | | Treat tail bone fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27215 | C | | Treat pelvic fracture(s) | | | | | |
| 27216 | T | | Treat pelvic ring fracture | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27217 | C | | Treat pelvic ring fracture | | | | | |
| 27218 | C | | Treat pelvic ring fracture | | | | | |
| 27220 | T | | Treat hip socket fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27222 | C | | Treat hip socket fracture | | | | | |
| 27226 | C | | Treat hip wall fracture | | | | | |
| 27227 | C | | Treat hip fracture(s) | | | | | |
| 27228 | C | | Treat hip fracture(s) | | | | | |
| 27230 | T | | Treat thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27232 | C | | Treat thigh fracture | | | | | |
| 27235 | T | | Treat thigh fracture | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27236 | C | | Treat thigh fracture | | | | | |
| 27238 | T | | Treat thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27240 | C | | Treat thigh fracture | | | | | |
| 27244 | C | | Treat thigh fracture | | | | | |
| 27245 | C | | Treat thigh fracture | | | | | |
| 27246 | T | | Treat thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27248 | C | | Treat thigh fracture | | | | | |
| 27250 | T | | Treat hip dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27252 | T | | Treat hip dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27253 | C | | Treat hip dislocation | | | | | |
| 27254 | C | | Treat hip dislocation | | | | | |
| 27256 | T | | Treat hip dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27257 | T | | Treat hip dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 27258 | C | | Treat hip dislocation | | | | | |
| 27259 | C | | Treat hip dislocation | | | | | |
| 27265 | T | | Treat hip dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27266 | T | | Treat hip dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27275 | T | | Manipulation of hip joint | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27280 | C | | Fusion of sacroiliac joint | | | | | |
| 27282 | C | | Fusion of pubic bones | | | | | |
| 27284 | C | | Fusion of hip joint | | | | | |
| 27286 | C | | Fusion of hip joint | | | | | |
| 27290 | C | | Amputation of leg at hip | | | | | |
| 27295 | C | | Amputation of leg at hip | | | | | |
| 27299 | T | | Pelvis/hip joint surgery | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27301 | T | | Drain thigh/knee lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 27303 | C | | Drainage of bone lesion | | | | | |
| 27305 | T | | Incise thigh tendon & fascia | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27306 | T | | Incision of thigh tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27307 | T | | Incision of thigh tendons | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27310 | T | | Exploration of knee joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27315 | T | | Partial removal, thigh nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 27320 | T | | Partial removal, thigh nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 27323 | T | | Biopsy, thigh soft tissues | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 27324 | T | | Biopsy, thigh soft tissues | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27327 | T | | Removal of thigh lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27328 | T | | Removal of thigh lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27329 | T | | Remove tumor, thigh/knee | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27330 | T | | Biopsy, knee joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27331 | T | | Explore/treat knee joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27332 | T | | Removal of knee cartilage | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27333 | T | | Removal of knee cartilage | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27334 | T | | Remove knee joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27335 | T | | Remove knee joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27340 | T | | Removal of kneecap bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27345 | T | | Removal of knee cyst | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27347 | T | | Remove knee cyst | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27350 | T | | Removal of kneecap | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27355 | T | | Remove femur lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27356 | T | | Remove femur lesion/graft | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27357 | T | | Remove femur lesion/graft | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27358 | T | | Remove femur lesion/fixation | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27360 | T | | Partial removal, leg bone(s) | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27365 | C | | Extensive leg surgery | | | | | |
| 27370 | N | | Injection for knee x-ray | | | | | |
| 27372 | T | | Removal of foreign body | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27380 | T | | Repair of kneecap tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27381 | T | | Repair/graft kneecap tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27385 | T | | Repair of thigh muscle | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27386 | T | | Repair/graft of thigh muscle | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27390 | T | | Incision of thigh tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27391 | T | | Incision of thigh tendons | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27392 | T | | Incision of thigh tendons | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 27393 | T | | Lengthening of thigh tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27394 | T | | Lengthening of thigh tendons | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27395 | T | | Lengthening of thigh tendons | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27396 | T | | Transplant of thigh tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27397 | T | | Transplants of thigh tendons | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27400 | T | | Revise thigh muscles/tendons | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27403 | T | | Repair of knee cartilage | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27405 | T | | Repair of knee ligament | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27407 | T | | Repair of knee ligament | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27409 | T | | Repair of knee ligaments | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27418 | T | | Repair degenerated kneecap | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27420 | T | | Revision of unstable kneecap | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27422 | T | | Revision of unstable kneecap | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27424 | T | | Revision/removal of kneecap | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27425 | T | | Lateral retinacular release | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27427 | T | | Reconstruction, knee | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 27428 | T | | Reconstruction, knee | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 27429 | T | | Reconstruction, knee | 0052 | 43.8069 | \$2,501.29 | | \$500.26 |
| 27430 | T | | Revision of thigh muscles | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27435 | T | | Incision of knee joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27437 | T | | Revise kneecap | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 27438 | T | | Revise kneecap with implant | 0048 | 41.1519 | \$2,349.69 | \$582.12 | \$469.94 |
| 27440 | T | | Revision of knee joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 27441 | T | | Revision of knee joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 27442 | T | | Revision of knee joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 27443 | T | | Revision of knee joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 27445 | C | | Revision of knee joint | | | | | |
| 27446 | T | | Revision of knee joint | 0681 | 92.1163 | \$5,259.66 | \$2,093.11 | \$1,051.93 |
| 27447 | C | | Total knee arthroplasty | | | | | |
| 27448 | C | | Incision of thigh | | | | | |
| 27450 | C | | Incision of thigh | | | | | |
| 27454 | C | | Realignment of thigh bone | | | | | |
| 27455 | C | | Realignment of knee | | | | | |
| 27457 | C | | Realignment of knee | | | | | |
| 27465 | C | | Shortening of thigh bone | | | | | |
| 27466 | C | | Lengthening of thigh bone | | | | | |
| 27468 | C | | Shorten/lengthen thighs | | | | | |
| 27470 | C | | Repair of thigh | | | | | |
| 27472 | C | | Repair/graft of thigh | | | | | |
| 27475 | C | | Surgery to stop leg growth | | | | | |
| 27477 | C | | Surgery to stop leg growth | | | | | |
| 27479 | C | | Surgery to stop leg growth | | | | | |
| 27485 | C | | Surgery to stop leg growth | | | | | |
| 27486 | C | | Revise/replace knee joint | | | | | |
| 27487 | C | | Revise/replace knee joint | | | | | |
| 27488 | C | | Removal of knee prosthesis | | | | | |
| 27495 | C | | Reinforce thigh | | | | | |
| 27496 | T | | Decompression of thigh/knee | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27497 | T | | Decompression of thigh/knee | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27498 | T | | Decompression of thigh/knee | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 27499 | T | | Decompression of thigh/knee | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27500 | T | | Treatment of thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27501 | T | | Treatment of thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27502 | T | | Treatment of thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27503 | T | | Treatment of thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27506 | C | | Treatment of thigh fracture | | | | | |
| 27507 | C | | Treatment of thigh fracture | | | | | |
| 27508 | T | | Treatment of thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27509 | T | | Treatment of thigh fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27510 | T | | Treatment of thigh fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27511 | C | | Treatment of thigh fracture | | | | | |
| 27513 | C | | Treatment of thigh fracture | | | | | |
| 27514 | C | | Treatment of thigh fracture | | | | | |
| 27516 | T | | Treat thigh fx growth plate | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27517 | T | | Treat thigh fx growth plate | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27519 | C | | Treat thigh fx growth plate | | | | | |
| 27520 | T | | Treat kneecap fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27524 | T | | Treat kneecap fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27530 | T | | Treat knee fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27532 | T | | Treat knee fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27535 | C | | Treat knee fracture | | | | | |
| 27536 | C | | Treat knee fracture | | | | | |
| 27538 | T | | Treat knee fracture(s) | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27540 | C | | Treat knee fracture | | | | | |
| 27550 | T | | Treat knee dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27552 | T | | Treat knee dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27556 | C | | Treat knee dislocation | | | | | |
| 27557 | C | | Treat knee dislocation | | | | | |
| 27558 | C | | Treat knee dislocation | | | | | |
| 27560 | T | | Treat kneecap dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27562 | T | | Treat kneecap dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27566 | T | | Treat kneecap dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27570 | T | | Fixation of knee joint | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27580 | C | | Fusion of knee | | | | | |
| 27590 | C | | Amputate leg at thigh | | | | | |
| 27591 | C | | Amputate leg at thigh | | | | | |
| 27592 | C | | Amputate leg at thigh | | | | | |
| 27594 | T | | Amputation follow-up surgery | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27596 | C | | Amputation follow-up surgery | | | | | |
| 27598 | C | | Amputate lower leg at knee | | | | | |
| 27599 | T | | Leg surgery procedure | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27600 | T | | Decompression of lower leg | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27601 | T | | Decompression of lower leg | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27602 | T | | Decompression of lower leg | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27603 | T | | Drain lower leg lesion | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 27604 | T | | Drain lower leg bursa | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27605 | T | | Incision of achilles tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 27606 | T | | Incision of achilles tendon | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27607 | T | | Treat lower leg bone lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27610 | T | | Explore/treat ankle joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 27612 | T | | Exploration of ankle joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27613 | T | | Biopsy lower leg soft tissue | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 27614 | T | | Biopsy lower leg soft tissue | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27615 | T | | Remove tumor, lower leg | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27618 | T | | Remove lower leg lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 27619 | T | | Remove lower leg lesion | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 27620 | T | | Explore/treat ankle joint | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27625 | T | | Remove ankle joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27626 | T | | Remove ankle joint lining | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27630 | T | | Removal of tendon lesion | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27635 | T | | Remove lower leg bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27637 | T | | Remove/graft leg bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27638 | T | | Remove/graft leg bone lesion | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27640 | T | | Partial removal of tibia | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27641 | T | | Partial removal of fibula | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27645 | C | | Extensive lower leg surgery | | | | | |
| 27646 | C | | Extensive lower leg surgery | | | | | |
| 27647 | T | | Extensive ankle/heel surgery | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27648 | N | | Injection for ankle x-ray | | | | | |
| 27650 | T | | Repair achilles tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27652 | T | | Repair/graft achilles tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27654 | T | | Repair of achilles tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27656 | T | | Repair leg fascia defect | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27658 | T | | Repair of leg tendon, each | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27659 | T | | Repair of leg tendon, each | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27664 | T | | Repair of leg tendon, each | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27665 | T | | Repair of leg tendon, each | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27675 | T | | Repair lower leg tendons | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27676 | T | | Repair lower leg tendons | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27680 | T | | Release of lower leg tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27681 | T | | Release of lower leg tendons | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27685 | T | | Revision of lower leg tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27686 | T | | Revise lower leg tendons | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27687 | T | | Revision of calf tendon | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27690 | T | | Revise lower leg tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27691 | T | | Revise lower leg tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27692 | T | | Revise additional leg tendon | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27695 | T | | Repair of ankle ligament | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27696 | T | | Repair of ankle ligaments | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27698 | T | | Repair of ankle ligament | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27700 | T | | Revision of ankle joint | 0047 | 31.3840 | \$1,791.96 | \$537.03 | \$358.39 |
| 27702 | C | | Reconstruct ankle joint | | | | | |
| 27703 | C | | Reconstruction, ankle joint | | | | | |
| 27704 | T | | Removal of ankle implant | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27705 | T | | Incision of tibia | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27707 | T | | Incision of fibula | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27709 | T | | Incision of tibia & fibula | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27712 | C | | Realignment of lower leg | | | | | |
| 27715 | C | | Revision of lower leg | | | | | |
| 27720 | C | | Repair of tibia | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 27722 | C | | Repair/graft of tibia | | | | | |
| 27724 | C | | Repair/graft of tibia | | | | | |
| 27725 | C | | Repair of lower leg | | | | | |
| 27727 | C | | Repair of lower leg | | | | | |
| 27730 | T | | Repair of tibia epiphysis | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27732 | T | | Repair of fibula epiphysis | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27734 | T | | Repair lower leg epiphyses | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27740 | T | | Repair of leg epiphyses | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27742 | T | | Repair of leg epiphyses | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27745 | T | | Reinforce tibia | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27750 | T | | Treatment of tibia fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27752 | T | | Treatment of tibia fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27756 | T | | Treatment of tibia fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27758 | T | | Treatment of tibia fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27759 | T | | Treatment of tibia fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27760 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27762 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27766 | T | | Treatment of ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27780 | T | | Treatment of fibula fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27781 | T | | Treatment of fibula fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27784 | T | | Treatment of fibula fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27786 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27788 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27792 | T | | Treatment of ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27808 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27810 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27814 | T | | Treatment of ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27816 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27818 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27822 | T | | Treatment of ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27823 | T | | Treatment of ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27824 | T | | Treat lower leg fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27825 | T | | Treat lower leg fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27826 | T | | Treat lower leg fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27827 | T | | Treat lower leg fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27828 | T | | Treat lower leg fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27829 | T | | Treat lower leg joint | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27830 | T | | Treat lower leg dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27831 | T | | Treat lower leg dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27832 | T | | Treat lower leg dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27840 | T | | Treat ankle dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 27842 | T | | Treat ankle dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27846 | T | | Treat ankle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27848 | T | | Treat ankle dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 27860 | T | | Fixation of ankle joint | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 27870 | T | | Fusion of ankle joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27871 | T | | Fusion of tibiofibular joint | 0051 | 36.1086 | \$2,061.73 | | \$412.35 |
| 27880 | C | | Amputation of lower leg | | | | | |
| 27881 | C | | Amputation of lower leg | | | | | |
| 27882 | C | | Amputation of lower leg | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 27884 | T | | Amputation follow-up surgery | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27886 | C | | Amputation follow-up surgery | | | | | |
| 27888 | C | | Amputation of foot at ankle | | | | | |
| 27889 | T | | Amputation of foot at ankle | 0050 | 24.7044 | \$1,410.57 | | \$282.11 |
| 27892 | T | | Decompression of leg | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27893 | T | | Decompression of leg | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27894 | T | | Decompression of leg | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 27899 | T | | Leg/ankle surgery procedure | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28001 | T | | Drainage of bursa of foot | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 28002 | T | | Treatment of foot infection | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 28003 | T | | Treatment of foot infection | 0049 | 20.3460 | \$1,161.72 | | \$232.34 |
| 28005 | T | | Treat foot bone lesion | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28008 | T | | Incision of foot fascia | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28010 | T | | Incision of toe tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28011 | T | | Incision of toe tendons | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28020 | T | | Exploration of foot joint | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28022 | T | | Exploration of foot joint | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28024 | T | | Exploration of toe joint | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28030 | T | | Removal of foot nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 28035 | T | | Decompression of tibia nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 28043 | T | | Excision of foot lesion | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 28045 | T | | Excision of foot lesion | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28046 | T | | Resection of tumor, foot | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28050 | T | | Biopsy of foot joint lining | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28052 | T | | Biopsy of foot joint lining | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28054 | T | | Biopsy of toe joint lining | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28060 | T | | Partial removal, foot fascia | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28062 | T | | Removal of foot fascia | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28070 | T | | Removal of foot joint lining | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28072 | T | | Removal of foot joint lining | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28080 | T | | Removal of foot lesion | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28086 | T | | Excise foot tendon sheath | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28088 | T | | Excise foot tendon sheath | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28090 | T | | Removal of foot lesion | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28092 | T | | Removal of toe lesions | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28100 | T | | Removal of ankle/heel lesion | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28102 | T | | Remove/graft foot lesion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28103 | T | | Remove/graft foot lesion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28104 | T | | Removal of foot lesion | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28106 | T | | Remove/graft foot lesion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28107 | T | | Remove/graft foot lesion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28108 | T | | Removal of toe lesions | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28110 | T | | Part removal of metatarsal | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28111 | T | | Part removal of metatarsal | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28112 | T | | Part removal of metatarsal | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28113 | T | | Part removal of metatarsal | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28114 | T | | Removal of metatarsal heads | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28116 | T | | Revision of foot | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28118 | T | | Removal of heel bone | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28119 | T | | Removal of heel spur | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 28120 | T | | Part removal of ankle/heel | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28122 | T | | Partial removal of foot bone | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28124 | T | | Partial removal of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28126 | T | | Partial removal of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28130 | T | | Removal of ankle bone | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28140 | T | | Removal of metatarsal | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28150 | T | | Removal of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28153 | T | | Partial removal of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28160 | T | | Partial removal of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28171 | T | | Extensive foot surgery | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28173 | T | | Extensive foot surgery | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28175 | T | | Extensive foot surgery | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28190 | T | | Removal of foot foreign body | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 28192 | T | | Removal of foot foreign body | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 28193 | T | | Removal of foot foreign body | 0020 | 7.7453 | \$442.24 | \$113.25 | \$88.45 |
| 28200 | T | | Repair of foot tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28202 | T | | Repair/graft of foot tendon | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28208 | T | | Repair of foot tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28210 | T | | Repair/graft of foot tendon | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28220 | T | | Release of foot tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28222 | T | | Release of foot tendons | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28225 | T | | Release of foot tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28226 | T | | Release of foot tendons | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28230 | T | | Incision of foot tendon(s) | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28232 | T | | Incision of toe tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28234 | T | | Incision of foot tendon | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28238 | T | | Revision of foot tendon | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28240 | T | | Release of big toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28250 | T | | Revision of foot fascia | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28260 | T | | Release of midfoot joint | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28261 | T | | Revision of foot tendon | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28262 | T | | Revision of foot and ankle | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28264 | T | | Release of midfoot joint | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28270 | T | | Release of foot contracture | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28272 | T | | Release of toe joint, each | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28280 | T | | Fusion of toes | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28285 | T | | Repair of hammertoe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28286 | T | | Repair of hammertoe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28288 | T | | Partial removal of foot bone | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28289 | T | | Repair hallux rigidus | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28290 | T | | Correction of bunion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28292 | T | | Correction of bunion | 0057 | 27.1422 | \$1,549.77 | \$475.91 | \$309.95 |
| 28293 | T | | Correction of bunion | 0057 | 27.1422 | \$1,549.77 | \$475.91 | \$309.95 |
| 28294 | T | | Correction of bunion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28296 | T | | Correction of bunion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28297 | T | | Correction of bunion | 0057 | 27.1422 | \$1,549.77 | \$475.91 | \$309.95 |
| 28298 | T | | Correction of bunion | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28299 | T | | Correction of bunion | 0057 | 27.1422 | \$1,549.77 | \$475.91 | \$309.95 |
| 28300 | T | | Incision of heel bone | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28302 | T | | Incision of ankle bone | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 28304 | T | | Incision of midfoot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28305 | T | | Incise/graft midfoot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28306 | T | | Incision of metatarsal | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28307 | T | | Incision of metatarsal | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28308 | T | | Incision of metatarsal | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28309 | T | | Incision of metatarsals | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28310 | T | | Revision of big toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28312 | T | | Revision of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28313 | T | | Repair deformity of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28315 | T | | Removal of sesamoid bone | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28320 | T | | Repair of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28322 | T | | Repair of metatarsals | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28340 | T | | Resect enlarged toe tissue | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28341 | T | | Resect enlarged toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28344 | T | | Repair extra toe(s) | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28345 | T | | Repair webbed toe(s) | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28360 | T | | Reconstruct cleft foot | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28400 | T | | Treatment of heel fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28405 | T | | Treatment of heel fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28406 | T | | Treatment of heel fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28415 | T | | Treat heel fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28420 | T | | Treat/graft heel fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28430 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28435 | T | | Treatment of ankle fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28436 | T | | Treatment of ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28445 | T | | Treat ankle fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28450 | T | | Treat midfoot fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28455 | T | | Treat midfoot fracture, each | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28456 | T | | Treat midfoot fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28465 | T | | Treat midfoot fracture, each | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28470 | T | | Treat metatarsal fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28475 | T | | Treat metatarsal fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28476 | T | | Treat metatarsal fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28485 | T | | Treat metatarsal fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28490 | T | | Treat big toe fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28495 | T | | Treat big toe fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28496 | T | | Treat big toe fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28505 | T | | Treat big toe fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28510 | T | | Treatment of toe fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28515 | T | | Treatment of toe fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28525 | T | | Treat toe fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28530 | T | | Treat sesamoid bone fracture | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28531 | T | | Treat sesamoid bone fracture | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28540 | T | | Treat foot dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28545 | T | | Treat foot dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 28546 | T | | Treat foot dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28555 | T | | Repair foot dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28570 | T | | Treat foot dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28575 | T | | Treat foot dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28576 | T | | Treat foot dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 28585 | T | | Repair foot dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28600 | T | | Treat foot dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28605 | T | | Treat foot dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28606 | T | | Treat foot dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28615 | T | | Repair foot dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28630 | T | | Treat toe dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28635 | T | | Treat toe dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 28636 | T | | Treat toe dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28645 | T | | Repair toe dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28660 | T | | Treat toe dislocation | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 28665 | T | | Treat toe dislocation | 0045 | 14.2303 | \$812.52 | \$268.47 | \$162.50 |
| 28666 | T | | Treat toe dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28675 | T | | Repair of toe dislocation | 0046 | 34.9274 | \$1,994.28 | \$535.76 | \$398.86 |
| 28705 | T | | Fusion of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28715 | T | | Fusion of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28725 | T | | Fusion of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28730 | T | | Fusion of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28735 | T | | Fusion of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28737 | T | | Revision of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28740 | T | | Fusion of foot bones | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28750 | T | | Fusion of big toe joint | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28755 | T | | Fusion of big toe joint | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28760 | T | | Fusion of big toe joint | 0056 | 26.7017 | \$1,524.61 | \$405.81 | \$304.92 |
| 28800 | C | | Amputation of midfoot | | | | | |
| 28805 | C | | Amputation thru metatarsal | | | | | |
| 28810 | T | | Amputation toe & metatarsal | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28820 | T | | Amputation of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28825 | T | | Partial amputation of toe | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 28899 | T | | Foot/toes surgery procedure | 0043 | 1.8350 | \$104.77 | | \$20.95 |
| 29000 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29010 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29015 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29020 | S | | Application of body cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29025 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29035 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29040 | S | | Application of body cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29044 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29046 | S | | Application of body cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29049 | S | | Application of figure eight | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29055 | S | | Application of shoulder cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29058 | S | | Application of shoulder cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29065 | S | | Application of long arm cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29075 | S | | Application of forearm cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29085 | S | | Apply hand/wrist cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29086 | S | | Apply finger cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29105 | S | | Apply long arm splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29125 | S | | Apply forearm splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29126 | S | | Apply forearm splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29130 | S | | Application of finger splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29131 | S | | Application of finger splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 29200 | S | | Strapping of chest | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29220 | S | | Strapping of low back | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29240 | S | | Strapping of shoulder | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29260 | S | | Strapping of elbow or wrist | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29280 | S | | Strapping of hand or finger | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29305 | S | | Application of hip cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29325 | S | | Application of hip casts | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29345 | S | | Application of long leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29355 | S | | Application of long leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29358 | S | | Apply long leg cast brace | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29365 | S | | Application of long leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29405 | S | | Apply short leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29425 | S | | Apply short leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29435 | S | | Apply short leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29440 | S | | Addition of walker to cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29445 | S | | Apply rigid leg cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29450 | S | | Application of leg cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29505 | S | | Application, long leg splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29515 | S | | Application lower leg splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29520 | S | | Strapping of hip | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29530 | S | | Strapping of knee | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29540 | S | | Strapping of ankle | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29550 | S | | Strapping of toes | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29580 | S | | Application of paste boot | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29590 | S | | Application of foot splint | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29700 | S | | Removal/revision of cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29705 | S | | Removal/revision of cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29710 | S | | Removal/revision of cast | 0426 | 2.0113 | \$114.84 | | \$22.97 |
| 29715 | S | | Removal/revision of cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29720 | S | | Repair of body cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29730 | S | | Windowing of cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29740 | S | | Wedging of cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29750 | S | | Wedging of clubfoot cast | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29799 | S | | Casting/strapping procedure | 0058 | 1.1094 | \$63.34 | | \$12.67 |
| 29800 | T | | Jaw arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29804 | T | | Jaw arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29805 | T | | Shoulder arthroscopy, dx | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29806 | T | | Shoulder arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29807 | T | | Shoulder arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29819 | T | | Shoulder arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29820 | T | | Shoulder arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29821 | T | | Shoulder arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29822 | T | | Shoulder arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29823 | T | | Shoulder arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29824 | T | | Shoulder arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29825 | T | | Shoulder arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29826 | T | | Shoulder arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29827 | T | | Arthroscop rotator cuff repr | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29830 | T | | Elbow arthroscopy | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29834 | T | | Elbow arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|-----------------------------|------------|----------------------------|-------------------------|--|---|
| 29835 | T | | Elbow arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29836 | T | | Elbow arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29837 | T | | Elbow arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29838 | T | | Elbow arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29840 | T | | Wrist arthroscopy | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29843 | T | | Wrist arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29844 | T | | Wrist arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29845 | T | | Wrist arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29846 | T | | Wrist arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29847 | T | | Wrist arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29848 | T | | Wrist endoscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29850 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29851 | T | | Knee arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29855 | T | | Tibial arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29856 | T | | Tibial arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29860 | T | | Hip arthroscopy, dx | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29861 | T | | Hip arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29862 | T | | Hip arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29863 | T | | Hip arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29870 | T | | Knee arthroscopy, dx | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29871 | T | | Knee arthroscopy/drainage | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29873 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29874 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29875 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29876 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29877 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29879 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29880 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29881 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29882 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29883 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29884 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29885 | T | | Knee arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29886 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29887 | T | | Knee arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29888 | T | | Knee arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29889 | T | | Knee arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29891 | T | | Ankle arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29892 | T | | Ankle arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29893 | T | | Scope, plantar fasciotomy | 0055 | 19.5232 | \$1,114.74 | \$355.34 | \$222.95 |
| 29894 | T | | Ankle arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29895 | T | | Ankle arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29897 | T | | Ankle arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29898 | T | | Ankle arthroscopy/surgery | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 29899 | T | | Ankle arthroscopy/surgery | 0042 | 43.8002 | \$2,500.90 | \$804.74 | \$500.18 |
| 29900 | T | | Mcp joint arthroscopy, dx | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 29901 | T | | Mcp joint arthroscopy, surg | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 29902 | T | | Mcp joint arthroscopy, surg | 0053 | 15.6402 | \$893.02 | \$253.49 | \$178.60 |
| 29999 | T | | Arthroscopy of joint | 0041 | 28.2366 | \$1,612.25 | | \$322.45 |
| 30000 | T | | Drainage of nose lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 30020 | T | | Drainage of nose lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 30100 | T | | Intranasal biopsy | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 30110 | T | | Removal of nose polyp(s) | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30115 | T | | Removal of nose polyp(s) | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30117 | T | | Removal of intranasal lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30118 | T | | Removal of intranasal lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 30120 | T | | Revision of nose | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30124 | T | | Removal of nose lesion | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 30125 | T | | Removal of nose lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30130 | T | | Removal of turbinate bones | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30140 | T | | Removal of turbinate bones | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 30150 | T | | Partial removal of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30160 | T | | Removal of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30200 | T | | Injection treatment of nose | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30210 | T | | Nasal sinus therapy | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 30220 | T | | Insert nasal septal button | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 30300 | X | | Remove nasal foreign body | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 30310 | T | | Remove nasal foreign body | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30320 | T | | Remove nasal foreign body | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30400 | T | | Reconstruction of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30410 | T | | Reconstruction of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30420 | T | | Reconstruction of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30430 | T | | Revision of nose | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 30435 | T | | Revision of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30450 | T | | Revision of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30460 | T | | Revision of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30462 | T | | Revision of nose | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30465 | T | | Repair nasal stenosis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30520 | T | | Repair of nasal septum | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 30540 | T | | Repair nasal defect | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30545 | T | | Repair nasal defect | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30560 | T | | Release of nasal adhesions | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 30580 | T | | Repair upper jaw fistula | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30600 | T | | Repair mouth/nose fistula | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30620 | T | | Intranasal reconstruction | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 30630 | T | | Repair nasal septum defect | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 30801 | T | | Cauterization, inner nose | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 30802 | T | | Cauterization, inner nose | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30901 | T | | Control of nosebleed | 0250 | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 30903 | T | | Control of nosebleed | 0250 | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 30905 | T | | Control of nosebleed | 0250 | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 30906 | T | | Repeat control of nosebleed | 0250 | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 30915 | T | | Ligation, nasal sinus artery | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 30920 | T | | Ligation, upper jaw artery | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 30930 | T | | Therapy, fracture of nose | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 30999 | T | | Nasal surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 31000 | T | | Irrigation, maxillary sinus | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 31002 | T | | Irrigation, sphenoid sinus | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 31020 | T | | Exploration, maxillary sinus | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31030 | T | | Exploration, maxillary sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 31032 | T | | Explore sinus, remove polyps | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31040 | T | | Exploration behind upper jaw | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31050 | T | | Exploration, sphenoid sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31051 | T | | Sphenoid sinus surgery | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31070 | T | | Exploration of frontal sinus | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31075 | T | | Exploration of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31080 | T | | Removal of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31081 | T | | Removal of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31084 | T | | Removal of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31085 | T | | Removal of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31086 | T | | Removal of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31087 | T | | Removal of frontal sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31090 | T | | Exploration of sinuses | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31200 | T | | Removal of ethmoid sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31201 | T | | Removal of ethmoid sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31205 | T | | Removal of ethmoid sinus | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31225 | C | | Removal of upper jaw | | | | | |
| 31230 | C | | Removal of upper jaw | | | | | |
| 31231 | T | | Nasal endoscopy, dx | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31233 | T | | Nasal/sinus endoscopy, dx | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31235 | T | | Nasal/sinus endoscopy, dx | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31237 | T | | Nasal/sinus endoscopy, surg | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31238 | T | | Nasal/sinus endoscopy, surg | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31239 | T | | Nasal/sinus endoscopy, surg | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31240 | T | | Nasal/sinus endoscopy, surg | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31254 | T | | Revision of ethmoid sinus | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31255 | T | | Removal of ethmoid sinus | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31256 | T | | Exploration maxillary sinus | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31267 | T | | Endoscopy, maxillary sinus | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31276 | T | | Sinus endoscopy, surgical | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31287 | T | | Nasal/sinus endoscopy, surg | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31288 | T | | Nasal/sinus endoscopy, surg | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31290 | C | | Nasal/sinus endoscopy, surg | | | | | |
| 31291 | C | | Nasal/sinus endoscopy, surg | | | | | |
| 31292 | T | | Nasal/sinus endoscopy, surg | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31293 | C | | Nasal/sinus endoscopy, surg | | | | | |
| 31294 | C | | Nasal/sinus endoscopy, surg | | | | | |
| 31299 | T | | Sinus surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 31300 | T | | Removal of larynx lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31320 | T | | Diagnostic incision, larynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31360 | C | | Removal of larynx | | | | | |
| 31365 | C | | Removal of larynx | | | | | |
| 31367 | C | | Partial removal of larynx | | | | | |
| 31368 | C | | Partial removal of larynx | | | | | |
| 31370 | C | | Partial removal of larynx | | | | | |
| 31375 | C | | Partial removal of larynx | | | | | |
| 31380 | C | | Partial removal of larynx | | | | | |
| 31382 | C | | Partial removal of larynx | | | | | |
| 31390 | C | | Removal of larynx & pharynx | | | | | |
| 31395 | C | | Reconstruct larynx & pharynx | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-----------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 31400 | T | | Revision of larynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31420 | T | | Removal of epiglottis | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31500 | S | | Insert emergency airway | 0094 | 2.7247 | \$155.57 | \$48.58 | \$31.11 |
| 31502 | T | | Change of windpipe airway | 0121 | 2.3062 | \$131.68 | \$43.80 | \$26.34 |
| 31505 | T | | Diagnostic laryngoscopy | 0071 | 0.7525 | \$42.97 | \$11.54 | \$8.59 |
| 31510 | T | | Laryngoscopy with biopsy | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31511 | T | | Remove foreign body, larynx | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31512 | T | | Removal of larynx lesion | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31513 | T | | Injection into vocal cord | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31515 | T | | Laryngoscopy for aspiration | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31520 | T | | Diagnostic laryngoscopy | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31525 | T | | Diagnostic laryngoscopy | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31526 | T | | Diagnostic laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31527 | T | | Laryngoscopy for treatment | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31528 | T | | Laryngoscopy and dilation | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31529 | T | | Laryngoscopy and dilation | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31530 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31531 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31535 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31536 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31540 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31541 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31560 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31561 | T | | Operative laryngoscopy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31570 | T | | Laryngoscopy with injection | 0074 | 16.1846 | \$924.11 | \$295.70 | \$184.82 |
| 31571 | T | | Laryngoscopy with injection | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31575 | T | | Diagnostic laryngoscopy | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31576 | T | | Laryngoscopy with biopsy | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31577 | T | | Remove foreign body, larynx | 0073 | 3.9506 | \$225.57 | \$73.38 | \$45.11 |
| 31578 | T | | Removal of larynx lesion | 0075 | 21.1137 | \$1,205.55 | \$445.92 | \$241.11 |
| 31579 | T | | Diagnostic laryngoscopy | 0073 | 3.9506 | \$225.57 | \$73.38 | \$45.11 |
| 31580 | T | | Revision of larynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31582 | T | | Revision of larynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31584 | C | | Treat larynx fracture | | | | | |
| 31585 | T | | Treat larynx fracture | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 31586 | T | | Treat larynx fracture | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31587 | C | | Revision of larynx | | | | | |
| 31588 | T | | Revision of larynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31590 | T | | Reinnervate larynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31595 | T | | Larynx nerve surgery | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31599 | T | | Larynx surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 31600 | T | | Incision of windpipe | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31601 | T | | Incision of windpipe | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31603 | T | | Incision of windpipe | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 31605 | T | | Incision of windpipe | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 31610 | T | | Incision of windpipe | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31611 | T | | Surgery/speech prosthesis | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31612 | T | | Puncture/clear windpipe | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31613 | T | | Repair windpipe opening | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31614 | T | | Repair windpipe opening | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 31615 | T | | Visualization of windpipe | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31622 | T | | Dx bronchoscope/wash | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31623 | T | | Dx bronchoscope/brush | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31624 | T | | Dx bronchoscope/lavage | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31625 | T | | Bronchoscopy w/biopsy(s) | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31628 | T | | Bronchoscopy/lung bx, each | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31629 | T | | Bronchoscopy/needle bx, each | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31630 | T | | Bronchoscopy dilate/fix repr | 0415 | 21.2703 | \$1,214.49 | \$459.92 | \$242.90 |
| 31631 | T | | Bronchoscopy, dilate w/stent | 0415 | 21.2703 | \$1,214.49 | \$459.92 | \$242.90 |
| 31632 | T | | Bronchoscopy/lung bx, add'l | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31633 | T | | Bronchoscopy/needle bx add'l | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31635 | T | | Bronchoscopy w/fb removal | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31640 | T | | Bronchoscopy w/tumor excise | 0415 | 21.2703 | \$1,214.49 | \$459.92 | \$242.90 |
| 31641 | T | | Bronchoscopy, treat blockage | 0415 | 21.2703 | \$1,214.49 | \$459.92 | \$242.90 |
| 31643 | T | | Diag bronchoscope/catheter | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31645 | T | | Bronchoscopy, clear airways | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31646 | T | | Bronchoscopy, reclear airway | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31656 | T | | Bronchoscopy, inj for x-ray | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 31700 | T | | Insertion of airway catheter | 0072 | 1.3868 | \$79.18 | \$21.26 | \$15.84 |
| 31708 | N | | Instill airway contrast dye | | | | | |
| 31710 | N | | Insertion of airway catheter | | | | | |
| 31715 | N | | Injection for bronchus x-ray | | | | | |
| 31717 | T | | Bronchial brush biopsy | 0073 | 3.9506 | \$225.57 | \$73.38 | \$45.11 |
| 31720 | T | | Clearance of airways | 0071 | 0.7525 | \$42.97 | \$11.54 | \$8.59 |
| 31725 | C | | Clearance of airways | | | | | |
| 31730 | T | | Intro, windpipe wire/tube | 0073 | 3.9506 | \$225.57 | \$73.38 | \$45.11 |
| 31750 | T | | Repair of windpipe | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31755 | T | | Repair of windpipe | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 31760 | C | | Repair of windpipe | | | | | |
| 31766 | C | | Reconstruction of windpipe | | | | | |
| 31770 | C | | Repair/graft of bronchus | | | | | |
| 31775 | C | | Reconstruct bronchus | | | | | |
| 31780 | C | | Reconstruct windpipe | | | | | |
| 31781 | C | | Reconstruct windpipe | | | | | |
| 31785 | T | | Remove windpipe lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31786 | C | | Remove windpipe lesion | | | | | |
| 31800 | C | | Repair of windpipe injury | | | | | |
| 31805 | C | | Repair of windpipe injury | | | | | |
| 31820 | T | | Closure of windpipe lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 31825 | T | | Repair of windpipe defect | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31830 | T | | Revise windpipe scar | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 31899 | T | | Airways surgical procedure | 0076 | 9.4817 | \$541.39 | \$189.82 | \$108.28 |
| 32000 | T | | Drainage of chest | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32002 | T | | Treatment of collapsed lung | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32005 | T | | Treat lung lining chemically | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32020 | T | | Insertion of chest tube | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32035 | C | | Exploration of chest | | | | | |
| 32036 | C | | Exploration of chest | | | | | |
| 32095 | C | | Biopsy through chest wall | | | | | |
| 32100 | C | | Exploration/biopsy of chest | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 32110 | C | | Explore/repair chest | | | | | |
| 32120 | C | | Re-exploration of chest | | | | | |
| 32124 | C | | Explore chest free adhesions | | | | | |
| 32140 | C | | Removal of lung lesion(s) | | | | | |
| 32141 | C | | Remove/treat lung lesions | | | | | |
| 32150 | C | | Removal of lung lesion(s) | | | | | |
| 32151 | C | | Remove lung foreign body | | | | | |
| 32160 | C | | Open chest heart massage | | | | | |
| 32200 | C | | Drain, open, lung lesion | | | | | |
| 32201 | T | | Drain, percut, lung lesion | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32215 | C | | Treat chest lining | | | | | |
| 32220 | C | | Release of lung | | | | | |
| 32225 | C | | Partial release of lung | | | | | |
| 32310 | C | | Removal of chest lining | | | | | |
| 32320 | C | | Free/remove chest lining | | | | | |
| 32400 | T | | Needle biopsy chest lining | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 32402 | C | | Open biopsy chest lining | | | | | |
| 32405 | T | | Biopsy, lung or mediastinum | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 32420 | T | | Puncture/clear lung | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32440 | C | | Removal of lung | | | | | |
| 32442 | C | | Sleeve pneumonectomy | | | | | |
| 32445 | C | | Removal of lung | | | | | |
| 32480 | C | | Partial removal of lung | | | | | |
| 32482 | C | | Bilobectomy | | | | | |
| 32484 | C | | Segmentectomy | | | | | |
| 32486 | C | | Steeve lobectomy | | | | | |
| 32488 | C | | Completion pneumonectomy | | | | | |
| 32491 | C | | Lung volume reduction | | | | | |
| 32500 | C | | Partial removal of lung | | | | | |
| 32501 | C | | Repair bronchus add-on | | | | | |
| 32520 | C | | Remove lung & revise chest | | | | | |
| 32522 | C | | Remove lung & revise chest | | | | | |
| 32525 | C | | Remove lung & revise chest | | | | | |
| 32540 | C | | Removal of lung lesion | | | | | |
| 32601 | T | | Thoracoscopy, diagnostic | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 32602 | T | | Thoracoscopy, diagnostic | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 32603 | T | | Thoracoscopy, diagnostic | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 32604 | T | | Thoracoscopy, diagnostic | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 32605 | T | | Thoracoscopy, diagnostic | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 32606 | T | | Thoracoscopy, diagnostic | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 32650 | C | | Thoracoscopy, surgical | | | | | |
| 32651 | C | | Thoracoscopy, surgical | | | | | |
| 32652 | C | | Thoracoscopy, surgical | | | | | |
| 32653 | C | | Thoracoscopy, surgical | | | | | |
| 32654 | C | | Thoracoscopy, surgical | | | | | |
| 32655 | C | | Thoracoscopy, surgical | | | | | |
| 32656 | C | | Thoracoscopy, surgical | | | | | |
| 32657 | C | | Thoracoscopy, surgical | | | | | |
| 32658 | C | | Thoracoscopy, surgical | | | | | |
| 32659 | C | | Thoracoscopy, surgical | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 32660 | C | | Thoracoscopy, surgical | | | | | |
| 32661 | C | | Thoracoscopy, surgical | | | | | |
| 32662 | C | | Thoracoscopy, surgical | | | | | |
| 32663 | C | | Thoracoscopy, surgical | | | | | |
| 32664 | C | | Thoracoscopy, surgical | | | | | |
| 32665 | C | | Thoracoscopy, surgical | | | | | |
| 32800 | C | | Repair lung hernia | | | | | |
| 32810 | C | | Close chest after drainage | | | | | |
| 32815 | C | | Close bronchial fistula | | | | | |
| 32820 | C | | Reconstruct injured chest | | | | | |
| 32850 | C | | Donor pneumonectomy | | | | | |
| 32851 | C | | Lung transplant, single | | | | | |
| 32852 | C | | Lung transplant with bypass | | | | | |
| 32853 | C | | Lung transplant, double | | | | | |
| 32854 | C | | Lung transplant with bypass | | | | | |
| 32900 | C | | Removal of rib(s) | | | | | |
| 32905 | C | | Revise & repair chest wall | | | | | |
| 32906 | C | | Revise & repair chest wall | | | | | |
| 32940 | C | | Revision of lung | | | | | |
| 32960 | T | | Therapeutic pneumothorax | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 32997 | C | | Total lung lavage | | | | | |
| 32999 | T | | Chest surgery procedure | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 33010 | T | | Drainage of heart sac | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 33011 | T | | Repeat drainage of heart sac | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 33015 | C | | Incision of heart sac | | | | | |
| 33020 | C | | Incision of heart sac | | | | | |
| 33025 | C | | Incision of heart sac | | | | | |
| 33030 | C | | Partial removal of heart sac | | | | | |
| 33031 | C | | Partial removal of heart sac | | | | | |
| 33050 | C | | Removal of heart sac lesion | | | | | |
| 33120 | C | | Removal of heart lesion | | | | | |
| 33130 | C | | Removal of heart lesion | | | | | |
| 33140 | C | | Heart revascularize (tmr) | | | | | |
| 33141 | C | | Heart tmr w/other procedure | | | | | |
| 33200 | C | | Insertion of heart pacemaker | | | | | |
| 33201 | C | | Insertion of heart pacemaker | | | | | |
| 33206 | T | | Insertion of heart pacemaker | 0089 | 109.1734 | \$6,233.58 | \$1,679.38 | \$1,246.72 |
| 33207 | T | | Insertion of heart pacemaker | 0089 | 109.1734 | \$6,233.58 | \$1,679.38 | \$1,246.72 |
| 33208 | T | | Insertion of heart pacemaker | 0655 | 135.7710 | \$7,752.25 | | \$1,550.45 |
| 33210 | T | | Insertion of heart electrode | 0106 | 52.6887 | \$3,008.42 | | \$601.68 |
| 33211 | T | | Insertion of heart electrode | 0106 | 52.6887 | \$3,008.42 | | \$601.68 |
| 33212 | T | | Insertion of pulse generator | 0090 | 86.5117 | \$4,939.65 | \$1,544.11 | \$987.93 |
| 33213 | T | | Insertion of pulse generator | 0654 | 104.1200 | \$5,945.04 | | \$1,189.01 |
| 33214 | T | | Upgrade of pacemaker system | 0655 | 135.7710 | \$7,752.25 | | \$1,550.45 |
| 33215 | T | | Reposition pacing-defib lead | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33216 | T | | Revise eltrd pacing-defib | 0106 | 52.6887 | \$3,008.42 | | \$601.68 |
| 33217 | T | | Insert lead pace-defib, dual | 0106 | 52.6887 | \$3,008.42 | | \$601.68 |
| 33218 | T | | Repair lead pace-defib, one | 0106 | 52.6887 | \$3,008.42 | | \$601.68 |
| 33220 | T | | Repair lead pace-defib, dual | 0106 | 52.6887 | \$3,008.42 | | \$601.68 |
| 33222 | T | | Revise pocket, pacemaker | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 33223 | T | | Revise pocket, pacing-defib | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 33224 | T | | Insert pacing lead & connect | 0418 | 78.0525 | \$4,456.64 | | \$891.33 |
| 33225 | S | | L ventric pacing lead add-on | 1525 | | \$3,750.00 | | \$750.00 |
| 33226 | T | | Reposition l ventric lead | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33233 | T | | Removal of pacemaker system | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33234 | T | | Removal of pacemaker system | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33235 | T | | Removal pacemaker electrode | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33236 | C | | Remove electrode/thoracotomy | | | | | |
| 33237 | C | | Remove electrode/thoracotomy | | | | | |
| 33238 | C | | Remove electrode/thoracotomy | | | | | |
| 33240 | B | | Insert pulse generator | | | | | |
| 33241 | T | | Remove pulse generator | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33243 | C | | Remove eltrd/thoracotomy | | | | | |
| 33244 | T | | Remove eltrd, transven | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 33245 | C | | Insert epic eltrd pace-defib | | | | | |
| 33246 | C | | Insert epic eltrd/generator | | | | | |
| 33249 | B | | Eltrd/insert pace-defib | | | | | |
| 33250 | C | | Ablate heart dysrhythm focus | | | | | |
| 33251 | C | | Ablate heart dysrhythm focus | | | | | |
| 33253 | C | | Reconstruct atria | | | | | |
| 33261 | C | | Ablate heart dysrhythm focus | | | | | |
| 33282 | S | | Implant pat-active ht record | 0680 | 64.0980 | \$3,659.87 | | \$731.97 |
| 33284 | T | | Remove pat-active ht record | 0109 | 7.6069 | \$434.34 | \$131.49 | \$86.87 |
| 33300 | C | | Repair of heart wound | | | | | |
| 33305 | C | | Repair of heart wound | | | | | |
| 33310 | C | | Exploratory heart surgery | | | | | |
| 33315 | C | | Exploratory heart surgery | | | | | |
| 33320 | C | | Repair major blood vessel(s) | | | | | |
| 33321 | C | | Repair major vessel | | | | | |
| 33322 | C | | Repair major blood vessel(s) | | | | | |
| 33330 | C | | Insert major vessel graft | | | | | |
| 33332 | C | | Insert major vessel graft | | | | | |
| 33335 | C | | Insert major vessel graft | | | | | |
| 33400 | C | | Repair of aortic valve | | | | | |
| 33401 | C | | Valvuloplasty, open | | | | | |
| 33403 | C | | Valvuloplasty, w/cp bypass | | | | | |
| 33404 | C | | Prepare heart-aorta conduit | | | | | |
| 33405 | C | | Replacement of aortic valve | | | | | |
| 33406 | C | | Replacement of aortic valve | | | | | |
| 33410 | C | | Replacement of aortic valve | | | | | |
| 33411 | C | | Replacement of aortic valve | | | | | |
| 33412 | C | | Replacement of aortic valve | | | | | |
| 33413 | C | | Replacement of aortic valve | | | | | |
| 33414 | C | | Repair of aortic valve | | | | | |
| 33415 | C | | Revision, subvalvular tissue | | | | | |
| 33416 | C | | Revise ventricle muscle | | | | | |
| 33417 | C | | Repair of aortic valve | | | | | |
| 33420 | C | | Revision of mitral valve | | | | | |
| 33422 | C | | Revision of mitral valve | | | | | |
| 33425 | C | | Repair of mitral valve | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 33426 | C | | Repair of mitral valve | | | | | |
| 33427 | C | | Repair of mitral valve | | | | | |
| 33430 | C | | Replacement of mitral valve | | | | | |
| 33460 | C | | Revision of tricuspid valve | | | | | |
| 33463 | C | | Valvuloplasty, tricuspid | | | | | |
| 33464 | C | | Valvuloplasty, tricuspid | | | | | |
| 33465 | C | | Replace tricuspid valve | | | | | |
| 33468 | C | | Revision of tricuspid valve | | | | | |
| 33470 | C | | Revision of pulmonary valve | | | | | |
| 33471 | C | | Valvotomy, pulmonary valve | | | | | |
| 33472 | C | | Revision of pulmonary valve | | | | | |
| 33474 | C | | Revision of pulmonary valve | | | | | |
| 33475 | C | | Replacement, pulmonary valve | | | | | |
| 33476 | C | | Revision of heart chamber | | | | | |
| 33478 | C | | Revision of heart chamber | | | | | |
| 33496 | C | | Repair, prosth valve clot | | | | | |
| 33500 | C | | Repair heart vessel fistula | | | | | |
| 33501 | C | | Repair heart vessel fistula | | | | | |
| 33502 | C | | Coronary artery correction | | | | | |
| 33503 | C | | Coronary artery graft | | | | | |
| 33504 | C | | Coronary artery graft | | | | | |
| 33505 | C | | Repair artery w/tunnel | | | | | |
| 33506 | C | | Repair artery, translocation | | | | | |
| 33508 | N | | Endoscopic vein harvest | | | | | |
| 33510 | C | | CABG, vein, single | | | | | |
| 33511 | C | | CABG, vein, two | | | | | |
| 33512 | C | | CABG, vein, three | | | | | |
| 33513 | C | | CABG, vein, four | | | | | |
| 33514 | C | | CABG, vein, five | | | | | |
| 33516 | C | | Cabg, vein, six or more | | | | | |
| 33517 | C | | CABG, artery-vein, single | | | | | |
| 33518 | C | | CABG, artery-vein, two | | | | | |
| 33519 | C | | CABG, artery-vein, three | | | | | |
| 33521 | C | | CABG, artery-vein, four | | | | | |
| 33522 | C | | CABG, artery-vein, five | | | | | |
| 33523 | C | | Cabg, art-vein, six or more | | | | | |
| 33530 | C | | Coronary artery, bypass/reop | | | | | |
| 33533 | C | | CABG, arterial, single | | | | | |
| 33534 | C | | CABG, arterial, two | | | | | |
| 33535 | C | | CABG, arterial, three | | | | | |
| 33536 | C | | Cabg, arterial, four or more | | | | | |
| 33542 | C | | Removal of heart lesion | | | | | |
| 33545 | C | | Repair of heart damage | | | | | |
| 33572 | C | | Open coronary endarterectomy | | | | | |
| 33600 | C | | Closure of valve | | | | | |
| 33602 | C | | Closure of valve | | | | | |
| 33606 | C | | Anastomosis/artery-aorta | | | | | |
| 33608 | C | | Repair anomaly w/conduit | | | | | |
| 33610 | C | | Repair by enlargement | | | | | |
| 33611 | C | | Repair double ventricle | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 33612 | C | | Repair double ventricle | | | | | |
| 33615 | C | | Repair, modified fontan | | | | | |
| 33617 | C | | Repair single ventricle | | | | | |
| 33619 | C | | Repair single ventricle | | | | | |
| 33641 | C | | Repair heart septum defect | | | | | |
| 33645 | C | | Revision of heart veins | | | | | |
| 33647 | C | | Repair heart septum defects | | | | | |
| 33660 | C | | Repair of heart defects | | | | | |
| 33665 | C | | Repair of heart defects | | | | | |
| 33670 | C | | Repair of heart chambers | | | | | |
| 33681 | C | | Repair heart septum defect | | | | | |
| 33684 | C | | Repair heart septum defect | | | | | |
| 33688 | C | | Repair heart septum defect | | | | | |
| 33690 | C | | Reinforce pulmonary artery | | | | | |
| 33692 | C | | Repair of heart defects | | | | | |
| 33694 | C | | Repair of heart defects | | | | | |
| 33697 | C | | Repair of heart defects | | | | | |
| 33702 | C | | Repair of heart defects | | | | | |
| 33710 | C | | Repair of heart defects | | | | | |
| 33720 | C | | Repair of heart defect | | | | | |
| 33722 | C | | Repair of heart defect | | | | | |
| 33730 | C | | Repair heart-vein defect(s) | | | | | |
| 33732 | C | | Repair heart-vein defect | | | | | |
| 33735 | C | | Revision of heart chamber | | | | | |
| 33736 | C | | Revision of heart chamber | | | | | |
| 33737 | C | | Revision of heart chamber | | | | | |
| 33750 | C | | Major vessel shunt | | | | | |
| 33755 | C | | Major vessel shunt | | | | | |
| 33762 | C | | Major vessel shunt | | | | | |
| 33764 | C | | Major vessel shunt & graft | | | | | |
| 33766 | C | | Major vessel shunt | | | | | |
| 33767 | C | | Major vessel shunt | | | | | |
| 33770 | C | | Repair great vessels defect | | | | | |
| 33771 | C | | Repair great vessels defect | | | | | |
| 33774 | C | | Repair great vessels defect | | | | | |
| 33775 | C | | Repair great vessels defect | | | | | |
| 33776 | C | | Repair great vessels defect | | | | | |
| 33777 | C | | Repair great vessels defect | | | | | |
| 33778 | C | | Repair great vessels defect | | | | | |
| 33779 | C | | Repair great vessels defect | | | | | |
| 33780 | C | | Repair great vessels defect | | | | | |
| 33781 | C | | Repair great vessels defect | | | | | |
| 33786 | C | | Repair arterial trunk | | | | | |
| 33788 | C | | Revision of pulmonary artery | | | | | |
| 33800 | C | | Aortic suspension | | | | | |
| 33802 | C | | Repair vessel defect | | | | | |
| 33803 | C | | Repair vessel defect | | | | | |
| 33813 | C | | Repair septal defect | | | | | |
| 33814 | C | | Repair septal defect | | | | | |
| 33820 | C | | Revise major vessel | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 33822 | C | | Revise major vessel | | | | | |
| 33824 | C | | Revise major vessel | | | | | |
| 33840 | C | | Remove aorta constriction | | | | | |
| 33845 | C | | Remove aorta constriction | | | | | |
| 33851 | C | | Remove aorta constriction | | | | | |
| 33852 | C | | Repair septal defect | | | | | |
| 33853 | C | | Repair septal defect | | | | | |
| 33860 | C | | Ascending aortic graft | | | | | |
| 33861 | C | | Ascending aortic graft | | | | | |
| 33863 | C | | Ascending aortic graft | | | | | |
| 33870 | C | | Transverse aortic arch graft | | | | | |
| 33875 | C | | Thoracic aortic graft | | | | | |
| 33877 | C | | Thoracoabdominal graft | | | | | |
| 33910 | C | | Remove lung artery emboli | | | | | |
| 33915 | C | | Remove lung artery emboli | | | | | |
| 33916 | C | | Surgery of great vessel | | | | | |
| 33917 | C | | Repair pulmonary artery | | | | | |
| 33918 | C | | Repair pulmonary atresia | | | | | |
| 33919 | C | | Repair pulmonary atresia | | | | | |
| 33920 | C | | Repair pulmonary atresia | | | | | |
| 33922 | C | | Transect pulmonary artery | | | | | |
| 33924 | C | | Remove pulmonary shunt | | | | | |
| 33930 | C | | Removal of donor heart/lung | | | | | |
| 33935 | C | | Transplantation, heart/lung | | | | | |
| 33940 | C | | Removal of donor heart | | | | | |
| 33945 | C | | Transplantation of heart | | | | | |
| 33960 | C | | External circulation assist | | | | | |
| 33961 | C | | External circulation assist | | | | | |
| 33967 | C | | Insert ia percut device | | | | | |
| 33968 | C | | Remove aortic assist device | | | | | |
| 33970 | C | | Aortic circulation assist | | | | | |
| 33971 | C | | Aortic circulation assist | | | | | |
| 33973 | C | | Insert balloon device | | | | | |
| 33974 | C | | Remove intra-aortic balloon | | | | | |
| 33975 | C | | Implant ventricular device | | | | | |
| 33976 | C | | Implant ventricular device | | | | | |
| 33977 | C | | Remove ventricular device | | | | | |
| 33978 | C | | Remove ventricular device | | | | | |
| 33979 | C | | Insert intracorporeal device | | | | | |
| 33980 | C | | Remove intracorporeal device | | | | | |
| 33999 | T | | Cardiac surgery procedure | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 34001 | C | | Removal of artery clot | | | | | |
| 34051 | C | | Removal of artery clot | | | | | |
| 34101 | T | | Removal of artery clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34111 | T | | Removal of arm artery clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34151 | C | | Removal of artery clot | | | | | |
| 34201 | T | | Removal of artery clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34203 | T | | Removal of leg artery clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34401 | C | | Removal of vein clot | | | | | |
| 34421 | T | | Removal of vein clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 34451 | C | | Removal of vein clot | | | | | |
| 34471 | T | | Removal of vein clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34490 | T | | Removal of vein clot | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34501 | T | | Repair valve, femoral vein | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34502 | C | | Reconstruct vena cava | | | | | |
| 34510 | T | | Transposition of vein valve | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34520 | T | | Cross-over vein graft | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34530 | T | | Leg vein fusion | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 34800 | C | | Endovasc abdo repair w/tube | | | | | |
| 34802 | C | | Endovasc abdo repr w/device | | | | | |
| 34804 | C | | Endovasc abdo repr w/device | | | | | |
| 34805 | C | | Endovasc abdo repair w/pros | | | | | |
| 34808 | C | | Endovasc abdo occlud device | | | | | |
| 34812 | C | | Xpose for endoprosth, aortic | | | | | |
| 34813 | C | | Femoral endovas graft add-on | | | | | |
| 34820 | C | | Xpose for endoprosth, iliac | | | | | |
| 34825 | C | | Endovasc extend prosth, init | | | | | |
| 34826 | C | | Endovasc exten prosth, add'l | | | | | |
| 34830 | C | | Open aortic tube prosth repr | | | | | |
| 34831 | C | | Open aortoiliac prosth repr | | | | | |
| 34832 | C | | Open aortofemor prosth repr | | | | | |
| 34833 | C | | Xpose for endoprosth, iliac | | | | | |
| 34834 | C | | Xpose, endoprosth, brachial | | | | | |
| 34900 | C | | Endovasc iliac repr w/graft | | | | | |
| 35001 | C | | Repair defect of artery | | | | | |
| 35002 | C | | Repair artery rupture, neck | | | | | |
| 35005 | C | | Repair defect of artery | | | | | |
| 35011 | T | | Repair defect of artery | 0653 | 28.1900 | \$1,609.59 | | \$321.92 |
| 35013 | C | | Repair artery rupture, arm | | | | | |
| 35021 | C | | Repair defect of artery | | | | | |
| 35022 | C | | Repair artery rupture, chest | | | | | |
| 35045 | C | | Repair defect of arm artery | | | | | |
| 35081 | C | | Repair defect of artery | | | | | |
| 35082 | C | | Repair artery rupture, aorta | | | | | |
| 35091 | C | | Repair defect of artery | | | | | |
| 35092 | C | | Repair artery rupture, aorta | | | | | |
| 35102 | C | | Repair defect of artery | | | | | |
| 35103 | C | | Repair artery rupture, groin | | | | | |
| 35111 | C | | Repair defect of artery | | | | | |
| 35112 | C | | Repair artery rupture, spleen | | | | | |
| 35121 | C | | Repair defect of artery | | | | | |
| 35122 | C | | Repair artery rupture, belly | | | | | |
| 35131 | C | | Repair defect of artery | | | | | |
| 35132 | C | | Repair artery rupture, groin | | | | | |
| 35141 | C | | Repair defect of artery | | | | | |
| 35142 | C | | Repair artery rupture, thigh | | | | | |
| 35151 | C | | Repair defect of artery | | | | | |
| 35152 | C | | Repair artery rupture, knee | | | | | |
| 35161 | C | | Repair defect of artery | | | | | |
| 35162 | C | | Repair artery rupture | | | | | |

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|-------------|------------------|-------------------|-----------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 35180 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35182 | C | | Repair blood vessel lesion | | | | | |
| 35184 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35188 | T | | Repair blood vessel lesion | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 35189 | C | | Repair blood vessel lesion | | | | | |
| 35190 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35201 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35206 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35207 | T | | Repair blood vessel lesion | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 35211 | C | | Repair blood vessel lesion | | | | | |
| 35216 | C | | Repair blood vessel lesion | | | | | |
| 35221 | C | | Repair blood vessel lesion | | | | | |
| 35226 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35231 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35236 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35241 | C | | Repair blood vessel lesion | | | | | |
| 35246 | C | | Repair blood vessel lesion | | | | | |
| 35251 | C | | Repair blood vessel lesion | | | | | |
| 35256 | T | | Repair blood vessel lesion | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35261 | T | | Repair blood vessel lesion | 0653 | 28.1900 | \$1,609.59 | | \$321.92 |
| 35266 | T | | Repair blood vessel lesion | 0653 | 28.1900 | \$1,609.59 | | \$321.92 |
| 35271 | C | | Repair blood vessel lesion | | | | | |
| 35276 | C | | Repair blood vessel lesion | | | | | |
| 35281 | C | | Repair blood vessel lesion | | | | | |
| 35286 | T | | Repair blood vessel lesion | 0653 | 28.1900 | \$1,609.59 | | \$321.92 |
| 35301 | C | | Rechanneling of artery | | | | | |
| 35311 | C | | Rechanneling of artery | | | | | |
| 35321 | T | | Rechanneling of artery | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35331 | C | | Rechanneling of artery | | | | | |
| 35341 | C | | Rechanneling of artery | | | | | |
| 35351 | C | | Rechanneling of artery | | | | | |
| 35355 | C | | Rechanneling of artery | | | | | |
| 35361 | C | | Rechanneling of artery | | | | | |
| 35363 | C | | Rechanneling of artery | | | | | |
| 35371 | C | | Rechanneling of artery | | | | | |
| 35372 | C | | Rechanneling of artery | | | | | |
| 35381 | C | | Rechanneling of artery | | | | | |
| 35390 | C | | Reoperation, carotid add-on | | | | | |
| 35400 | C | | Angioscopy | | | | | |
| 35450 | C | | Repair arterial blockage | | | | | |
| 35452 | C | | Repair arterial blockage | | | | | |
| 35454 | C | | Repair arterial blockage | | | | | |
| 35456 | C | | Repair arterial blockage | | | | | |
| 35458 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35459 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35460 | T | | Repair venous blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35470 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35471 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35472 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35473 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 35474 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35475 | T | | Repair arterial blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35476 | T | | Repair venous blockage | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35480 | C | | Atherectomy, open | | | | | |
| 35481 | C | | Atherectomy, open | | | | | |
| 35482 | C | | Atherectomy, open | | | | | |
| 35483 | C | | Atherectomy, open | | | | | |
| 35484 | T | | Atherectomy, open | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35485 | T | | Atherectomy, open | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35490 | T | | Atherectomy, percutaneous | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35491 | T | | Atherectomy, percutaneous | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35492 | T | | Atherectomy, percutaneous | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35493 | T | | Atherectomy, percutaneous | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35494 | T | | Atherectomy, percutaneous | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35495 | T | | Atherectomy, percutaneous | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 35500 | N | | Harvest vein for bypass | | | | | |
| 35501 | C | | Artery bypass graft | | | | | |
| 35506 | C | | Artery bypass graft | | | | | |
| 35507 | C | | Artery bypass graft | | | | | |
| 35508 | C | | Artery bypass graft | | | | | |
| 35509 | C | | Artery bypass graft | | | | | |
| 35510 | C | | Artery bypass graft | | | | | |
| 35511 | C | | Artery bypass graft | | | | | |
| 35512 | C | | Artery bypass graft | | | | | |
| 35515 | C | | Artery bypass graft | | | | | |
| 35516 | C | | Artery bypass graft | | | | | |
| 35518 | C | | Artery bypass graft | | | | | |
| 35521 | C | | Artery bypass graft | | | | | |
| 35522 | C | | Artery bypass graft | | | | | |
| 35525 | C | | Artery bypass graft | | | | | |
| 35526 | C | | Artery bypass graft | | | | | |
| 35531 | C | | Artery bypass graft | | | | | |
| 35533 | C | | Artery bypass graft | | | | | |
| 35536 | C | | Artery bypass graft | | | | | |
| 35541 | C | | Artery bypass graft | | | | | |
| 35546 | C | | Artery bypass graft | | | | | |
| 35548 | C | | Artery bypass graft | | | | | |
| 35549 | C | | Artery bypass graft | | | | | |
| 35551 | C | | Artery bypass graft | | | | | |
| 35556 | C | | Artery bypass graft | | | | | |
| 35558 | C | | Artery bypass graft | | | | | |
| 35560 | C | | Artery bypass graft | | | | | |
| 35563 | C | | Artery bypass graft | | | | | |
| 35565 | C | | Artery bypass graft | | | | | |
| 35566 | C | | Artery bypass graft | | | | | |
| 35571 | C | | Artery bypass graft | | | | | |
| 35572 | N | | Harvest femoropopliteal vein | | | | | |
| 35582 | C | | Vein bypass graft | | | | | |
| 35583 | C | | Vein bypass graft | | | | | |
| 35585 | C | | Vein bypass graft | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 35587 | C | | Vein bypass graft | | | | | |
| 35600 | C | | Harvest artery for cabg | | | | | |
| 35601 | C | | Artery bypass graft | | | | | |
| 35606 | C | | Artery bypass graft | | | | | |
| 35612 | C | | Artery bypass graft | | | | | |
| 35616 | C | | Artery bypass graft | | | | | |
| 35621 | C | | Artery bypass graft | | | | | |
| 35623 | C | | Bypass graft, not vein | | | | | |
| 35626 | C | | Artery bypass graft | | | | | |
| 35631 | C | | Artery bypass graft | | | | | |
| 35636 | C | | Artery bypass graft | | | | | |
| 35641 | C | | Artery bypass graft | | | | | |
| 35642 | C | | Artery bypass graft | | | | | |
| 35645 | C | | Artery bypass graft | | | | | |
| 35646 | C | | Artery bypass graft | | | | | |
| 35647 | C | | Artery bypass graft | | | | | |
| 35650 | C | | Artery bypass graft | | | | | |
| 35651 | C | | Artery bypass graft | | | | | |
| 35654 | C | | Artery bypass graft | | | | | |
| 35656 | C | | Artery bypass graft | | | | | |
| 35661 | C | | Artery bypass graft | | | | | |
| 35663 | C | | Artery bypass graft | | | | | |
| 35665 | C | | Artery bypass graft | | | | | |
| 35666 | C | | Artery bypass graft | | | | | |
| 35671 | C | | Artery bypass graft | | | | | |
| 35681 | C | | Composite bypass graft | | | | | |
| 35682 | C | | Composite bypass graft | | | | | |
| 35683 | C | | Composite bypass graft | | | | | |
| 35685 | T | | Bypass graft patency/patch | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35686 | T | | Bypass graft/av fist patency | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35691 | C | | Arterial transposition | | | | | |
| 35693 | C | | Arterial transposition | | | | | |
| 35694 | C | | Arterial transposition | | | | | |
| 35695 | C | | Arterial transposition | | | | | |
| 35697 | C | | Reimplant artery each | | | | | |
| 35700 | C | | Reoperation, bypass graft | | | | | |
| 35701 | C | | Exploration, carotid artery | | | | | |
| 35721 | C | | Exploration, femoral artery | | | | | |
| 35741 | C | | Exploration popliteal artery | | | | | |
| 35761 | T | | Exploration of artery/vein | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 35800 | C | | Explore neck vessels | | | | | |
| 35820 | C | | Explore chest vessels | | | | | |
| 35840 | C | | Explore abdominal vessels | | | | | |
| 35860 | T | | Explore limb vessels | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 35870 | C | | Repair vessel graft defect | | | | | |
| 35875 | T | | Removal of clot in graft | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 35876 | T | | Removal of clot in graft | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 35879 | T | | Revise graft w/vein | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 35881 | T | | Revise graft w/vein | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 35901 | C | | Excision, graft, neck | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 35903 | T | | Excision, graft, extremity | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 35905 | C | | Excision, graft, thorax | | | | | |
| 35907 | C | | Excision, graft, abdomen | | | | | |
| 36000 | N | | Place needle in vein | | | | | |
| 36002 | S | | Pseudoaneurysm injection lrt | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 36005 | N | | Injection ext venography | | | | | |
| 36010 | N | | Place catheter in vein | | | | | |
| 36011 | N | | Place catheter in vein | | | | | |
| 36012 | N | | Place catheter in vein | | | | | |
| 36013 | N | | Place catheter in artery | | | | | |
| 36014 | N | | Place catheter in artery | | | | | |
| 36015 | N | | Place catheter in artery | | | | | |
| 36100 | N | | Establish access to artery | | | | | |
| 36120 | N | | Establish access to artery | | | | | |
| 36140 | N | | Establish access to artery | | | | | |
| 36145 | N | | Artery to vein shunt | | | | | |
| 36160 | N | | Establish access to aorta | | | | | |
| 36200 | N | | Place catheter in aorta | | | | | |
| 36215 | N | | Place catheter in artery | | | | | |
| 36216 | N | | Place catheter in artery | | | | | |
| 36217 | N | | Place catheter in artery | | | | | |
| 36218 | N | | Place catheter in artery | | | | | |
| 36245 | N | | Place catheter in artery | | | | | |
| 36246 | N | | Place catheter in artery | | | | | |
| 36247 | N | | Place catheter in artery | | | | | |
| 36248 | N | | Place catheter in artery | | | | | |
| 36260 | T | | Insertion of infusion pump | 0119 | 120.3656 | \$6,872.64 | | \$1,374.53 |
| 36261 | T | | Revision of infusion pump | 0124 | 20.1279 | \$1,149.26 | | \$229.85 |
| 36262 | T | | Removal of infusion pump | 0124 | 20.1279 | \$1,149.26 | | \$229.85 |
| 36299 | N | | Vessel injection procedure | | | | | |
| 36400 | N | | Bl draw < 3 yrs fem/jugular | | | | | |
| 36405 | N | | Bl draw < 3 yrs scalp vein | | | | | |
| 36406 | N | | Bl draw < 3 yrs other vein | | | | | |
| 36410 | N | | Non-routine bl draw > 3 yrs | | | | | |
| 36415 | E | | Drawing blood | | | | | |
| 36416 | E | | Capillary blood draw | | | | | |
| 36420 | T | | Vein access cutdown < 1 yr | 0035 | 0.2931 | \$16.74 | | \$3.35 |
| 36425 | T | | Vein access cutdown > 1 yr | 0035 | 0.2931 | \$16.74 | | \$3.35 |
| 36430 | S | | Blood transfusion service | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| 36440 | S | | Bl push transfuse, 2 yr or < | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| 36450 | S | | Bl exchange/transfuse, nb | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| 36455 | S | | Bl exchange/transfuse non-nb | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| 36460 | S | | Transfusion service, fetal | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| 36468 | T | | Injection(s), spider veins | 0098 | 1.3532 | \$77.27 | | \$15.45 |
| 36469 | T | | Injection(s), spider veins | 0098 | 1.3532 | \$77.27 | | \$15.45 |
| 36470 | T | | Injection therapy of vein | 0098 | 1.3532 | \$77.27 | | \$15.45 |
| 36471 | T | | Injection therapy of veins | 0098 | 1.3532 | \$77.27 | | \$15.45 |
| 36481 | N | | Insertion of catheter, vein | | | | | |
| 36500 | N | | Insertion of catheter, vein | | | | | |
| 36510 | C | | Insertion of catheter, vein | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 36511 | S | | Apheresis wbc | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 36512 | S | | Apheresis rbc | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 36513 | S | | Apheresis platelets | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 36514 | S | | Apheresis plasma | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 36515 | S | | Apheresis, adsorp/reinfuse | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 36516 | S | | Apheresis, selective | 0112 | 37.7298 | \$2,154.30 | \$612.47 | \$430.86 |
| 36522 | S | | Photopheresis | 0112 | 37.7298 | \$2,154.30 | \$612.47 | \$430.86 |
| 36540 | N | | Collect blood venous device | | | | | |
| 36550 | T | | Declot vascular device | 0677 | 2.5625 | \$146.31 | | \$29.26 |
| 36555 | T | | Insert non-tunnel cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36556 | T | | Insert non-tunnel cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36557 | T | | Insert tunneled cv cath | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36558 | T | | Insert tunneled cv cath | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36560 | T | | Insert tunneled cv cath | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36561 | T | | Insert tunneled cv cath | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36563 | T | | Insert tunneled cv cath | 0119 | 120.3656 | \$6,872.64 | | \$1,374.53 |
| 36565 | T | | Insert tunneled cv cath | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36566 | T | | Insert tunneled cv cath | 1564 | | \$4,750.00 | | \$950.00 |
| 36568 | T | | Insert tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36569 | T | | Insert tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36570 | T | | Insert tunneled cv cath | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36571 | T | | Insert tunneled cv cath | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36575 | T | | Repair tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36576 | T | | Repair tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36578 | T | | Replace tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36580 | T | | Replace tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36581 | T | | Replace tunneled cv cath | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36582 | T | | Replace tunneled cv cath | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36583 | T | | Replace tunneled cv cath | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36584 | T | | Replace tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36585 | T | | Replace tunneled cv cath | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36589 | T | | Removal tunneled cv cath | 0109 | 7.6069 | \$434.34 | \$131.49 | \$86.87 |
| 36590 | T | | Removal tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36595 | T | | Mech remov tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36596 | T | | Mech remov tunneled cv cath | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36597 | T | | Reposition venous catheter | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 36600 | N | | Withdrawal of arterial blood | | | | | |
| 36620 | N | | Insertion catheter, artery | | | | | |
| 36625 | N | | Insertion catheter, artery | | | | | |
| 36640 | T | | Insertion catheter, artery | 0032 | 10.2664 | \$586.19 | | \$117.24 |
| 36660 | C | | Insertion catheter, artery | | | | | |
| 36680 | T | | Insert needle, bone cavity | 0120 | 1.9428 | \$110.93 | \$28.21 | \$22.19 |
| 36800 | T | | Insertion of cannula | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36810 | T | | Insertion of cannula | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36815 | T | | Insertion of cannula | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36819 | T | | Av fusion/uppr arm vein | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36820 | T | | Av fusion/forearm vein | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36821 | T | | Av fusion direct any site | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36822 | C | | Insertion of cannula(s) | | | | | |
| 36823 | C | | Insertion of cannula(s) | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 36825 | T | | Artery-vein autograft | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36830 | T | | Artery-vein graft | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36831 | T | | Open thrombect av fistula | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36832 | T | | Av fistula revision, open | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36833 | T | | Av fistula revision | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36834 | T | | Repair A-V aneurysm | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36835 | T | | Artery to vein shunt | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36838 | T | | Dist revas ligation, hemo | 0088 | 36.2110 | \$2,067.58 | \$655.22 | \$413.52 |
| 36860 | T | | External cannula declotting | 0677 | 2.5625 | \$146.31 | | \$29.26 |
| 36861 | T | | Cannula declotting | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 36870 | T | | Percut thrombect av fistula | 0653 | 28.1900 | \$1,609.59 | | \$321.92 |
| 37140 | C | | Revision of circulation | | | | | |
| 37145 | C | | Revision of circulation | | | | | |
| 37160 | C | | Revision of circulation | | | | | |
| 37180 | C | | Revision of circulation | | | | | |
| 37181 | C | | Splice spleen/kidney veins | | | | | |
| 37182 | C | | Insert hepatic shunt (tips) | | | | | |
| 37183 | C | | Remove hepatic shunt (tips) | | | | | |
| 37195 | C | | Thrombolytic therapy, stroke | | | | | |
| 37200 | T | | Transcatheter biopsy | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 37201 | T | | Transcatheter therapy infuse | 0676 | 4.3038 | \$245.74 | | \$49.15 |
| 37202 | T | | Transcatheter therapy infuse | 0677 | 2.5625 | \$146.31 | | \$29.26 |
| 37203 | T | | Transcatheter retrieval | 0103 | 13.2856 | \$758.58 | \$223.63 | \$151.72 |
| 37204 | T | | Transcatheter occlusion | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 37205 | T | | Transcatheter stent | 0229 | 59.3213 | \$3,387.13 | \$771.23 | \$677.43 |
| 37206 | T | | Transcatheter stent add-on | 0229 | 59.3213 | \$3,387.13 | \$771.23 | \$677.43 |
| 37207 | T | | Transcatheter stent | 0229 | 59.3213 | \$3,387.13 | \$771.23 | \$677.43 |
| 37208 | T | | Transcatheter stent add-on | 0229 | 59.3213 | \$3,387.13 | \$771.23 | \$677.43 |
| 37209 | T | | Exchange arterial catheter | 0103 | 13.2856 | \$758.58 | \$223.63 | \$151.72 |
| 37250 | S | | Iv us first vessel add-on | 0416 | 4.4669 | \$255.05 | \$92.37 | \$51.01 |
| 37251 | S | | Iv us each add vessel add-on | 0416 | 4.4669 | \$255.05 | \$92.37 | \$51.01 |
| 37500 | T | | Endoscopy ligate perf veins | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 37501 | T | | Vascular endoscopy procedure | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 37565 | T | | Ligation of neck vein | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 37600 | T | | Ligation of neck artery | 0093 | 24.5670 | \$1,402.73 | | \$280.55 |
| 37605 | T | | Ligation of neck artery | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37606 | T | | Ligation of neck artery | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37607 | T | | Ligation of a-v fistula | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 37609 | T | | Temporal artery procedure | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 37615 | T | | Ligation of neck artery | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37616 | C | | Ligation of chest artery | | | | | |
| 37617 | C | | Ligation of abdomen artery | | | | | |
| 37618 | C | | Ligation of extremity artery | | | | | |
| 37620 | T | | Revision of major vein | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37650 | T | | Revision of major vein | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37660 | C | | Revision of major vein | | | | | |
| 37700 | T | | Revise leg vein | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37720 | T | | Removal of leg vein | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 37730 | T | | Removal of leg veins | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |
| 37735 | T | | Removal of leg veins/lesion | 0092 | 27.2783 | \$1,557.54 | \$505.37 | \$311.51 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|-------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 37760 | T | | Revision of leg veins | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37765 | T | | Phleb veins - extrem - to 20 | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37766 | T | | Phleb veins - extrem 20+ | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37780 | T | | Revision of leg vein | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37785 | T | | Ligate/divide/excise vein | 0091 | 30.1019 | \$1,718.76 | \$348.23 | \$343.75 |
| 37788 | C | | Revascularization, penis | | | | | |
| 37790 | T | | Penile venous occlusion | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 37799 | T | | Vascular surgery procedure | 0035 | 0.2931 | \$16.74 | | \$3.35 |
| 38100 | C | | Removal of spleen, total | | | | | |
| 38101 | C | | Removal of spleen, partial | | | | | |
| 38102 | C | | Removal of spleen, total | | | | | |
| 38115 | C | | Repair of ruptured spleen | | | | | |
| 38120 | T | | Laparoscopy, splenectomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 38129 | T | | Laparoscope proc, spleen | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 38200 | N | | Injection for spleen x-ray | | | | | |
| 38204 | E | | Bl donor search management | | | | | |
| 38205 | S | | Harvest allogenic stem cells | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 38206 | S | | Harvest auto stem cells | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 38207 | E | | Cryopreserve stem cells | | | | | |
| 38208 | E | | Thaw preserved stem cells | | | | | |
| 38209 | E | | Wash harvest stem cells | | | | | |
| 38210 | E | | T-cell depletion of harvest | | | | | |
| 38211 | E | | Tumor cell deplete of harvest | | | | | |
| 38212 | E | | Rbc depletion of harvest | | | | | |
| 38213 | E | | Platelet deplete of harvest | | | | | |
| 38214 | E | | Volume deplete of harvest | | | | | |
| 38215 | E | | Harvest stem cell concentrtr | | | | | |
| 38220 | T | | Bone marrow aspiration | 0003 | 2.6152 | \$149.32 | | \$29.86 |
| 38221 | T | | Bone marrow biopsy | 0003 | 2.6152 | \$149.32 | | \$29.86 |
| 38230 | S | | Bone marrow collection | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 38240 | S | | Bone marrow/stem transplant | 0123 | 9.9408 | \$567.60 | | \$113.52 |
| 38241 | S | | Bone marrow/stem transplant | 0123 | 9.9408 | \$567.60 | | \$113.52 |
| 38242 | S | | Lymphocyte infuse transplant | 0111 | 12.9206 | \$737.74 | \$200.18 | \$147.55 |
| 38300 | T | | Drainage, lymph node lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 38305 | T | | Drainage, lymph node lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 38308 | T | | Incision of lymph channels | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38380 | C | | Thoracic duct procedure | | | | | |
| 38381 | C | | Thoracic duct procedure | | | | | |
| 38382 | C | | Thoracic duct procedure | | | | | |
| 38500 | T | | Biopsy/removal, lymph nodes | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38505 | T | | Needle biopsy, lymph nodes | 0005 | 3.7810 | \$215.89 | \$71.59 | \$43.18 |
| 38510 | T | | Biopsy/removal, lymph nodes | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38520 | T | | Biopsy/removal, lymph nodes | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38525 | T | | Biopsy/removal, lymph nodes | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38530 | T | | Biopsy/removal, lymph nodes | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38542 | T | | Explore deep node(s), neck | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 38550 | T | | Removal, neck/armpit lesion | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38555 | T | | Removal, neck/armpit lesion | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38562 | C | | Removal, pelvic lymph nodes | | | | | |
| 38564 | C | | Removal, abdomen lymph nodes | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 38570 | T | | Laparoscopy, lymph node biop | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 38571 | T | | Laparoscopy, lymphadenectomy | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 38572 | T | | Laparoscopy, lymphadenectomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 38589 | T | | Laparoscope proc, lymphatic | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 38700 | T | | Removal of lymph nodes, neck | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38720 | T | | Removal of lymph nodes, neck | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38724 | C | | Removal of lymph nodes, neck | | | | | |
| 38740 | T | | Remove armpit lymph nodes | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 38745 | T | | Remove armpit lymph nodes | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 38746 | C | | Remove thoracic lymph nodes | | | | | |
| 38747 | C | | Remove abdominal lymph nodes | | | | | |
| 38760 | T | | Remove groin lymph nodes | 0113 | 21.1249 | \$1,206.19 | | \$241.24 |
| 38765 | C | | Remove groin lymph nodes | | | | | |
| 38770 | C | | Remove pelvis lymph nodes | | | | | |
| 38780 | C | | Remove abdomen lymph nodes | | | | | |
| 38790 | N | | Inject for lymphatic x-ray | | | | | |
| 38792 | N | | Identify sentinel node | | | | | |
| 38794 | N | | Access thoracic lymph duct | | | | | |
| 38999 | S | | Blood/lymph system procedure | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| 39000 | C | | Exploration of chest | | | | | |
| 39010 | C | | Exploration of chest | | | | | |
| 39200 | C | | Removal chest lesion | | | | | |
| 39220 | C | | Removal chest lesion | | | | | |
| 39400 | T | | Visualization of chest | 0069 | 29.9568 | \$1,710.47 | \$591.64 | \$342.09 |
| 39499 | C | | Chest procedure | | | | | |
| 39501 | C | | Repair diaphragm laceration | | | | | |
| 39502 | C | | Repair paraesophageal hernia | | | | | |
| 39503 | C | | Repair of diaphragm hernia | | | | | |
| 39520 | C | | Repair of diaphragm hernia | | | | | |
| 39530 | C | | Repair of diaphragm hernia | | | | | |
| 39531 | C | | Repair of diaphragm hernia | | | | | |
| 39540 | C | | Repair of diaphragm hernia | | | | | |
| 39541 | C | | Repair of diaphragm hernia | | | | | |
| 39545 | C | | Revision of diaphragm | | | | | |
| 39560 | C | | Resect diaphragm, simple | | | | | |
| 39561 | C | | Resect diaphragm, complex | | | | | |
| 39599 | C | | Diaphragm surgery procedure | | | | | |
| 40490 | T | | Biopsy of lip | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40500 | T | | Partial excision of lip | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 40510 | T | | Partial excision of lip | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40520 | T | | Partial excision of lip | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 40525 | T | | Reconstruct lip with flap | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40527 | T | | Reconstruct lip with flap | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40530 | T | | Partial removal of lip | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40650 | T | | Repair lip | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40652 | T | | Repair lip | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40654 | T | | Repair lip | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40700 | T | | Repair cleft lip/nasal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 40701 | T | | Repair cleft lip/nasal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 40702 | T | | Repair cleft lip/nasal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 40720 | T | | Repair cleft lip/nasal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 40761 | T | | Repair cleft lip/nasal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 40799 | T | | Lip surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40800 | T | | Drainage of mouth lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40801 | T | | Drainage of mouth lesion | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40804 | X | | Removal, foreign body, mouth | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 40805 | T | | Removal, foreign body, mouth | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40806 | T | | Incision of lip fold | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40808 | T | | Biopsy of mouth lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40810 | T | | Excision of mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 40812 | T | | Excise/repair mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 40814 | T | | Excise/repair mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 40816 | T | | Excision of mouth lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40818 | T | | Excise oral mucosa for graft | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40819 | T | | Excise lip or cheek fold | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40820 | T | | Treatment of mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 40830 | T | | Repair mouth laceration | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 40831 | T | | Repair mouth laceration | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 40840 | T | | Reconstruction of mouth | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40842 | T | | Reconstruction of mouth | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40843 | T | | Reconstruction of mouth | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 40844 | T | | Reconstruction of mouth | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 40845 | T | | Reconstruction of mouth | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 40899 | T | | Mouth surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41000 | T | | Drainage of mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41005 | T | | Drainage of mouth lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41006 | T | | Drainage of mouth lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41007 | T | | Drainage of mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41008 | T | | Drainage of mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41009 | T | | Drainage of mouth lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41010 | T | | Incision of tongue fold | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41015 | T | | Drainage of mouth lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41016 | T | | Drainage of mouth lesion | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41017 | T | | Drainage of mouth lesion | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41018 | T | | Drainage of mouth lesion | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41100 | T | | Biopsy of tongue | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41105 | T | | Biopsy of tongue | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41108 | T | | Biopsy of floor of mouth | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41110 | T | | Excision of tongue lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41112 | T | | Excision of tongue lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41113 | T | | Excision of tongue lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41114 | T | | Excision of tongue lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41115 | T | | Excision of tongue fold | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41116 | T | | Excision of mouth lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41120 | T | | Partial removal of tongue | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41130 | C | | Partial removal of tongue | | | | | |
| 41135 | C | | Tongue and neck surgery | | | | | |
| 41140 | C | | Removal of tongue | | | | | |
| 41145 | C | | Tongue removal, neck surgery | | | | | |
| 41150 | C | | Tongue, mouth, jaw surgery | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 41153 | C | | Tongue, mouth, neck surgery | | | | | |
| 41155 | C | | Tongue, jaw, & neck surgery | | | | | |
| 41250 | T | | Repair tongue laceration | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41251 | T | | Repair tongue laceration | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41252 | T | | Repair tongue laceration | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41500 | T | | Fixation of tongue | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41510 | T | | Tongue to lip surgery | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41520 | T | | Reconstruction, tongue fold | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41599 | T | | Tongue and mouth surgery | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41800 | T | | Drainage of gum lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 41805 | T | | Removal foreign body, gum | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41806 | T | | Removal foreign body, jawbone | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41820 | T | | Excision, gum, each quadrant | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41821 | T | | Excision of gum flap | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 41822 | T | | Excision of gum lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41823 | T | | Excision of gum lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41825 | T | | Excision of gum lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41826 | T | | Excision of gum lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41827 | T | | Excision of gum lesion | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41828 | T | | Excision of gum lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41830 | T | | Removal of gum tissue | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41850 | T | | Treatment of gum lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41870 | T | | Gum graft | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41872 | T | | Repair gum | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 41874 | T | | Repair tooth socket | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 41899 | T | | Dental surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42000 | T | | Drainage mouth roof lesion | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42100 | T | | Biopsy roof of mouth | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 42104 | T | | Excision lesion, mouth roof | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42106 | T | | Excision lesion, mouth roof | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42107 | T | | Excision lesion, mouth roof | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42120 | T | | Remove palate/lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42140 | T | | Excision of uvula | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 42145 | T | | Repair palate, pharynx/uvula | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42160 | T | | Treatment mouth roof lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42180 | T | | Repair palate | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42182 | T | | Repair palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42200 | T | | Reconstruct cleft palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42205 | T | | Reconstruct cleft palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42210 | T | | Reconstruct cleft palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42215 | T | | Reconstruct cleft palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42220 | T | | Reconstruct cleft palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42225 | T | | Reconstruct cleft palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42226 | T | | Lengthening of palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42227 | T | | Lengthening of palate | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42235 | T | | Repair palate | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42260 | T | | Repair nose to lip fistula | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42280 | T | | Preparation, palate mold | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42281 | T | | Insertion, palate prosthesis | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42299 | T | | Palate/uvula surgery | 0251 | 1.9490 | \$111.28 | | \$22.26 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 42300 | T | | Drainage of salivary gland | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42305 | T | | Drainage of salivary gland | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42310 | T | | Drainage of salivary gland | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42320 | T | | Drainage of salivary gland | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42325 | T | | Create salivary cyst drain | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42326 | T | | Create salivary cyst drain | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 42330 | T | | Removal of salivary stone | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42335 | T | | Removal of salivary stone | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42340 | T | | Removal of salivary stone | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42400 | T | | Biopsy of salivary gland | 0005 | 3.7810 | \$215.89 | \$71.59 | \$43.18 |
| 42405 | T | | Biopsy of salivary gland | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42408 | T | | Excision of salivary cyst | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42409 | T | | Drainage of salivary cyst | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42410 | T | | Excise parotid gland/lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42415 | T | | Excise parotid gland/lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42420 | T | | Excise parotid gland/lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42425 | T | | Excise parotid gland/lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42426 | C | | Excise parotid gland/lesion | | | | | |
| 42440 | T | | Excise submaxillary gland | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42450 | T | | Excise sublingual gland | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42500 | T | | Repair salivary duct | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42505 | T | | Repair salivary duct | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42507 | T | | Parotid duct diversion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42508 | T | | Parotid duct diversion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42509 | T | | Parotid duct diversion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42510 | T | | Parotid duct diversion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42550 | N | | Injection for salivary x-ray | | | | | |
| 42600 | T | | Closure of salivary fistula | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42650 | T | | Dilation of salivary duct | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 42660 | T | | Dilation of salivary duct | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42665 | T | | Ligation of salivary duct | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42699 | T | | Salivary surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42700 | T | | Drainage of tonsil abscess | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 42720 | T | | Drainage of throat abscess | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42725 | T | | Drainage of throat abscess | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42800 | T | | Biopsy of throat | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42802 | T | | Biopsy of throat | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42804 | T | | Biopsy of upper nose/throat | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42806 | T | | Biopsy of upper nose/throat | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42808 | T | | Excise pharynx lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42809 | X | | Remove pharynx foreign body | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 42810 | T | | Excision of neck cyst | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42815 | T | | Excision of neck cyst | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42820 | T | | Remove tonsils and adenoids | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42821 | T | | Remove tonsils and adenoids | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42825 | T | | Removal of tonsils | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42826 | T | | Removal of tonsils | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42830 | T | | Removal of adenoids | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42831 | T | | Removal of adenoids | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42835 | T | | Removal of adenoids | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 42836 | T | | Removal of adenoids | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42842 | T | | Extensive surgery of throat | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42844 | T | | Extensive surgery of throat | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42845 | C | | Extensive surgery of throat | | | | | |
| 42860 | T | | Excision of tonsil tags | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42870 | T | | Excision of lingual tonsil | 0258 | 21.5810 | \$1,232.23 | \$437.25 | \$246.45 |
| 42890 | T | | Partial removal of pharynx | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42892 | T | | Revision of pharyngeal walls | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42894 | C | | Revision of pharyngeal walls | | | | | |
| 42900 | T | | Repair throat wound | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 42950 | T | | Reconstruction of throat | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42953 | C | | Repair throat, esophagus | | | | | |
| 42955 | T | | Surgical opening of throat | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 42960 | T | | Control throat bleeding | 0250 | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 42961 | C | | Control throat bleeding | | | | | |
| 42962 | T | | Control throat bleeding | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 42970 | T | | Control nose/throat bleeding | 0250 | 1.3930 | \$79.54 | \$27.84 | \$15.91 |
| 42971 | C | | Control nose/throat bleeding | | | | | |
| 42972 | T | | Control nose/throat bleeding | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 42999 | T | | Throat surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 43020 | T | | Incision of esophagus | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 43030 | T | | Throat muscle surgery | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 43045 | C | | Incision of esophagus | | | | | |
| 43100 | C | | Excision of esophagus lesion | | | | | |
| 43101 | C | | Excision of esophagus lesion | | | | | |
| 43107 | C | | Removal of esophagus | | | | | |
| 43108 | C | | Removal of esophagus | | | | | |
| 43112 | C | | Removal of esophagus | | | | | |
| 43113 | C | | Removal of esophagus | | | | | |
| 43116 | C | | Partial removal of esophagus | | | | | |
| 43117 | C | | Partial removal of esophagus | | | | | |
| 43118 | C | | Partial removal of esophagus | | | | | |
| 43121 | C | | Partial removal of esophagus | | | | | |
| 43122 | C | | Partial removal of esophagus | | | | | |
| 43123 | C | | Partial removal of esophagus | | | | | |
| 43124 | C | | Removal of esophagus | | | | | |
| 43130 | T | | Removal of esophagus pouch | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 43135 | C | | Removal of esophagus pouch | | | | | |
| 43200 | T | | Esophagus endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43201 | T | | Esoph scope w/submucous inj | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43202 | T | | Esophagus endoscopy, biopsy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43204 | T | | Esoph scope w/sclerosis inj | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43205 | T | | Esophagus endoscopy/ligation | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43215 | T | | Esophagus endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43216 | T | | Esophagus endoscopy/lesion | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43217 | T | | Esophagus endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43219 | T | | Esophagus endoscopy | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 43220 | T | | Esoph endoscopy, dilation | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43226 | T | | Esoph endoscopy, dilation | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43227 | T | | Esoph endoscopy, repair | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 43228 | T | | Esoph endoscopy, ablation | 0422 | 22.3214 | \$1,274.51 | | \$254.98 |
| 43231 | T | | Esoph endoscopy w/us exam | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43232 | T | | Esoph endoscopy w/us fn bx | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43234 | T | | Upper GI endoscopy, exam | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43235 | T | | Uppr gi endoscopy, diagnosis | 0141 | 8.1355 | \$484.52 | \$143.38 | \$92.90 |
| 43236 | T | | Uppr gi scope w/submuc inj | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43237 | T | | Endoscopic us exam, esoph | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43238 | T | | Uppr gi endoscopy w/us fn bx | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43239 | T | | Upper GI endoscopy, biopsy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43240 | T | | Esoph endoscope w/drain cyst | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43241 | T | | Upper GI endoscopy with tube | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43242 | T | | Uppr gi endoscopy w/us fn bx | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43243 | T | | Upper gi endoscopy & inject | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43244 | T | | Upper GI endoscopy/llgation | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43245 | T | | Uppr gi scope dilate strictr | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43246 | T | | Place gastrostomy tube | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43247 | T | | Operative upper GI endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43248 | T | | Uppr gi endoscopy/gulde wire | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43249 | T | | Esoph endoscopy, dilation | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43250 | T | | Upper GI endoscopy/tumor | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43251 | T | | Operative upper GI endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43255 | T | | Operative upper GI endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43256 | T | | Uppr gi endoscopy w stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 43258 | T | | Operative upper GI endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43259 | T | | Endoscopic ultrasound exam | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43260 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43261 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43262 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43263 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43264 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43265 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43267 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43268 | T | | Endo cholangiopancreatograph | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 43269 | T | | Endo cholangiopancreatograph | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 43271 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43272 | T | | Endo cholangiopancreatograph | 0151 | 18.8390 | \$1,075.67 | \$245.46 | \$215.13 |
| 43280 | T | | Laparoscopy, fundoplasty | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 43289 | T | | Laparoscope proc, esoph | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 43300 | C | | Repair of esophagus | | | | | |
| 43305 | C | | Repair esophagus and fistula | | | | | |
| 43310 | C | | Repair of esophagus | | | | | |
| 43312 | C | | Repair esophagus and fistula | | | | | |
| 43313 | C | | Esophagoplasty congenital | | | | | |
| 43314 | C | | Tracheo-esophagoplasty cong | | | | | |
| 43320 | C | | Fuse esophagus & stomach | | | | | |
| 43324 | C | | Revise esophagus & stomach | | | | | |
| 43325 | C | | Revise esophagus & stomach | | | | | |
| 43326 | C | | Revise esophagus & stomach | | | | | |
| 43330 | C | | Repair of esophagus | | | | | |
| 43331 | C | | Repair of esophagus | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 43340 | C | | Fuse esophagus & intestine | | | | | |
| 43341 | C | | Fuse esophagus & intestine | | | | | |
| 43350 | C | | Surgical opening, esophagus | | | | | |
| 43351 | C | | Surgical opening, esophagus | | | | | |
| 43352 | C | | Surgical opening, esophagus | | | | | |
| 43360 | C | | Gastrointestinal repair | | | | | |
| 43361 | C | | Gastrointestinal repair | | | | | |
| 43400 | C | | Ligate esophagus veins | | | | | |
| 43401 | C | | Esophagus surgery for veins | | | | | |
| 43405 | C | | Ligate/staple esophagus | | | | | |
| 43410 | C | | Repair esophagus wound | | | | | |
| 43415 | C | | Repair esophagus wound | | | | | |
| 43420 | C | | Repair esophagus opening | | | | | |
| 43425 | C | | Repair esophagus opening | | | | | |
| 43450 | T | | Dilate esophagus | 0140 | 6.5633 | \$374.75 | \$107.24 | \$74.95 |
| 43453 | T | | Dilate esophagus | 0140 | 6.5633 | \$374.75 | \$107.24 | \$74.95 |
| 43456 | T | | Dilate esophagus | 0140 | 6.5633 | \$374.75 | \$107.24 | \$74.95 |
| 43458 | T | | Dilate esophagus | 0140 | 6.5633 | \$374.75 | \$107.24 | \$74.95 |
| 43460 | C | | Pressure treatment esophagus | | | | | |
| 43496 | C | | Free jejunum flap, microvasc | | | | | |
| 43499 | T | | Esophagus surgery procedure | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43500 | C | | Surgical opening of stomach | | | | | |
| 43501 | C | | Surgical repair of stomach | | | | | |
| 43502 | C | | Surgical repair of stomach | | | | | |
| 43510 | T | | Surgical opening of stomach | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43520 | C | | Incision of pyloric muscle | | | | | |
| 43600 | T | | Biopsy of stomach | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43605 | C | | Biopsy of stomach | | | | | |
| 43610 | C | | Excision of stomach lesion | | | | | |
| 43611 | C | | Excision of stomach lesion | | | | | |
| 43620 | C | | Removal of stomach | | | | | |
| 43621 | C | | Removal of stomach | | | | | |
| 43622 | C | | Removal of stomach | | | | | |
| 43631 | C | | Removal of stomach, partial | | | | | |
| 43632 | C | | Removal of stomach, partial | | | | | |
| 43633 | C | | Removal of stomach, partial | | | | | |
| 43634 | C | | Removal of stomach, partial | | | | | |
| 43635 | C | | Removal of stomach, partial | | | | | |
| 43638 | C | | Removal of stomach, partial | | | | | |
| 43639 | C | | Removal of stomach, partial | | | | | |
| 43640 | C | | Vagotomy & pylorus repair | | | | | |
| 43641 | C | | Vagotomy & pylorus repair | | | | | |
| 43651 | T | | Laparoscopy, vagus nerve | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 43652 | T | | Laparoscopy, vagus nerve | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 43653 | T | | Laparoscopy, gastrostomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 43659 | T | | Laparoscope proc. stom | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 43750 | T | | Place gastrostomy tube | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43752 | X | | Nasal/orogastric w/stent | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 43760 | T | | Change gastrostomy tube | 0121 | 2.3062 | \$131.68 | \$43.80 | \$26.34 |
| 43761 | T | | Reposition gastrostomy tube | 0121 | 2.3062 | \$131.68 | \$43.80 | \$26.34 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 43800 | C | | Reconstruction of pylorus | | | | | |
| 43810 | C | | Fusion of stomach and bowel | | | | | |
| 43820 | C | | Fusion of stomach and bowel | | | | | |
| 43825 | C | | Fusion of stomach and bowel | | | | | |
| 43830 | T | | Place gastrostomy tube | 0422 | 22.3214 | \$1,274.51 | | \$254.98 |
| 43831 | T | | Place gastrostomy tube | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43832 | C | | Place gastrostomy tube | | | | | |
| 43840 | C | | Repair of stomach lesion | | | | | |
| 43842 | C | | Gastroplasty for obesity | | | | | |
| 43843 | C | | Gastroplasty for obesity | | | | | |
| 43846 | C | | Gastric bypass for obesity | | | | | |
| 43847 | C | | Gastric bypass for obesity | | | | | |
| 43848 | C | | Revision gastroplasty | | | | | |
| 43850 | C | | Revise stomach-bowel fusion | | | | | |
| 43855 | C | | Revise stomach-bowel fusion | | | | | |
| 43860 | C | | Revise stomach-bowel fusion | | | | | |
| 43865 | C | | Revise stomach-bowel fusion | | | | | |
| 43870 | T | | Repair stomach opening | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 43880 | C | | Repair stomach-bowel fistula | | | | | |
| 43999 | T | | Stomach surgery procedure | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 44005 | C | | Freeing of bowel adhesion | | | | | |
| 44010 | C | | Incision of small bowel | | | | | |
| 44015 | C | | Insert needle cath bowel | | | | | |
| 44020 | C | | Explore small intestine | | | | | |
| 44021 | C | | Decompress small bowel | | | | | |
| 44025 | C | | Incision of large bowel | | | | | |
| 44050 | C | | Reduce bowel obstruction | | | | | |
| 44055 | C | | Correct malrotation of bowel | | | | | |
| 44100 | T | | Blopsy of bowel | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 44110 | C | | Excise intestine lesion(s) | | | | | |
| 44111 | C | | Excision of bowel lesion(s) | | | | | |
| 44120 | C | | Removal of small Intestine | | | | | |
| 44121 | C | | Removal of small intestine | | | | | |
| 44125 | C | | Removal of small intestine | | | | | |
| 44126 | C | | Enterectomy w/o taper, cong | | | | | |
| 44127 | C | | Enterectomy w/taper, cong | | | | | |
| 44128 | C | | Enterectomy cong, add-on | | | | | |
| 44130 | C | | Bowel to bowel fusion | | | | | |
| 44132 | C | | Enterectomy, cadaver donor | | | | | |
| 44133 | C | | Enterectomy, live donor | | | | | |
| 44135 | C | | Intestine transplant, cadaver | | | | | |
| 44136 | C | | Intestine transplant, live | | | | | |
| 44139 | C | | Mobilization of colon | | | | | |
| 44140 | C | | Partial removal of colon | | | | | |
| 44141 | C | | Partial removal of colon | | | | | |
| 44143 | C | | Partial removal of colon | | | | | |
| 44144 | C | | Partial removal of colon | | | | | |
| 44145 | C | | Partial removal of colon | | | | | |
| 44146 | C | | Partial removal of colon | | | | | |
| 44147 | C | | Partial removal of colon | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 44150 | C | | Removal of colon | | | | | |
| 44151 | C | | Removal of colon/ileostomy | | | | | |
| 44152 | C | | Removal of colon/ileostomy | | | | | |
| 44153 | C | | Removal of colon/ileostomy | | | | | |
| 44155 | C | | Removal of colon/ileostomy | | | | | |
| 44156 | C | | Removal of colon/ileostomy | | | | | |
| 44160 | C | | Removal of colon | | | | | |
| 44200 | T | | Laparoscopy, enterolysis | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 44201 | T | | Laparoscopy, jejunostomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 44202 | C | | Lap resect s/intestine singl | | | | | |
| 44203 | C | | Lap resect s/intestine, addl | | | | | |
| 44204 | C | | Laparo partial colectomy | | | | | |
| 44205 | C | | Lap colectomy part w/ileum | | | | | |
| 44206 | T | | Lap part colectomy w/stoma | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 44207 | T | | L colectomy/coloproctostomy | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 44208 | T | | L colectomy/coloproctostomy | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 44210 | C | | Laparo total proctocolectomy | | | | | |
| 44211 | C | | Laparo total proctocolectomy | | | | | |
| 44212 | C | | Laparo total proctocolectomy | | | | | |
| 44238 | T | | Laparoscope proc, intestine | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 44239 | T | | Laparoscope proc, rectum | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 44300 | C | | Open bowel to skin | | | | | |
| 44310 | C | | Ileostomy/jejunostomy | | | | | |
| 44312 | T | | Revision of ileostomy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 44314 | C | | Revision of ileostomy | | | | | |
| 44316 | C | | Devise bowel pouch | | | | | |
| 44320 | C | | Colostomy | | | | | |
| 44322 | C | | Colostomy with biopsies | | | | | |
| 44340 | T | | Revision of colostomy | 0027 | 16.8576 | \$962.54 | \$329.72 | \$192.51 |
| 44345 | C | | Revision of colostomy | | | | | |
| 44346 | C | | Revision of colostomy | | | | | |
| 44360 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44361 | T | | Small bowel endoscopy/biopsy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44363 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44364 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44365 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44366 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44369 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44370 | T | | Small bowel endoscopy/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 44372 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44373 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44376 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44377 | T | | Small bowel endoscopy/biopsy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44378 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44379 | T | | S bowel endoscope w/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 44380 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44382 | T | | Small bowel endoscopy | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44383 | T | | Ileoscopy w/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 44385 | T | | Endoscopy of bowel pouch | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44386 | T | | Endoscopy, bowel pouch/biop | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 44388 | T | | Colonoscopy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44389 | T | | Colonoscopy with biopsy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44390 | T | | Colonoscopy for foreign body | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44391 | T | | Colonoscopy for bleeding | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44392 | T | | Colonoscopy & polypectomy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44393 | T | | Colonoscopy, lesion removal | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44394 | T | | Colonoscopy w/snare | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 44397 | T | | Colonoscopy w/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 44500 | T | | Intro, gastrointestinal tube | 0121 | 2.3062 | \$131.68 | \$43.80 | \$26.34 |
| 44602 | C | | Suture, small intestine | | | | | |
| 44603 | C | | Suture, small intestine | | | | | |
| 44604 | C | | Suture, large intestine | | | | | |
| 44605 | C | | Repair of bowel lesion | | | | | |
| 44615 | C | | Intestinal stricturoplasty | | | | | |
| 44620 | C | | Repair bowel opening | | | | | |
| 44625 | C | | Repair bowel opening | | | | | |
| 44626 | C | | Repair bowel opening | | | | | |
| 44640 | C | | Repair bowel-skin fistula | | | | | |
| 44650 | C | | Repair bowel fistula | | | | | |
| 44660 | C | | Repair bowel-bladder fistula | | | | | |
| 44661 | C | | Repair bowel-bladder fistula | | | | | |
| 44680 | C | | Surgical revision, intestine | | | | | |
| 44700 | C | | Suspend bowel w/prosthesis | | | | | |
| 44701 | N | | Intraop colon lavage add-on | | | | | |
| 44799 | T | | Unlisted procedure intestine | 0142 | 8.8130 | \$503.20 | \$152.78 | \$100.64 |
| 44800 | C | | Excision of bowel pouch | | | | | |
| 44820 | C | | Excision of mesentery lesion | | | | | |
| 44850 | C | | Repair of mesentery | | | | | |
| 44899 | C | | Bowel surgery procedure | | | | | |
| 44900 | C | | Drain abscess, open | | | | | |
| 44901 | T | | Drain abscess, percut | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 44950 | C | | Appendectomy | | | | | |
| 44955 | C | | Appendectomy add-on | | | | | |
| 44960 | C | | Appendectomy | | | | | |
| 44970 | T | | Laparoscopy, appendectomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 44979 | T | | Laparoscope proc, app | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 45000 | T | | Drainage of pelvic abscess | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 45005 | T | | Drainage of rectal abscess | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 45020 | T | | Drainage of rectal abscess | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 45100 | T | | Biopsy of rectum | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 45108 | T | | Removal of anorectal lesion | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45110 | C | | Removal of rectum | | | | | |
| 45111 | C | | Partial removal of rectum | | | | | |
| 45112 | C | | Removal of rectum | | | | | |
| 45113 | C | | Partial proctectomy | | | | | |
| 45114 | C | | Partial removal of rectum | | | | | |
| 45116 | C | | Partial removal of rectum | | | | | |
| 45119 | C | | Remove rectum w/reservoir | | | | | |
| 45120 | C | | Removal of rectum | | | | | |
| 45121 | C | | Removal of rectum and colon | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 45123 | C | | Partial proctectomy | | | | | |
| 45126 | C | | Pelvic exenteration | | | | | |
| 45130 | C | | Excision of rectal prolapse | | | | | |
| 45135 | C | | Excision of rectal prolapse | | | | | |
| 45136 | C | | Excise ileoanal reservoir | | | | | |
| 45150 | T | | Excision of rectal stricture | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 45160 | T | | Excision of rectal lesion | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45170 | T | | Excision of rectal lesion | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45190 | T | | Destruction, rectal tumor | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45300 | T | | Proctosigmoidoscopy dx | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45303 | T | | Proctosigmoidoscopy dilate | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45305 | T | | Proctosigmoidoscopy w/bx | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45307 | T | | Proctosigmoidoscopy fb | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45308 | T | | Proctosigmoidoscopy removal | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45309 | T | | Proctosigmoidoscopy removal | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45315 | T | | Proctosigmoidoscopy removal | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45317 | T | | Proctosigmoidoscopy bleed | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45320 | T | | Proctosigmoidoscopy ablate | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45321 | T | | Proctosigmoidoscopy volvul | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45327 | T | | Proctosigmoidoscopy w/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 45330 | T | | Diagnostic sigmoidoscopy | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45331 | T | | Sigmoidoscopy and biopsy | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45332 | T | | Sigmoidoscopy w/fb removal | 0146 | 4.3813 | \$250.16 | \$64.40 | \$50.03 |
| 45333 | T | | Sigmoidoscopy & polypectomy | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45334 | T | | Sigmoidoscopy for bleeding | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45335 | T | | Sigmoidoscopy w/submuc inj | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45337 | T | | Sigmoidoscopy & decompress | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45338 | T | | Sigmoidoscopy w/tumr remove | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45339 | T | | Sigmoidoscopy w/ablate tumr | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45340 | T | | Sig w/balloon dilation | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45341 | T | | Sigmoidoscopy w/ultrasound | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45342 | T | | Sigmoidoscopy w/us guide bx | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 45345 | T | | Sigmoidoscopy w/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 45355 | T | | Surgical colonoscopy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45378 | T | | Diagnostic colonoscopy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45379 | T | | Colonoscopy w/fb removal | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45380 | T | | Colonoscopy and biopsy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45381 | T | | Colonoscopy, submucous inj | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45382 | T | | Colonoscopy/control bleeding | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45383 | T | | Lesion removal colonoscopy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45384 | T | | Lesion remove colonoscopy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45385 | T | | Lesion removal colonoscopy | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45386 | T | | Colonoscopy dilate stricture | 0143 | 8.6749 | \$495.32 | \$186.06 | \$99.06 |
| 45387 | T | | Colonoscopy w/stent | 0384 | 25.8772 | \$1,477.54 | \$320.91 | \$295.51 |
| 45500 | T | | Repair of rectum | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 45505 | T | | Repair of rectum | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45520 | T | | Treatment of rectal prolapse | 0098 | 1.3532 | \$77.27 | | \$15.45 |
| 45540 | C | | Correct rectal prolapse | | | | | |
| 45541 | T | | Correct rectal prolapse | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45550 | C | | Repair rectum/remove sigmoid | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 45560 | T | | Repair of rectocele | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 45562 | C | | Exploration/repair of rectum | | | | | |
| 45563 | C | | Exploration/repair of rectum | | | | | |
| 45800 | C | | Repair rect/bladder fistula | | | | | |
| 45805 | C | | Repair fistula w/colostomy | | | | | |
| 45820 | C | | Repair reclourethral fistula | | | | | |
| 45825 | C | | Repair fistula w/colostomy | | | | | |
| 45900 | T | | Reduction of rectal prolapse | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 45905 | T | | Dilation of anal sphincter | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 45910 | T | | Dilation of rectal narrowing | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 45915 | T | | Remove rectal obstruction | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 45999 | T | | Rectum surgery procedure | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46020 | T | | Placement of seton | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46030 | T | | Removal of rectal marker | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46040 | T | | Incision of rectal abscess | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46045 | T | | Incision of rectal abscess | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46050 | T | | Incision of anal abscess | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46060 | T | | Incision of rectal abscess | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46070 | T | | Incision of anal septum | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 46080 | T | | Incision of anal sphincter | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46083 | T | | Incise external hemorrhoid | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46200 | T | | Removal of anal fissure | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46210 | T | | Removal of anal crypt | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46211 | T | | Removal of anal crypts | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46220 | T | | Removal of anal tag | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46221 | T | | Ligation of hemorrhoid(s) | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46230 | T | | Removal of anal tags | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46250 | T | | Hemorrhoidectomy | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46255 | T | | Hemorrhoidectomy | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46257 | T | | Remove hemorrhoids & fissure | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46258 | T | | Remove hemorrhoids & fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46260 | T | | Hemorrhoidectomy | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46261 | T | | Remove hemorrhoids & fissure | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46262 | T | | Remove hemorrhoids & fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46270 | T | | Removal of anal fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46275 | T | | Removal of anal fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46280 | T | | Removal of anal fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46285 | T | | Removal of anal fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46288 | T | | Repair anal fistula | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46320 | T | | Removal of hemorrhoid clot | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46500 | T | | Injection into hemorrhoid(s) | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 46600 | X | | Diagnostic anoscopy | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 46604 | T | | Anoscopy and dilation | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46606 | T | | Anoscopy and biopsy | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46608 | T | | Anoscopy, remove for body | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46610 | T | | Anoscopy, remove lesion | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46611 | T | | Anoscopy | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46612 | T | | Anoscopy, remove lesions | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46614 | T | | Anoscopy, control bleeding | 0147 | 8.1297 | \$464.19 | | \$92.84 |
| 46615 | T | | Anoscopy | 0147 | 8.1297 | \$464.19 | | \$92.84 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 46700 | T | | Repair of anal stricture | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46705 | C | | Repair of anal stricture | | | | | |
| 46706 | T | | Repr of anal fistula w/glue | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46715 | C | | Repair of anovaginal fistula | | | | | |
| 46716 | C | | Repair of anovaginal fistula | | | | | |
| 46730 | C | | Construction of absent anus | | | | | |
| 46735 | C | | Construction of absent anus | | | | | |
| 46740 | C | | Construction of absent anus | | | | | |
| 46742 | C | | Repair of imperforated anus | | | | | |
| 46744 | C | | Repair of cloacal anomaly | | | | | |
| 46746 | C | | Repair of cloacal anomaly | | | | | |
| 46748 | C | | Repair of cloacal anomaly | | | | | |
| 46750 | T | | Repair of anal sphincter | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46751 | C | | Repair of anal sphincter | | | | | |
| 46753 | T | | Reconstruction of anus | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46754 | T | | Removal of suture from anus | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46760 | T | | Repair of anal sphincter | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46761 | T | | Repair of anal sphincter | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46762 | T | | Implant artificial sphincter | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46900 | T | | Destruction, anal lesion(s) | 0016 | 2.8562 | \$163.08 | \$57.31 | \$32.62 |
| 46910 | T | | Destruction, anal lesion(s) | 0017 | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 46916 | T | | Cryosurgery, anal lesion(s) | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 46917 | T | | Laser surgery, anal lesions | 0695 | 20.6606 | \$1,179.68 | \$266.59 | \$235.94 |
| 46922 | T | | Excision of anal lesion(s) | 0695 | 20.6606 | \$1,179.68 | \$266.59 | \$235.94 |
| 46924 | T | | Destruction, anal lesion(s) | 0695 | 20.6606 | \$1,179.68 | \$266.59 | \$235.94 |
| 46934 | T | | Destruction of hemorrhoids | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 46935 | T | | Destruction of hemorrhoids | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 46936 | T | | Destruction of hemorrhoids | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46937 | T | | Cryotherapy of rectal lesion | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46938 | T | | Cryotherapy of rectal lesion | 0150 | 23.2962 | \$1,330.17 | \$437.12 | \$266.03 |
| 46940 | T | | Treatment of anal fissure | 0149 | 17.9138 | \$1,022.84 | \$293.06 | \$204.57 |
| 46942 | T | | Treatment of anal fissure | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 46945 | T | | Ligation of hemorrhoids | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 46946 | T | | Ligation of hemorrhoids | 0155 | 13.2526 | \$756.70 | \$188.89 | \$151.34 |
| 46999 | T | | Anus surgery procedure | 0148 | 4.6541 | \$265.74 | \$63.38 | \$53.15 |
| 47000 | T | | Needle biopsy of liver | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 47001 | N | | Needle biopsy, liver add-on | | | | | |
| 47010 | C | | Open drainage, liver lesion | | | | | |
| 47011 | T | | Percut drain, liver lesion | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 47015 | C | | Inject/aspirate liver cyst | | | | | |
| 47100 | C | | Wedge biopsy of liver | | | | | |
| 47120 | C | | Partial removal of liver | | | | | |
| 47122 | C | | Extensive removal of liver | | | | | |
| 47125 | C | | Partial removal of liver | | | | | |
| 47130 | C | | Partial removal of liver | | | | | |
| 47133 | C | | Removal of donor liver | | | | | |
| 47135 | C | | Transplantation of liver | | | | | |
| 47136 | C | | Transplantation of liver | | | | | |
| 47140 | C | | Partial removal, donor liver | | | | | |
| 47141 | C | | Partial removal, donor liver | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 47142 | C | | Partial removal, donor liver | | | | | |
| 47300 | C | | Surgery for liver lesion | | | | | |
| 47350 | C | | Repair liver wound | | | | | |
| 47360 | C | | Repair liver wound | | | | | |
| 47361 | C | | Repair liver wound | | | | | |
| 47362 | C | | Repair liver wound | | | | | |
| 47370 | T | | Laparo ablate liver tumor rf | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 47371 | T | | Laparo ablate liver cryosurg | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 47379 | T | | Laparoscope procedure, liver | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 47380 | C | | Open ablate liver tumor rf | | | | | |
| 47381 | C | | Open ablate liver tumor cryo | | | | | |
| 47382 | T | | Percut ablate liver rf | 0423 | 29.0678 | \$1,659.71 | | \$331.94 |
| 47399 | T | | Liver surgery procedure | 0002 | 0.9588 | \$54.75 | | \$10.95 |
| 47400 | C | | Incision of liver duct | | | | | |
| 47420 | C | | Incision of bile duct | | | | | |
| 47425 | C | | Incision of bile duct | | | | | |
| 47460 | C | | Incise bile duct sphincter | | | | | |
| 47480 | C | | Incision of gallbladder | | | | | |
| 47490 | T | | Incision of gallbladder | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47500 | N | | Injection for liver x-rays | | | | | |
| 47505 | N | | Injection for liver x-rays | | | | | |
| 47510 | T | | Insert catheter, bile duct | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47511 | T | | Insert bile duct drain | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47525 | T | | Change bile duct catheter | 0122 | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 47530 | T | | Revise/reinsert bile tube | 0122 | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 47550 | C | | Bile duct endoscopy add-on | | | | | |
| 47552 | T | | Biliary endoscopy thru skin | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47553 | T | | Biliary endoscopy thru skin | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47554 | T | | Biliary endoscopy thru skin | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47555 | T | | Biliary endoscopy thru skin | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47556 | T | | Biliary endoscopy thru skin | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47560 | T | | Laparoscopy w/choolangio | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 47561 | T | | Laparo w/choolangio/biopsy | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 47562 | T | | Laparoscopic cholecystectomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 47563 | T | | Laparo cholecystectomy/graph | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 47564 | T | | Laparo cholecystectomy/explr | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 47570 | C | | Laparo cholecystoenterostomy | | | | | |
| 47579 | T | | Laparoscope proc, biliary | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 47600 | C | | Removal of gallbladder | | | | | |
| 47605 | C | | Removal of gallbladder | | | | | |
| 47610 | C | | Removal of gallbladder | | | | | |
| 47612 | C | | Removal of gallbladder | | | | | |
| 47620 | C | | Removal of gallbladder | | | | | |
| 47630 | T | | Remove bile duct stone | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 47700 | C | | Exploration of bile ducts | | | | | |
| 47701 | C | | Bile duct revision | | | | | |
| 47711 | C | | Excision of bile duct tumor | | | | | |
| 47712 | C | | Excision of bile duct tumor | | | | | |
| 47715 | C | | Excision of bile duct cyst | | | | | |
| 47716 | C | | Fusion of bile duct cyst | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 47720 | C | | Fuse gallbladder & bowel | | | | | |
| 47721 | C | | Fuse upper gi structures | | | | | |
| 47740 | C | | Fuse gallbladder & bowel | | | | | |
| 47741 | C | | Fuse gallbladder & bowel | | | | | |
| 47760 | C | | Fuse bile ducts and bowel | | | | | |
| 47765 | C | | Fuse liver ducts & bowel | | | | | |
| 47780 | C | | Fuse bile ducts and bowel | | | | | |
| 47785 | C | | Fuse bile ducts and bowel | | | | | |
| 47800 | C | | Reconstruction of bile ducts | | | | | |
| 47801 | C | | Placement, bile duct support | | | | | |
| 47802 | C | | Fuse liver duct & intestine | | | | | |
| 47900 | C | | Suture bile duct injury | | | | | |
| 47999 | T | | Bile tract surgery procedure | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 48000 | C | | Drainage of abdomen | | | | | |
| 48001 | C | | Placement of drain, pancreas | | | | | |
| 48005 | C | | Resect/debride pancreas | | | | | |
| 48020 | C | | Removal of pancreatic stone | | | | | |
| 48100 | C | | Biopsy of pancreas, open | | | | | |
| 48102 | T | | Needle biopsy, pancreas | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 48120 | C | | Removal of pancreas lesion | | | | | |
| 48140 | C | | Partial removal of pancreas | | | | | |
| 48145 | C | | Partial removal of pancreas | | | | | |
| 48146 | C | | Pancreatectomy | | | | | |
| 48148 | C | | Removal of pancreatic duct | | | | | |
| 48150 | C | | Partial removal of pancreas | | | | | |
| 48152 | C | | Pancreatectomy | | | | | |
| 48153 | C | | Pancreatectomy | | | | | |
| 48154 | C | | Pancreatectomy | | | | | |
| 48155 | C | | Removal of pancreas | | | | | |
| 48160 | E | | Pancreas removal/transplant | | | | | |
| 48180 | C | | Fuse pancreas and bowel | | | | | |
| 48400 | C | | Injection, intraop add-on | | | | | |
| 48500 | C | | Surgery of pancreatic cyst | | | | | |
| 48510 | C | | Drain pancreatic pseudocyst | | | | | |
| 48511 | T | | Drain pancreatic pseudocyst | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 48520 | C | | Fuse pancreas cyst and bowel | | | | | |
| 48540 | C | | Fuse pancreas cyst and bowel | | | | | |
| 48545 | C | | Pancreatorrhaphy | | | | | |
| 48547 | C | | Duodenal exclusion | | | | | |
| 48550 | E | | Donor pancreatectomy | | | | | |
| 48554 | E | | Transpl allograft pancreas | | | | | |
| 48556 | C | | Removal, allograft pancreas | | | | | |
| 48999 | T | | Pancreas surgery procedure | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 49000 | C | | Exploration of abdomen | | | | | |
| 49002 | C | | Reopening of abdomen | | | | | |
| 49010 | C | | Exploration behind abdomen | | | | | |
| 49020 | C | | Drain abdominal abscess | | | | | |
| 49021 | T | | Drain abdominal abscess | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 49040 | C | | Drain, open, abdom abscess | | | | | |
| 49041 | T | | Drain, percut, abdom abscess | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|---------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 49060 | C | | Drain, open, retroper abscess | | | | | |
| 49061 | T | | Drain, percut, retroper abscess | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 49062 | C | | Drain to peritoneal cavity | | | | | |
| 49080 | T | | Puncture, peritoneal cavity | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 49081 | T | | Removal of abdominal fluid | 0070 | 3.3485 | \$191.19 | | \$38.24 |
| 49085 | T | | Remove abdomen foreign body | 0153 | 23.9175 | \$1,365.64 | \$410.87 | \$273.13 |
| 49180 | T | | Biopsy, abdominal mass | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 49200 | T | | Removal of abdominal lesion | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49201 | C | | Remove abdom lesion, complex | | | | | |
| 49215 | C | | Excise sacral spine tumor | | | | | |
| 49220 | C | | Multiple surgery, abdomen | | | | | |
| 49250 | T | | Excision of umbilicus | 0153 | 23.9175 | \$1,365.64 | \$410.87 | \$273.13 |
| 49255 | C | | Removal of omentum | | | | | |
| 49320 | T | | Diag laparo separate proc | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49321 | T | | Laparoscopy, biopsy | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49322 | T | | Laparoscopy, aspiration | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49323 | T | | Laparo drain lymphocele | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49329 | T | | Laparo proc, abdm/per/oment | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49400 | N | | Air injection into abdomen | | | | | |
| 49419 | T | | Insrt abdom cath for chemotx | 0115 | 25.7685 | \$1,471.33 | \$459.35 | \$294.27 |
| 49420 | T | | Insert abdom drain, temp | 0652 | 27.9061 | \$1,593.38 | | \$318.68 |
| 49421 | T | | Insert abdom drain, perm | 0652 | 27.9061 | \$1,593.38 | | \$318.68 |
| 49422 | T | | Remove perm cannula/catheter | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 49423 | T | | Exchange drainage catheter | 0152 | 12.0879 | \$690.19 | | \$138.04 |
| 49424 | N | | Assess cyst, contrast inject | | | | | |
| 49425 | C | | Insert abdomen-venous drain | | | | | |
| 49426 | T | | Revise abdomen-venous shunt | 0153 | 23.9175 | \$1,365.64 | \$410.87 | \$273.13 |
| 49427 | N | | Injection, abdominal shunt | | | | | |
| 49428 | C | | Ligation of shunt | | | | | |
| 49429 | T | | Removal of shunt | 0105 | 21.1754 | \$1,209.07 | \$370.40 | \$241.81 |
| 49491 | T | | Rpr hern preemie reduc | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49492 | T | | Rpr ing hern premie, blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49495 | T | | Rpr ing hernia baby, reduc | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49496 | T | | Rpr ing hernia baby, blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49500 | T | | Rpr ing hernia, init, reduce | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49501 | T | | Rpr ing hernia, init blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49505 | T | | Prp i/hern init reduc>5 yr | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49507 | T | | Prp i/hern init block>5 yr | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49520 | T | | Rerepair ing hernia, reduce | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49521 | T | | Rerepair ing hernia, blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49525 | T | | Repair ing hernia, sliding | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49540 | T | | Repair lumbar hernia | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49550 | T | | Rpr rem hernia, init, reduce | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49553 | T | | Rpr fem hernia, init blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49555 | T | | Rerepair fem hernia, reduce | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49557 | T | | Rerepair fem hernia, blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49560 | T | | Rpr ventral hern init, reduc | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49561 | T | | Rpr ventral hern init, block | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49565 | T | | Rerepair ventrl hern, reduce | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49566 | T | | Rerepair ventrl hern, block | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 49568 | T | | Hernia repair w/mesh | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49570 | T | | Rpr epigastric hern, reduce | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49572 | T | | Rpr epigastric hern, blocked | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49580 | T | | Rpr umbil hern, reduc < 5 yr | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49582 | T | | Rpr umbil hern, block < 5 yr | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49585 | T | | Rpr umbil hern, reduc > 5 yr | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49587 | T | | Rpr umbil hern, block > 5 yr | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49590 | T | | Repair spigilian hernia | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49600 | T | | Repair umbilical lesion | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 49605 | C | | Repair umbilical lesion | | | | | |
| 49606 | C | | Repair umbilical lesion | | | | | |
| 49610 | C | | Repair umbilical lesion | | | | | |
| 49611 | C | | Repair umbilical lesion | | | | | |
| 49650 | T | | Laparo hernia repair initial | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 49651 | T | | Laparo hernia repair recur | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 49659 | T | | Laparo proc, hernia repair | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 49900 | C | | Repair of abdominal wall | | | | | |
| 49904 | C | | Omental flap, extra-abdom | | | | | |
| 49905 | C | | Omental flap | | | | | |
| 49906 | C | | Free omental flap, microvasc | | | | | |
| 49999 | T | | Abdomen surgery procedure | 0153 | 23.9175 | \$1,365.64 | \$410.87 | \$273.13 |
| 50010 | C | | Exploration of kidney | | | | | |
| 50020 | T | | Renal abscess, open drain | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 50021 | T | | Renal abscess, percut drain | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 50040 | C | | Drainage of kidney | | | | | |
| 50045 | C | | Exploration of kidney | | | | | |
| 50060 | C | | Removal of kidney stone | | | | | |
| 50065 | C | | Incision of kidney | | | | | |
| 50070 | C | | Incision of kidney | | | | | |
| 50075 | C | | Removal of kidney stone | | | | | |
| 50080 | T | | Removal of kidney stone | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 50081 | T | | Removal of kidney stone | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 50100 | C | | Revise kidney blood vessels | | | | | |
| 50120 | C | | Exploration of kidney | | | | | |
| 50125 | C | | Explore and drain kidney | | | | | |
| 50130 | C | | Removal of kidney stone | | | | | |
| 50135 | C | | Exploration of kidney | | | | | |
| 50200 | T | | Biopsy of kidney | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 50205 | C | | Biopsy of kidney | | | | | |
| 50220 | C | | Remove kidney, open | | | | | |
| 50225 | C | | Removal kidney open, complex | | | | | |
| 50230 | C | | Removal kidney open, radical | | | | | |
| 50234 | C | | Removal of kidney & ureter | | | | | |
| 50236 | C | | Removal of kidney & ureter | | | | | |
| 50240 | C | | Partial removal of kidney | | | | | |
| 50280 | C | | Removal of kidney lesion | | | | | |
| 50290 | C | | Removal of kidney lesion | | | | | |
| 50300 | C | | Removal of donor kidney | | | | | |
| 50320 | C | | Removal of donor kidney | | | | | |
| 50340 | C | | Removal of kidney | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 50360 | C | | Transplantation of kidney | | | | | |
| 50365 | C | | Transplantation of kidney | | | | | |
| 50370 | C | | Remove transplanted kidney | | | | | |
| 50380 | C | | Reimplantation of kidney | | | | | |
| 50390 | T | | Drainage of kidney lesion | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 50392 | T | | Insert kidney drain | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50393 | T | | Insert ureteral tube | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50394 | N | | Injection for kidney x-ray | | | | | |
| 50395 | T | | Create passage to kidney | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50396 | T | | Measure kidney pressure | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 50398 | T | | Change kidney tube | 0122 | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 50400 | C | | Revision of kidney/ureter | | | | | |
| 50405 | C | | Revision of kidney/ureter | | | | | |
| 50500 | C | | Repair of kidney wound | | | | | |
| 50520 | C | | Close kidney-skin fistula | | | | | |
| 50525 | C | | Repair renal-abdomen fistula | | | | | |
| 50526 | C | | Repair renal-abdomen fistula | | | | | |
| 50540 | C | | Revision of horseshoe kidney | | | | | |
| 50541 | T | | Laparo ablate renal cyst | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 50542 | T | | Laparo ablate renal mass | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 50543 | T | | Laparo partial nephrectomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 50544 | T | | Laparoscopy, pyeloplasty | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 50545 | C | | Laparo radical nephrectomy | | | | | |
| 50546 | C | | Laparoscopic nephrectomy | | | | | |
| 50547 | C | | Laparo removal donor kidney | | | | | |
| 50548 | C | | Laparo remove w/ ureter | | | | | |
| 50549 | T | | Laparoscope proc, renal | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 50551 | T | | Kidney endoscopy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50553 | T | | Kidney endoscopy | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50555 | T | | Kidney endoscopy & biopsy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50557 | T | | Kidney endoscopy & treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 50559 | T | | Renal endoscopy/radiotracer | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50561 | T | | Kidney endoscopy & treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50562 | T | | Renal scope w/tumor resect | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50570 | T | | Kidney endoscopy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50572 | T | | Kidney endoscopy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50574 | T | | Kidney endoscopy & biopsy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50575 | T | | Kidney endoscopy | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 50576 | T | | Kidney endoscopy & treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50578 | T | | Renal endoscopy/radiotracer | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50580 | C | | Kidney endoscopy & treatment | | | | | |
| 50590 | T | | Fragmenting of kidney stone | 0169 | 45.1513 | \$2,578.05 | \$1,115.69 | \$515.61 |
| 50600 | C | | Exploration of ureter | | | | | |
| 50605 | C | | Insert ureteral support | | | | | |
| 50610 | C | | Removal of ureter stone | | | | | |
| 50620 | C | | Removal of ureter stone | | | | | |
| 50630 | C | | Removal of ureter stone | | | | | |
| 50650 | C | | Removal of ureter | | | | | |
| 50660 | C | | Removal of ureter | | | | | |
| 50684 | N | | Injection for ureter x-ray | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 50686 | T | | Measure ureter pressure | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 50688 | T | | Change of ureter tube | 0122 | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 50690 | N | | Injection for ureter x-ray | | | | | |
| 50700 | C | | Revision of ureter | | | | | |
| 50715 | C | | Release of ureter | | | | | |
| 50722 | C | | Release of ureter | | | | | |
| 50725 | C | | Release/revise ureter | | | | | |
| 50727 | C | | Revise ureter | | | | | |
| 50728 | C | | Revise ureter | | | | | |
| 50740 | C | | Fusion of ureter & kidney | | | | | |
| 50750 | C | | Fusion of ureter & kidney | | | | | |
| 50760 | C | | Fusion of ureters | | | | | |
| 50770 | C | | Splicing of ureters | | | | | |
| 50780 | C | | Reimplant ureter in bladder | | | | | |
| 50782 | C | | Reimplant ureter in bladder | | | | | |
| 50783 | C | | Reimplant ureter in bladder | | | | | |
| 50785 | C | | Reimplant ureter in bladder | | | | | |
| 50800 | C | | Implant ureter in bowel | | | | | |
| 50810 | C | | Fusion of ureter & bowel | | | | | |
| 50815 | C | | Urine shunt to intestine | | | | | |
| 50820 | C | | Construct bowel bladder | | | | | |
| 50825 | C | | Construct bowel bladder | | | | | |
| 50830 | C | | Revise urine flow | | | | | |
| 50840 | C | | Replace ureter by bowel | | | | | |
| 50845 | C | | Appendico-vesicostomy | | | | | |
| 50860 | C | | Transplant ureter to skin | | | | | |
| 50900 | C | | Repair of ureter | | | | | |
| 50920 | C | | Closure ureter/skin fistula | | | | | |
| 50930 | C | | Closure ureter/bowel fistula | | | | | |
| 50940 | C | | Release of ureter | | | | | |
| 50945 | T | | Laparoscopy ureterolithotomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 50947 | T | | Laparo new ureter/bladder | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 50948 | T | | Laparo new ureter/bladder | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 50949 | T | | Laparoscope proc, ureter | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 50951 | T | | Endoscopy of ureter | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50953 | T | | Endoscopy of ureter | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50955 | T | | Ureter endoscopy & biopsy | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50957 | T | | Ureter endoscopy & treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50959 | T | | Ureter endoscopy & tracer | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50961 | T | | Ureter endoscopy & treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50970 | T | | Ureter endoscopy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50972 | T | | Ureter endoscopy & catheter | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 50974 | T | | Ureter endoscopy & biopsy | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50976 | T | | Ureter endoscopy & treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50978 | T | | Ureter endoscopy & tracer | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 50980 | T | | Ureter endoscopy & treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 51000 | T | | Drainage of bladder | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51005 | T | | Drainage of bladder | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51010 | T | | Drainage of bladder | 0165 | 16.4914 | \$941.63 | | \$188.33 |
| 51020 | T | | Incise & treat bladder | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 51030 | T | | Incise & treat bladder | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 51040 | T | | Incise & drain bladder | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 51045 | T | | Incise bladder/drain ureter | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 51050 | T | | Removal of bladder stone | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 51060 | C | | Removal of ureter stone | | | | | |
| 51065 | T | | Remove ureter calculus | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 51080 | T | | Drainage of bladder abscess | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 51500 | T | | Removal of bladder cyst | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 51520 | T | | Removal of bladder lesion | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 51525 | C | | Removal of bladder lesion | | | | | |
| 51530 | C | | Removal of bladder lesion | | | | | |
| 51535 | C | | Repair of ureter lesion | | | | | |
| 51550 | C | | Partial removal of bladder | | | | | |
| 51555 | C | | Partial removal of bladder | | | | | |
| 51565 | C | | Revise bladder & ureter(s) | | | | | |
| 51570 | C | | Removal of bladder | | | | | |
| 51575 | C | | Removal of bladder & nodes | | | | | |
| 51580 | C | | Remove bladder/revise tract | | | | | |
| 51585 | C | | Removal of bladder & nodes | | | | | |
| 51590 | C | | Remove bladder/revise tract | | | | | |
| 51595 | C | | Remove bladder/revise tract | | | | | |
| 51596 | C | | Remove bladder/create pouch | | | | | |
| 51597 | C | | Removal of pelvic structures | | | | | |
| 51600 | N | | Injection for bladder x-ray | | | | | |
| 51605 | N | | Preparation for bladder xray | | | | | |
| 51610 | N | | Injection for bladder x-ray | | | | | |
| 51700 | T | | Irrigation of bladder | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51701 | N | | Insert bladder catheter | | | | | |
| 51702 | N | | Insert temp bladder cath | | | | | |
| 51703 | N | | Insert bladder cath, complex | | | | | |
| 51705 | T | | Change of bladder tube | 0121 | 2.3062 | \$131.68 | \$43.80 | \$26.34 |
| 51710 | T | | Change of bladder tube | 0122 | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 51715 | T | | Endoscopic injection/implant | 0167 | 28.6337 | \$1,634.93 | \$554.85 | \$326.99 |
| 51720 | T | | Treatment of bladder lesion | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 51725 | T | | Simple cystometrogram | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 51726 | T | | Complex cystometrogram | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 51736 | T | | Urine flow measurement | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51741 | T | | Electro-uroflowmetry, first | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51772 | T | | Urethra pressure profile | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51784 | T | | Anal/urinary muscle study | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51785 | T | | Anal/urinary muscle study | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51792 | T | | Urinary reflex study | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51795 | T | | Urine voiding pressure study | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51797 | T | | Intraabdominal pressure test | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 51798 | X | | Us urine capacity measure | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 51800 | C | | Revision of bladder/urethra | | | | | |
| 51820 | C | | Revision of urinary tract | | | | | |
| 51840 | C | | Attach bladder/urethra | | | | | |
| 51841 | C | | Attach bladder/urethra | | | | | |
| 51845 | C | | Repair bladder neck | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 51860 | C | | Repair of bladder wound | | | | | |
| 51865 | C | | Repair of bladder wound | | | | | |
| 51880 | T | | Repair of bladder opening | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 51900 | C | | Repair bladder/vagina lesion | | | | | |
| 51920 | C | | Close bladder-uterus fistula | | | | | |
| 51925 | C | | Hysterectomy/bladder repair | | | | | |
| 51940 | C | | Correction of bladder defect | | | | | |
| 51960 | C | | Revision of bladder & bowel | | | | | |
| 51980 | C | | Construct bladder opening | | | | | |
| 51990 | T | | Laparo urethral suspension | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 51992 | T | | Laparo sling operation | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 52000 | T | | Cystoscopy | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 52001 | T | | Cystoscopy, removal of clots | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 52005 | T | | Cystoscopy & ureter catheter | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52007 | T | | Cystoscopy and biopsy | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52010 | T | | Cystoscopy & duct catheter | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 52204 | T | | Cystoscopy | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52214 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52224 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52234 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52235 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52240 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52250 | T | | Cystoscopy and radiotracer | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52260 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52265 | T | | Cystoscopy and treatment | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 52270 | T | | Cystoscopy & revise urethra | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52275 | T | | Cystoscopy & revise urethra | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52276 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52277 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52281 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52282 | T | | Cystoscopy, implant stent | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52283 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52285 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52290 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52300 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52301 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52305 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52310 | T | | Cystoscopy and treatment | 0160 | 6.8470 | \$390.95 | \$105.06 | \$78.19 |
| 52315 | T | | Cystoscopy and treatment | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52317 | T | | Remove bladder stone | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52318 | T | | Remove bladder stone | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52320 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52325 | T | | Cystoscopy, stone removal | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52327 | T | | Cystoscopy, inject material | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52330 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52332 | T | | Cystoscopy and treatment | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52334 | T | | Create passage to kidney | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52341 | T | | Cysto w/ureter stricture tx | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52342 | T | | Cysto w/up stricture tx | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52343 | T | | Cysto w/renal stricture tx | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 52344 | T | | Cysto/uretero, stone remove | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52345 | T | | Cysto/uretero w/up stricture | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52346 | T | | Cystouretero w/renal strict | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52347 | T | | Cystoscopy, resect ducts | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52351 | T | | Cystouretero & or pyeloscope | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52352 | T | | Cystouretero w/stone remove | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52353 | T | | Cystouretero w/lithotripsy | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52354 | T | | Cystouretero w/biopsy | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52355 | T | | Cystouretero w/excise tumor | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52400 | T | | Cystouretero w/congen repr | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52450 | T | | Incision of prostate | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52500 | T | | Revision of bladder neck | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52510 | T | | Dilation prostatic urethra | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 52601 | T | | Prostatectomy (TURP) | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52606 | T | | Control postop bleeding | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52612 | T | | Prostatectomy, first stage | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52614 | T | | Prostatectomy, second stage | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52620 | T | | Remove residual prostate | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52630 | T | | Remove prostate regrowth | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52640 | T | | Relieve bladder contracture | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 52647 | T | | Laser surgery of prostate | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52648 | T | | Laser surgery of prostate | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 52700 | T | | Drainage of prostate abscess | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 53000 | T | | Incision of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53010 | T | | Incision of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53020 | T | | Incision of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53025 | T | | Incision of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53040 | T | | Drainage of urethra abscess | 0167 | 28.6337 | \$1,634.93 | \$554.85 | \$326.99 |
| 53060 | T | | Drainage of urethra abscess | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53080 | T | | Drainage of urinary leakage | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53085 | T | | Drainage of urinary leakage | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53200 | T | | Biopsy of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53210 | T | | Removal of urethra | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53215 | T | | Removal of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53220 | T | | Treatment of urethra lesion | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53230 | T | | Removal of urethra lesion | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53235 | T | | Removal of urethra lesion | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53240 | T | | Surgery for urethra pouch | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53250 | T | | Removal of urethra gland | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53260 | T | | Treatment of urethra lesion | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53265 | T | | Treatment of urethra lesion | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53270 | T | | Removal of urethra gland | 0167 | 28.6337 | \$1,634.93 | \$554.85 | \$326.99 |
| 53275 | T | | Repair of urethra defect | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53400 | T | | Revise urethra, stage 1 | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53405 | T | | Revise urethra, stage 2 | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53410 | T | | Reconstruction of urethra | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53415 | C | | Reconstruction of urethra | | | | | |
| 53420 | T | | Reconstruct urethra, stage 1 | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53425 | T | | Reconstruct urethra, stage 2 | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53430 | T | | Reconstruction of urethra | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 53431 | T | | Reconstruct urethra/bladder | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53440 | S | | Correct bladder function | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 53442 | T | | Remove perineal prosthesis | 0167 | 28.6337 | \$1,634.93 | \$554.85 | \$326.99 |
| 53444 | S | | Insert tandem cuff | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 53445 | S | | Insert uro/ves nck sphincter | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 53446 | T | | Remove uro sphincter | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53447 | S | | Remove/replace ur sphincter | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 53448 | C | | Remov/replc ur sphinctr comp | | | | | |
| 53449 | T | | Repair uro sphincter | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53450 | T | | Revision of urethra | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53460 | T | | Revision of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53500 | T | | Urethrllys, transvag w/ scope | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53502 | T | | Repair of urethra injury | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53505 | T | | Repair of urethra injury | 0167 | 28.6337 | \$1,634.93 | \$554.85 | \$326.99 |
| 53510 | T | | Repair of urethra injury | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53515 | T | | Repair of urethra injury | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53520 | T | | Repair of urethra defect | 0168 | 30.4194 | \$1,736.89 | \$405.60 | \$347.38 |
| 53600 | T | | Dilate urethra stricture | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 53601 | T | | Dilate urethra stricture | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 53605 | T | | Dilate urethra stricture | 0161 | 17.9404 | \$1,024.36 | \$249.36 | \$204.87 |
| 53620 | T | | Dilate urethra stricture | 0165 | 16.4914 | \$941.63 | | \$188.33 |
| 53621 | T | | Dilate urethra stricture | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 53660 | T | | Dilation of urethra | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 53661 | T | | Dilation of urethra | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 53665 | T | | Dilation of urethra | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 53850 | T | | Prostatic microwave thermotx | 0675 | 46.7737 | \$2,670.68 | | \$534.14 |
| 53852 | T | | Prostatic rf thermotx | 0675 | 46.7737 | \$2,670.68 | | \$534.14 |
| 53853 | T | | Prostatic water thermother | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 53899 | T | | Urology surgery procedure | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 54000 | T | | Slitting of prepuce | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 54001 | T | | Slitting of prepuce | 0166 | 17.9019 | \$1,022.16 | \$218.73 | \$204.43 |
| 54015 | T | | Drain penis lesion | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 54050 | T | | Destruction, penis lesion(s) | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 54055 | T | | Destruction, penis lesion(s) | 0017 | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 54056 | T | | Cryosurgery, penis lesion(s) | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 54057 | T | | Laser surg, penis lesion(s) | 0017 | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 54060 | T | | Excision of penis lesion(s) | 0017 | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 54065 | T | | Destruction, penis lesion(s) | 0695 | 20.6606 | \$1,179.68 | \$266.59 | \$235.94 |
| 54100 | T | | Biopsy of penis | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 54105 | T | | Biopsy of penis | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 54110 | T | | Treatment of penis lesion | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54111 | T | | Treat penis lesion, graft | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54112 | T | | Treat penis lesion, graft | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54115 | T | | Treatment of penis lesion | 0008 | 19.5952 | \$1,118.85 | | \$223.77 |
| 54120 | T | | Partial removal of penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54125 | C | | Removal of penis | | | | | |
| 54130 | C | | Remove penis & nodes | | | | | |
| 54135 | C | | Remove penis & nodes | | | | | |
| 54150 | T | | Circumcision | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 54152 | T | | Circumcision | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 54160 | T | | Circumcision | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 54161 | T | | Circumcision | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 54162 | T | | Lysis penil circmic lesion | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 54163 | T | | Repair of circumcision | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 54164 | T | | Frenulotomy of penis | 0180 | 19.8907 | \$1,135.72 | \$304.87 | \$227.14 |
| 54200 | T | | Treatment of penis lesion | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 54205 | T | | Treatment of penis lesion | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54220 | T | | Treatment of penis lesion | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 54230 | N | | Prepare penis study | | | | | |
| 54231 | T | | Dynamic cavernosometry | 0165 | 16.4914 | \$941.63 | | \$188.33 |
| 54235 | T | | Penile injection | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 54240 | T | | Penis study | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 54250 | T | | Penis study | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 54300 | T | | Revision of penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54304 | T | | Revision of penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54308 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54312 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54316 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54318 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54322 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54324 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54326 | T | | Reconstruction of urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54328 | T | | Revise penis/urethra | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54332 | C | | Revise penis/urethra | | | | | |
| 54336 | C | | Revise penis/urethra | | | | | |
| 54340 | T | | Secondary urethral surgery | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54344 | T | | Secondary urethral surgery | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54348 | T | | Secondary urethral surgery | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54352 | T | | Reconstruct urethra/penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54360 | T | | Penis plastic surgery | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54380 | T | | Repair penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54385 | T | | Repair penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54390 | C | | Repair penis and bladder | | | | | |
| 54400 | S | | Insert semi-rigid prosthesis | 0385 | 65.9789 | \$3,767.26 | | \$753.45 |
| 54401 | S | | Insert self-contd prosthesis | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 54405 | S | | Insert multi-comp penis pros | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 54406 | T | | Remove multi-comp penis pros | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54408 | T | | Repair multi-comp penis pros | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54410 | S | | Remove/replace penis prosth | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 54411 | C | | Remov/replc penis pros, comp | | | | | |
| 54415 | T | | Remove self-contd penis pros | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54416 | S | | Remv/repl penis contain pros | 0386 | 108.5769 | \$6,199.52 | | \$1,239.90 |
| 54417 | C | | Remv/replc penis pros, compl | | | | | |
| 54420 | T | | Revision of penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54430 | C | | Revision of penis | | | | | |
| 54435 | T | | Revision of penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54440 | T | | Repair of penis | 0181 | 31.5878 | \$1,803.60 | \$621.82 | \$360.72 |
| 54450 | T | | Preputial stretching | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 54500 | T | | Biopsy of testis | 0037 | 9.5990 | \$548.08 | \$237.45 | \$109.62 |
| 54505 | T | | Biopsy of testis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 54512 | T | | Excise lesion testis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54520 | T | | Removal of testis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54522 | T | | Orchiectomy, partial | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54530 | T | | Removal of testis | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 54535 | C | | Extensive testis surgery | | | | | |
| 54550 | T | | Exploration for testis | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 54560 | C | | Exploration for testis | | | | | |
| 54600 | T | | Reduce testis torsion | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54620 | T | | Suspension of testis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54640 | T | | Suspension of testis | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 54650 | C | | Orchiopexy (Fowler-Stephens) | | | | | |
| 54660 | T | | Revision of testis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54670 | T | | Repair testis injury | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54680 | T | | Relocation of testis(es) | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54690 | T | | Laparoscopy, orchiectomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 54692 | T | | Laparoscopy, orchiopexy | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 54699 | T | | Laparoscope proc, testis | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 54700 | T | | Drainage of scrotum | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54800 | T | | Biopsy of epididymis | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 54820 | T | | Exploration of epididymis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54830 | T | | Remove epididymis lesion | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54840 | T | | Remove epididymis lesion | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54860 | T | | Removal of epididymis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54861 | T | | Removal of epididymis | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54900 | T | | Fusion of spermatic ducts | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 54901 | T | | Fusion of spermatic ducts | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55000 | T | | Drainage of hydrocele | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 55040 | T | | Removal of hydrocele | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 55041 | T | | Removal of hydroceles | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 55060 | T | | Repair of hydrocele | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55100 | T | | Drainage of scrotum abscess | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 55110 | T | | Explore scrotum | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55120 | T | | Removal of scrotum lesion | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55150 | T | | Removal of scrotum | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55175 | T | | Revision of scrotum | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55180 | T | | Revision of scrotum | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55200 | T | | Incision of sperm duct | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55250 | T | | Removal of sperm duct(s) | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55300 | N | | Prepare, sperm duct x-ray | | | | | |
| 55400 | T | | Repair of sperm duct | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55450 | T | | Ligation of sperm duct | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55500 | T | | Removal of hydrocele | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55520 | T | | Removal of sperm cord lesion | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55530 | T | | Revise spermatic cord veins | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55535 | T | | Revise spermatic cord veins | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 55540 | T | | Revise hernia & sperm veins | 0154 | 28.2782 | \$1,614.63 | \$464.85 | \$322.93 |
| 55550 | T | | Laparo ligate spermatic vein | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 55559 | T | | Laparo proc, spermatic cord | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 55600 | C | | Incise sperm duct pouch | | | | | |
| 55605 | C | | Incise sperm duct pouch | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 55650 | C | | Remove sperm duct pouch | | | | | |
| 55680 | T | | Remove sperm pouch lesion | 0183 | 23.1967 | \$1,324.49 | | \$264.90 |
| 55700 | T | | Biopsy of prostate | 0184 | 4.2147 | \$240.65 | \$96.27 | \$48.13 |
| 55705 | T | | Biopsy of prostate | 0184 | 4.2147 | \$240.65 | \$96.27 | \$48.13 |
| 55720 | T | | Drainage of prostate abscess | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 55725 | T | | Drainage of prostate abscess | 0162 | 23.1717 | \$1,323.06 | | \$264.61 |
| 55801 | C | | Removal of prostate | | | | | |
| 55810 | C | | Extensive prostate surgery | | | | | |
| 55812 | C | | Extensive prostate surgery | | | | | |
| 55815 | C | | Extensive prostate surgery | | | | | |
| 55821 | C | | Removal of prostate | | | | | |
| 55831 | C | | Removal of prostate | | | | | |
| 55840 | C | | Extensive prostate surgery | | | | | |
| 55842 | C | | Extensive prostate surgery | | | | | |
| 55845 | C | | Extensive prostate surgery | | | | | |
| 55859 | T | | Percut/needle insert, pros | 0163 | 36.3924 | \$2,077.93 | | \$415.59 |
| 55860 | T | | Surgical exposure, prostate | 0165 | 16.4914 | \$941.63 | | \$188.33 |
| 55862 | C | | Extensive prostate surgery | | | | | |
| 55865 | C | | Extensive prostate surgery | | | | | |
| 55866 | C | | Laparo radical prostatectomy | | | | | |
| 55870 | T | | Electroejaculation | 0197 | 2.0508 | \$117.10 | | \$23.42 |
| 55873 | T | | Cryoablate prostate | 0674 | 111.5690 | \$6,370.37 | | \$1,274.07 |
| 55899 | T | | Genital surgery procedure | 0164 | 1.2651 | \$72.23 | \$17.59 | \$14.45 |
| 55970 | E | | Sex transformation, M to F | | | | | |
| 55980 | E | | Sex transformation, F to M | | | | | |
| 56405 | T | | I & D of vulva/perineum | 0192 | 3.9119 | \$223.36 | | \$44.67 |
| 56420 | T | | Drainage of gland abscess | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 56440 | T | | Surgery for vulva lesion | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 56441 | T | | Lysis of labial lesion(s) | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 56501 | T | | Destroy, vulva lesions, sim | 0017 | 17.4667 | \$997.31 | \$227.84 | \$199.46 |
| 56515 | T | | Destroy vulva lesion/s compl | 0695 | 20.6606 | \$1,179.68 | \$266.59 | \$235.94 |
| 56605 | T | | Biopsy of vulva/perineum | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 56606 | T | | Biopsy of vulva/perineum | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 56620 | T | | Partial removal of vulva | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 56625 | T | | Complete removal of vulva | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 56630 | C | | Extensive vulva surgery | | | | | |
| 56631 | C | | Extensive vulva surgery | | | | | |
| 56632 | C | | Extensive vulva surgery | | | | | |
| 56633 | C | | Extensive vulva surgery | | | | | |
| 56634 | C | | Extensive vulva surgery | | | | | |
| 56637 | C | | Extensive vulva surgery | | | | | |
| 56640 | C | | Extensive vulva surgery | | | | | |
| 56700 | T | | Partial removal of hymen | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 56720 | T | | Incision of hymen | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 56740 | T | | Remove vagina gland lesion | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 56800 | T | | Repair of vagina | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 56805 | T | | Repair clitoris | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 56810 | T | | Repair of perineum | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 56820 | T | | Exam of vulva w/scope | 0188 | 1.1133 | \$63.57 | | \$12.71 |
| 56821 | T | | Exam/biopsy of vulva w/scope | 0189 | 2.1850 | \$124.76 | | \$24.95 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 57000 | T | | Exploration of vagina | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57010 | T | | Drainage of pelvic abscess | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57020 | T | | Drainage of pelvic fluid | 0192 | 3.9119 | \$223.36 | | \$44.67 |
| 57022 | T | | I & d vaginal hematoma, pp | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 57023 | T | | I & d vag hematoma, non-ob | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 57061 | T | | Destroy vag lesions, simple | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57065 | T | | Destroy vag lesions, complex | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57100 | T | | Biopsy of vagina | 0192 | 3.9119 | \$223.36 | | \$44.67 |
| 57105 | T | | Biopsy of vagina | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57106 | T | | Remove vagina wall, partial | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57107 | T | | Remove vagina tissue, part | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57109 | T | | Vaginectomy partial w/nodes | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57110 | C | | Remove vagina wall, complete | | | | | |
| 57111 | C | | Remove vagina tissue, compl | | | | | |
| 57112 | C | | Vaginectomy w/nodes, compl | | | | | |
| 57120 | T | | Closure of vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57130 | T | | Remove vagina lesion | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57135 | T | | Remove vagina lesion | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57150 | T | | Treat vagina infection | 0191 | 0.1898 | \$10.84 | \$2.93 | \$2.17 |
| 57155 | T | | Insert uteri tandems/ovoids | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 57160 | T | | Insert pessary/other device | 0188 | 1.1133 | \$63.57 | | \$12.71 |
| 57170 | T | | Fitting of diaphragm/cap | 0191 | 0.1898 | \$10.84 | \$2.93 | \$2.17 |
| 57180 | T | | Treat vaginal bleeding | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57200 | T | | Repair of vagina | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57210 | T | | Repair vagina/perineum | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57220 | T | | Revision of urethra | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57230 | T | | Repair of urethral lesion | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57240 | T | | Repair bladder & vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57250 | T | | Repair rectum & vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57260 | T | | Repair of vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57265 | T | | Extensive repair of vagina | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57268 | T | | Repair of bowel bulge | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57270 | C | | Repair of bowel pouch | | | | | |
| 57280 | C | | Suspension of vagina | | | | | |
| 57282 | C | | Repair of vaginal prolapse | | | | | |
| 57284 | T | | Repair paravaginal defect | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57287 | T | | Revise/remove sling repair | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57288 | T | | Repair bladder defect | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57289 | T | | Repair bladder & vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57291 | T | | Construction of vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57292 | C | | Construct vagina with graft | | | | | |
| 57300 | T | | Repair rectum-vagina fistula | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57305 | C | | Repair rectum-vagina fistula | | | | | |
| 57307 | C | | Fistula repair & colostomy | | | | | |
| 57308 | C | | Fistula repair, transperine | | | | | |
| 57310 | T | | Repair urethrovaginal lesion | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57311 | C | | Repair urethrovaginal lesion | | | | | |
| 57320 | T | | Repair bladder-vagina lesion | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57330 | T | | Repair bladder-vagina lesion | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57335 | C | | Repair vagina | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 57400 | T | | Dilation of vagina | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57410 | T | | Pelvic examination | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57415 | T | | Remove vaginal foreign body | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57420 | T | | Exam of vagina w/scope | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57421 | T | | Exam/biopsy of vag w/scope | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57425 | T | | Laparoscopy, surg, colpopexy | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 57452 | T | | Examination of vagina | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57454 | T | | Vagina examination & biopsy | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57455 | T | | Biopsy of cervix w/scope | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57456 | T | | Endocerv curettage w/scope | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57460 | T | | Cervix excision | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 57461 | T | | Conz of cervix w/scope, leep | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57500 | T | | Biopsy of cervix | 0192 | 3.9119 | \$223.36 | | \$44.67 |
| 57505 | T | | Endocervical curettage | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57510 | T | | Cauterization of cervix | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 57511 | T | | Cryocautery of cervix | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 57513 | T | | Laser surgery of cervix | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 57520 | T | | Conization of cervix | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57522 | T | | Conization of cervix | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57530 | T | | Removal of cervix | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57531 | C | | Removal of cervix, radical | | | | | |
| 57540 | C | | Removal of residual cervix | | | | | |
| 57545 | C | | Remove cervix/repair pelvis | | | | | |
| 57550 | T | | Removal of residual cervix | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57555 | T | | Remove cervix/repair vagina | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 57556 | T | | Remove cervix, repair bowel | 0202 | 39.9618 | \$2,281.74 | \$1,026.78 | \$456.35 |
| 57700 | T | | Revision of cervix | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57720 | T | | Revision of cervix | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 57800 | T | | Dilation of cervical canal | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 57820 | T | | D & c of residual cervix | 0196 | 17.0819 | \$975.34 | \$338.23 | \$195.07 |
| 58100 | T | | Biopsy of uterus lining | 0188 | 1.1133 | \$63.57 | | \$12.71 |
| 58120 | T | | Dilation and curettage | 0196 | 17.0819 | \$975.34 | \$338.23 | \$195.07 |
| 58140 | C | | Removal of uterus lesion | | | | | |
| 58145 | T | | Myomectomy vag method | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58146 | C | | Myomectomy abdom complex | | | | | |
| 58150 | C | | Total hysterectomy | | | | | |
| 58152 | C | | Total hysterectomy | | | | | |
| 58180 | C | | Partial hysterectomy | | | | | |
| 58200 | C | | Extensive hysterectomy | | | | | |
| 58210 | C | | Extensive hysterectomy | | | | | |
| 58240 | C | | Removal of pelvis contents | | | | | |
| 58260 | C | | Vaginal hysterectomy | | | | | |
| 58262 | C | | Vag hyst including t/o | | | | | |
| 58263 | C | | Vag hyst w/t/o & vag repair | | | | | |
| 58267 | C | | Vag hyst w/urinary repair | | | | | |
| 58270 | C | | Vag hyst w/enterocele repair | | | | | |
| 58275 | C | | Hysterectomy/revise vagina | | | | | |
| 58280 | C | | Hysterectomy/revise vagina | | | | | |
| 58285 | C | | Extensive hysterectomy | | | | | |
| 58290 | C | | Vag hyst complex | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 58291 | C | | Vag hyst incl t/o, complex | | | | | |
| 58292 | C | | Vag hyst t/o & repair, compl | | | | | |
| 58293 | C | | Vag hyst w/uro repair, compl | | | | | |
| 58294 | C | | Vag hyst w/enterocele, compl | | | | | |
| 58300 | E | | Insert intrauterine device | | | | | |
| 58301 | T | | Remove intrauterine device | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 58321 | T | | Artificial insemination | 0197 | 2.0508 | \$117.10 | | \$23.42 |
| 58322 | T | | Artificial insemination | 0197 | 2.0508 | \$117.10 | | \$23.42 |
| 58323 | T | | Sperm washing | 0197 | 2.0508 | \$117.10 | | \$23.42 |
| 58340 | N | | Catheter for hystero-graphy | | | | | |
| 58345 | T | | Reopen fallopian tube | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 58346 | T | | Insert heyman uteri capsule | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 58350 | T | | Reopen fallopian tube | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58353 | T | | Endometr ablate, thermal | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58400 | C | | Suspension of uterus | | | | | |
| 58410 | C | | Suspension of uterus | | | | | |
| 58520 | C | | Repair of ruptured uterus | | | | | |
| 58540 | C | | Revision of uterus | | | | | |
| 58545 | T | | Laparoscopic myomectomy | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 58546 | T | | Laparo-myomectomy, complex | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58550 | T | | Laparo-asst vag hysterectomy | 0132 | 61.3910 | \$3,505.30 | \$1,239.22 | \$701.06 |
| 58552 | T | | Laparo-vag hyst incl t/o | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58553 | T | | Laparo-vag hyst, complex | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58554 | T | | Laparo-vag hyst w/t/o, compl | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58555 | T | | Hysteroscopy, dx, sep proc | 0190 | 20.6906 | \$1,181.39 | \$424.28 | \$236.28 |
| 58558 | T | | Hysteroscopy, biopsy | 0190 | 20.6906 | \$1,181.39 | \$424.28 | \$236.28 |
| 58559 | T | | Hysteroscopy, lysis | 0190 | 20.6906 | \$1,181.39 | \$424.28 | \$236.28 |
| 58560 | T | | Hysteroscopy, resect septum | 0387 | 30.0907 | \$1,718.12 | \$655.55 | \$343.62 |
| 58561 | T | | Hysteroscopy, remove myoma | 0387 | 30.0907 | \$1,718.12 | \$655.55 | \$343.62 |
| 58562 | T | | Hysteroscopy, remove fb | 0190 | 20.6906 | \$1,181.39 | \$424.28 | \$236.28 |
| 58563 | T | | Hysteroscopy, ablation | 0387 | 30.0907 | \$1,718.12 | \$655.55 | \$343.62 |
| 58578 | T | | Laparo proc, uterus | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 58579 | T | | Hysteroscope procedure | 0190 | 20.6906 | \$1,181.39 | \$424.28 | \$236.28 |
| 58600 | T | | Division of fallopian tube | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58605 | C | | Division of fallopian tube | | | | | |
| 58611 | C | | Ligate oviduct(s) add-on | | | | | |
| 58615 | T | | Occlude fallopian tube(s) | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 58660 | T | | Laparoscopy, lysis | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58661 | T | | Laparoscopy, remove adnexa | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58662 | T | | Laparoscopy, excise lesions | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58670 | T | | Laparoscopy, tubal cautery | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58671 | T | | Laparoscopy, tubal block | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58672 | T | | Laparoscopy, fimbrioplasty | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58673 | T | | Laparoscopy, salpingostomy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 58679 | T | | Laparo proc, oviduct-ovary | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 58700 | C | | Removal of fallopian tube | | | | | |
| 58720 | C | | Removal of ovary/tube(s) | | | | | |
| 58740 | C | | Revise fallopian tube(s) | | | | | |
| 58750 | C | | Repair oviduct | | | | | |
| 58752 | C | | Revise ovarian tube(s) | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| 58760 | C | | Remove tubal obstruction | | | | | |
| 58770 | T | | Create new tubal opening | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58800 | T | | Drainage of ovarian cyst(s) | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 58805 | C | | Drainage of ovarian cyst(s) | | | | | |
| 58820 | T | | Drain ovary abscess, open | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58822 | C | | Drain ovary abscess, percut | | | | | |
| 58823 | T | | Drain pelvic abscess, percut | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 58825 | C | | Transposition, ovary(s) | | | | | |
| 58900 | T | | Biopsy of ovary(s) | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 58920 | T | | Partial removal of ovary(s) | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58925 | T | | Removal of ovarian cyst(s) | 0195 | 26.6562 | \$1,522.02 | \$483.80 | \$304.40 |
| 58940 | C | | Removal of ovary(s) | | | | | |
| 58943 | C | | Removal of ovary(s) | | | | | |
| 58950 | C | | Resect ovarian malignancy | | | | | |
| 58951 | C | | Resect ovarian malignancy | | | | | |
| 58952 | C | | Resect ovarian malignancy | | | | | |
| 58953 | C | | Tah, rad dissect for debulk | | | | | |
| 58954 | C | | Tah rad debulk/lymph remove | | | | | |
| 58960 | C | | Exploration of abdomen | | | | | |
| 58970 | T | | Retrieval of oocyte | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 58974 | T | | Transfer of embryo | 0197 | 2.0508 | \$117.10 | | \$23.42 |
| 58976 | T | | Transfer of embryo | 0197 | 2.0508 | \$117.10 | | \$23.42 |
| 58999 | T | | Genital surgery procedure | 0191 | 0.1898 | \$10.84 | \$2.93 | \$2.17 |
| 59000 | T | | Amniocentesis, diagnostic | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59001 | T | | Amniocentesis, therapeutic | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59012 | T | | Fetal cord puncture, prenatal | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59015 | T | | Chorion biopsy | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59020 | T | | Fetal contract stress test | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59025 | T | | Fetal non-stress test | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59030 | T | | Fetal scalp blood sample | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59050 | E | | Fetal monitor w/report | | | | | |
| 59051 | B | | Fetal monitor/interpret only | | | | | |
| 59070 | T | | Transabdom amnioinfus w/ us | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59072 | T | | Umbilical cord occlud w/ us | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59074 | T | | Fetal fluid drainage w/ us | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59076 | T | | Fetal shunt placement, w/ us | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59100 | C | | Remove uterus lesion | | | | | |
| 59120 | C | | Treat ectopic pregnancy | | | | | |
| 59121 | C | | Treat ectopic pregnancy | | | | | |
| 59130 | C | | Treat ectopic pregnancy | | | | | |
| 59135 | C | | Treat ectopic pregnancy | | | | | |
| 59136 | C | | Treat ectopic pregnancy | | | | | |
| 59140 | C | | Treat ectopic pregnancy | | | | | |
| 59150 | T | | Treat ectopic pregnancy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 59151 | T | | Treat ectopic pregnancy | 0131 | 43.0468 | \$2,457.89 | \$1,001.89 | \$491.58 |
| 59160 | T | | D & c after delivery | 0196 | 17.0819 | \$975.34 | \$338.23 | \$195.07 |
| 59200 | T | | Insert cervical dilator | 0189 | 2.1850 | \$124.76 | | \$24.95 |
| 59300 | T | | Episiotomy or vaginal repair | 0193 | 13.8912 | \$793.16 | \$165.35 | \$158.63 |
| 59320 | T | | Revision of cervix | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 59325 | C | | Revision of cervix | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 59350 | C | | Repair of uterus | | | | | |
| 59400 | B | | Obstetrical care | | | | | |
| 59409 | T | | Obstetrical care | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 59410 | B | | Obstetrical care | | | | | |
| 59412 | T | | Antepartum manipulation | 0700 | 3.2254 | \$184.16 | \$37.13 | \$36.83 |
| 59414 | T | | Deliver placenta | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 59425 | B | | Antepartum care only | | | | | |
| 59426 | B | | Antepartum care only | | | | | |
| 59430 | B | | Care after delivery | | | | | |
| 59510 | E | | Cesarean delivery | | | | | |
| 59514 | C | | Cesarean delivery only | | | | | |
| 59515 | E | | Cesarean delivery | | | | | |
| 59525 | C | | Remove uterus after cesarean | | | | | |
| 59610 | E | | Vbac delivery | | | | | |
| 59612 | T | | Vbac delivery only | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 59614 | E | | Vbac care after delivery | | | | | |
| 59618 | E | | Attempted vbac delivery | | | | | |
| 59620 | C | | Attempted vbac delivery only | | | | | |
| 59622 | E | | Attempted vbac after care | | | | | |
| 59812 | T | | Treatment of miscarriage | 0201 | 18.3567 | \$1,048.13 | \$329.65 | \$209.63 |
| 59820 | T | | Care of miscarriage | 0201 | 18.3567 | \$1,048.13 | \$329.65 | \$209.63 |
| 59821 | T | | Treatment of miscarriage | 0201 | 18.3567 | \$1,048.13 | \$329.65 | \$209.63 |
| 59830 | C | | Treat uterus infection | | | | | |
| 59840 | T | | Abortion | 0200 | 14.9004 | \$850.78 | \$266.79 | \$170.16 |
| 59841 | T | | Abortion | 0200 | 14.9004 | \$850.78 | \$266.79 | \$170.16 |
| 59850 | C | | Abortion | | | | | |
| 59851 | C | | Abortion | | | | | |
| 59852 | C | | Abortion | | | | | |
| 59855 | C | | Abortion | | | | | |
| 59856 | C | | Abortion | | | | | |
| 59857 | C | | Abortion | | | | | |
| 59866 | T | | Abortion (mpr) | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59870 | T | | Evacuate mole of uterus | 0201 | 18.3567 | \$1,048.13 | \$329.65 | \$209.63 |
| 59871 | T | | Remove cerclage suture | 0194 | 19.3837 | \$1,106.77 | \$397.84 | \$221.35 |
| 59897 | T | | Fetal invas px w/ us | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 59898 | T | | Laparo proc, ob care/deliver | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 59899 | T | | Maternity care procedure | 0198 | 1.3657 | \$77.98 | \$32.19 | \$15.60 |
| 60000 | T | | Drain thyroid/tongue cyst | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 60001 | T | | Aspirate/inject thyroid cyst | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 60100 | T | | Biopsy of thyroid | 0004 | 1.6895 | \$96.47 | \$22.36 | \$19.29 |
| 60200 | T | | Remove thyroid lesion | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60210 | T | | Partial thyroid excision | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60212 | T | | Partial thyroid excision | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60220 | T | | Partial removal of thyroid | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60225 | T | | Partial removal of thyroid | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60240 | T | | Removal of thyroid | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60252 | T | | Removal of thyroid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 60254 | C | | Extensive thyroid surgery | | | | | |
| 60260 | T | | Repeat thyroid surgery | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 60270 | C | | Removal of thyroid | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 60271 | C | | Removal of thyroid | | | | | |
| 60280 | T | | Remove thyroid duct lesion | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60281 | T | | Remove thyroid duct lesion | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 60500 | T | | Explore parathyroid glands | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 60502 | C | | Re-explore parathyroids | | | | | |
| 60505 | C | | Explore parathyroid glands | | | | | |
| 60512 | T | | Autotransplant parathyroid | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 60520 | C | | Removal of thymus gland | | | | | |
| 60521 | C | | Removal of thymus gland | | | | | |
| 60522 | C | | Removal of thymus gland | | | | | |
| 60540 | C | | Explore adrenal gland | | | | | |
| 60545 | C | | Explore adrenal gland | | | | | |
| 60600 | C | | Remove carotid body lesion | | | | | |
| 60605 | C | | Remove carotid body lesion | | | | | |
| 60650 | C | | Laparoscopy adrenalectomy | | | | | |
| 60659 | T | | Laparo proc. endocrine | 0130 | 31.7373 | \$1,812.14 | \$659.53 | \$362.43 |
| 60699 | T | | Endocrine surgery procedure | 0114 | 40.0004 | \$2,283.94 | \$485.91 | \$456.79 |
| 61000 | T | | Remove cranial cavity fluid | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61001 | T | | Remove cranial cavity fluid | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61020 | T | | Remove brain cavity fluid | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61026 | T | | Injection into brain canal | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61050 | T | | Remove brain canal fluid | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61055 | T | | Injection into brain canal | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61070 | T | | Brain canal shunt procedure | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 61105 | C | | Twist drill hole | | | | | |
| 61107 | C | | Drill skull for implantation | | | | | |
| 61108 | C | | Drill skull for drainage | | | | | |
| 61120 | C | | Burr hole for puncture | | | | | |
| 61140 | C | | Pierce skull for biopsy | | | | | |
| 61150 | C | | Pierce skull for drainage | | | | | |
| 61151 | C | | Pierce skull for drainage | | | | | |
| 61154 | C | | Pierce skull & remove clot | | | | | |
| 61156 | C | | Pierce skull for drainage | | | | | |
| 61210 | C | | Pierce skull, implant device | | | | | |
| 61215 | T | | Insert brain-fluid device | 0224 | 37.8581 | \$2,161.62 | \$453.41 | \$432.32 |
| 61250 | C | | Pierce skull & explore | | | | | |
| 61253 | C | | Pierce skull & explore | | | | | |
| 61304 | C | | Open skull for exploration | | | | | |
| 61305 | C | | Open skull for exploration | | | | | |
| 61312 | C | | Open skull for drainage | | | | | |
| 61313 | C | | Open skull for drainage | | | | | |
| 61314 | C | | Open skull for drainage | | | | | |
| 61315 | C | | Open skull for drainage | | | | | |
| 61316 | C | | Implt cran bone flap to abdo | | | | | |
| 61320 | C | | Open skull for drainage | | | | | |
| 61321 | C | | Open skull for drainage | | | | | |
| 61322 | C | | Decompressive craniotomy | | | | | |
| 61323 | C | | Decompressive lobectomy | | | | | |
| 61330 | T | | Decompress eye socket | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 61332 | C | | Explore/biopsy eye socket | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| 61333 | C | | Explore orbit/remove lesion | | | | | |
| 61334 | C | | Explore orbit/remove object | | | | | |
| 61340 | C | | Relieve cranial pressure | | | | | |
| 61343 | C | | Incise skull (press relief) | | | | | |
| 61345 | C | | Relieve cranial pressure | | | | | |
| 61440 | C | | Incise skull for surgery | | | | | |
| 61450 | C | | Incise skull for surgery | | | | | |
| 61458 | C | | Incise skull for brain wound | | | | | |
| 61460 | C | | Incise skull for surgery | | | | | |
| 61470 | C | | Incise skull for surgery | | | | | |
| 61480 | C | | Incise skull for surgery | | | | | |
| 61490 | C | | Incise skull for surgery | | | | | |
| 61500 | C | | Removal of skull lesion | | | | | |
| 61501 | C | | Remove infected skull bone | | | | | |
| 61510 | C | | Removal of brain lesion | | | | | |
| 61512 | C | | Remove brain lining lesion | | | | | |
| 61514 | C | | Removal of brain abscess | | | | | |
| 61516 | C | | Removal of brain lesion | | | | | |
| 61517 | C | | Implt brain chemotx add-on | | | | | |
| 61518 | C | | Removal of brain lesion | | | | | |
| 61519 | C | | Remove brain lining lesion | | | | | |
| 61520 | C | | Removal of brain lesion | | | | | |
| 61521 | C | | Removal of brain lesion | | | | | |
| 61522 | C | | Removal of brain abscess | | | | | |
| 61524 | C | | Removal of brain lesion | | | | | |
| 61526 | C | | Removal of brain lesion | | | | | |
| 61530 | C | | Removal of brain lesion | | | | | |
| 61531 | C | | Implant brain electrodes | | | | | |
| 61533 | C | | Implant brain electrodes | | | | | |
| 61534 | C | | Removal of brain lesion | | | | | |
| 61535 | C | | Remove brain electrodes | | | | | |
| 61536 | C | | Removal of brain lesion | | | | | |
| 61537 | C | | Removal of brain tissue | | | | | |
| 61538 | C | | Removal of brain tissue | | | | | |
| 61539 | C | | Removal of brain tissue | | | | | |
| 61540 | C | | Removal of brain tissue | | | | | |
| 61541 | C | | Incision of brain tissue | | | | | |
| 61542 | C | | Removal of brain tissue | | | | | |
| 61543 | C | | Removal of brain tissue | | | | | |
| 61544 | C | | Remove & treat brain lesion | | | | | |
| 61545 | C | | Excision of brain tumor | | | | | |
| 61546 | C | | Removal of pituitary gland | | | | | |
| 61548 | C | | Removal of pituitary gland | | | | | |
| 61550 | C | | Release of skull seams | | | | | |
| 61552 | C | | Release of skull seams | | | | | |
| 61556 | C | | Incise skull/sutures | | | | | |
| 61557 | C | | Incise skull/sutures | | | | | |
| 61558 | C | | Excision of skull/sutures | | | | | |
| 61559 | C | | Excision of skull/sutures | | | | | |
| 61563 | C | | Excision of skull tumor | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 61564 | C | | Excision of skull tumor | | | | | |
| 61566 | C | | Removal of brain tissue | | | | | |
| 61567 | C | | Incision of brain tissue | | | | | |
| 61570 | C | | Remove foreign body, brain | | | | | |
| 61571 | C | | Incise skull for brain wound | | | | | |
| 61575 | C | | Skull base/brainstem surgery | | | | | |
| 61576 | C | | Skull base/brainstem surgery | | | | | |
| 61580 | C | | Craniofacial approach, skull | | | | | |
| 61581 | C | | Craniofacial approach, skull | | | | | |
| 61582 | C | | Craniofacial approach, skull | | | | | |
| 61583 | C | | Craniofacial approach, skull | | | | | |
| 61584 | C | | Orbitocranial approach/skull | | | | | |
| 61585 | C | | Orbitocranial approach/skull | | | | | |
| 61586 | C | | Resect nasopharynx, skull | | | | | |
| 61590 | C | | Infratemporal approach/skull | | | | | |
| 61591 | C | | Infratemporal approach/skull | | | | | |
| 61592 | C | | Orbitocranial approach/skull | | | | | |
| 61595 | C | | Transmastoid approach/skull | | | | | |
| 61596 | C | | Transcochlear approach/skull | | | | | |
| 61597 | C | | Transcondylar approach/skull | | | | | |
| 61598 | C | | Transpetrosal approach/skull | | | | | |
| 61600 | C | | Resect/excise cranial lesion | | | | | |
| 61601 | C | | Resect/excise cranial lesion | | | | | |
| 61605 | C | | Resect/excise cranial lesion | | | | | |
| 61606 | C | | Resect/excise cranial lesion | | | | | |
| 61607 | C | | Resect/excise cranial lesion | | | | | |
| 61608 | C | | Resect/excise cranial lesion | | | | | |
| 61609 | C | | Transect artery, sinus | | | | | |
| 61610 | C | | Transect artery, sinus | | | | | |
| 61611 | C | | Transect artery, sinus | | | | | |
| 61612 | C | | Transect artery, sinus | | | | | |
| 61613 | C | | Remove aneurysm, sinus | | | | | |
| 61615 | C | | Resect/excise lesion, skull | | | | | |
| 61616 | C | | Resect/excise lesion, skull | | | | | |
| 61618 | C | | Repair dura | | | | | |
| 61619 | C | | Repair dura | | | | | |
| 61623 | T | | Endovasc tempory vessel occl | 1555 | | \$1,650.00 | | \$330.00 |
| 61624 | C | | Occlusion/embolization cath | | | | | |
| 61626 | T | | Transcath occlusion, non-cns | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 61680 | C | | Intracranial vessel surgery | | | | | |
| 61682 | C | | Intracranial vessel surgery | | | | | |
| 61684 | C | | Intracranial vessel surgery | | | | | |
| 61686 | C | | Intracranial vessel surgery | | | | | |
| 61690 | C | | Intracranial vessel surgery | | | | | |
| 61692 | C | | Intracranial vessel surgery | | | | | |
| 61697 | C | | Brain aneurysm repr, complx | | | | | |
| 61698 | C | | Brain aneurysm repr, complx | | | | | |
| 61700 | C | | Brain aneurysm repr, simple | | | | | |
| 61702 | C | | Inner skull vessel surgery | | | | | |
| 61703 | C | | Clamp neck artery | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 61705 | C | | Revise circulation to head | | | | | |
| 61708 | C | | Revise circulation to head | | | | | |
| 61710 | C | | Revise circulation to head | | | | | |
| 61711 | C | | Fusion of skull arteries | | | | | |
| 61720 | C | | Incise skull/brain surgery | | | | | |
| 61735 | C | | Incise skull/brain surgery | | | | | |
| 61750 | C | | Incise skull/brain biopsy | | | | | |
| 61751 | C | | Brain biopsy w/ ct/mr guide | | | | | |
| 61760 | C | | Implant brain electrodes | | | | | |
| 61770 | C | | Incise skull for treatment | | | | | |
| 61790 | T | | Treat trigeminal nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 61791 | T | | Treat trigeminal tract | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 61793 | E | | Focus radiation beam | | | | | |
| 61795 | S | | Brain surgery using computer | 0302 | 5.4746 | \$312.59 | \$118.42 | \$62.52 |
| 61850 | C | | Implant neuroelectrodes | | | | | |
| 61860 | C | | Implant neuroelectrodes | | | | | |
| 61863 | C | | Implant neuroelectrode | | | | | |
| 61864 | C | | Implant neuroelectrde, add'l | | | | | |
| 61867 | C | | Implant neuroelectrode | | | | | |
| 61868 | C | | Implant neuroelectrde, add'l | | | | | |
| 61870 | C | | Implant neuroelectrodes | | | | | |
| 61875 | C | | Implant neuroelectrodes | | | | | |
| 61880 | T | | Revise/remove neuroelectrode | 0687 | 20.2192 | \$1,154.48 | \$513.05 | \$230.90 |
| 61885 | S | | Implant neurostim one array | 0039 | 210.1285 | \$11,997.90 | | \$2,399.58 |
| 61886 | T | | Implant neurostim arrays | 0315 | 355.3811 | \$20,291.50 | | \$4,058.31 |
| 61888 | T | | Revise/remove neuroreceiver | 0688 | 42.5576 | \$2,429.95 | \$1,093.47 | \$485.99 |
| 62000 | C | | Treat skull fracture | | | | | |
| 62005 | C | | Treat skull fracture | | | | | |
| 62010 | C | | Treatment of head injury | | | | | |
| 62100 | C | | Repair brain fluid leakage | | | | | |
| 62115 | C | | Reduction of skull defect | | | | | |
| 62116 | C | | Reduction of skull defect | | | | | |
| 62117 | C | | Reduction of skull defect | | | | | |
| 62120 | C | | Repair skull cavity lesion | | | | | |
| 62121 | C | | Incise skull repair | | | | | |
| 62140 | C | | Repair of skull defect | | | | | |
| 62141 | C | | Repair of skull defect | | | | | |
| 62142 | C | | Remove skull plate/flap | | | | | |
| 62143 | C | | Replace skull plate/flap | | | | | |
| 62145 | C | | Repair of skull & brain | | | | | |
| 62146 | C | | Repair of skull with graft | | | | | |
| 62147 | C | | Repair of skull with graft | | | | | |
| 62148 | C | | Retr bone flap to fix skull | | | | | |
| 62160 | C | | Neuroendoscopy add-on | | | | | |
| 62161 | C | | Dissect brain w/scope | | | | | |
| 62162 | C | | Remove colloid cyst w/scope | | | | | |
| 62163 | C | | Neuroendoscopy w/fb removal | | | | | |
| 62164 | C | | Remove brain tumor w/scope | | | | | |
| 62165 | C | | Remove pituit tumor w/scope | | | | | |
| 62180 | C | | Establish brain cavity shunt | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 62190 | C | | Establish brain cavity shunt | | | | | |
| 62192 | C | | Establish brain cavity shunt | | | | | |
| 62194 | T | | Replace/irrigate catheter | 0121 | 2.3062 | \$131.68 | \$43.80 | \$26.34 |
| 62200 | C | | Establish brain cavity shunt | | | | | |
| 62201 | C | | Establish brain cavity shunt | | | | | |
| 62220 | C | | Establish brain cavity shunt | | | | | |
| 62223 | C | | Establish brain cavity shunt | | | | | |
| 62225 | T | | Replace/irrigate catheter | 0122 | 8.0675 | \$460.64 | \$94.47 | \$92.13 |
| 62230 | T | | Replace/revise brain shunt | 0224 | 37.8581 | \$2,161.62 | \$453.41 | \$432.32 |
| 62252 | S | | Csf shunt reprogram | 0691 | 2.4955 | \$142.49 | \$64.12 | \$28.50 |
| 62256 | C | | Remove brain cavity shunt | | | | | |
| 62258 | C | | Replace brain cavity shunt | | | | | |
| 62263 | T | | Lysis epidural adhesions | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62264 | T | | Epidural lysis on single day | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62268 | T | | Drain spinal cord cyst | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 62269 | T | | Needle biopsy, spinal cord | 0685 | 5.8959 | \$336.64 | \$115.47 | \$67.33 |
| 62270 | T | | Spinal fluid tap, diagnostic | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 62272 | T | | Drain cerebro spinal fluid | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 62273 | T | | Treat epidural spine lesion | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 62280 | T | | Treat spinal cord lesion | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62281 | T | | Treat spinal cord lesion | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62282 | T | | Treat spinal canal lesion | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62284 | N | | Injection for myelogram | | | | | |
| 62287 | T | | Percutaneous discectomy | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 62290 | N | | Inject for spine disk x-ray | | | | | |
| 62291 | N | | Inject for spine disk x-ray | | | | | |
| 62292 | T | | Injection into disk lesion | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 62294 | T | | Injection into spinal artery | 0212 | 3.0342 | \$173.25 | \$74.67 | \$34.65 |
| 62310 | T | | Inject spine c/t | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62311 | T | | Inject spine l/s (cd) | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62318 | T | | Inject spine w/cath, c/t | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62319 | T | | Inject spine w/cath l/s (cd) | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 62350 | T | | Implant spinal canal cath | 0223 | 27.1757 | \$1,551.68 | | \$310.34 |
| 62351 | T | | Implant spinal canal cath | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 62355 | T | | Remove spinal canal catheter | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 62360 | T | | Insert spine infusion device | 0226 | 48.1100 | \$2,746.98 | | \$549.40 |
| 62361 | T | | Implant spine infusion pump | 0227 | 147.4115 | \$8,416.90 | | \$1,683.38 |
| 62362 | T | | Implant spine infusion pump | 0227 | 147.4115 | \$8,416.90 | | \$1,683.38 |
| 62365 | T | | Remove spine infusion device | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 62367 | S | | Analyze spine infusion pump | 0691 | 2.4955 | \$142.49 | \$64.12 | \$28.50 |
| 62368 | S | | Analyze spine infusion pump | 0691 | 2.4955 | \$142.49 | \$64.12 | \$28.50 |
| 63001 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63003 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63005 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63011 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63012 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63015 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63016 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63017 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63020 | T | | Neck spine disk surgery | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 63030 | T | | Low back disk surgery | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63035 | T | | Spinal disk surgery add-on | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63040 | T | | Laminotomy, single cervical | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63042 | T | | Laminotomy, single lumbar | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63043 | C | | Laminotomy, add'l cervical | | | | | |
| 63044 | C | | Laminotomy, add'l lumbar | | | | | |
| 63045 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63046 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63047 | T | | Removal of spinal lamina | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63048 | T | | Remove spinal lamina add-on | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63055 | T | | Decompress spinal cord | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63056 | T | | Decompress spinal cord | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63057 | T | | Decompress spine cord add-on | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63064 | T | | Decompress spinal cord | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63066 | T | | Decompress spine cord add-on | 0208 | 42.6390 | \$2,434.60 | | \$486.92 |
| 63075 | C | | Neck spine disk surgery | | | | | |
| 63076 | C | | Neck spine disk surgery | | | | | |
| 63077 | C | | Spine disk surgery, thorax | | | | | |
| 63078 | C | | Spine disk surgery, thorax | | | | | |
| 63081 | C | | Removal of vertebral body | | | | | |
| 63082 | C | | Remove vertebral body add-on | | | | | |
| 63085 | C | | Removal of vertebral body | | | | | |
| 63086 | C | | Remove vertebral body add-on | | | | | |
| 63087 | C | | Removal of vertebral body | | | | | |
| 63088 | C | | Remove vertebral body add-on | | | | | |
| 63090 | C | | Removal of vertebral body | | | | | |
| 63091 | C | | Remove vertebral body add-on | | | | | |
| 63101 | C | | Removal of vertebral body | | | | | |
| 63102 | C | | Removal of vertebral body | | | | | |
| 63103 | C | | Remove vertebral body add-on | | | | | |
| 63170 | C | | Incise spinal cord tract(s) | | | | | |
| 63172 | C | | Drainage of spinal cyst | | | | | |
| 63173 | C | | Drainage of spinal cyst | | | | | |
| 63180 | C | | Revise spinal cord ligaments | | | | | |
| 63182 | C | | Revise spinal cord ligaments | | | | | |
| 63185 | C | | Incise spinal column/nerves | | | | | |
| 63190 | C | | Incise spinal column/nerves | | | | | |
| 63191 | C | | Incise spinal column/nerves | | | | | |
| 63194 | C | | Incise spinal column & cord | | | | | |
| 63195 | C | | Incise spinal column & cord | | | | | |
| 63196 | C | | Incise spinal column & cord | | | | | |
| 63197 | C | | Incise spinal column & cord | | | | | |
| 63198 | C | | Incise spinal column & cord | | | | | |
| 63199 | C | | Incise spinal column & cord | | | | | |
| 63200 | C | | Release of spinal cord | | | | | |
| 63250 | C | | Revise spinal cord vessels | | | | | |
| 63251 | C | | Revise spinal cord vessels | | | | | |
| 63252 | C | | Revise spinal cord vessels | | | | | |
| 63265 | C | | Excise intraspinal lesion | | | | | |
| 63266 | C | | Excise intraspinal lesion | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 63267 | C | | Excise intraspinal lesion | | | | | |
| 63268 | C | | Excise intraspinal lesion | | | | | |
| 63270 | C | | Excise intraspinal lesion | | | | | |
| 63271 | C | | Excise intraspinal lesion | | | | | |
| 63272 | C | | Excise intraspinal lesion | | | | | |
| 63273 | C | | Excise intraspinal lesion | | | | | |
| 63275 | C | | Biopsy/excise spinal tumor | | | | | |
| 63276 | C | | Biopsy/excise spinal tumor | | | | | |
| 63277 | C | | Biopsy/excise spinal tumor | | | | | |
| 63278 | C | | Biopsy/excise spinal tumor | | | | | |
| 63280 | C | | Biopsy/excise spinal tumor | | | | | |
| 63281 | C | | Biopsy/excise spinal tumor | | | | | |
| 63282 | C | | Biopsy/excise spinal tumor | | | | | |
| 63283 | C | | Biopsy/excise spinal tumor | | | | | |
| 63285 | C | | Biopsy/excise spinal tumor | | | | | |
| 63286 | C | | Biopsy/excise spinal tumor | | | | | |
| 63287 | C | | Biopsy/excise spinal tumor | | | | | |
| 63290 | C | | Biopsy/excise spinal tumor | | | | | |
| 63300 | C | | Removal of vertebral body | | | | | |
| 63301 | C | | Removal of vertebral body | | | | | |
| 63302 | C | | Removal of vertebral body | | | | | |
| 63303 | C | | Removal of vertebral body | | | | | |
| 63304 | C | | Removal of vertebral body | | | | | |
| 63305 | C | | Removal of vertebral body | | | | | |
| 63306 | C | | Removal of vertebral body | | | | | |
| 63307 | C | | Removal of vertebral body | | | | | |
| 63308 | C | | Remove vertebral body add-on | | | | | |
| 63600 | T | | Remove spinal cord lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 63610 | T | | Stimulation of spinal cord | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 63615 | T | | Remove lesion of spinal cord | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 63650 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 63655 | S | | Implant neuroelectrodes | 0225 | 213.3580 | \$12,182.30 | | \$2,436.46 |
| 63660 | T | | Revise/remove neuroelectrode | 0687 | 20.2192 | \$1,154.48 | \$513.05 | \$230.90 |
| 63685 | T | | Implant neuroreceiver | 0222 | 207.4621 | \$11,845.60 | | \$2,369.13 |
| 63688 | T | | Revise/remove neuroreceiver | 0688 | 42.5576 | \$2,429.95 | \$1,093.47 | \$485.99 |
| 63700 | C | | Repair of spinal herniation | | | | | |
| 63702 | C | | Repair of spinal herniation | | | | | |
| 63704 | C | | Repair of spinal herniation | | | | | |
| 63706 | C | | Repair of spinal herniation | | | | | |
| 63707 | C | | Repair spinal fluid leakage | | | | | |
| 63709 | C | | Repair spinal fluid leakage | | | | | |
| 63710 | C | | Graft repair of spine defect | | | | | |
| 63740 | C | | Install spinal shunt | | | | | |
| 63741 | T | | Install spinal shunt | 0228 | 42.6965 | \$2,437.88 | \$546.07 | \$487.58 |
| 63744 | T | | Revision of spinal shunt | 0228 | 42.6965 | \$2,437.88 | \$546.07 | \$487.58 |
| 63746 | T | | Removal of spinal shunt | 0109 | 7.6069 | \$434.34 | \$131.49 | \$86.87 |
| 64400 | T | | N block inj, trigeminal | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64402 | T | | N block inj, facial | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64405 | T | | N block inj, occipital | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64408 | T | | N block inj, vagus | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 64410 | T | | N block inj, phrenic | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64412 | T | | N block inj, spinal accessor | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64413 | T | | N block inj, cervical plexus | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64415 | T | | Injection for nerve block | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64416 | T | | N block cont infuse, b plex | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64417 | T | | N block inj, axillary | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64418 | T | | N block inj, suprascapular | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64420 | T | | N block inj, intercost, sng | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64421 | T | | N block inj, intercost, mlt | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64425 | T | | N block inj ilio-ing/hypogi | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64430 | T | | N block inj, pudendal | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64435 | T | | N block inj, paracervical | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64445 | T | | Injection for nerve block | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64446 | T | | N blk inj, sciatic, cont inf | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64447 | T | | N block inj fem, single | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64448 | T | | N block inj fem, cont inf | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64449 | T | | N block inj, lumbar plexus | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64450 | T | | N block, other peripheral | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64470 | T | | Inj paravertebral c/t | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64472 | T | | Inj paravertebral c/t add-on | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64475 | T | | Inj paravertebral l/s | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64476 | T | | Inj paravertebral l/s add-on | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64479 | T | | Inj foramen epidural c/t | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64480 | T | | Inj foramen epidural add-on | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64483 | T | | Inj foramen epidural l/s | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64484 | T | | Inj foramen epidural add-on | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64505 | T | | N block, sphenopalatine gangl | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64508 | T | | N block, carotid sinus s/p | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64510 | T | | N block, stellate ganglion | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64517 | T | | N block inj, hypogas plxs | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64520 | T | | N block, lumbar/thoracic | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64530 | T | | N block inj, celiac pelus | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64550 | A | | Apply neurostimulator | | | | | |
| 64553 | S | | Implant neuroelectrodes | 0225 | 213.3580 | \$12,182.30 | | \$2,436.46 |
| 64555 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 64560 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 64561 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 64565 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 64573 | S | | Implant neuroelectrodes | 0225 | 213.3580 | \$12,182.30 | | \$2,436.46 |
| 64575 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 64577 | S | | Implant neuroelectrodes | 0225 | 213.3580 | \$12,182.30 | | \$2,436.46 |
| 64580 | S | | Implant neuroelectrodes | 0225 | 213.3580 | \$12,182.30 | | \$2,436.46 |
| 64581 | S | | Implant neuroelectrodes | 0040 | 49.2226 | \$2,810.51 | | \$562.10 |
| 64585 | T | | Revise/remove neuroelectrode | 0687 | 20.2192 | \$1,154.48 | \$513.05 | \$230.90 |
| 64590 | T | | Implant neuroreceiver | 0222 | 207.4621 | \$11,845.60 | | \$2,369.13 |
| 64595 | T | | Revise/remove neuroreceiver | 0688 | 42.5576 | \$2,429.95 | \$1,093.47 | \$485.99 |
| 64600 | T | | Injection treatment of nerve | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 64605 | T | | Injection treatment of nerve | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 64610 | T | | Injection treatment of nerve | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 64612 | T | | Destroy nerve, face muscle | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 64613 | T | | Destroy nerve, spine muscle | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64614 | T | | Destroy nerve, extrem musc | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 64620 | T | | Injection treatment of nerve | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64622 | T | | Destr paravertebrl nerve l/s | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 64623 | T | | Destr paravertebral n add-on | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64626 | T | | Destr paravertebrl nerve c/t | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 64627 | T | | Destr paravertebral n add-on | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64630 | T | | Injection treatment of nerve | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64640 | T | | Injection treatment of nerve | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| 64680 | T | | Injection treatment of nerve | 0207 | 5.8711 | \$335.23 | \$87.79 | \$67.05 |
| 64681 | T | | Injection treatment of nerve | 0203 | 13.8105 | \$788.55 | \$276.76 | \$157.71 |
| 64702 | T | | Revise finger/toe nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64704 | T | | Revise hand/foot nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64708 | T | | Revise arm/leg nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64712 | T | | Revision of sciatic nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64713 | T | | Revision of arm nerve(s) | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64714 | T | | Revise low back nerve(s) | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64716 | T | | Revision of cranial nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64718 | T | | Revise ulnar nerve at elbow | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64719 | T | | Revise ulnar nerve at wrist | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64721 | T | | Carpal tunnel surgery | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64722 | T | | Relieve pressure on nerve(s) | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64726 | T | | Release foot/toe nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64727 | T | | Internal nerve revision | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64732 | T | | Incision of brow nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64734 | T | | Incision of cheek nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64736 | T | | Incision of chin nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64738 | T | | Incision of jaw nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64740 | T | | Incision of tongue nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64742 | T | | Incision of facial nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64744 | T | | Incise nerve, back of head | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64746 | T | | Incise diaphragm nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64752 | C | | Incision of vagus nerve | | | | | |
| 64755 | C | | Incision of stomach nerves | | | | | |
| 64760 | C | | Incision of vagus nerve | | | | | |
| 64761 | T | | Incision of pelvis nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64763 | C | | Incise hip/thigh nerve | | | | | |
| 64766 | C | | Incise hip/thigh nerve | | | | | |
| 64771 | T | | Sever cranial nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64772 | T | | Incision of spinal nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64774 | T | | Remove skin nerve lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64776 | T | | Remove digit nerve lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64778 | T | | Digit nerve surgery add-on | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64782 | T | | Remove limb nerve lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64783 | T | | Limb nerve surgery add-on | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64784 | T | | Remove nerve lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64786 | T | | Remove sciatic nerve lesion | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64787 | T | | Implant nerve end | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64788 | T | | Remove skin nerve lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64790 | T | | Removal of nerve lesion | 0220 | 17.4557 | \$996.69 | | \$199.34 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 64792 | T | | Removal of nerve lesion | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64795 | T | | Biopsy of nerve | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64802 | T | | Remove sympathetic nerves | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64804 | C | | Remove sympathetic nerves | | | | | |
| 64809 | C | | Remove sympathetic nerves | | | | | |
| 64818 | C | | Remove sympathetic nerves | | | | | |
| 64820 | T | | Remove sympathetic nerves | 0220 | 17.4557 | \$996.69 | | \$199.34 |
| 64821 | T | | Remove sympathetic nerves | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 64822 | T | | Remove sympathetic nerves | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 64823 | T | | Remove sympathetic nerves | 0054 | 25.0921 | \$1,432.71 | | \$286.54 |
| 64831 | T | | Repair of digit nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64832 | T | | Repair nerve add-on | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64834 | T | | Repair of hand or foot nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64835 | T | | Repair of hand or foot nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64836 | T | | Repair of hand or foot nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64837 | T | | Repair nerve add-on | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64840 | T | | Repair of leg nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64856 | T | | Repair/transpose nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64857 | T | | Repair arm/leg nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64858 | T | | Repair sciatic nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64859 | T | | Nerve surgery | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64861 | T | | Repair of arm nerves | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64862 | T | | Repair of low back nerves | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64864 | T | | Repair of facial nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64865 | T | | Repair of facial nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64866 | C | | Fusion of facial/other nerve | | | | | |
| 64868 | C | | Fusion of facial/other nerve | | | | | |
| 64870 | T | | Fusion of facial/other nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64872 | T | | Subsequent repair of nerve | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64874 | T | | Repair & revise nerve add-on | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64876 | T | | Repair nerve/shorten bone | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64885 | T | | Nerve graft, head or neck | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64886 | T | | Nerve graft, head or neck | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64890 | T | | Nerve graft, hand or foot | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64891 | T | | Nerve graft, hand or foot | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64892 | T | | Nerve graft, arm or leg | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64893 | T | | Nerve graft, arm or leg | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64895 | T | | Nerve graft, hand or foot | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64896 | T | | Nerve graft, hand or foot | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64897 | T | | Nerve graft, arm or leg | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64898 | T | | Nerve graft, arm or leg | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64901 | T | | Nerve graft add-on | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64902 | T | | Nerve graft add-on | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64905 | T | | Nerve pedicle transfer | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64907 | T | | Nerve pedicle transfer | 0221 | 26.1283 | \$1,491.87 | \$463.62 | \$298.37 |
| 64999 | T | | Nervous system surgery | 0204 | 2.1898 | \$125.03 | \$40.13 | \$25.01 |
| 65091 | T | | Revise eye | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65093 | T | | Revise eye with implant | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 65101 | T | | Removal of eye | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65103 | T | | Remove eye/insert implant | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 65105 | T | | Remove eye/attach implant | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65110 | T | | Removal of eye | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65112 | T | | Remove eye/revise socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65114 | T | | Remove eye/revise socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65125 | T | | Revise ocular implant | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 65130 | T | | Insert ocular implant | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 65135 | T | | Insert ocular implant | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 65140 | T | | Attach ocular implant | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65150 | T | | Revise ocular implant | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 65155 | T | | Reinsert ocular implant | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 65175 | T | | Removal of ocular implant | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 65205 | S | | Remove foreign body from eye | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 65210 | S | | Remove foreign body from eye | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 65220 | S | | Remove foreign body from eye | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 65222 | S | | Remove foreign body from eye | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 65235 | T | | Remove foreign body from eye | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65260 | T | | Remove foreign body from eye | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 65265 | T | | Remove foreign body from eye | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 65270 | T | | Repair of eye wound | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 65272 | T | | Repair of eye wound | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65273 | C | | Repair of eye wound | | | | | |
| 65275 | T | | Repair of eye wound | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65280 | T | | Repair of eye wound | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 65285 | T | | Repair of eye wound | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 65286 | T | | Repair of eye wound | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 65290 | T | | Repair of eye socket wound | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 65400 | T | | Removal of eye lesion | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65410 | T | | Biopsy of cornea | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65420 | T | | Removal of eye lesion | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65426 | T | | Removal of eye lesion | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65430 | S | | Corneal smear | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 65435 | T | | Curette/treat cornea | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 65436 | T | | Curette/treat cornea | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65450 | S | | Treatment of corneal lesion | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 65600 | T | | Revision of cornea | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 65710 | T | | Corneal transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65730 | T | | Corneal transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65750 | T | | Corneal transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65755 | T | | Corneal transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65760 | E | | Revision of cornea | | | | | |
| 65765 | E | | Revision of cornea | | | | | |
| 65767 | E | | Corneal tissue transplant | | | | | |
| 65770 | T | | Revise cornea with implant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65771 | E | | Radial keratotomy | | | | | |
| 65772 | T | | Correction of astigmatism | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65775 | T | | Correction of astigmatism | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65780 | T | | Ocular reconst, transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65781 | T | | Ocular reconst, transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65782 | T | | Ocular reconst, transplant | 0244 | 39.6410 | \$2,263.42 | \$803.26 | \$452.68 |
| 65800 | T | | Drainage of eye | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 65805 | T | | Drainage of eye | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65810 | T | | Drainage of eye | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65815 | T | | Drainage of eye | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65820 | T | | Relieve inner eye pressure | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 65850 | T | | Incision of eye | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65855 | T | | Laser surgery of eye | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 65860 | T | | Incise inner eye adhesions | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 65865 | T | | Incise inner eye adhesions | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65870 | T | | Incise inner eye adhesions | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65875 | T | | Incise inner eye adhesions | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65880 | T | | Incise inner eye adhesions | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65900 | T | | Remove eye lesion | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 65920 | T | | Remove implant of eye | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 65930 | T | | Remove blood clot from eye | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66020 | T | | Injection treatment of eye | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 66030 | T | | Injection treatment of eye | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 66130 | T | | Remove eye lesion | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66150 | T | | Glaucoma surgery | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66155 | T | | Glaucoma surgery | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66160 | T | | Glaucoma surgery | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66165 | T | | Glaucoma surgery | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66170 | T | | Glaucoma surgery | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66172 | T | | Incision of eye | 0673 | 29.0716 | \$1,659.93 | \$649.56 | \$331.99 |
| 66180 | T | | Implant eye shunt | 0673 | 29.0716 | \$1,659.93 | \$649.56 | \$331.99 |
| 66185 | T | | Revise eye shunt | 0673 | 29.0716 | \$1,659.93 | \$649.56 | \$331.99 |
| 66220 | T | | Repair eye lesion | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 66225 | T | | Repair/graft eye lesion | 0673 | 29.0716 | \$1,659.93 | \$649.56 | \$331.99 |
| 66250 | T | | Follow-up surgery of eye | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 66500 | T | | Incision of iris | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 66505 | T | | Incision of iris | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 66600 | T | | Remove iris and lesion | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66605 | T | | Removal of iris | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66625 | T | | Removal of iris | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 66630 | T | | Removal of iris | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66635 | T | | Removal of iris | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66680 | T | | Repair iris & ciliary body | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66682 | T | | Repair iris & ciliary body | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66700 | T | | Destruction, ciliary body | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 66710 | T | | Destruction, ciliary body | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 66720 | T | | Destruction, ciliary body | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 66740 | T | | Destruction, ciliary body | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66761 | T | | Revision of iris | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 66762 | T | | Revision of iris | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 66770 | T | | Removal of inner eye lesion | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 66820 | T | | Incision, secondary cataract | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 66821 | T | | After cataract laser surgery | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 66825 | T | | Reposition intraocular lens | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 66830 | T | | Removal of lens lesion | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 66840 | T | | Removal of lens material | 0245 | 14.0851 | \$804.23 | \$222.22 | \$160.85 |
| 66850 | T | | Removal of lens material | 0249 | 28.4466 | \$1,624.24 | \$524.67 | \$324.85 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 66852 | T | | Removal of lens material | 0249 | 28.4466 | \$1,624.24 | \$524.67 | \$324.85 |
| 66920 | T | | Extraction of lens | 0249 | 28.4466 | \$1,624.24 | \$524.67 | \$324.85 |
| 66930 | T | | Extraction of lens | 0249 | 28.4466 | \$1,624.24 | \$524.67 | \$324.85 |
| 66940 | T | | Extraction of lens | 0245 | 14.0851 | \$804.23 | \$222.22 | \$160.85 |
| 66982 | T | | Cataract surgery, complex | 0246 | 23.4763 | \$1,340.45 | \$495.96 | \$268.09 |
| 66983 | T | | Cataract surg w/iol, 1 stage | 0246 | 23.4763 | \$1,340.45 | \$495.96 | \$268.09 |
| 66984 | T | | Cataract surg w/iol, 1 stage | 0246 | 23.4763 | \$1,340.45 | \$495.96 | \$268.09 |
| 66985 | T | | Insert lens prosthesis | 0246 | 23.4763 | \$1,340.45 | \$495.96 | \$268.09 |
| 66986 | T | | Exchange lens prosthesis | 0246 | 23.4763 | \$1,340.45 | \$495.96 | \$268.09 |
| 66990 | N | | Ophthalmic endoscope add-on | | | | | |
| 66999 | T | | Eye surgery procedure | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 67005 | T | | Partial removal of eye fluid | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67010 | T | | Partial removal of eye fluid | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67015 | T | | Release of eye fluid | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67025 | T | | Replace eye fluid | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67027 | T | | Implant eye drug system | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67028 | T | | Injection eye drug | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67030 | T | | Incise inner eye strands | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67031 | T | | Laser surgery, eye strands | 0247 | 5.1315 | \$293.00 | \$104.31 | \$58.60 |
| 67036 | T | | Removal of inner eye fluid | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67038 | T | | Strip retinal membrane | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67039 | T | | Laser treatment of retina | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67040 | T | | Laser treatment of retina | 0672 | 40.1207 | \$2,290.81 | \$988.43 | \$458.16 |
| 67101 | T | | Repair detached retina | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67105 | T | | Repair detached retina | 0248 | 4.9612 | \$283.27 | \$95.08 | \$56.65 |
| 67107 | T | | Repair detached retina | 0672 | 40.1207 | \$2,290.81 | \$988.43 | \$458.16 |
| 67108 | T | | Repair detached retina | 0672 | 40.1207 | \$2,290.81 | \$988.43 | \$458.16 |
| 67110 | T | | Repair detached retina | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67112 | T | | Rerepair detached retina | 0672 | 40.1207 | \$2,290.81 | \$988.43 | \$458.16 |
| 67115 | T | | Release encircling material | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67120 | T | | Remove eye implant material | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67121 | T | | Remove eye implant material | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67141 | T | | Treatment of retina | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67145 | T | | Treatment of retina | 0248 | 4.9612 | \$283.27 | \$95.08 | \$56.65 |
| 67208 | T | | Treatment of retinal lesion | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67210 | T | | Treatment of retinal lesion | 0248 | 4.9612 | \$283.27 | \$95.08 | \$56.65 |
| 67218 | T | | Treatment of retinal lesion | 0236 | 21.3988 | \$1,221.83 | | \$244.37 |
| 67220 | T | | Treatment of choroid lesion | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67221 | T | | Ocular photodynamic ther | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67225 | T | | Eye photodynamic ther add-on | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67227 | T | | Treatment of retinal lesion | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67228 | T | | Treatment of retinal lesion | 0248 | 4.9612 | \$283.27 | \$95.08 | \$56.65 |
| 67250 | T | | Reinforce eye wall | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67255 | T | | Reinforce/graft eye wall | 0237 | 34.7405 | \$1,983.61 | \$818.54 | \$396.72 |
| 67299 | T | | Eye surgery procedure | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| 67311 | T | | Revise eye muscle | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67312 | T | | Revise two eye muscles | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67314 | T | | Revise eye muscle | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67316 | T | | Revise two eye muscles | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67318 | T | | Revise eye muscle(s) | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 67320 | T | | Revise eye muscle(s) add-on | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67331 | T | | Eye surgery follow-up add-on | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67332 | T | | Rerevise eye muscles add-on | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67334 | T | | Revise eye muscle w/suture | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67335 | T | | Eye suture during surgery | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67340 | T | | Revise eye muscle add-on | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67343 | T | | Release eye tissue | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67345 | T | | Destroy nerve of eye muscle | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67350 | T | | Biopsy eye muscle | 0699 | 9.8497 | \$562.40 | | \$112.48 |
| 67399 | T | | Eye muscle surgery procedure | 0243 | 22.6568 | \$1,293.66 | \$431.39 | \$258.73 |
| 67400 | T | | Explore/biopsy eye socket | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67405 | T | | Explore/drain eye socket | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67412 | T | | Explore/treat eye socket | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67413 | T | | Explore/treat eye socket | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67414 | T | | Explr/decompress eye socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67415 | T | | Aspiration, orbital contents | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67420 | T | | Explore/treat eye socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67430 | T | | Explore/treat eye socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67440 | T | | Explore/drain eye socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67445 | T | | Explr/decompress eye socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67450 | T | | Explore/biopsy eye socket | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67500 | S | | Inject/treat eye socket | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 67505 | T | | Inject/treat eye socket | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67515 | T | | Inject/treat eye socket | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67550 | T | | Insert eye socket implant | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67560 | T | | Revise eye socket implant | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67570 | T | | Decompress optic nerve | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 67599 | T | | Orbit surgery procedure | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67700 | T | | Drainage of eyelid abscess | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67710 | T | | Incision of eyelid | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67715 | T | | Incision of eyelid fold | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67800 | T | | Remove eyelid lesion | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67801 | T | | Remove eyelid lesions | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67805 | T | | Remove eyelid lesions | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67808 | T | | Remove eyelid lesion(s) | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67810 | T | | Biopsy of eyelid | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67820 | S | | Revise eyelashes | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 67825 | T | | Revise eyelashes | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 67830 | T | | Revise eyelashes | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67835 | T | | Revise eyelashes | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67840 | T | | Remove eyelid lesion | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67850 | T | | Treat eyelid lesion | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67875 | T | | Closure of eyelid by suture | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67880 | T | | Revision of eyelid | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 67882 | T | | Revision of eyelid | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67900 | T | | Repair brow defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67901 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67902 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67903 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67904 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 67906 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67908 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67909 | T | | Revise eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67911 | T | | Revise eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67912 | T | | Correction eyelid w/ implant | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67914 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67915 | T | | Repair eyelid defect | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 67916 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67917 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67921 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67922 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67923 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67924 | T | | Repair eyelid defect | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67930 | T | | Repair eyelid wound | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67935 | T | | Repair eyelid wound | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67938 | S | | Remove eyelid foreign body | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 67950 | T | | Revision of eyelid | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67961 | T | | Revision of eyelid | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67966 | T | | Revision of eyelid | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67971 | T | | Reconstruction of eyelid | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67973 | T | | Reconstruction of eyelid | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67974 | T | | Reconstruction of eyelid | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 67975 | T | | Reconstruction of eyelid | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 67999 | T | | Revision of eyelid | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 68020 | T | | Incise/drain eyelid lining | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68040 | S | | Treatment of eyelid lesions | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 68100 | T | | Biopsy of eyelid lining | 0232 | 6.9534 | \$397.03 | \$103.17 | \$79.41 |
| 68110 | T | | Remove eyelid lining lesion | 0699 | 9.8497 | \$562.40 | | \$112.48 |
| 68115 | T | | Remove eyelid lining lesion | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68130 | T | | Remove eyelid lining lesion | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 68135 | T | | Remove eyelid lining lesion | 0239 | 6.7303 | \$384.29 | | \$76.86 |
| 68200 | S | | Treat eyelid by injection | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 68320 | T | | Revise/graft eyelid lining | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68325 | T | | Revise/graft eyelid lining | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 68326 | T | | Revise/graft eyelid lining | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68328 | T | | Revise/graft eyelid lining | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68330 | T | | Revise eyelid lining | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 68335 | T | | Revise/graft eyelid lining | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68340 | T | | Separate eyelid adhesions | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68360 | T | | Revise eyelid lining | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 68362 | T | | Revise eyelid lining | 0234 | 22.2939 | \$1,272.94 | \$511.31 | \$254.59 |
| 68371 | T | | Harvest eye tissue, allograft | 0233 | 14.8258 | \$846.52 | \$266.33 | \$169.30 |
| 68399 | T | | Eyelid lining surgery | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 68400 | T | | Incise/drain tear gland | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 68420 | T | | Incise/drain tear sac | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68440 | T | | Incise tear duct opening | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 68500 | T | | Removal of tear gland | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68505 | T | | Partial removal, tear gland | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68510 | T | | Biopsy of tear gland | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68520 | T | | Removal of tear sac | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 68525 | T | | Biopsy of tear sac | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68530 | T | | Clearance of tear duct | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68540 | T | | Remove tear gland lesion | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68550 | T | | Remove tear gland lesion | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 68700 | T | | Repair tear ducts | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68705 | T | | Revise tear duct opening | 0238 | 2.9161 | \$166.50 | | \$33.30 |
| 68720 | T | | Create tear sac drain | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 68745 | T | | Create tear duct drain | 0241 | 23.7791 | \$1,357.74 | \$384.47 | \$271.55 |
| 68750 | T | | Create tear duct drain | 0242 | 30.3970 | \$1,735.61 | \$597.36 | \$347.12 |
| 68760 | S | | Close tear duct opening | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 68761 | S | | Close tear duct opening | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 68770 | T | | Close tear system fistula | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68801 | S | | Dilate tear duct opening | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 68810 | T | | Probe nasolacrimal duct | 0699 | 9.8497 | \$562.40 | | \$112.48 |
| 68811 | T | | Probe nasolacrimal duct | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68815 | T | | Probe nasolacrimal duct | 0240 | 18.1670 | \$1,037.30 | \$315.31 | \$207.46 |
| 68840 | S | | Explore/irrigate tear ducts | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 68850 | N | | Injection for tear sac x-ray | | | | | |
| 68899 | S | | Tear duct system surgery | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 69000 | T | | Drain external ear lesion | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 69005 | T | | Drain external ear lesion | 0007 | 12.5436 | \$716.21 | | \$143.24 |
| 69020 | T | | Drain outer ear canal lesion | 0006 | 1.6969 | \$96.89 | \$23.26 | \$19.38 |
| 69090 | E | | Pierce earlobes | | | | | |
| 69100 | T | | Biopsy of external ear | 0019 | 4.2663 | \$243.60 | \$71.87 | \$48.72 |
| 69105 | T | | Biopsy of external ear canal | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 69110 | T | | Remove external ear, partial | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 69120 | T | | Removal of external ear | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69140 | T | | Remove ear canal lesion(s) | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69145 | T | | Remove ear canal lesion(s) | 0021 | 14.9964 | \$856.26 | \$219.48 | \$171.25 |
| 69150 | T | | Extensive ear canal surgery | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 69155 | C | | Extensive ear/neck surgery | | | | | |
| 69200 | X | | Clear outer ear canal | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 69205 | T | | Clear outer ear canal | 0022 | 19.4617 | \$1,111.22 | \$354.45 | \$222.24 |
| 69210 | X | | Remove impacted ear wax | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 69220 | T | | Clean out mastoid cavity | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 69222 | T | | Clean out mastoid cavity | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 69300 | T | | Revise external ear | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69310 | T | | Rebuild outer ear canal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69320 | T | | Rebuild outer ear canal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69399 | T | | Outer ear surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 69400 | T | | Inflate middle ear canal | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 69401 | T | | Inflate middle ear canal | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 69405 | T | | Catheterize middle ear canal | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 69410 | T | | Inset middle ear (baffle) | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 69420 | T | | Incision of eardrum | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 69421 | T | | Incision of eardrum | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 69424 | T | | Remove ventilating tube | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 69433 | T | | Create eardrum opening | 0252 | 6.5732 | \$375.32 | \$113.41 | \$75.06 |
| 69436 | T | | Create eardrum opening | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 69440 | T | | Exploration of middle ear | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|--------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 69450 | T | | Eardrum revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69501 | T | | Mastoidectomy | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69502 | T | | Mastoidectomy | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69505 | T | | Remove mastoid structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69511 | T | | Extensive mastoid surgery | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69530 | T | | Extensive mastoid surgery | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69535 | C | | Remove part of temporal bone | | | | | |
| 69540 | T | | Remove ear lesion | 0253 | 15.9924 | \$913.13 | \$282.29 | \$182.63 |
| 69550 | T | | Remove ear lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69552 | T | | Remove ear lesion | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69554 | C | | Remove ear lesion | | | | | |
| 69601 | T | | Mastoid surgery revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69602 | T | | Mastoid surgery revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69603 | T | | Mastoid surgery revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69604 | T | | Mastoid surgery revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69605 | T | | Mastoid surgery revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69610 | T | | Repair of eardrum | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69620 | T | | Repair of eardrum | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69631 | T | | Repair eardrum structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69632 | T | | Rebuild eardrum structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69633 | T | | Rebuild eardrum structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69635 | T | | Repair eardrum structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69636 | T | | Rebuild eardrum structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69637 | T | | Rebuild eardrum structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69641 | T | | Revise middle ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69642 | T | | Revise middle ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69643 | T | | Revise middle ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69644 | T | | Revise middle ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69645 | T | | Revise middle ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69646 | T | | Revise middle ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69650 | T | | Release middle ear bone | 0254 | 23.5464 | \$1,344.45 | \$321.35 | \$268.89 |
| 69660 | T | | Revise middle ear bone | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69661 | T | | Revise middle ear bone | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69662 | T | | Revise middle ear bone | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69666 | T | | Repair middle ear structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69667 | T | | Repair middle ear structures | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69670 | T | | Remove mastoid air cells | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69676 | T | | Remove middle ear nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69700 | T | | Close mastoid fistula | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69710 | E | | Implant/replace hearing aid | | | | | |
| 69711 | T | | Remove/repair hearing aid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69714 | T | | Implant temple bone w/stimul | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69715 | T | | Temple bone implant w/stimulat | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69717 | T | | Temple bone implant revision | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69718 | T | | Revise temple bone implant | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69720 | T | | Release facial nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69725 | T | | Release facial nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69740 | T | | Repair facial nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69745 | T | | Repair facial nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69799 | T | | Middle ear surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 69801 | T | | Incise inner ear | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69802 | T | | Incise inner ear | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69805 | T | | Explore inner ear | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69806 | T | | Explore inner ear | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69820 | T | | Establish inner ear window | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69840 | T | | Revise inner ear window | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69905 | T | | Remove inner ear | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69910 | T | | Remove inner ear & mastoid | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69915 | T | | Incise inner ear nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69930 | T | | Implant cochlear device | 0259 | 414.8416 | \$23,686.60 | \$9,394.83 | \$4,737.33 |
| 69949 | T | | Inner ear surgery procedure | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 69950 | C | | Incise inner ear nerve | | | | | |
| 69955 | T | | Release facial nerve | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69960 | T | | Release inner ear canal | 0256 | 37.1347 | \$2,120.32 | | \$424.06 |
| 69970 | C | | Remove inner ear lesion | | | | | |
| 69979 | T | | Temporal bone surgery | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 69990 | N | | Microsurgery add-on | | | | | |
| 70010 | S | | Contrast x-ray of brain | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 70015 | S | | Contrast x-ray of brain | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 70030 | X | | X-ray eye for foreign body | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70100 | X | | X-ray exam of jaw | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70110 | X | | X-ray exam of jaw | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70120 | X | | X-ray exam of mastoids | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70130 | X | | X-ray exam of mastoids | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70134 | X | | X-ray exam of middle ear | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 70140 | X | | X-ray exam of facial bones | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70150 | X | | X-ray exam of facial bones | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70160 | X | | X-ray exam of nasal bones | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70170 | X | | X-ray exam of tear duct | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 70190 | X | | X-ray exam of eye sockets | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70200 | X | | X-ray exam of eye sockets | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70210 | X | | X-ray exam of sinuses | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70220 | X | | X-ray exam of sinuses | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70240 | X | | X-ray exam, pituitary saddle | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70250 | X | | X-ray exam of skull | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70260 | X | | X-ray exam of skull | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 70300 | X | | X-ray exam of teeth | 0262 | 1.5454 | \$88.24 | | \$17.65 |
| 70310 | X | | X-ray exam of teeth | 0262 | 1.5454 | \$88.24 | | \$17.65 |
| 70320 | X | | Full mouth x-ray of teeth | 0262 | 1.5454 | \$88.24 | | \$17.65 |
| 70328 | X | | X-ray exam of jaw joint | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70330 | X | | X-ray exam of jaw joints | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70332 | S | | X-ray exam of jaw joint | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 70336 | S | | Magnetic image, jaw joint | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 70350 | X | | X-ray head for orthodontia | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70355 | X | | Panoramic x-ray of jaws | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70360 | X | | X-ray exam of neck | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 70370 | X | | Throat x-ray & fluoroscopy | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 70371 | X | | Speech evaluation, complex | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 70373 | X | | Contrast x-ray of larynx | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 70380 | X | | X-ray exam of salivary gland | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|---------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 70390 | X | | X-ray exam of salivary duct | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 70450 | S | | Ct head/brain w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 70460 | S | | Ct head/brain w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 70470 | S | | Ct head/brain w/o & w/ dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 70480 | S | | Ct orbit/ear/fossa w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 70481 | S | | Ct orbit/ear/fossa w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 70482 | S | | Ct orbit/ear/fossa w/o&w dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 70486 | S | | Ct maxillofacial w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 70487 | S | | Ct maxillofacial w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 70488 | S | | Ct maxillofacial w/o & w dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 70490 | S | | Ct soft tissue neck w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 70491 | S | | Ct soft tissue neck w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 70492 | S | | Ct soft tissue neck w/o & w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 70496 | S | | Ct angiography, head | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 70498 | S | | Ct angiography, neck | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 70540 | S | | Mri orbit/face/neck w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 70542 | S | | Mri orbit/face/neck w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 70543 | S | | Mri orbit/face/neck w/o & w dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 70544 | S | | Mr angiography head w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 70545 | S | | Mr angiography head w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 70546 | S | | Mr angiography head w/o&w dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 70547 | S | | Mr angiography neck w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 70548 | S | | Mr angiography neck w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 70549 | S | | Mr angiography neck w/o&w dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 70551 | S | | Mri brain w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 70552 | S | | Mri brain w/ dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 70553 | S | | Mri brain w/o & w/ dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 70557 | S | | Mri brain w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 70558 | S | | Mri brain w/ dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 70559 | S | | Mri brain w/o & w/ dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 71010 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71015 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71020 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71021 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71022 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71023 | X | | Chest x-ray and fluoroscopy | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 71030 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71034 | X | | Chest x-ray and fluoroscopy | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 71035 | X | | Chest x-ray | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71040 | X | | Contrast x-ray of bronchi | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 71060 | X | | Contrast x-ray of bronchi | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 71090 | X | | X-ray & pacemaker insertion | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 71100 | X | | X-ray exam of ribs | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71101 | X | | X-ray exam of ribs/chest | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71110 | X | | X-ray exam of ribs | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71111 | X | | X-ray exam of ribs/ chest | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 71120 | X | | X-ray exam of breastbone | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71130 | X | | X-ray exam of breastbone | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 71250 | S | | Ct thorax w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 71260 | S | | Ct thorax w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 71270 | S | | Ct thorax w/o & w/ dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 71275 | S | | Ct angiography, chest | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 71550 | S | | Mri chest w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 71551 | S | | Mri chest w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 71552 | S | | Mri chest w/o & w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 71555 | B | | Mri angio chest w or w/o dye | | | | | |
| 72010 | X | | X-ray exam of spine | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 72020 | X | | X-ray exam of spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72040 | X | | X-ray exam of neck spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72050 | X | | X-ray exam of neck spine | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 72052 | X | | X-ray exam of neck spine | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 72069 | X | | X-ray exam of trunk spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72070 | X | | X-ray exam of thoracic spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72072 | X | | X-ray exam of thoracic spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72074 | X | | X-ray exam of thoracic spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72080 | X | | X-ray exam of trunk spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72090 | X | | X-ray exam of trunk spine | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 72100 | X | | X-ray exam of lower spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72110 | X | | X-ray exam of lower spine | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 72114 | X | | X-ray exam of lower spine | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 72120 | X | | X-ray exam of lower spine | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72125 | S | | Ct neck spine w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 72126 | S | | Ct neck spine w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 72127 | S | | Ct neck spine w/o & w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 72128 | S | | Ct chest spine w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 72129 | S | | Ct chest spine w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 72130 | S | | Ct chest spine w/o & w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 72131 | S | | Ct lumbar spine w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 72132 | S | | Ct lumbar spine w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 72133 | S | | Ct lumbar spine w/o & w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 72141 | S | | Mri neck spine w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 72142 | S | | Mri neck spine w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 72146 | S | | Mri chest spine w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 72147 | S | | Mri chest spine w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 72148 | S | | Mri lumbar spine w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 72149 | S | | Mri lumbar spine w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 72156 | S | | Mri neck spine w/o & w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 72157 | S | | Mri chest spine w/o & w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 72158 | S | | Mri lumbar spine w/o & w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 72159 | E | | Mr angio spine w/o&w/dye | | | | | |
| 72170 | X | | X-ray exam of pelvis | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72190 | X | | X-ray exam of pelvis | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72191 | S | | Ct angiograph pelv w/o&w/dye | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 72192 | S | | Ct pelvis w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 72193 | S | | Ct pelvis w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 72194 | S | | Ct pelvis w/o & w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 72195 | S | | Mri pelvis w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 72196 | S | | Mri pelvis w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 72197 | S | | Mri pelvis w/o & w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 72198 | B | | Mr angio pelvis w/o & w/dye | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 72200 | X | | X-ray exam sacroiliac joints | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72202 | X | | X-ray exam sacroiliac joints | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72220 | X | | X-ray exam of tailbone | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 72240 | S | | Contrast x-ray of neck spine | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 72255 | S | | Contrast x-ray, thorax spine | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 72265 | S | | Contrast x-ray, lower spine | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 72270 | S | | Contrast x-ray, spine | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 72275 | S | | Epidurography | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 72285 | S | | X-ray c/t spine disk | 0388 | 11.8142 | \$674.57 | \$303.19 | \$134.91 |
| 72295 | S | | X-ray of lower spine disk | 0388 | 11.8142 | \$674.57 | \$303.19 | \$134.91 |
| 73000 | X | | X-ray exam of collar bone | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73010 | X | | X-ray exam of shoulder blade | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73020 | X | | X-ray exam of shoulder | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73030 | X | | X-ray exam of shoulder | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73040 | S | | Contrast x-ray of shoulder | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73050 | X | | X-ray exam of shoulders | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73060 | X | | X-ray exam of humerus | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73070 | X | | X-ray exam of elbow | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73080 | X | | X-ray exam of elbow | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73085 | S | | Contrast x-ray of elbow | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73090 | X | | X-ray exam of forearm | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73092 | X | | X-ray exam of arm, infant | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73100 | X | | X-ray exam of wrist | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73110 | X | | X-ray exam of wrist | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73115 | S | | Contrast x-ray of wrist | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73120 | X | | X-ray exam of hand | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73130 | X | | X-ray exam of hand | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73140 | X | | X-ray exam of finger(s) | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73200 | S | | Ct upper extremity w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 73201 | S | | Ct upper extremity w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 73202 | S | | Ct uppr extremity w/o&w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 73206 | S | | Ct angio upr extrm w/o&w/dye | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 73218 | S | | Mri upper extremity w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 73219 | S | | Mri upper extremity w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 73220 | S | | Mri uppr extremity w/o&w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 73221 | S | | Mri joint upr extrem w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 73222 | S | | Mri joint upr extrem w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 73223 | S | | Mri joint upr extr w/o&w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 73225 | E | | Mr angio upr extr w/o&w/dye | | | | | |
| 73500 | X | | X-ray exam of hip | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73510 | X | | X-ray exam of hip | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73520 | X | | X-ray exam of hips | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73525 | S | | Contrast x-ray of hip | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73530 | X | | X-ray exam of hip | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 73540 | X | | X-ray exam of pelvis & hips | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73542 | S | | X-ray exam, sacroiliac joint | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73550 | X | | X-ray exam of thigh | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73560 | X | | X-ray exam of knee, 1 or 2 | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73562 | X | | X-ray exam of knee, 3 | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73564 | X | | X-ray exam, knee, 4 or more | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 73565 | X | | X-ray exam of knees | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73580 | S | | Contrast x-ray of knee joint | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73590 | X | | X-ray exam of lower leg | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73592 | X | | X-ray exam of leg, infant | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73600 | X | | X-ray exam of ankle | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73610 | X | | X-ray exam of ankle | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73615 | S | | Contrast x-ray of ankle | 0275 | 3.5532 | \$202.88 | \$69.09 | \$40.58 |
| 73620 | X | | X-ray exam of foot | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73630 | X | | X-ray exam of foot | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73650 | X | | X-ray exam of heel | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73660 | X | | X-ray exam of toe(s) | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 73700 | S | | Ct lower extremity w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 73701 | S | | Ct lower extremity w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 73702 | S | | Ct lwr extremity w/o&w/dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 73706 | S | | Ct angio lwr extr w/o&w/dye | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 73718 | S | | Mri lower extremity w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 73719 | S | | Mri lower extremity w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 73720 | S | | Mri lwr extremity w/o&w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 73721 | S | | Mri jnt of lwr extre w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 73722 | S | | Mri joint of lwr extr w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 73723 | S | | Mri joint lwr extr w/o&w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 73725 | B | | Mr ang lwr ext w or w/o dye | | | | | |
| 74000 | X | | X-ray exam of abdomen | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 74010 | X | | X-ray exam of abdomen | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 74020 | X | | X-ray exam of abdomen | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 74022 | X | | X-ray exam series, abdomen | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 74150 | S | | Ct abdomen w/o dye | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 74160 | S | | Ct abdomen w/dye | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 74170 | S | | Ct abdomen w/o & w /dye | 0333 | 5.6606 | \$323.21 | \$145.44 | \$64.64 |
| 74175 | S | | Ct angio abdom w/o & w/dye | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 74181 | S | | Mri abdomen w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 74182 | S | | Mri abdomen w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 74183 | S | | Mri abdomen w/o & w/dye | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| 74185 | B | | Mri angio, abdom w or w/o dye | | | | | |
| 74190 | X | | X-ray exam of peritoneum | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 74210 | S | | Contrst x-ray exam of throat | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74220 | S | | Contrast x-ray, esophagus | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74230 | S | | Cine/vid x-ray, throat/esoph | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74235 | S | | Remove esophagus obstruction | 0296 | 2.3571 | \$134.59 | \$59.61 | \$26.92 |
| 74240 | S | | X-ray exam, upper gi tract | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74241 | S | | X-ray exam, upper gi tract | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74245 | S | | X-ray exam, upper gi tract | 0277 | 2.4600 | \$140.46 | \$60.47 | \$28.09 |
| 74246 | S | | Contrst x-ray uppr gi tract | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74247 | S | | Contrst x-ray uppr gi tract | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74249 | S | | Contrst x-ray uppr gi tract | 0277 | 2.4600 | \$140.46 | \$60.47 | \$28.09 |
| 74250 | S | | X-ray exam of small bowel | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74251 | S | | X-ray exam of small bowel | 0277 | 2.4600 | \$140.46 | \$60.47 | \$28.09 |
| 74260 | S | | X-ray exam of small bowel | 0277 | 2.4600 | \$140.46 | \$60.47 | \$28.09 |
| 74270 | S | | Contrast x-ray exam of colon | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74280 | S | | Contrast x-ray exam of colon | 0277 | 2.4600 | \$140.46 | \$60.47 | \$28.09 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 74283 | S | | Contrast x-ray exam of colon | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74290 | S | | Contrast x-ray, gallbladder | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74291 | S | | Contrast x-rays, gallbladder | 0276 | 1.5930 | \$90.96 | \$40.93 | \$18.19 |
| 74300 | X | | X-ray bile ducts/pancreas | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 74301 | X | | X-rays at surgery add-on | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 74305 | X | | X-ray bile ducts/pancreas | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 74320 | X | | Contrast x-ray of bile ducts | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 74327 | S | | X-ray bile stone removal | 0296 | 2.3571 | \$134.59 | \$59.61 | \$26.92 |
| 74328 | N | | X-ray bile duct endoscopy | | | | | |
| 74329 | N | | X-ray for pancreas endoscopy | | | | | |
| 74330 | N | | X-ray bile/panc endoscopy | | | | | |
| 74340 | X | | X-ray guide for GI tube | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 74350 | X | | X-ray guide, stomach tube | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 74355 | X | | X-ray guide, intestinal tube | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 74360 | S | | X-ray guide, GI dilation | 0296 | 2.3571 | \$134.59 | \$59.61 | \$26.92 |
| 74363 | S | | X-ray, bile duct dilation | 0297 | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 74400 | S | | Contrst x-ray, urinary tract | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74410 | S | | Contrst x-ray, urinary tract | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74415 | S | | Contrst x-ray, urinary tract | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74420 | S | | Contrst x-ray, urinary tract | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74425 | S | | Contrst x-ray, urinary tract | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74430 | S | | Contrast x-ray, bladder | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74440 | S | | X-ray, male genital tract | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74445 | S | | X-ray exam of penis | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74450 | S | | X-ray, urethra/bladder | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74455 | S | | X-ray, urethra/bladder | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 74470 | X | | X-ray exam of kidney lesion | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 74475 | S | | X-ray control, cath insert | 0297 | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 74480 | S | | X-ray control, cath insert | 0296 | 2.3571 | \$134.59 | \$59.61 | \$26.92 |
| 74485 | S | | X-ray guide, GU dilation | 0296 | 2.3571 | \$134.59 | \$59.61 | \$26.92 |
| 74710 | X | | X-ray measurement of pelvis | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 74740 | X | | X-ray, female genital tract | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 74742 | X | | X-ray, fallopian tube | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 74775 | S | | X-ray exam of perineum | 0278 | 2.8759 | \$164.21 | \$66.07 | \$32.84 |
| 75552 | S | | Heart mri for morph w/o dye | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| 75553 | S | | Heart mri for morph w/dye | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| 75554 | S | | Cardiac MRI/function | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 75555 | S | | Cardiac MRI/limited study | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 75556 | E | | Cardiac MRI/flow mapping | | | | | |
| 75600 | S | | Contrast x-ray exam of aorta | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75605 | S | | Contrast x-ray exam of aorta | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75625 | S | | Contrast x-ray exam of aorta | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75630 | S | | X-ray aorta, leg arteries | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75635 | S | | Cl angio abdominal arteries | 0662 | 5.6149 | \$320.60 | \$144.26 | \$64.12 |
| 75650 | S | | Artery x-rays, head & neck | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75658 | S | | Artery x-rays, arm | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75660 | S | | Artery x-rays, head & neck | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75662 | S | | Artery x-rays, head & neck | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75665 | S | | Artery x-rays, head & neck | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75671 | S | | Artery x-rays, head & neck | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 75676 | S | | Artery x-rays, neck | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75680 | S | | Artery x-rays, neck | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75685 | S | | Artery x-rays, spine | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75705 | S | | Artery x-rays, spine | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75710 | S | | Artery x-rays, arm/leg | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75716 | S | | Artery x-rays, arms/legs | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75722 | S | | Artery x-rays, kidney | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75724 | S | | Artery x-rays, kidneys | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75726 | S | | Artery x-rays, abdomen | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75731 | S | | Artery x-rays, adrenal gland | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75733 | S | | Artery x-rays, adrenals | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75736 | S | | Artery x-rays, pelvis | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75741 | S | | Artery x-rays, lung | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75743 | S | | Artery x-rays, lungs | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75746 | S | | Artery x-rays, lung | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75756 | S | | Artery x-rays, chest | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75774 | S | | Artery x-ray, each vessel | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75790 | S | | Visualize A-V shunt | 0281 | 7.3009 | \$416.87 | \$115.16 | \$83.37 |
| 75801 | X | | Lymph vessel x-ray, arm/leg | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 75803 | X | | Lymph vessel x-ray, arms/legs | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 75805 | X | | Lymph vessel x-ray, trunk | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 75807 | X | | Lymph vessel x-ray, trunk | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 75809 | X | | Nonvascular shunt, x-ray | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 75810 | S | | Vein x-ray, spleen/liver | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75820 | S | | Vein x-ray, arm/leg | 0281 | 7.3009 | \$416.87 | \$115.16 | \$83.37 |
| 75822 | S | | Vein x-ray, arms/legs | 0281 | 7.3009 | \$416.87 | \$115.16 | \$83.37 |
| 75825 | S | | Vein x-ray, trunk | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75827 | S | | Vein x-ray, chest | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75831 | S | | Vein x-ray, kidney | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75833 | S | | Vein x-ray, kidneys | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75840 | S | | Vein x-ray, adrenal gland | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75842 | S | | Vein x-ray, adrenal glands | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75860 | S | | Vein x-ray, neck | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75870 | S | | Vein x-ray, skull | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75872 | S | | Vein x-ray, skull | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75880 | S | | Vein x-ray, eye socket | 0287 | 8.4411 | \$481.97 | \$111.33 | \$96.39 |
| 75885 | S | | Vein x-ray, liver | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75887 | S | | Vein x-ray, liver | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75889 | S | | Vein x-ray, liver | 0280 | 20.4714 | \$1,168.88 | \$353.85 | \$233.78 |
| 75891 | S | | Vein x-ray, liver | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75893 | N | | Venous sampling by catheter | | | | | |
| 75894 | S | | X-rays, transcath therapy | 0297 | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 75896 | S | | X-rays, transcath therapy | 0297 | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 75898 | X | | Follow-up angiography | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 75900 | C | | Arterial catheter exchange | | | | | |
| 75901 | X | | Remove cva device obstruct | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 75902 | X | | Remove cva lumen obstruct | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 75940 | T | | X-ray placement, vein filter | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 75945 | S | | Intravascular us | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 75946 | S | | Intravascular us add-on | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 75952 | C | | Endovasc repair abdom aorta | | | | | |
| 75953 | C | | Abdom aneurysm endovas rpr | | | | | |
| 75954 | C | | Iliac aneurysm endovas rpr | | | | | |
| 75960 | S | | Transcatheter intro, stent | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75961 | S | | Retrieval, broken catheter | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75962 | S | | Repair arterial blockage | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75964 | S | | Repair artery blockage, each | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75966 | S | | Repair arterial blockage | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75968 | S | | Repair artery blockage, each | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75970 | S | | Vascular biopsy | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75978 | S | | Repair venous blockage | 0668 | 6.7393 | \$384.80 | \$114.99 | \$76.96 |
| 75980 | S | | Contrast xray exam bile duct | 0297 | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 75982 | S | | Contrast xray exam bile duct | 0297 | 5.1442 | \$293.72 | \$120.38 | \$58.74 |
| 75984 | X | | Xray control catheter change | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 75989 | N | | Abscess drainage under x-ray | | | | | |
| 75992 | S | | Atherectomy, x-ray exam | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75993 | S | | Atherectomy, x-ray exam | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75994 | S | | Atherectomy, x-ray exam | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75995 | S | | Atherectomy, x-ray exam | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75996 | S | | Atherectomy, x-ray exam | 0279 | 9.0059 | \$514.22 | \$153.66 | \$102.84 |
| 75998 | N | | Fluoroguide for vein device | | | | | |
| 76000 | X | | Fluoroscope examination | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 76001 | N | | Fluoroscope exam, extensive | | | | | |
| 76003 | N | | Needle localization by x-ray | | | | | |
| 76005 | N | | Fluoroguide for spine inject | | | | | |
| 76006 | X | | X-ray stress view | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76010 | X | | X-ray, nose to rectum | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76012 | S | | Percut vertebroplasty fluor | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 76013 | S | | Percut vertebroplasty, ct | 0274 | 3.3577 | \$191.72 | \$86.27 | \$38.34 |
| 76020 | X | | X-rays for bone age | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76040 | X | | X-rays, bone evaluation | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76061 | X | | X-rays, bone survey | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 76062 | X | | X-rays, bone survey | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 76065 | X | | X-rays, bone evaluation | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 76066 | X | | Joint survey, single view | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76070 | S | | CT scan, bone density study | 0288 | 1.2814 | \$73.17 | | \$14.63 |
| 76071 | S | | Ct bone density, peripheral | 0282 | 1.7163 | \$98.00 | \$44.10 | \$19.60 |
| 76075 | S | | Dexa, axial skeleton study | 0288 | 1.2814 | \$73.17 | | \$14.63 |
| 76076 | S | | Dexa, peripheral study | 0665 | 0.7777 | \$44.41 | | \$8.88 |
| 76078 | X | | Radiographic absorptiometry | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 76080 | X | | X-ray exam of fistula | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 76082 | A | | Computer mammogram add-on | | | | | |
| 76083 | A | | Computer mammogram add-on | | | | | |
| 76086 | X | | X-ray of mammary duct | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 76088 | X | | X-ray of mammary ducts | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 76090 | A | | Mammogram, one breast | | | | | |
| 76091 | A | | Mammogram, both breasts | | | | | |
| 76092 | A | | Mammogram, screening | | | | | |
| 76093 | E | | Magnetic image, breast | | | | | |
| 76094 | E | | Magnetic image, both breasts | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 76095 | T | | Stereotactic breast biopsy | 0187 | 3.8434 | \$219.45 | | \$43.89 |
| 76096 | X | | X-ray of needle wire, breast | 0289 | 1.5759 | \$89.98 | \$21.17 | \$18.00 |
| 76098 | X | | X-ray exam, breast specimen | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76100 | X | | X-ray exam of body section | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 76101 | X | | Complex body section x-ray | 0263 | 1.8603 | \$106.22 | \$38.77 | \$21.24 |
| 76102 | X | | Complex body section x-rays | 0264 | 3.4100 | \$194.70 | \$79.41 | \$38.94 |
| 76120 | X | | Cine/video x-rays | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 76125 | X | | Cine/video x-rays add-on | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76140 | E | | X-ray consultation | | | | | |
| 76150 | X | | X-ray exam, dry process | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76350 | N | | Special x-ray contrast study | | | | | |
| 76355 | S | | Ct scan for localization | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 76360 | S | | Ct scan for needle biopsy | 0283 | 4.7898 | \$273.49 | \$123.07 | \$54.70 |
| 76362 | S | | Ct guide for tissue ablation | 0332 | 3.4158 | \$195.04 | \$87.76 | \$39.01 |
| 76370 | S | | Ct scan for therapy guide | 0282 | 1.7163 | \$98.00 | \$44.10 | \$19.60 |
| 76375 | S | | 3d/holograph reconstr add-on | 0282 | 1.7163 | \$98.00 | \$44.10 | \$19.60 |
| 76380 | S | | CAT scan follow-up study | 0282 | 1.7163 | \$98.00 | \$44.10 | \$19.60 |
| 76390 | E | | Mr spectroscopy | | | | | |
| 76393 | S | | Mr guidance for needle place | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 76394 | S | | Mri for tissue ablation | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 76400 | S | | Magnetic image, bone marrow | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 76496 | X | | Fluoroscopic procedure | 0272 | 1.3987 | \$79.86 | \$35.93 | \$15.97 |
| 76497 | S | | Ct procedure | 0282 | 1.7163 | \$98.00 | \$44.10 | \$19.60 |
| 76498 | S | | Mri procedure | 0335 | 6.1474 | \$351.00 | \$151.46 | \$70.20 |
| 76499 | X | | Radiographic procedure | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 76506 | S | | Echo exam of head | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76511 | S | | Echo exam of eye | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76512 | S | | Echo exam of eye | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76513 | S | | Echo exam of eye, water bath | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76514 | X | | Echo exam of eye, thickness | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 76516 | S | | Echo exam of eye | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76519 | S | | Echo exam of eye | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76529 | S | | Echo exam of eye | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76536 | S | | Us exam of head and neck | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76604 | S | | Us exam, chest, b-scan | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76645 | S | | Us exam, breast(s) | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76700 | S | | Us exam, abdom, complete | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76705 | S | | Echo exam of abdomen | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76770 | S | | Us exam abdo back wall, comp | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76775 | S | | Us exam abdo back wall, lim | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76778 | S | | Us exam kidney transplant | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76800 | S | | Us exam, spinal canal | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76801 | S | | Ob us < 14 wks, single fetus | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76802 | S | | Ob us < 14 wks, add'l fetus | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76805 | S | | Us exam, pg uterus, compl | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76810 | S | | Us exam, pg uterus, mult | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76811 | S | | Ob us, detailed, snl fetus | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 76812 | S | | Ob us, detailed, add'l fetus | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76815 | S | | Us exam, pg uterus limit | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76816 | S | | Us exam pg uterus repeat | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 76817 | S | | Transvaginal us, obstetric | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76818 | S | | Fetal biophys profile w/nst | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76819 | S | | Fetal biophys profil w/o nst | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76825 | S | | Echo exam of fetal heart | 0671 | 1.7247 | \$98.48 | \$44.31 | \$19.70 |
| 76826 | S | | Echo exam of fetal heart | 0697 | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 76827 | S | | Echo exam of fetal heart | 0671 | 1.7247 | \$98.48 | \$44.31 | \$19.70 |
| 76828 | S | | Echo exam of fetal heart | 0697 | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 76830 | S | | Transvaginal us, non-ob | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76831 | S | | Echo exam, uterus | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76856 | S | | Us exam, pelvic, complete | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76857 | S | | Us exam, pelvic, limited | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76870 | S | | Us exam, scrotum | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76872 | S | | Us, transrectal | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76873 | S | | Echograp trans r, pros study | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76880 | S | | Us exam, extremity | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76885 | S | | Us exam infant hips, dynamic | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76886 | S | | Us exam infant hips, static | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76930 | S | | Echo guide, cardiocentesis | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76932 | S | | Echo guide for heart biopsy | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76936 | S | | Echo guide for artery repair | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76937 | N | | Us guide, vascular access | | | | | |
| 76940 | S | | Us guide, tissue ablation | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76941 | S | | Echo guide for transfusion | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76942 | S | | Echo guide for biopsy | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76945 | S | | Echo guide, villus sampling | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76946 | S | | Echo guide for amniocentesis | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76948 | S | | Echo guide, ova aspiration | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76950 | S | | Echo guidance radiotherapy | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76965 | S | | Echo guidance radiotherapy | 0268 | 1.3041 | \$74.46 | | \$14.89 |
| 76970 | S | | Ultrasound exam follow-up | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 76975 | S | | GI endoscopic ultrasound | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76977 | X | | Us bone density measure | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 76986 | S | | Ultrasound guide intraoper | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 76999 | S | | Echo examination procedure | 0265 | 1.0564 | \$60.32 | \$27.14 | \$12.06 |
| 77261 | E | | Radiation therapy planning | | | | | |
| 77262 | E | | Radiation therapy planning | | | | | |
| 77263 | E | | Radiation therapy planning | | | | | |
| 77280 | X | | Set radiation therapy field | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77285 | X | | Set radiation therapy field | 0305 | 3.9600 | \$226.11 | \$91.38 | \$45.22 |
| 77290 | X | | Set radiation therapy field | 0305 | 3.9600 | \$226.11 | \$91.38 | \$45.22 |
| 77295 | X | | Set radiation therapy field | 0310 | 14.2195 | \$811.91 | \$325.27 | \$162.38 |
| 77299 | E | | Radiation therapy planning | | | | | |
| 77300 | X | | Radiation therapy dose plan | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77301 | X | | Radiotherapy dose plan, imrt | 0310 | 14.2195 | \$811.91 | \$325.27 | \$162.38 |
| 77305 | X | | Teletx isodose plan simple | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77310 | X | | Teletx isodose plan intermed | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77315 | X | | Teletx isodose plan complex | 0305 | 3.9600 | \$226.11 | \$91.38 | \$45.22 |
| 77321 | X | | Special teletx port plan | 0305 | 3.9600 | \$226.11 | \$91.38 | \$45.22 |
| 77326 | X | | Radiation therapy dose plan | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77327 | X | | Brachytx isodose calc interm | 0305 | 3.9600 | \$226.11 | \$91.38 | \$45.22 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 77328 | X | | Brachytx isodose plan compl | 0305 | 3.9600 | \$226.11 | \$91.38 | \$45.22 |
| 77331 | X | | Special radiation dosimetry | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77332 | X | | Radiation treatment aid(s) | 0303 | 2.8928 | \$165.17 | \$66.95 | \$33.03 |
| 77333 | X | | Radiation treatment aid(s) | 0303 | 2.8928 | \$165.17 | \$66.95 | \$33.03 |
| 77334 | X | | Radiation treatment aid(s) | 0303 | 2.8928 | \$165.17 | \$66.95 | \$33.03 |
| 77336 | X | | Radiation physics consult | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77370 | X | | Radiation physics consult | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77399 | X | | External radiation dosimetry | 0304 | 1.7210 | \$98.27 | \$41.52 | \$19.65 |
| 77401 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77402 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77403 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77404 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77406 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77407 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77408 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77409 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77411 | S | | Radiation treatment delivery | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77412 | S | | Radiation treatment delivery | 0301 | 2.1866 | \$124.85 | | \$24.97 |
| 77413 | S | | Radiation treatment delivery | 0301 | 2.1866 | \$124.85 | | \$24.97 |
| 77414 | S | | Radiation treatment delivery | 0301 | 2.1866 | \$124.85 | | \$24.97 |
| 77416 | S | | Radiation treatment delivery | 0301 | 2.1866 | \$124.85 | | \$24.97 |
| 77417 | X | | Radiology port film(s) | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| 77418 | S | | Radiation tx delivery, imrt | 0412 | 5.3903 | \$307.78 | | \$61.56 |
| 77427 | E | | Radiation tx management, x5 | | | | | |
| 77431 | E | | Radiation therapy management | | | | | |
| 77432 | E | | Stereotactic radiation trmt | | | | | |
| 77470 | S | | Special radiation treatment | 0299 | 5.8011 | \$331.23 | | \$66.25 |
| 77499 | E | | Radiation therapy management | | | | | |
| 77520 | S | | Proton trmt, simple w/o comp | 0664 | 9.9301 | \$566.99 | | \$113.40 |
| 77522 | S | | Proton trmt, simple w/comp | 0664 | 9.9301 | \$566.99 | | \$113.40 |
| 77523 | S | | Proton trmt, intermediate | 0419 | 11.8798 | \$678.31 | | \$135.66 |
| 77525 | S | | Proton treatment, complex | 0419 | 11.8798 | \$678.31 | | \$135.66 |
| 77600 | S | | Hyperthermia treatment | 0314 | 4.0235 | \$229.73 | \$93.07 | \$45.95 |
| 77605 | S | | Hyperthermia treatment | 0314 | 4.0235 | \$229.73 | \$93.07 | \$45.95 |
| 77610 | S | | Hyperthermia treatment | 0314 | 4.0235 | \$229.73 | \$93.07 | \$45.95 |
| 77615 | S | | Hyperthermia treatment | 0314 | 4.0235 | \$229.73 | \$93.07 | \$45.95 |
| 77620 | S | | Hyperthermia treatment | 0314 | 4.0235 | \$229.73 | \$93.07 | \$45.95 |
| 77750 | S | | Infuse radioactive materials | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77761 | S | | Apply intrcav radiat simple | 0312 | 4.3901 | \$250.67 | | \$50.13 |
| 77762 | S | | Apply intrcav radiat interm | 0312 | 4.3901 | \$250.67 | | \$50.13 |
| 77763 | S | | Apply intrcav radiat compl | 0312 | 4.3901 | \$250.67 | | \$50.13 |
| 77776 | S | | Apply interstit radiat simpl | 0312 | 4.3901 | \$250.67 | | \$50.13 |
| 77777 | S | | Apply interstit radiat inter | 0312 | 4.3901 | \$250.67 | | \$50.13 |
| 77778 | S | | Apply interstit radiat compl | 0651 | 25.6867 | \$1,466.66 | | \$293.33 |
| 77781 | S | | High intensity brachytherapy | 0313 | 14.0680 | \$803.25 | | \$160.65 |
| 77782 | S | | High intensity brachytherapy | 0313 | 14.0680 | \$803.25 | | \$160.65 |
| 77783 | S | | High intensity brachytherapy | 0313 | 14.0680 | \$803.25 | | \$160.65 |
| 77784 | S | | High intensity brachytherapy | 0313 | 14.0680 | \$803.25 | | \$160.65 |
| 77789 | S | | Apply surface radiation | 0300 | 1.5378 | \$87.81 | | \$17.56 |
| 77790 | N | | Radiation handling | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 77799 | S | | Radium/radioisotope therapy | 0313 | 14.0680 | \$803.25 | | \$160.65 |
| 78000 | S | | Thyroid, single uptake | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78001 | S | | Thyroid, multiple uptakes | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78003 | S | | Thyroid suppress/stimul | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78006 | S | | Thyroid imaging with uptake | 0390 | 2.9219 | \$166.83 | \$75.07 | \$33.37 |
| 78007 | S | | Thyroid image, mult uptakes | 0391 | 3.3269 | \$189.96 | \$85.48 | \$37.99 |
| 78010 | S | | Thyroid imaging | 0390 | 2.9219 | \$166.83 | \$75.07 | \$33.37 |
| 78011 | S | | Thyroid imaging with flow | 0390 | 2.9219 | \$166.83 | \$75.07 | \$33.37 |
| 78015 | S | | Thyroid met imaging | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78016 | S | | Thyroid met imaging/studies | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78018 | S | | Thyroid met imaging, body | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78020 | S | | Thyroid met uptake | 0399 | 1.6064 | \$91.72 | \$41.27 | \$18.34 |
| 78070 | S | | Parathyroid nuclear imaging | 0391 | 3.3269 | \$189.96 | \$85.48 | \$37.99 |
| 78075 | S | | Adrenal nuclear imaging | 0391 | 3.3269 | \$189.96 | \$85.48 | \$37.99 |
| 78099 | S | | Endocrine nuclear procedure | 0390 | 2.9219 | \$166.83 | \$75.07 | \$33.37 |
| 78102 | S | | Bone marrow imaging, ltd | 0400 | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 78103 | S | | Bone marrow imaging, mult | 0400 | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 78104 | S | | Bone marrow imaging, body | 0400 | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 78110 | S | | Plasma volume, single | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78111 | S | | Plasma volume, multiple | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78120 | S | | Red cell mass, single | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78121 | S | | Red cell mass, multiple | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78122 | S | | Blood volume | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78130 | S | | Red cell survival study | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78135 | S | | Red cell survival kinetics | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78140 | S | | Red cell sequestration | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78160 | S | | Plasma iron turnover | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78162 | S | | Radioiron absorption exam | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78170 | S | | Red cell iron utilization | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78172 | S | | Total body iron estimation | 0393 | 4.6803 | \$267.24 | \$120.25 | \$53.45 |
| 78185 | S | | Spleen imaging | 0400 | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 78190 | S | | Platelet survival, kinetics | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78191 | S | | Platelet survival | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78195 | S | | Lymph system imaging | 0400 | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 78199 | S | | Blood/lymph nuclear exam | 0400 | 4.1317 | \$235.91 | \$104.32 | \$47.18 |
| 78201 | S | | Liver imaging | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78202 | S | | Liver imaging with flow | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78205 | S | | Liver imaging (3D) | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78206 | S | | Liver image (3d) with flow | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78215 | S | | Liver and spleen imaging | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78216 | S | | Liver & spleen image/flow | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78220 | S | | Liver function study | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78223 | S | | Hepatobiliary imaging | 0394 | 4.6217 | \$263.89 | \$118.75 | \$52.78 |
| 78230 | S | | Salivary gland imaging | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78231 | S | | Serial salivary imaging | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78232 | S | | Salivary gland function exam | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78258 | S | | Esophageal motility study | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78261 | S | | Gastric mucosa imaging | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78262 | S | | Gastroesophageal reflux exam | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78264 | S | | Gastric emptying study | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 78267 | A | | Breath tst attain/anal c-14 | | | | | |
| 78268 | A | | Breath test analysis, c-14 | | | | | |
| 78270 | S | | Vit B-12 absorption exam | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78271 | S | | Vit b-12 absrp exam, int fac | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78272 | S | | Vit B-12 absorp. combined | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78278 | S | | Acute GI blood loss imaging | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78282 | S | | GI protein loss exam | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78290 | S | | Meckel's divert exam | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78291 | S | | Leveen/shunt patency exam | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78299 | S | | GI nuclear procedure | 0395 | 4.0139 | \$229.19 | \$103.13 | \$45.84 |
| 78300 | S | | Bone imaging, limited area | 0396 | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 78305 | S | | Bone imaging, multiple areas | 0396 | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 78306 | S | | Bone imaging, whole body | 0396 | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 78315 | S | | Bone imaging, 3 phase | 0396 | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 78320 | S | | Bone imaging (3D) | 0396 | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 78350 | X | | Bone mineral, single photon | 0261 | 1.3469 | \$76.91 | | \$15.38 |
| 78351 | E | | Bone mineral, dual photon | | | | | |
| 78399 | S | | Musculoskeletal nuclear exam | 0396 | 4.2340 | \$241.75 | \$108.78 | \$48.35 |
| 78414 | S | | Non-imaging heart function | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78428 | S | | Cardiac shunt imaging | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78445 | S | | Vascular flow imaging | 0397 | 2.6037 | \$148.67 | \$60.51 | \$29.73 |
| 78455 | S | | Venous thrombosis study | 0397 | 2.6037 | \$148.67 | \$60.51 | \$29.73 |
| 78456 | S | | Acute venous thrombus image | 0397 | 2.6037 | \$148.67 | \$60.51 | \$29.73 |
| 78457 | S | | Venous thrombosis imaging | 0397 | 2.6037 | \$148.67 | \$60.51 | \$29.73 |
| 78458 | S | | Ven thrombosis images, bilat | 0397 | 2.6037 | \$148.67 | \$60.51 | \$29.73 |
| 78459 | S | | Heart muscle imaging (PET) | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| 78460 | S | | Heart muscle blood, single | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78461 | S | | Heart muscle blood, multiple | 0377 | 7.0824 | \$404.39 | \$181.97 | \$80.88 |
| 78464 | S | | Heart image (3d), single | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78465 | S | | Heart image (3d), multiple | 0377 | 7.0824 | \$404.39 | \$181.97 | \$80.88 |
| 78466 | S | | Heart infarct image | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78468 | S | | Heart infarct image (ef) | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78469 | S | | Heart infarct image (3D) | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78472 | S | | Gated heart, planar, single | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78473 | S | | Gated heart, multiple | 0376 | 4.9331 | \$281.67 | \$121.42 | \$56.33 |
| 78478 | S | | Heart wall motion add-on | 0399 | 1.6064 | \$91.72 | \$41.27 | \$18.34 |
| 78480 | S | | Heart function add-on | 0399 | 1.6064 | \$91.72 | \$41.27 | \$18.34 |
| 78481 | S | | Heart first pass, single | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78483 | S | | Heart first pass, multiple | 0376 | 4.9331 | \$281.67 | \$121.42 | \$56.33 |
| 78491 | E | | Heart image (pet), single | | | | | |
| 78492 | E | | Heart image (pet), multiple | | | | | |
| 78494 | S | | Heart image, spect | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78496 | S | | Heart first pass add-on | 0399 | 1.6064 | \$91.72 | \$41.27 | \$18.34 |
| 78499 | S | | Cardiovascular nuclear exam | 0398 | 4.5797 | \$261.49 | \$117.67 | \$52.30 |
| 78580 | S | | Lung perfusion imaging | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78584 | S | | Lung V/Q image single breath | 0378 | 5.6109 | \$320.37 | \$144.16 | \$64.07 |
| 78585 | S | | Lung V/Q imaging | 0378 | 5.6109 | \$320.37 | \$144.16 | \$64.07 |
| 78586 | S | | Aerosol lung image, single | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78587 | S | | Aerosol lung image, multiple | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78588 | S | | Perfusion lung image | 0378 | 5.6109 | \$320.37 | \$144.16 | \$64.07 |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 78591 | S | | Vent image, 1 breath, 1 proj | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78593 | S | | Vent image, 1 proj, gas | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78594 | S | | Vent image, mult proj, gas | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78596 | S | | Lung differential function | 0378 | 5.6109 | \$320.37 | \$144.16 | \$64.07 |
| 78599 | S | | Respiratory nuclear exam | 0401 | 3.3920 | \$193.68 | \$87.15 | \$38.74 |
| 78600 | S | | Brain imaging, ltd static | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78601 | S | | Brain imaging, ltd w/flow | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78605 | S | | Brain imaging, complete | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78606 | S | | Brain imaging, compl w/flow | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78607 | S | | Brain imaging (3D) | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78608 | E | | Brain imaging (PET) | | | | | |
| 78609 | E | | Brain imaging (PET) | | | | | |
| 78610 | S | | Brain flow imaging only | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78615 | S | | Cerebral vascular flow image | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78630 | S | | Cerebrospinal fluid scan | 0403 | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 78635 | S | | CSF ventriculography | 0403 | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 78645 | S | | CSF shunt evaluation | 0403 | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 78647 | S | | Cerebrospinal fluid scan | 0403 | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 78650 | S | | CSF leakage imaging | 0403 | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 78660 | S | | Nuclear exam of tear flow | 0403 | 3.6890 | \$210.63 | \$94.78 | \$42.13 |
| 78699 | S | | Nervous system nuclear exam | 0402 | 5.2547 | \$300.03 | \$135.01 | \$60.01 |
| 78700 | S | | Kidney imaging, static | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78701 | S | | Kidney imaging with flow | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78704 | S | | Imaging renogram | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78707 | S | | Kidney flow/function image | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78708 | S | | Kidney flow/function image | 0405 | 4.4678 | \$255.10 | \$114.79 | \$51.02 |
| 78709 | S | | Kidney flow/function image | 0405 | 4.4678 | \$255.10 | \$114.79 | \$51.02 |
| 78710 | S | | Kidney imaging (3D) | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78715 | S | | Renal vascular flow exam | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78725 | S | | Kidney function study | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 78730 | X | | Urinary bladder retention | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| 78740 | S | | Ureteral reflux study | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78760 | S | | Testicular imaging | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78761 | S | | Testicular imaging/flow | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78799 | S | | Genitourinary nuclear exam | 0404 | 3.9790 | \$227.19 | \$101.76 | \$45.44 |
| 78800 | S | | Tumor imaging, limited area | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78801 | S | | Tumor imaging, mult areas | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78802 | S | | Tumor imaging, whole body | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78803 | S | | Tumor imaging (3D) | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78804 | S | | Tumor imaging, whole body | 1508 | | \$650.00 | | \$130.00 |
| 78805 | S | | Abscess imaging, ltd area | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78806 | S | | Abscess imaging, whole body | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78807 | S | | Nuclear localization/abscess | 0406 | 4.5474 | \$259.65 | \$116.84 | \$51.93 |
| 78810 | E | | Tumor imaging (PET) | | | | | |
| 78890 | N | | Nuclear medicine data proc | | | | | |
| 78891 | N | | Nuclear med data proc | | | | | |
| 78990 | E | | Provide diag radionuclide(s) | | | | | |
| 78999 | S | | Nuclear diagnostic exam | 0389 | 1.7968 | \$102.59 | \$44.54 | \$20.52 |
| 79000 | S | | Init hyperthyroid therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79001 | S | | Repeat hyperthyroid therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 79020 | S | | Thyroid ablation | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79030 | S | | Thyroid ablation, carcinoma | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79035 | S | | Thyroid metastatic therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79100 | S | | Hematopoetic nuclear therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79200 | S | | Intracavitary nuclear trmt | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79300 | S | | Interstitial nuclear therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79400 | S | | Nonhemato nuclear therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79403 | S | | Hematopoetic nuclear therapy | 1507 | | \$550.00 | | \$110.00 |
| 79420 | S | | Intravascular nuclear ther | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79440 | S | | Nuclear joint therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 79900 | N | | Provide ther radiopharm(s) | | | | | |
| 79999 | S | | Nuclear medicine therapy | 0407 | 4.4917 | \$256.47 | \$97.77 | \$51.29 |
| 80048 | A | | Basic metabolic panel | | | | | |
| 80050 | E | | General health panel | | | | | |
| 80051 | A | | Electrolyte panel | | | | | |
| 80053 | A | | Comprehen metabolic panel | | | | | |
| 80055 | E | | Obstetric panel | | | | | |
| 80061 | A | | Lipid panel | | | | | |
| 80069 | A | | Renal function panel | | | | | |
| 80074 | A | | Acute hepatitis panel | | | | | |
| 80076 | A | | Hepatic function panel | | | | | |
| 80100 | A | | Drug screen, qualitate/multi | | | | | |
| 80101 | A | | Drug screen, single | | | | | |
| 80102 | A | | Drug confirmation | | | | | |
| 80103 | N | | Drug analysis, tissue prep | | | | | |
| 80150 | A | | Assay of amikacin | | | | | |
| 80152 | A | | Assay of amitriptyline | | | | | |
| 80154 | A | | Assay of benzodiazepines | | | | | |
| 80156 | A | | Assay, carbamazepine, total | | | | | |
| 80157 | A | | Assay, carbamazepine, free | | | | | |
| 80158 | A | | Assay of cyclosporine | | | | | |
| 80160 | A | | Assay of desipramine | | | | | |
| 80162 | A | | Assay of digoxin | | | | | |
| 80164 | A | | Assay, dipropylacetic acid | | | | | |
| 80166 | A | | Assay of doxepin | | | | | |
| 80168 | A | | Assay of ethosuximide | | | | | |
| 80170 | A | | Assay of gentamicin | | | | | |
| 80172 | A | | Assay of gold | | | | | |
| 80173 | A | | Assay of haloperidol | | | | | |
| 80174 | A | | Assay of imipramine | | | | | |
| 80176 | A | | Assay of lidocaine | | | | | |
| 80178 | A | | Assay of lithium | | | | | |
| 80182 | A | | Assay of nortriptyline | | | | | |
| 80184 | A | | Assay of phenobarbital | | | | | |
| 80185 | A | | Assay of phenytoin, total | | | | | |
| 80186 | A | | Assay of phenytoin, free | | | | | |
| 80188 | A | | Assay of primidone | | | | | |
| 80190 | A | | Assay of procainamide | | | | | |
| 80192 | A | | Assay of procainamide | | | | | |
| 80194 | A | | Assay of quinidine | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 80196 | A | | Assay of salicylate | | | | | |
| 80197 | A | | Assay of tacrolimus | | | | | |
| 80198 | A | | Assay of theophylline | | | | | |
| 80200 | A | | Assay of tobramycin | | | | | |
| 80201 | A | | Assay of topiramate | | | | | |
| 80202 | A | | Assay of vancomycin | | | | | |
| 80299 | A | | Quantitative assay, drug | | | | | |
| 80400 | A | | Acth stimulation panel | | | | | |
| 80402 | A | | Acth stimulation panel | | | | | |
| 80406 | A | | Acth stimulation panel | | | | | |
| 80408 | A | | Aldosterone suppression eval | | | | | |
| 80410 | A | | Calcitonin stimulat panel | | | | | |
| 80412 | A | | CRH stimulation panel | | | | | |
| 80414 | A | | Testosterone response | | | | | |
| 80415 | A | | Estradiol response panel | | | | | |
| 80416 | A | | Renin stimulation panel | | | | | |
| 80417 | A | | Renin stimulation panel | | | | | |
| 80418 | A | | Pituitary evaluation panel | | | | | |
| 80420 | A | | Dexamethasone panel | | | | | |
| 80422 | A | | Glucagon tolerance panel | | | | | |
| 80424 | A | | Glucagon tolerance panel | | | | | |
| 80426 | A | | Gonadotropin hormone panel | | | | | |
| 80428 | A | | Growth hormone panel | | | | | |
| 80430 | A | | Growth hormone panel | | | | | |
| 80432 | A | | Insulin suppression panel | | | | | |
| 80434 | A | | Insulin tolerance panel | | | | | |
| 80435 | A | | Insulin tolerance panel | | | | | |
| 80436 | A | | Metyrapone panel | | | | | |
| 80438 | A | | TRH stimulation panel | | | | | |
| 80439 | A | | TRH stimulation panel | | | | | |
| 80440 | A | | TRH stimulation panel | | | | | |
| 80500 | X | | Lab pathology consultation | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 80502 | X | | Lab pathology consultation | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 81000 | A | | Urinalysis, nonauto w/scope | | | | | |
| 81001 | A | | Urinalysis, auto w/scope | | | | | |
| 81002 | A | | Urinalysis nonauto w/o scope | | | | | |
| 81003 | A | | Urinalysis, auto, w/o scope | | | | | |
| 81005 | A | | Urinalysis | | | | | |
| 81007 | A | | Urine screen for bacteria | | | | | |
| 81015 | A | | Microscopic exam of urine | | | | | |
| 81020 | A | | Urinalysis, glass test | | | | | |
| 81025 | A | | Urine pregnancy test | | | | | |
| 81050 | A | | Urinalysis, volume measure | | | | | |
| 81099 | A | | Urinalysis test procedure | | | | | |
| 82000 | A | | Assay of blood acetaldehyde | | | | | |
| 82003 | A | | Assay of acetaminophen | | | | | |
| 82009 | A | | Test for acetone/ketones | | | | | |
| 82010 | A | | Acetone assay | | | | | |
| 82013 | A | | Acetylcholinesterase assay | | | | | |
| 82016 | A | | Acylcarnitines, qual | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 82017 | A | | Acylcarnitines, quant | | | | | |
| 82024 | A | | Assay of acth | | | | | |
| 82030 | A | | Assay of adp & amp | | | | | |
| 82040 | A | | Assay of serum albumin | | | | | |
| 82042 | A | | Assay of urine albumin | | | | | |
| 82043 | A | | Microalbumin, quantitative | | | | | |
| 82044 | A | | Microalbumin, semiquant | | | | | |
| 82055 | A | | Assay of ethanol | | | | | |
| 82075 | A | | Assay of breath ethanol | | | | | |
| 82085 | A | | Assay of aldolase | | | | | |
| 82088 | A | | Assay of aldosterone | | | | | |
| 82101 | A | | Assay of urine alkaloids | | | | | |
| 82103 | A | | Alpha-1-antitrypsin, total | | | | | |
| 82104 | A | | Alpha-1-antitrypsin, pheno | | | | | |
| 82105 | A | | Alpha-fetoprotein, serum | | | | | |
| 82106 | A | | Alpha-fetoprotein, amniotic | | | | | |
| 82108 | A | | Assay of aluminum | | | | | |
| 82120 | A | | Amines, vaginal fluid qual | | | | | |
| 82127 | A | | Amino acid, single qual | | | | | |
| 82128 | A | | Amino acids, mult qual | | | | | |
| 82131 | A | | Amino acids, single quant | | | | | |
| 82135 | A | | Assay, aminolevulinic acid | | | | | |
| 82136 | A | | Amino acids, quant, 2-5 | | | | | |
| 82139 | A | | Amino acids, quan, 6 or more | | | | | |
| 82140 | A | | Assay of ammonia | | | | | |
| 82143 | A | | Amniotic fluid scan | | | | | |
| 82145 | A | | Assay of amphetamines | | | | | |
| 82150 | A | | Assay of amylase | | | | | |
| 82154 | A | | Androstenediol glucuronide | | | | | |
| 82157 | A | | Assay of androstenedione | | | | | |
| 82160 | A | | Assay of androsterone | | | | | |
| 82163 | A | | Assay of angiotensin II | | | | | |
| 82164 | A | | Angiotensin I enzyme test | | | | | |
| 82172 | A | | Assay of apolipoprotein | | | | | |
| 82175 | A | | Assay of arsenic | | | | | |
| 82180 | A | | Assay of ascorbic acid | | | | | |
| 82190 | A | | Atomic absorption | | | | | |
| 82205 | A | | Assay of barbiturates | | | | | |
| 82232 | A | | Assay of beta-2 protein | | | | | |
| 82239 | A | | Bile acids, total | | | | | |
| 82240 | A | | Bile acids, cholyglycine | | | | | |
| 82247 | A | | Bilirubin, total | | | | | |
| 82248 | A | | Bilirubin, direct | | | | | |
| 82252 | A | | Fecal bilirubin test | | | | | |
| 82261 | A | | Assay of biotinidase | | | | | |
| 82270 | A | | Test for blood, feces | | | | | |
| 82273 | A | | Test for blood, other source | | | | | |
| 82274 | A | | Assay test for blood, fecal | | | | | |
| 82286 | A | | Assay of bradykinin | | | | | |
| 82300 | A | | Assay of cadmium | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| 82306 | A | | Assay of vitamin D | | | | | |
| 82307 | A | | Assay of vitamin D | | | | | |
| 82308 | A | | Assay of calcitonin | | | | | |
| 82310 | A | | Assay of calcium | | | | | |
| 82330 | A | | Assay of calcium | | | | | |
| 82331 | A | | Calcium infusion test | | | | | |
| 82340 | A | | Assay of calcium in urine | | | | | |
| 82355 | A | | Calculus analysis, qual | | | | | |
| 82360 | A | | Calculus assay, quant | | | | | |
| 82365 | A | | Calculus spectroscopy | | | | | |
| 82370 | A | | X-ray assay, calculus | | | | | |
| 82373 | A | | Assay, c-d transfer measure | | | | | |
| 82374 | A | | Assay, blood carbon dioxide | | | | | |
| 82375 | A | | Assay, blood carbon monoxide | | | | | |
| 82376 | A | | Test for carbon monoxide | | | | | |
| 82378 | A | | Carcinoembryonic antigen | | | | | |
| 82379 | A | | Assay of carnitine | | | | | |
| 82380 | A | | Assay of carotene | | | | | |
| 82382 | A | | Assay, urine catecholamines | | | | | |
| 82383 | A | | Assay, blood catecholamines | | | | | |
| 82384 | A | | Assay, three catecholamines | | | | | |
| 82387 | A | | Assay of cathepsin-d | | | | | |
| 82390 | A | | Assay of ceruloplasmin | | | | | |
| 82397 | A | | Chemiluminescent assay | | | | | |
| 82415 | A | | Assay of chloramphenicol | | | | | |
| 82435 | A | | Assay of blood chloride | | | | | |
| 82436 | A | | Assay of urine chloride | | | | | |
| 82438 | A | | Assay, other fluid chlorides | | | | | |
| 82441 | A | | Test for chlorohydrocarbons | | | | | |
| 82465 | A | | Assay, bld/serum cholesterol | | | | | |
| 82480 | A | | Assay, serum cholinesterase | | | | | |
| 82482 | A | | Assay, rbc cholinesterase | | | | | |
| 82485 | A | | Assay, chondroitin sulfate | | | | | |
| 82486 | A | | Gas/liquid chromatography | | | | | |
| 82487 | A | | Paper chromatography | | | | | |
| 82488 | A | | Paper chromatography | | | | | |
| 82489 | A | | Thin layer chromatography | | | | | |
| 82491 | A | | Chromotography, quant, sing | | | | | |
| 82492 | A | | Chromotography, quant, mult | | | | | |
| 82495 | A | | Assay of chromium | | | | | |
| 82507 | A | | Assay of citrate | | | | | |
| 82520 | A | | Assay of cocaine | | | | | |
| 82523 | A | | Collagen crosslinks | | | | | |
| 82525 | A | | Assay of copper | | | | | |
| 82528 | A | | Assay of corticosterone | | | | | |
| 82530 | A | | Cortisol, free | | | | | |
| 82533 | A | | Total cortisol | | | | | |
| 82540 | A | | Assay of creatine | | | | | |
| 82541 | A | | Column chromatography, qual | | | | | |
| 82542 | A | | Column chromatography, quant | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 82543 | A | | Column chromatograph/isotope | | | | | |
| 82544 | A | | Column chromatograph/isotope | | | | | |
| 82550 | A | | Assay of ck (cpk) | | | | | |
| 82552 | A | | Assay of cpk in blood | | | | | |
| 82553 | A | | Creatine, MB fraction | | | | | |
| 82554 | A | | Creatine, isoforms | | | | | |
| 82565 | A | | Assay of creatinine | | | | | |
| 82570 | A | | Assay of urine creatinine | | | | | |
| 82575 | A | | Creatinine clearance test | | | | | |
| 82585 | A | | Assay of cryofibrinogen | | | | | |
| 82595 | A | | Assay of cryoglobulin | | | | | |
| 82600 | A | | Assay of cyanide | | | | | |
| 82607 | A | | Vitamin B-12 | | | | | |
| 82608 | A | | B-12 binding capacity | | | | | |
| 82615 | A | | Test for urine cystines | | | | | |
| 82626 | A | | Dehydroepiandrosterone | | | | | |
| 82627 | A | | Dehydroepiandrosterone | | | | | |
| 82633 | A | | Desoxycorticosterone | | | | | |
| 82634 | A | | Deoxycortisol | | | | | |
| 82638 | A | | Assay of dibucaine number | | | | | |
| 82646 | A | | Assay of dihydrocodeinone | | | | | |
| 82649 | A | | Assay of dihydromorphinone | | | | | |
| 82651 | A | | Assay of dihydrotestosterone | | | | | |
| 82652 | A | | Assay of dihydroxyvitamin d | | | | | |
| 82654 | A | | Assay of dimethadione | | | | | |
| 82657 | A | | Enzyme cell activity | | | | | |
| 82658 | A | | Enzyme cell activity, ra | | | | | |
| 82664 | A | | Electrophoretic test | | | | | |
| 82666 | A | | Assay of epiandrosterone | | | | | |
| 82668 | A | | Assay of erythropoietin | | | | | |
| 82670 | A | | Assay of estradiol | | | | | |
| 82671 | A | | Assay of estrogens | | | | | |
| 82672 | A | | Assay of estrogen | | | | | |
| 82677 | A | | Assay of estriol | | | | | |
| 82679 | A | | Assay of estrone | | | | | |
| 82690 | A | | Assay of ethchlorvynol | | | | | |
| 82693 | A | | Assay of ethylene glycol | | | | | |
| 82696 | A | | Assay of etiocholanolone | | | | | |
| 82705 | A | | Fats/lipids, feces, qual | | | | | |
| 82710 | A | | Fats/lipids, feces, quant | | | | | |
| 82715 | A | | Assay of fecal fat | | | | | |
| 82725 | A | | Assay of blood fatty acids | | | | | |
| 82726 | A | | Long chain fatty acids | | | | | |
| 82728 | A | | Assay of ferritin | | | | | |
| 82731 | A | | Assay of fetal fibronectin | | | | | |
| 82735 | A | | Assay of fluoride | | | | | |
| 82742 | A | | Assay of flurazepam | | | | | |
| 82746 | A | | Blood folic acid serum | | | | | |
| 82747 | A | | Assay of folic acid, rbc | | | | | |
| 82757 | A | | Assay of semen fructose | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| 82759 | A | | Assay of rbc galactokinase | | | | | |
| 82760 | A | | Assay of galactose | | | | | |
| 82775 | A | | Assay galactose transferase | | | | | |
| 82776 | A | | Galactose transferase test | | | | | |
| 82784 | A | | Assay of gammaglobulin igm | | | | | |
| 82785 | A | | Assay of gammaglobulin ige | | | | | |
| 82787 | A | | Igg 1, 2, 3 or 4, each | | | | | |
| 82800 | A | | Blood pH | | | | | |
| 82803 | A | | Blood gases: pH, pO2 & pCO2 | | | | | |
| 82805 | A | | Blood gases W/O2 saturation | | | | | |
| 82810 | A | | Blood gases, O2 sat only | | | | | |
| 82820 | A | | Hemoglobin-oxygen affinity | | | | | |
| 82926 | A | | Assay of gastric acid | | | | | |
| 82928 | A | | Assay of gastric acid | | | | | |
| 82938 | A | | Gastrin test | | | | | |
| 82941 | A | | Assay of gastrin | | | | | |
| 82943 | A | | Assay of glucagon | | | | | |
| 82945 | A | | Glucose other fluid | | | | | |
| 82946 | A | | Glucagon tolerance test | | | | | |
| 82947 | A | | Assay, glucose, blood quant | | | | | |
| 82948 | A | | Reagent strip/blood glucose | | | | | |
| 82950 | A | | Glucose test | | | | | |
| 82951 | A | | Glucose tolerance test (GTT) | | | | | |
| 82952 | A | | GTT-added samples | | | | | |
| 82953 | A | | Glucose-tolbutamide test | | | | | |
| 82955 | A | | Assay of g6pd enzyme | | | | | |
| 82960 | A | | Test for G6PD enzyme | | | | | |
| 82962 | A | | Glucose blood test | | | | | |
| 82963 | A | | Assay of glucosidase | | | | | |
| 82965 | A | | Assay of gdh enzyme | | | | | |
| 82975 | A | | Assay of glutamine | | | | | |
| 82977 | A | | Assay of GGT | | | | | |
| 82978 | A | | Assay of glutathione | | | | | |
| 82979 | A | | Assay, rbc glutathione | | | | | |
| 82980 | A | | Assay of glutethimide | | | | | |
| 82985 | A | | Glycated protein | | | | | |
| 83001 | A | | Gonadotropin (FSH) | | | | | |
| 83002 | A | | Gonadotropin (LH) | | | | | |
| 83003 | A | | Assay, growth hormone (hgh) | | | | | |
| 83008 | A | | Assay of guanosine | | | | | |
| 83010 | A | | Assay of haptoglobin, quant | | | | | |
| 83012 | A | | Assay of haptoglobins | | | | | |
| 83013 | A | | H pylori analysis | | | | | |
| 83014 | A | | H pylori drug admin/collect | | | | | |
| 83015 | A | | Heavy metal screen | | | | | |
| 83018 | A | | Quantitative screen, metals | | | | | |
| 83020 | A | | Hemoglobin electrophoresis | | | | | |
| 83021 | A | | Hemoglobin chromatography | | | | | |
| 83026 | A | | Hemoglobin, copper sulfate | | | | | |
| 83030 | A | | Fetal hemoglobin, chemical | | | | | |

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| 83033 | A | | Fetal hemoglobin assay, qual | | | | | |
| 83036 | A | | Glycated hemoglobin test | | | | | |
| 83045 | A | | Blood methemoglobin test | | | | | |
| 83050 | A | | Blood methemoglobin assay | | | | | |
| 83051 | A | | Assay of plasma hemoglobin | | | | | |
| 83055 | A | | Blood sulfhemoglobin test | | | | | |
| 83060 | A | | Blood sulfhemoglobin assay | | | | | |
| 83065 | A | | Assay of hemoglobin heat | | | | | |
| 83068 | A | | Hemoglobin stability screen | | | | | |
| 83069 | A | | Assay of urine hemoglobin | | | | | |
| 83070 | A | | Assay of hemosiderin, qual | | | | | |
| 83071 | A | | Assay of hemosiderin, quant | | | | | |
| 83080 | A | | Assay of b hexosaminidase | | | | | |
| 83088 | A | | Assay of histamine | | | | | |
| 83090 | A | | Assay of homocystine | | | | | |
| 83150 | A | | Assay of for hva | | | | | |
| 83491 | A | | Assay of corticosteroids | | | | | |
| 83497 | A | | Assay of 5-hiaa | | | | | |
| 83498 | A | | Assay of progesterone | | | | | |
| 83499 | A | | Assay of progesterone | | | | | |
| 83500 | A | | Assay, free hydroxyproline | | | | | |
| 83505 | A | | Assay, total hydroxyproline | | | | | |
| 83516 | A | | Immunoassay, nonantibody | | | | | |
| 83518 | A | | Immunoassay, dipstick | | | | | |
| 83519 | A | | Immunoassay, nonantibody | | | | | |
| 83520 | A | | Immunoassay, RIA | | | | | |
| 83525 | A | | Assay of insulin | | | | | |
| 83527 | A | | Assay of insulin | | | | | |
| 83528 | A | | Assay of intrinsic factor | | | | | |
| 83540 | A | | Assay of iron | | | | | |
| 83550 | A | | Iron binding test | | | | | |
| 83570 | A | | Assay of idh enzyme | | | | | |
| 83582 | A | | Assay of ketogenic steroids | | | | | |
| 83586 | A | | Assay 17- ketosteroids | | | | | |
| 83593 | A | | Fractionation, ketosteroids | | | | | |
| 83605 | A | | Assay of lactic acid | | | | | |
| 83615 | A | | Lactate (LD) (LDH) enzyme | | | | | |
| 83625 | A | | Assay of ldh enzymes | | | | | |
| 83632 | A | | Placental lactogen | | | | | |
| 83633 | A | | Test urine for lactose | | | | | |
| 83634 | A | | Assay of urine for lactose | | | | | |
| 83655 | A | | Assay of lead | | | | | |
| 83661 | A | | L/s ratio, fetal lung | | | | | |
| 83662 | A | | Foam stability, fetal lung | | | | | |
| 83663 | A | | Fluoro polarize, fetal lung | | | | | |
| 83664 | A | | Lamellar bdy, fetal lung | | | | | |
| 83670 | A | | Assay of lap enzyme | | | | | |
| 83690 | A | | Assay of lipase | | | | | |
| 83715 | A | | Assay of blood lipoproteins | | | | | |
| 83716 | A | | Assay of blood lipoproteins | | | | | |

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|-------------|------------------|-------------------|------------------------------|-----|-----------------|--------------|-------------------------------|------------------------------|
| 83718 | A | | Assay of lipoprotein | | | | | |
| 83719 | A | | Assay of blood lipoprotein | | | | | |
| 83721 | A | | Assay of blood lipoprotein | | | | | |
| 83727 | A | | Assay of lrh hormone | | | | | |
| 83735 | A | | Assay of magnesium | | | | | |
| 83775 | A | | Assay of md enzyme | | | | | |
| 83785 | A | | Assay of manganese | | | | | |
| 83788 | A | | Mass spectrometry qual | | | | | |
| 83789 | A | | Mass spectrometry quant | | | | | |
| 83805 | A | | Assay of meprobamate | | | | | |
| 83825 | A | | Assay of mercury | | | | | |
| 83835 | A | | Assay of metanephrines | | | | | |
| 83840 | A | | Assay of methadone | | | | | |
| 83857 | A | | Assay of methemalbumin | | | | | |
| 83858 | A | | Assay of methsuximide | | | | | |
| 83864 | A | | Mucopolysaccharides | | | | | |
| 83866 | A | | Mucopolysaccharides screen | | | | | |
| 83872 | A | | Assay synovial fluid mucin | | | | | |
| 83873 | A | | Assay of csf protein | | | | | |
| 83874 | A | | Assay of myoglobin | | | | | |
| 83880 | A | | Natriuretic peptide | | | | | |
| 83883 | A | | Assay, nephelometry not spec | | | | | |
| 83885 | A | | Assay of nickel | | | | | |
| 83887 | A | | Assay of nicotine | | | | | |
| 83890 | A | | Molecule isolate | | | | | |
| 83891 | A | | Molecule isolate nucleic | | | | | |
| 83892 | A | | Molecular diagnostics | | | | | |
| 83893 | A | | Molecule dot/slot/blot | | | | | |
| 83894 | A | | Molecule gel electrophor | | | | | |
| 83896 | A | | Molecular diagnostics | | | | | |
| 83897 | A | | Molecule nucleic transfer | | | | | |
| 83898 | A | | Molecule nucleic ampli | | | | | |
| 83901 | A | | Molecule nucleic ampli | | | | | |
| 83902 | A | | Molecular diagnostics | | | | | |
| 83903 | A | | Molecule mutation scan | | | | | |
| 83904 | A | | Molecule mutation identify | | | | | |
| 83905 | A | | Molecule mutation identify | | | | | |
| 83906 | A | | Molecule mutation identify | | | | | |
| 83912 | A | | Genetic examination | | | | | |
| 83915 | A | | Assay of nucleotidase | | | | | |
| 83916 | A | | Oligoclonal bands | | | | | |
| 83918 | A | | Organic acids, total, quant | | | | | |
| 83919 | A | | Organic acids, qual, each | | | | | |
| 83921 | A | | Organic acid, singl | | | | | |
| 83925 | A | | Assay of opiates | | | | | |
| 83930 | A | | Assay of blood osmolality | | | | | |
| 83935 | A | | Assay of urine osmolality | | | | | |
| 83937 | A | | Assay of osteocalcin | | | | | |
| 83945 | A | | Assay of oxalate | | | | | |
| 83950 | A | | Oncoprotein, her-2/neu | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| 83970 | A | | Assay of parathormone | | | | | |
| 83986 | A | | Assay of body fluid acidity | | | | | |
| 83992 | A | | Assay for phencyclidine | | | | | |
| 84022 | A | | Assay of phenothiazine | | | | | |
| 84030 | A | | Assay of blood pku | | | | | |
| 84035 | A | | Assay of phenylketones | | | | | |
| 84060 | A | | Assay acid phosphatase | | | | | |
| 84061 | A | | Phosphatase, forensic exam | | | | | |
| 84066 | A | | Assay prostate phosphatase | | | | | |
| 84075 | A | | Assay alkaline phosphatase | | | | | |
| 84078 | A | | Assay alkaline phosphatase | | | | | |
| 84080 | A | | Assay alkaline phosphatases | | | | | |
| 84081 | A | | Amniotic fluid enzyme test | | | | | |
| 84085 | A | | Assay of rbc pg6d enzyme | | | | | |
| 84087 | A | | Assay phosphohexose enzymes | | | | | |
| 84100 | A | | Assay of phosphorus | | | | | |
| 84105 | A | | Assay of urine phosphorus | | | | | |
| 84106 | A | | Test for porphobilinogen | | | | | |
| 84110 | A | | Assay of porphobilinogen | | | | | |
| 84119 | A | | Test urine for porphyrins | | | | | |
| 84120 | A | | Assay of urine porphyrins | | | | | |
| 84126 | A | | Assay of feces porphyrins | | | | | |
| 84127 | A | | Assay of feces porphyrins | | | | | |
| 84132 | A | | Assay of serum potassium | | | | | |
| 84133 | A | | Assay of urine potassium | | | | | |
| 84134 | A | | Assay of prealbumin | | | | | |
| 84135 | A | | Assay of pregnanediol | | | | | |
| 84138 | A | | Assay of pregnanetriol | | | | | |
| 84140 | A | | Assay of pregnenolone | | | | | |
| 84143 | A | | Assay of 17-hydroxypregнено | | | | | |
| 84144 | A | | Assay of progesterone | | | | | |
| 84146 | A | | Assay of prolactin | | | | | |
| 84150 | A | | Assay of prostaglandin | | | | | |
| 84152 | A | | Assay of psa, complexed | | | | | |
| 84153 | A | | Assay of psa, total | | | | | |
| 84154 | A | | Assay of psa, free | | | | | |
| 84155 | A | | Assay of protein, serum | | | | | |
| 84156 | A | | Assay of protein, urine | | | | | |
| 84157 | A | | Assay of protein, other | | | | | |
| 84160 | A | | Assay of protein, any source | | | | | |
| 84165 | A | | Electrophoresis of proteins | | | | | |
| 84181 | A | | Western blot test | | | | | |
| 84182 | A | | Protein, western blot test | | | | | |
| 84202 | A | | Assay RBC protoporphyrin | | | | | |
| 84203 | A | | Test RBC protoporphyrin | | | | | |
| 84206 | A | | Assay of proinsulin | | | | | |
| 84207 | A | | Assay of vitamin b-6 | | | | | |
| 84210 | A | | Assay of pyruvate | | | | | |
| 84220 | A | | Assay of pyruvate kinase | | | | | |
| 84228 | A | | Assay of quinine | | | | | |

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|-------------|------------------|-------------------|------------------------------|-----|-----------------|--------------|-------------------------------|------------------------------|
| 84233 | A | | Assay of estrogen | | | | | |
| 84234 | A | | Assay of progesterone | | | | | |
| 84235 | A | | Assay of endocrine hormone | | | | | |
| 84238 | A | | Assay, nonendocrine receptor | | | | | |
| 84244 | A | | Assay of renin | | | | | |
| 84252 | A | | Assay of vitamin b-2 | | | | | |
| 84255 | A | | Assay of selenium | | | | | |
| 84260 | A | | Assay of serotonin | | | | | |
| 84270 | A | | Assay of sex hormone globul | | | | | |
| 84275 | A | | Assay of sialic acid | | | | | |
| 84285 | A | | Assay of silica | | | | | |
| 84295 | A | | Assay of serum sodium | | | | | |
| 84300 | A | | Assay of urine sodium | | | | | |
| 84302 | A | | Assay of sweat sodium | | | | | |
| 84305 | A | | Assay of somatomedin | | | | | |
| 84307 | A | | Assay of somatostatin | | | | | |
| 84311 | A | | Spectrophotometry | | | | | |
| 84315 | A | | Body fluid specific gravity | | | | | |
| 84375 | A | | Chromatogram assay, sugars | | | | | |
| 84376 | A | | Sugars, single, qual | | | | | |
| 84377 | A | | Sugars, multiple, qual | | | | | |
| 84378 | A | | Sugars, single, quant | | | | | |
| 84379 | A | | Sugars multiple quant | | | | | |
| 84392 | A | | Assay of urine sulfate | | | | | |
| 84402 | A | | Assay of testosterone | | | | | |
| 84403 | A | | Assay of total testosterone | | | | | |
| 84425 | A | | Assay of vitamin b-1 | | | | | |
| 84430 | A | | Assay of thiocyanate | | | | | |
| 84432 | A | | Assay of thyroglobulin | | | | | |
| 84436 | A | | Assay of total thyroxine | | | | | |
| 84437 | A | | Assay of neonatal thyroxine | | | | | |
| 84439 | A | | Assay of free thyroxine | | | | | |
| 84442 | A | | Assay of thyroid activity | | | | | |
| 84443 | A | | Assay thyroid stim hormone | | | | | |
| 84445 | A | | Assay of tsi | | | | | |
| 84446 | A | | Assay of vitamin e | | | | | |
| 84449 | A | | Assay of transcortin | | | | | |
| 84450 | A | | Transferase (AST) (SGOT) | | | | | |
| 84460 | A | | Alanine amino (ALT) (SGPT) | | | | | |
| 84466 | A | | Assay of transferrin | | | | | |
| 84478 | A | | Assay of triglycerides | | | | | |
| 84479 | A | | Assay of thyroid (t3 or t4) | | | | | |
| 84480 | A | | Assay, triiodothyronine (t3) | | | | | |
| 84481 | A | | Free assay (FT-3) | | | | | |
| 84482 | A | | T3 reverse | | | | | |
| 84484 | A | | Assay of troponin, quant | | | | | |
| 84485 | A | | Assay duodenal fluid trypsin | | | | | |
| 84488 | A | | Test feces for trypsin | | | | | |
| 84490 | A | | Assay of feces for trypsin | | | | | |
| 84510 | A | | Assay of tyrosine | | | | | |

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| 84512 | A | | Assay of troponin, qual | | | | | |
| 84520 | A | | Assay of urea nitrogen | | | | | |
| 84525 | A | | Urea nitrogen semi-quant | | | | | |
| 84540 | A | | Assay of urine/urea-n | | | | | |
| 84545 | A | | Urea-N clearance test | | | | | |
| 84550 | A | | Assay of blood/uric acid | | | | | |
| 84560 | A | | Assay of urine/uric acid | | | | | |
| 84577 | A | | Assay of feces/urobilinogen | | | | | |
| 84578 | A | | Test urine urobilinogen | | | | | |
| 84580 | A | | Assay of urine urobilinogen | | | | | |
| 84583 | A | | Assay of urine urobilinogen | | | | | |
| 84585 | A | | Assay of urine vma | | | | | |
| 84586 | A | | Assay of vip | | | | | |
| 84588 | A | | Assay of vasopressin | | | | | |
| 84590 | A | | Assay of vitamin a | | | | | |
| 84591 | A | | Assay of nos vitamin | | | | | |
| 84597 | A | | Assay of vitamin k | | | | | |
| 84600 | A | | Assay of volatiles | | | | | |
| 84620 | A | | Xylose tolerance test | | | | | |
| 84630 | A | | Assay of zinc | | | | | |
| 84681 | A | | Assay of c-peptide | | | | | |
| 84702 | A | | Chorionic gonadotropin test | | | | | |
| 84703 | A | | Chorionic gonadotropin assay | | | | | |
| 84830 | A | | Ovulation tests | | | | | |
| 84999 | A | | Clinical chemistry test | | | | | |
| 85002 | A | | Bleeding time test | | | | | |
| 85004 | A | | Automated diff wbc count | | | | | |
| 85007 | A | | Differential WBC count | | | | | |
| 85008 | A | | Nondifferential WBC count | | | | | |
| 85009 | A | | Differential WBC count | | | | | |
| 85013 | A | | Spun microhematocrit | | | | | |
| 85014 | A | | Hematocrit | | | | | |
| 85018 | A | | Hemoglobin | | | | | |
| 85025 | A | | Automated hemogram | | | | | |
| 85027 | A | | Automated hemogram | | | | | |
| 85032 | A | | Manual cell count, each | | | | | |
| 85041 | A | | Red blood cell (RBC) count | | | | | |
| 85044 | A | | Reticulocyte count | | | | | |
| 85045 | A | | Reticulocyte count | | | | | |
| 85046 | A | | Reticyte/hgb concentrate | | | | | |
| 85048 | A | | White blood cell (WBC) count | | | | | |
| 85049 | A | | Automated platelet count | | | | | |
| 85055 | A | | Reticulated platelet assay | | | | | |
| 85060 | X | | Blood smear interpretation | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 85097 | X | | Bone marrow interpretation | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 85130 | A | | Chromogenic substrate assay | | | | | |
| 85170 | A | | Blood clot retraction | | | | | |
| 85175 | A | | Blood clot lysis time | | | | | |
| 85210 | A | | Blood clot factor II test | | | | | |
| 85220 | A | | Blood clot factor V test | | | | | |

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| 85230 | A | | Blood clot factor VII test | | | | | |
| 85240 | A | | Blood clot factor VIII test | | | | | |
| 85244 | A | | Blood clot factor VIII test | | | | | |
| 85245 | A | | Blood clot factor VIII test | | | | | |
| 85246 | A | | Blood clot factor VIII test | | | | | |
| 85247 | A | | Blood clot factor VIII test | | | | | |
| 85250 | A | | Blood clot factor IX test | | | | | |
| 85260 | A | | Blood clot factor X test | | | | | |
| 85270 | A | | Blood clot factor XI test | | | | | |
| 85280 | A | | Blood clot factor XII test | | | | | |
| 85290 | A | | Blood clot factor XIII test | | | | | |
| 85291 | A | | Blood clot factor XIII test | | | | | |
| 85292 | A | | Blood clot factor assay | | | | | |
| 85293 | A | | Blood clot factor assay | | | | | |
| 85300 | A | | Antithrombin III test | | | | | |
| 85301 | A | | Antithrombin III test | | | | | |
| 85302 | A | | Blood clot inhibitor antigen | | | | | |
| 85303 | A | | Blood clot inhibitor test | | | | | |
| 85305 | A | | Blood clot inhibitor assay | | | | | |
| 85306 | A | | Blood clot inhibitor test | | | | | |
| 85307 | A | | Assay activated protein c | | | | | |
| 85335 | A | | Factor inhibitor test | | | | | |
| 85337 | A | | Thrombomodulin | | | | | |
| 85345 | A | | Coagulation time | | | | | |
| 85347 | A | | Coagulation time | | | | | |
| 85348 | A | | Coagulation time | | | | | |
| 85360 | A | | Euglobulin lysis | | | | | |
| 85362 | A | | Fibrin degradation products | | | | | |
| 85366 | A | | Fibrinogen test | | | | | |
| 85370 | A | | Fibrinogen test | | | | | |
| 85378 | A | | Fibrin degradation | | | | | |
| 85379 | A | | Fibrin degradation, quant | | | | | |
| 85380 | A | | Fibrin degradation, vte | | | | | |
| 85384 | A | | Fibrinogen | | | | | |
| 85385 | A | | Fibrinogen | | | | | |
| 85390 | A | | Fibrinolysins screen | | | | | |
| 85396 | N | | Clotting assay, whole blood | | | | | |
| 85400 | A | | Fibrinolytic plasmin | | | | | |
| 85410 | A | | Fibrinolytic antiplasmin | | | | | |
| 85415 | A | | Fibrinolytic plasminogen | | | | | |
| 85420 | A | | Fibrinolytic plasminogen | | | | | |
| 85421 | A | | Fibrinolytic plasminogen | | | | | |
| 85441 | A | | Heinz bodies, direct | | | | | |
| 85445 | A | | Heinz bodies, induced | | | | | |
| 85460 | A | | Hemoglobin, fetal | | | | | |
| 85461 | A | | Hemoglobin, fetal | | | | | |
| 85475 | A | | Hemolysin | | | | | |
| 85520 | A | | Heparin assay | | | | | |
| 85525 | A | | Heparin neutralization | | | | | |
| 85530 | A | | Heparin-protamine tolerance | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 85536 | A | | Iron stain peripheral blood | | | | | |
| 85540 | A | | Wbc alkaline phosphatase | | | | | |
| 85547 | A | | RBC mechanical fragility | | | | | |
| 85549 | A | | Muramidase | | | | | |
| 85555 | A | | RBC osmotic fragility | | | | | |
| 85557 | A | | RBC osmotic fragility | | | | | |
| 85576 | A | | Blood platelet aggregation | | | | | |
| 85597 | A | | Platelet neutralization | | | | | |
| 85610 | A | | Prothrombin time | | | | | |
| 85611 | A | | Prothrombin test | | | | | |
| 85612 | A | | Viper venom prothrombin time | | | | | |
| 85613 | A | | Russell viper venom, diluted | | | | | |
| 85635 | A | | Reptilase test | | | | | |
| 85651 | A | | Rbc sed rate, nonautomated | | | | | |
| 85652 | A | | Rbc sed rate, automated | | | | | |
| 85660 | A | | RBC sickle cell test | | | | | |
| 85670 | A | | Thrombin time, plasma | | | | | |
| 85675 | A | | Thrombin time, titer | | | | | |
| 85705 | A | | Thromboplastin inhibition | | | | | |
| 85730 | A | | Thromboplastin time, partial | | | | | |
| 85732 | A | | Thromboplastin time, partial | | | | | |
| 85810 | A | | Blood viscosity examination | | | | | |
| 85999 | A | | Hematology procedure | | | | | |
| 86000 | A | | Agglutinins, febrile | | | | | |
| 86001 | A | | Allergen specific igg | | | | | |
| 86003 | A | | Allergen specific IgE | | | | | |
| 86005 | A | | Allergen specific IgE | | | | | |
| 86021 | A | | WBC antibody identification | | | | | |
| 86022 | A | | Platelet antibodies | | | | | |
| 86023 | A | | Immunoglobulin assay | | | | | |
| 86038 | A | | Antinuclear antibodies | | | | | |
| 86039 | A | | Antinuclear antibodies (ANA) | | | | | |
| 86060 | A | | Antistreptolysin o, titer | | | | | |
| 86063 | A | | Antistreptolysin o, screen | | | | | |
| 86077 | A | | Physician blood bank service | | | | | |
| 86078 | A | | Physician blood bank service | | | | | |
| 86079 | A | | Physician blood bank service | | | | | |
| 86140 | A | | C-reactive protein | | | | | |
| 86141 | A | | C-reactive protein, hs | | | | | |
| 86146 | A | | Glycoprotein antibody | | | | | |
| 86147 | A | | Cardiolipin antibody | | | | | |
| 86148 | A | | Phospholipid antibody | | | | | |
| 86155 | A | | Chemotaxis assay | | | | | |
| 86156 | A | | Cold agglutinin, screen | | | | | |
| 86157 | A | | Cold agglutinin, titer | | | | | |
| 86160 | A | | Complement, antigen | | | | | |
| 86161 | A | | Complement/function activity | | | | | |
| 86162 | A | | Complement, total (CH50) | | | | | |
| 86171 | A | | Complement fixation, each | | | | | |
| 86185 | A | | Counterimmunoelectrophoresis | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| 86215 | A | | Deoxyribonuclease, antibody | | | | | |
| 86225 | A | | DNA antibody | | | | | |
| 86226 | A | | DNA antibody, single strand | | | | | |
| 86235 | A | | Nuclear antigen antibody | | | | | |
| 86243 | A | | Fc receptor | | | | | |
| 86255 | A | | Fluorescent antibody, screen | | | | | |
| 86256 | A | | Fluorescent antibody, titer | | | | | |
| 86277 | A | | Growth hormone antibody | | | | | |
| 86280 | A | | Hemagglutination inhibition | | | | | |
| 86294 | A | | Immunoassay, tumor, qual | | | | | |
| 86300 | A | | Immunoassay, tumor, ca 15-3 | | | | | |
| 86301 | A | | Immunoassay, tumor, ca 19-9 | | | | | |
| 86304 | A | | Immunoassay, tumor, ca 125 | | | | | |
| 86308 | A | | Heterophile antibodies | | | | | |
| 86309 | A | | Heterophile antibodies | | | | | |
| 86310 | A | | Heterophile antibodies | | | | | |
| 86316 | A | | Immunoassay, tumor other | | | | | |
| 86317 | A | | Immunoassay, infectious agent | | | | | |
| 86318 | A | | Immunoassay, infectious agent | | | | | |
| 86320 | A | | Serum immunoelectrophoresis | | | | | |
| 86325 | A | | Other immunoelectrophoresis | | | | | |
| 86327 | A | | Immunoelectrophoresis assay | | | | | |
| 86329 | A | | Immunodiffusion | | | | | |
| 86331 | A | | Immunodiffusion ouchterlony | | | | | |
| 86332 | A | | Immune complex assay | | | | | |
| 86334 | A | | Immunofixation procedure | | | | | |
| 86336 | A | | Inhibin A | | | | | |
| 86337 | A | | Insulin antibodies | | | | | |
| 86340 | A | | Intrinsic factor antibody | | | | | |
| 86341 | A | | Islet cell antibody | | | | | |
| 86343 | A | | Leukocyte histamine release | | | | | |
| 86344 | A | | Leukocyte phagocytosis | | | | | |
| 86353 | A | | Lymphocyte transformation | | | | | |
| 86359 | A | | T cells, total count | | | | | |
| 86360 | A | | T cell, absolute count/ratio | | | | | |
| 86361 | A | | T cell, absolute count | | | | | |
| 86376 | A | | Microsomal antibody | | | | | |
| 86378 | A | | Migration inhibitory factor | | | | | |
| 86382 | A | | Neutralization test, viral | | | | | |
| 86384 | A | | nitroblue tetrazolium dye | | | | | |
| 86403 | A | | Particle agglutination test | | | | | |
| 86406 | A | | Particle agglutination test | | | | | |
| 86430 | A | | Rheumatoid factor test | | | | | |
| 86431 | A | | Rheumatoid factor, quant | | | | | |
| 86485 | X | | Skin test, candida | 0341 | 0.1128 | \$6.44 | \$2.62 | \$1.29 |
| 86490 | X | | Coccidioidomycosis skin test | 0341 | 0.1128 | \$6.44 | \$2.62 | \$1.29 |
| 86510 | X | | Histoplasmosis skin test | 0341 | 0.1128 | \$6.44 | \$2.62 | \$1.29 |
| 86580 | X | | TB intradermal test | 0341 | 0.1128 | \$6.44 | \$2.62 | \$1.29 |
| 86585 | X | | TB tine test | 0341 | 0.1128 | \$6.44 | \$2.62 | \$1.29 |
| 86586 | X | | Skin test, unlisted | 0341 | 0.1128 | \$6.44 | \$2.62 | \$1.29 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 86590 | A | | Streptokinase, antibody | | | | | |
| 86592 | A | | Blood serology, qualitative | | | | | |
| 86593 | A | | Blood serology, quantitative | | | | | |
| 86602 | A | | Antinomyces antibody | | | | | |
| 86603 | A | | Adenovirus antibody | | | | | |
| 86606 | A | | Aspergillus antibody | | | | | |
| 86609 | A | | Bacterium antibody | | | | | |
| 86611 | A | | Bartonella antibody | | | | | |
| 86612 | A | | Blastomyces antibody | | | | | |
| 86615 | A | | Bordetella antibody | | | | | |
| 86617 | A | | Lyme disease antibody | | | | | |
| 86618 | A | | Lyme disease antibody | | | | | |
| 86619 | A | | Borrelia antibody | | | | | |
| 86622 | A | | Brucella antibody | | | | | |
| 86625 | A | | Campylobacter antibody | | | | | |
| 86628 | A | | Candida antibody | | | | | |
| 86631 | A | | Chlamydia antibody | | | | | |
| 86632 | A | | Chlamydia igm antibody | | | | | |
| 86635 | A | | Coccidioides antibody | | | | | |
| 86638 | A | | Q fever antibody | | | | | |
| 86641 | A | | Cryptococcus antibody | | | | | |
| 86644 | A | | CMV antibody | | | | | |
| 86645 | A | | CMV antibody, IgM | | | | | |
| 86648 | A | | Diphtheria antibody | | | | | |
| 86651 | A | | Encephalitis antibody | | | | | |
| 86652 | A | | Encephalitis antibody | | | | | |
| 86653 | A | | Encephalitis antibody | | | | | |
| 86654 | A | | Encephalitis antibody | | | | | |
| 86658 | A | | Enterovirus antibody | | | | | |
| 86663 | A | | Epstein-barr antibody | | | | | |
| 86664 | A | | Epstein-barr antibody | | | | | |
| 86665 | A | | Epstein-barr antibody | | | | | |
| 86666 | A | | Ehrlichia antibody | | | | | |
| 86668 | A | | Francisella tularensis | | | | | |
| 86671 | A | | Fungus antibody | | | | | |
| 86674 | A | | Giardia lamblia antibody | | | | | |
| 86677 | A | | Helicobacter pylori | | | | | |
| 86682 | A | | Helminth antibody | | | | | |
| 86684 | A | | Hemophilus influenza | | | | | |
| 86687 | A | | Htlv-i antibody | | | | | |
| 86688 | A | | Htlv-ii antibody | | | | | |
| 86689 | A | | HTLV/HIV confirmatory test | | | | | |
| 86692 | A | | Hepatitis, delta agent | | | | | |
| 86694 | A | | Herpes simplex test | | | | | |
| 86695 | A | | Herpes simplex test | | | | | |
| 86696 | A | | Herpes simplex type 2 | | | | | |
| 86698 | A | | Histoplasma | | | | | |
| 86701 | A | | HIV-1 | | | | | |
| 86702 | A | | HIV-2 | | | | | |
| 86703 | A | | HIV-1/HIV-2, single assay | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 86704 | A | | Hep b core antibody, total | | | | | |
| 86705 | A | | Hep b core antibody, igm | | | | | |
| 86706 | A | | Hep b surface antibody | | | | | |
| 86707 | A | | Hep be antibody | | | | | |
| 86708 | A | | Hep a antibody, total | | | | | |
| 86709 | A | | Hep a antibody, igm | | | | | |
| 86710 | A | | Influenza virus antibody | | | | | |
| 86713 | A | | Legionella antibody | | | | | |
| 86717 | A | | Leishmania antibody | | | | | |
| 86720 | A | | Leptospira antibody | | | | | |
| 86723 | A | | Listeria monocytogenes ab | | | | | |
| 86727 | A | | Lymph choriomeningitis ab | | | | | |
| 86729 | A | | Lympho venereum antibody | | | | | |
| 86732 | A | | Mucormycosis antibody | | | | | |
| 86735 | A | | Mumps antibody | | | | | |
| 86738 | A | | Mycoplasma antibody | | | | | |
| 86741 | A | | Neisseria meningitidis | | | | | |
| 86744 | A | | Nocardia antibody | | | | | |
| 86747 | A | | Parvovirus antibody | | | | | |
| 86750 | A | | Malaria antibody | | | | | |
| 86753 | A | | Protozoa antibody nos | | | | | |
| 86756 | A | | Respiratory virus antibody | | | | | |
| 86757 | A | | Rickettsia antibody | | | | | |
| 86759 | A | | Rotavirus antibody | | | | | |
| 86762 | A | | Rubella antibody | | | | | |
| 86765 | A | | Rubeola antibody | | | | | |
| 86768 | A | | Salmonella antibody | | | | | |
| 86771 | A | | Shigella antibody | | | | | |
| 86774 | A | | Tetanus antibody | | | | | |
| 86777 | A | | Toxoplasma antibody | | | | | |
| 86778 | A | | Toxoplasma antibody, igm | | | | | |
| 86781 | A | | Treponema pallidum, confirm | | | | | |
| 86784 | A | | Trichinella antibody | | | | | |
| 86787 | A | | Varicella-zoster antibody | | | | | |
| 86790 | A | | Virus antibody nos | | | | | |
| 86793 | A | | Yersinia antibody | | | | | |
| 86800 | A | | Thyroglobulin antibody | | | | | |
| 86803 | A | | Hepatitis c ab test | | | | | |
| 86804 | A | | Hep c ab test, confirm | | | | | |
| 86805 | A | | Lymphocytotoxicity assay | | | | | |
| 86806 | A | | Lymphocytotoxicity assay | | | | | |
| 86807 | A | | Cytotoxic antibody screening | | | | | |
| 86808 | A | | Cytotoxic antibody screening | | | | | |
| 86812 | A | | HLA typing, A, B, or C | | | | | |
| 86813 | A | | HLA typing, A, B, or C | | | | | |
| 86816 | A | | HLA typing, DR/DQ | | | | | |
| 86817 | A | | HLA typing, DR/DQ | | | | | |
| 86821 | A | | Lymphocyte culture, mixed | | | | | |
| 86822 | A | | Lymphocyte culture, primed | | | | | |
| 86849 | A | | Immunology procedure | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| 86850 | X | | RBC antibody screen | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86860 | X | | RBC antibody elution | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86870 | X | | RBC antibody identification | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86880 | X | | Coombs test, direct | 0409 | 0.1277 | \$7.29 | \$2.23 | \$1.46 |
| 86885 | X | | Coombs test, indirect, qual | 0409 | 0.1277 | \$7.29 | \$2.23 | \$1.46 |
| 86886 | X | | Coombs test, indirect, titer | 0409 | 0.1277 | \$7.29 | \$2.23 | \$1.46 |
| 86890 | X | | Autologous blood process | 0347 | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 86891 | X | | Autologous blood, op salvage | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86900 | X | | Blood typing, ABO | 0409 | 0.1277 | \$7.29 | \$2.23 | \$1.46 |
| 86901 | X | | Blood typing, Rh (D) | 0409 | 0.1277 | \$7.29 | \$2.23 | \$1.46 |
| 86903 | X | | Blood typing, antigen screen | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86904 | X | | Blood typing, patient serum | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86905 | X | | Blood typing, RBC antigens | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86906 | X | | Blood typing, Rh phenotype | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86910 | E | | Blood typing, paternity test | | | | | |
| 86911 | E | | Blood typing, antigen system | | | | | |
| 86920 | X | | Compatibility test | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86921 | X | | Compatibility test | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86922 | X | | Compatibility test | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86927 | X | | Plasma, fresh frozen | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86930 | X | | Frozen blood prep | 0347 | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 86931 | X | | Frozen blood thaw | 0347 | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 86932 | X | | Frozen blood freeze/thaw | 0347 | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 86940 | A | | Hemolysins/agglutinins, auto | | | | | |
| 86941 | A | | Hemolysins/agglutinins | | | | | |
| 86945 | X | | Blood product/irradiation | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86950 | X | | Leukocyte transfusion | 0347 | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 86965 | X | | Pooling blood platelets | 0346 | 0.3615 | \$20.64 | \$5.21 | \$4.13 |
| 86970 | X | | RBC pretreatment | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86971 | X | | RBC pretreatment | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86972 | X | | RBC pretreatment | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86975 | X | | RBC pretreatment, serum | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86976 | X | | RBC pretreatment, serum | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86977 | X | | RBC pretreatment, serum | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86978 | X | | RBC pretreatment, serum | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 86985 | X | | Split blood or products | 0347 | 0.9454 | \$53.98 | \$13.20 | \$10.80 |
| 86999 | X | | Transfusion procedure | 0345 | 0.2432 | \$13.89 | \$3.10 | \$2.78 |
| 87001 | A | | Small animal inoculation | | | | | |
| 87003 | A | | Small animal inoculation | | | | | |
| 87015 | A | | Specimen concentration | | | | | |
| 87040 | A | | Blood culture for bacteria | | | | | |
| 87045 | A | | Feces culture, bacteria | | | | | |
| 87046 | A | | Stool cultur, bacteria, each | | | | | |
| 87070 | A | | Culture, bacteria, other | | | | | |
| 87071 | A | | Culture bacteria aerobic othr | | | | | |
| 87073 | A | | Culture bacteria anaerobic | | | | | |
| 87075 | A | | Cultr bacteria, except blood | | | | | |
| 87076 | A | | Culture anaerobe ident, each | | | | | |
| 87077 | A | | Culture aerobic identify | | | | | |
| 87081 | A | | Culture screen only | | | | | |

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|----------------|---------------------|----------------------|-------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| 87084 | A | | Culture of specimen by kit | | | | | |
| 87086 | A | | Urine culture/colony count | | | | | |
| 87088 | A | | Urine bacteria culture | | | | | |
| 87101 | A | | Skin fungi culture | | | | | |
| 87102 | A | | Fungus isolation culture | | | | | |
| 87103 | A | | Blood fungus culture | | | | | |
| 87106 | A | | Fungi identification, yeast | | | | | |
| 87107 | A | | Fungi identification, mold | | | | | |
| 87109 | A | | Mycoplasma | | | | | |
| 87110 | A | | Chlamydia culture | | | | | |
| 87116 | A | | Mycobacteria culture | | | | | |
| 87118 | A | | Mycobacteric identification | | | | | |
| 87140 | A | | Culture type immunofluoresc | | | | | |
| 87143 | A | | Culture typing, glc/hplc | | | | | |
| 87147 | A | | Culture type, immunologic | | | | | |
| 87149 | A | | Culture type, nucleic acid | | | | | |
| 87152 | A | | Culture type pulse field gel | | | | | |
| 87158 | A | | Culture typing, added method | | | | | |
| 87164 | A | | Dark field examination | | | | | |
| 87166 | A | | Dark field examination | | | | | |
| 87168 | A | | Macroscopic exam arthropod | | | | | |
| 87169 | A | | Macroscopic exam parasite | | | | | |
| 87172 | A | | Pinworm exam | | | | | |
| 87176 | A | | Tissue homogenization, cultr | | | | | |
| 87177 | A | | Ova and parasites smears | | | | | |
| 87181 | A | | Microbe susceptible, diffuse | | | | | |
| 87184 | A | | Microbe susceptible, disk | | | | | |
| 87185 | A | | Microbe susceptible, enzyme | | | | | |
| 87186 | A | | Microbe susceptible, mic | | | | | |
| 87187 | A | | Microbe susceptible, mic | | | | | |
| 87188 | A | | Microbe suscept, macrobroth | | | | | |
| 87190 | A | | Microbe suscept, mycobacteri | | | | | |
| 87197 | A | | Bactericidal level, serum | | | | | |
| 87205 | A | | Smear, gram stain | | | | | |
| 87206 | A | | Smear, fluorescent/acid stai | | | | | |
| 87207 | A | | Smear, special stain | | | | | |
| 87210 | A | | Smear, wet mount, saline/ink | | | | | |
| 87220 | A | | Tissue exam for fungi | | | | | |
| 87230 | A | | Assay, toxin or antitoxin | | | | | |
| 87250 | A | | Virus inoculate, eggs/animal | | | | | |
| 87252 | A | | Virus inoculation, tissue | | | | | |
| 87253 | A | | Virus inoculate tissue, addl | | | | | |
| 87254 | A | | Virus inoculation, shell via | | | | | |
| 87255 | A | | Genet virus isolate, hsv | | | | | |
| 87260 | A | | Adenovirus ag, if | | | | | |
| 87265 | A | | Pertussis ag, if | | | | | |
| 87267 | A | | Enterovirus antibody, dfa | | | | | |
| 87269 | A | | Giardia ag, if | | | | | |
| 87270 | A | | Chlamydia trachomatis ag, if | | | | | |
| 87271 | A | | Cryptosporidium/gardia ag, if | | | | | |

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|-------------|------------------|-------------------|------------------------------|-----|-----------------|--------------|-------------------------------|------------------------------|
| 87272 | A | | Cryptosporidium ag, if | | | | | |
| 87273 | A | | Herpes simplex 2, ag, if | | | | | |
| 87274 | A | | Herpes simplex 1, ag, if | | | | | |
| 87275 | A | | Influenza b, ag, if | | | | | |
| 87276 | A | | Influenza a, ag, if | | | | | |
| 87277 | A | | Legionella micdadei, ag, if | | | | | |
| 87278 | A | | Legion pneumophila ag, if | | | | | |
| 87279 | A | | Parainfluenza, ag, if | | | | | |
| 87280 | A | | Respiratory syncytial ag, if | | | | | |
| 87281 | A | | Pneumocystis carinii, ag, if | | | | | |
| 87283 | A | | Rubeola, ag, if | | | | | |
| 87285 | A | | Treponema pallidum, ag, if | | | | | |
| 87290 | A | | Varicella zoster, ag, if | | | | | |
| 87299 | A | | Antibody detection, nos, if | | | | | |
| 87300 | A | | Ag detection, polyval, if | | | | | |
| 87301 | A | | Adenovirus ag, eia | | | | | |
| 87320 | A | | Chylmd trach ag, eia | | | | | |
| 87324 | A | | Clostridium ag, eia | | | | | |
| 87327 | A | | Cryptococcus neoform ag, eia | | | | | |
| 87328 | A | | Cryptosporidium ag, eia | | | | | |
| 87329 | A | | Giardia ag, eia | | | | | |
| 87332 | A | | Cytomegalovirus ag, eia | | | | | |
| 87335 | A | | E coli 0157 ag, eia | | | | | |
| 87336 | A | | Entamoeb hist dispr, ag, eia | | | | | |
| 87337 | A | | Entamoeb hist group, ag, eia | | | | | |
| 87338 | A | | Hpylori, stool, eia | | | | | |
| 87339 | A | | H pylori ag, eia | | | | | |
| 87340 | A | | Hepatitis b surface ag, eia | | | | | |
| 87341 | A | | Hepatitis b surface, ag, eia | | | | | |
| 87350 | A | | Hepatitis be ag, eia | | | | | |
| 87380 | A | | Hepatitis delta ag, eia | | | | | |
| 87385 | A | | Histoplasma capsul ag, eia | | | | | |
| 87390 | A | | Hiv-1 ag, eia | | | | | |
| 87391 | A | | Hiv-2 ag, eia | | | | | |
| 87400 | A | | Influenza a/b, ag, eia | | | | | |
| 87420 | A | | Resp syncytial ag, eia | | | | | |
| 87425 | A | | Rotavirus ag, eia | | | | | |
| 87427 | A | | Shiga-like toxin ag, eia | | | | | |
| 87430 | A | | Strep a ag, eia | | | | | |
| 87449 | A | | Ag detect nos, eia, mult | | | | | |
| 87450 | A | | Ag detect nos, eia, single | | | | | |
| 87451 | A | | Ag detect polyval, eia, mult | | | | | |
| 87470 | A | | Bartonella, dna, dir probe | | | | | |
| 87471 | A | | Bartonella, dna, amp probe | | | | | |
| 87472 | A | | Bartonella, dna, quant | | | | | |
| 87475 | A | | Lyme dis, dna, dir probe | | | | | |
| 87476 | A | | Lyme dis, dna, amp probe | | | | | |
| 87477 | A | | Lyme dis, dna, quant | | | | | |
| 87480 | A | | Candida, dna, dir probe | | | | | |
| 87481 | A | | Candida, dna, amp probe | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 87482 | A | | Candida, dna, quant | | | | | |
| 87485 | A | | Chylmd pneum, dna, dir probe | | | | | |
| 87486 | A | | Chylmd pneum, dna, amp probe | | | | | |
| 87487 | A | | Chylmd pneum, dna, quant | | | | | |
| 87490 | A | | Chylmd trach, dna, dir probe | | | | | |
| 87491 | A | | Chylmd trach, dna, amp probe | | | | | |
| 87492 | A | | Chylmd trach, dna, quant | | | | | |
| 87495 | A | | Cytomeg, dna, dir probe | | | | | |
| 87496 | A | | Cytomeg, dna, amp probe | | | | | |
| 87497 | A | | Cytomeg, dna, quant | | | | | |
| 87510 | A | | Gardner vag, dna, dir probe | | | | | |
| 87511 | A | | Gardner vag, dna, amp probe | | | | | |
| 87512 | A | | Gardner vag, dna, quant | | | | | |
| 87515 | A | | Hepatitis b, dna, dir probe | | | | | |
| 87516 | A | | Hepatitis b, dna, amp probe | | | | | |
| 87517 | A | | Hepatitis b, dna, quant | | | | | |
| 87520 | A | | Hepatitis c, rna, dir probe | | | | | |
| 87521 | A | | Hepatitis c, rna, amp probe | | | | | |
| 87522 | A | | Hepatitis c, rna, quant | | | | | |
| 87525 | A | | Hepatitis g, dna, dir probe | | | | | |
| 87526 | A | | Hepatitis g, dna, amp probe | | | | | |
| 87527 | A | | Hepatitis g, dna, quant | | | | | |
| 87528 | A | | Hsv, dna, dir probe | | | | | |
| 87529 | A | | Hsv, dna, amp probe | | | | | |
| 87530 | A | | Hsv, dna, quant | | | | | |
| 87531 | A | | Hhv-6, dna, dir probe | | | | | |
| 87532 | A | | Hhv-6, dna, amp probe | | | | | |
| 87533 | A | | Hhv-6, dna, quant | | | | | |
| 87534 | A | | Hiv-1, dna, dir probe | | | | | |
| 87535 | A | | Hiv-1, dna, amp probe | | | | | |
| 87536 | A | | Hiv-1, dna, quant | | | | | |
| 87537 | A | | Hiv-2, dna, dir probe | | | | | |
| 87538 | A | | Hiv-2, dna, amp probe | | | | | |
| 87539 | A | | Hiv-2, dna, quant | | | | | |
| 87540 | A | | Legion pneumo, dna, dir prob | | | | | |
| 87541 | A | | Legion pneumo, dna, amp prob | | | | | |
| 87542 | A | | Legion pneumo, dna, quant | | | | | |
| 87550 | A | | Mycobacteria, dna, dir probe | | | | | |
| 87551 | A | | Mycobacteria, dna, amp probe | | | | | |
| 87552 | A | | Mycobacteria, dna, quant | | | | | |
| 87555 | A | | M.tuberculo, dna, dir probe | | | | | |
| 87556 | A | | M.tuberculo, dna, amp probe | | | | | |
| 87557 | A | | M.tuberculo, dna, quant | | | | | |
| 87560 | A | | M.avium-intra, dna, dir prob | | | | | |
| 87561 | A | | M.avium-intra, dna, amp prob | | | | | |
| 87562 | A | | M.avium-intra, dna, quant | | | | | |
| 87580 | A | | M.pneumon, dna, dir probe | | | | | |
| 87581 | A | | M.pneumon, dna, amp probe | | | | | |
| 87582 | A | | M.pneumon, dna, quant | | | | | |
| 87590 | A | | N.gonorrhoeae, dna, dir prob | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 87591 | A | | N.gonorrhoeae, dna, amp prob | | | | | |
| 87592 | A | | N.gonorrhoeae, dna, quant | | | | | |
| 87620 | A | | Hpv, dna, dir probe | | | | | |
| 87621 | A | | Hpv, dna, amp probe | | | | | |
| 87622 | A | | Hpv, dna, quant | | | | | |
| 87650 | A | | Strep a, dna, dir probe | | | | | |
| 87651 | A | | Strep a, dna, amp probe | | | | | |
| 87652 | A | | Strep a, dna, quant | | | | | |
| 87660 | A | | Trichomonas vagin, dir probe | | | | | |
| 87797 | A | | Detect agent nos, dna, dir | | | | | |
| 87798 | A | | Detect agent nos, dna, amp | | | | | |
| 87799 | A | | Detect agent nos, dna, quant | | | | | |
| 87800 | A | | Detect agnt mult, dna, direc | | | | | |
| 87801 | A | | Detect agnt mult, dna, ampli | | | | | |
| 87802 | A | | Strep b assay w/optic | | | | | |
| 87803 | A | | Clostridium toxin a w/optic | | | | | |
| 87804 | A | | Influenza assay w/optic | | | | | |
| 87810 | A | | Chylmd trach assay w/optic | | | | | |
| 87850 | A | | N. gonorrhoeae assay w/optic | | | | | |
| 87880 | A | | Strep a assay w/optic | | | | | |
| 87899 | A | | Agent nos assay w/optic | | | | | |
| 87901 | A | | Genotype, dna, hiv reverse t | | | | | |
| 87902 | A | | Genotype, dna, hepatitis C | | | | | |
| 87903 | A | | Phenotype, dna hiv w/culture | | | | | |
| 87904 | A | | Phenotype, dna hiv w/clt add | | | | | |
| 87999 | A | | Microbiology procedure | | | | | |
| 88000 | E | | Autopsy (necropsy), gross | | | | | |
| 88005 | E | | Autopsy (necropsy), gross | | | | | |
| 88007 | E | | Autopsy (necropsy), gross | | | | | |
| 88012 | E | | Autopsy (necropsy), gross | | | | | |
| 88014 | E | | Autopsy (necropsy), gross | | | | | |
| 88016 | E | | Autopsy (necropsy), gross | | | | | |
| 88020 | E | | Autopsy (necropsy), complete | | | | | |
| 88025 | E | | Autopsy (necropsy), complete | | | | | |
| 88027 | E | | Autopsy (necropsy), complete | | | | | |
| 88028 | E | | Autopsy (necropsy), complete | | | | | |
| 88029 | E | | Autopsy (necropsy), complete | | | | | |
| 88036 | E | | Limited autopsy | | | | | |
| 88037 | E | | Limited autopsy | | | | | |
| 88040 | E | | Forensic autopsy (necropsy) | | | | | |
| 88045 | E | | Coroner's autopsy (necropsy) | | | | | |
| 88099 | E | | Necropsy (autopsy) procedure | | | | | |
| 88104 | X | | Cytopathology, fluids | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88106 | X | | Cytopathology, fluids | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88107 | X | | Cytopathology, fluids | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88108 | X | | Cytopath, concentrate tech | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88112 | X | | Cytopath, cell enhance tech | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88125 | X | | Forensic cytopathology | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88130 | A | | Sex chromatin identification | | | | | |
| 88140 | A | | Sex chromatin identification | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 88141 | N | | Cytopath, c/v, interpret | | | | | |
| 88142 | A | | Cytopath, c/v, thin layer | | | | | |
| 88143 | A | | Cytopath c/v thin layer redo | | | | | |
| 88147 | A | | Cytopath, c/v, automated | | | | | |
| 88148 | A | | Cytopath, c/v, auto rescreen | | | | | |
| 88150 | A | | Cytopath, c/v, manual | | | | | |
| 88152 | A | | Cytopath, c/v, auto redo | | | | | |
| 88153 | A | | Cytopath, c/v, redo | | | | | |
| 88154 | A | | Cytopath, c/v, select | | | | | |
| 88155 | A | | Cytopath, c/v, index add-on | | | | | |
| 88160 | X | | Cytopath smear, other source | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88161 | X | | Cytopath smear, other source | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88162 | X | | Cytopath smear, other source | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88164 | A | | Cytopath tbs, c/v, manual | | | | | |
| 88165 | A | | Cytopath tbs, c/v, redo | | | | | |
| 88166 | A | | Cytopath tbs, c/v, auto redo | | | | | |
| 88167 | A | | Cytopath tbs, c/v, select | | | | | |
| 88172 | X | | Cytopathology eval of fna | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88173 | X | | Cytopath eval, fna, report | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88174 | A | | Cytopath, c/v auto, in fluid | | | | | |
| 88175 | A | | Cytopath c/v auto fluid redo | | | | | |
| 88180 | X | | Cell marker study | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88182 | X | | Cell marker study | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88199 | A | | Cytopathology procedure | | | | | |
| 88230 | A | | Tissue culture, lymphocyte | | | | | |
| 88233 | A | | Tissue culture, skin/biopsy | | | | | |
| 88235 | A | | Tissue culture, placenta | | | | | |
| 88237 | A | | Tissue culture, bone marrow | | | | | |
| 88239 | A | | Tissue culture, tumor | | | | | |
| 88240 | A | | Cell cryopreserve/storage | | | | | |
| 88241 | A | | Frozen cell preparation | | | | | |
| 88245 | A | | Chromosome analysis, 20-25 | | | | | |
| 88248 | A | | Chromosome analysis, 50-100 | | | | | |
| 88249 | A | | Chromosome analysis, 100 | | | | | |
| 88261 | A | | Chromosome analysis, 5 | | | | | |
| 88262 | A | | Chromosome analysis, 15-20 | | | | | |
| 88263 | A | | Chromosome analysis, 45 | | | | | |
| 88264 | A | | Chromosome analysis, 20-25 | | | | | |
| 88267 | A | | Chromosome analys, placenta | | | | | |
| 88269 | A | | Chromosome analys, amniotic | | | | | |
| 88271 | A | | Cytogenetics, dna probe | | | | | |
| 88272 | A | | Cytogenetics, 3-5 | | | | | |
| 88273 | A | | Cytogenetics, 10-30 | | | | | |
| 88274 | A | | Cytogenetics, 25-99 | | | | | |
| 88275 | A | | Cytogenetics, 100-300 | | | | | |
| 88280 | A | | Chromosome karyotype study | | | | | |
| 88283 | A | | Chromosome banding study | | | | | |
| 88285 | A | | Chromosome count, additional | | | | | |
| 88289 | A | | Chromosome study, additional | | | | | |
| 88291 | A | | Cyto/molecular report | | | | | |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 88299 | X | | Cytogenetic study | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88300 | X | | Surgical path, gross | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88302 | X | | Tissue exam by pathologist | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88304 | X | | Tissue exam by pathologist | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88305 | X | | Tissue exam by pathologist | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88307 | X | | Tissue exam by pathologist | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88309 | X | | Tissue exam by pathologist | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88311 | X | | Decalcify tissue | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88312 | X | | Special stains | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88313 | X | | Special stains | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88314 | X | | Histochemical stain | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88318 | X | | Chemical histochemistry | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88319 | X | | Enzyme histochemistry | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88321 | X | | Microslide consultation | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88323 | X | | Microslide consultation | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88325 | X | | Comprehensive review of data | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88329 | X | | Path consult introp | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88331 | X | | Path consult intraop, 1 bloc | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 88332 | X | | Path consult intraop, add'l | 0342 | 0.2077 | \$11.86 | \$5.33 | \$2.37 |
| 88342 | X | | Immunohistochemistry | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88346 | X | | Immunofluorescent study | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88347 | X | | Immunofluorescent study | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88348 | X | | Electron microscopy | 0661 | 3.5389 | \$202.06 | \$88.87 | \$40.41 |
| 88349 | X | | Scanning electron microscopy | 0661 | 3.5389 | \$202.06 | \$88.87 | \$40.41 |
| 88355 | X | | Analysis, skeletal muscle | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88356 | X | | Analysis, nerve | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88358 | X | | Analysis, tumor | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88361 | X | | Immunohistochemistry, tumor | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88362 | X | | Nerve teasing preparations | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88365 | X | | Tissue hybridization | 0344 | 0.6127 | \$34.98 | \$15.74 | \$7.00 |
| 88371 | A | | Protein, western blot tissue | | | | | |
| 88372 | A | | Protein analysis w/probe | | | | | |
| 88380 | A | | Microdissection | | | | | |
| 88399 | A | | Surgical pathology procedure | | | | | |
| 88400 | A | | Bilirubin total transcut | | | | | |
| 89050 | A | | Body fluid cell count | | | | | |
| 89051 | A | | Body fluid cell count | | | | | |
| 89055 | A | | Leukocyte assessment, fecal | | | | | |
| 89060 | A | | Exam, synovial fluid crystals | | | | | |
| 89100 | X | | Sample intestinal contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89105 | X | | Sample intestinal contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89125 | A | | Specimen fat stain | | | | | |
| 89130 | X | | Sample stomach contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89132 | X | | Sample stomach contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89135 | X | | Sample stomach contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89136 | X | | Sample stomach contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89140 | X | | Sample stomach contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89141 | X | | Sample stomach contents | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 89160 | A | | Exam feces for meat fibers | | | | | |
| 89190 | A | | Nasal smear for eosinophils | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 89220 | X | | Sputum specimen collection | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 89225 | A | | Starch granules, feces | | | | | |
| 89230 | X | | Collect sweat for test | 0343 | 0.4339 | \$24.77 | \$11.14 | \$4.95 |
| 89235 | A | | Water load test | | | | | |
| 89240 | A | | Pathology lab procedure | | | | | |
| 89250 | X | | Cultr oocyte/embryo <4 days | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89251 | X | | Cultr oocyte/embryo <4 days | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89253 | X | | Embryo hatching | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89254 | X | | Oocyte identification | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89255 | X | | Prepare embryo for transfer | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89257 | X | | Sperm identification | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89258 | X | | Cryopreservation; embryo(s) | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89259 | X | | Cryopreservation, sperm | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89260 | X | | Sperm isolation, simple | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89261 | X | | Sperm isolation, complex | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89264 | X | | Identify sperm tissue | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89268 | X | | Insemination of oocytes | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89272 | X | | Extended culture of oocytes | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89280 | X | | Assist oocyte fertilization | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89281 | X | | Assist oocyte fertilization | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89290 | X | | Biopsy, oocyte polar body | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89291 | X | | Biopsy, oocyte polar body | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89300 | A | | Semen analysis w/huhner | | | | | |
| 89310 | A | | Semen analysis | | | | | |
| 89320 | A | | Semen analysis, complete | | | | | |
| 89321 | A | | Semen analysis & motility | | | | | |
| 89325 | A | | Sperm antibody test | | | | | |
| 89329 | A | | Sperm evaluation test | | | | | |
| 89330 | A | | Evaluation, cervical mucus | | | | | |
| 89335 | X | | Cryopreserve testicular tiss | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89342 | X | | Storage/year, embryo(s) | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89343 | X | | Storage/year; sperm/semen | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89344 | X | | Storage/year; reprod tissue | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89346 | X | | Storage/year; oocyte | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89352 | X | | Thawing cryopresrvd; embryo | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89353 | X | | Thawing cryopresrvd; sperm | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89354 | X | | Thaw cryoprsrvd; reprod tiss | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 89356 | X | | Thawing cryopresrvd; oocyte | 0348 | 0.7716 | \$44.06 | | \$8.81 |
| 90281 | E | | Human ig, im | | | | | |
| 90283 | E | | Human ig, iv | | | | | |
| 90287 | E | | Botulinum antitoxin | | | | | |
| 90288 | E | | Botulism ig, iv | | | | | |
| 90291 | E | | Cmv ig, iv | | | | | |
| 90296 | N | | Diphtheria antitoxin | | | | | |
| 90371 | E | | Hep b ig, im | | | | | |
| 90375 | N | | Rabies ig, im/sc | | | | | |
| 90376 | K | | Rabies ig, heat treated | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90378 | E | | Rsv ig, im, 50mg | | | | | |
| 90379 | E | | Rsv ig, iv | | | | | |
| 90384 | E | | Rh ig, full-dose, im | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 90385 | N | | Rh ig, minidose, im | | | | | |
| 90386 | E | | Rh ig, iv | | | | | |
| 90389 | E | | Tetanus ig, im | | | | | |
| 90393 | K | | Vaccina ig, im | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90396 | K | | Varicella-zoster ig, im | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90399 | E | | Immune globulin | | | | | |
| 90471 | N | | Immunization admin | | | | | |
| 90472 | N | | Immunization admin, each add | | | | | |
| 90473 | E | | Immune admin oral/nasal | | | | | |
| 90474 | E | | Immune admin oral/nasal addl | | | | | |
| 90476 | K | | Adenovirus vaccine, type 4 | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90477 | N | | Adenovirus vaccine, type 7 | | | | | |
| 90581 | N | | Anthrax vaccine, sc | | | | | |
| 90585 | N | | Bcg vaccine, percut | | | | | |
| 90586 | K | | Bcg vaccine, intravesical | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90632 | N | | Hep a vaccine, adult im | | | | | |
| 90633 | N | | Hep a vacc, ped/adol, 2 dose | | | | | |
| 90634 | N | | Hep a vacc, ped/adol, 3 dose | | | | | |
| 90636 | K | | Hep a/hep b vacc, adult im | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90645 | N | | Hib vaccine, hboc, im | | | | | |
| 90646 | N | | Hib vaccine, prp-d, im | | | | | |
| 90647 | N | | Hib vaccine, prp-omp, im | | | | | |
| 90648 | N | | Hib vaccine, prp-t, im | | | | | |
| 90655 | L | | Flu vaccine, 6-35 mo, im | | | | | |
| 90657 | L | | Flu vaccine, 6-35 mo, im | | | | | |
| 90658 | L | | Flu vaccine, 3 yrs, im | | | | | |
| 90660 | E | | Flu vaccine, nasal | | | | | |
| 90665 | K | | Lyme disease vaccine, im | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90669 | E | | Pneumococcal vacc, ped <5 | | | | | |
| 90675 | K | | Rabies vaccine, im | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90676 | K | | Rabies vaccine, id | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90680 | N | | Rotovirus vaccine, oral | | | | | |
| 90690 | N | | Typhoid vaccine, oral | | | | | |
| 90691 | N | | Typhoid vaccine, im | | | | | |
| 90692 | N | | Typhoid vaccine, h-p, sc/id | | | | | |
| 90693 | N | | Typhoid vaccine, akd, sc | | | | | |
| 90698 | N | | Dtap-hib-ip vaccine, im | | | | | |
| 90700 | N | | Dtap vaccine, im | | | | | |
| 90701 | N | | Dtp vaccine, im | | | | | |
| 90702 | N | | Dt vaccine < 7, im | | | | | |
| 90703 | N | | Tetanus vaccine, im | | | | | |
| 90704 | N | | Mumps vaccine, sc | | | | | |
| 90705 | N | | Measles vaccine, sc | | | | | |
| 90706 | N | | Rubella vaccine, sc | | | | | |
| 90707 | N | | Mmr vaccine, sc | | | | | |
| 90708 | N | | Measles-rubella vaccine, sc | | | | | |
| 90710 | K | | Mmr vaccine, sc | 0355 | 0.3164 | \$18.07 | | \$3.61 |
| 90712 | N | | Oral poliovirus vaccine | | | | | |
| 90713 | N | | Poliovirus, ipv, sc | | | | | |
| 90715 | N | | Tdap vaccine >7 im | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 90716 | N | | Chicken pox vaccine, sc | | | | | |
| 90717 | N | | Yellow fever vaccine, sc | | | | | |
| 90718 | N | | Td vaccine > 7, im | | | | | |
| 90719 | N | | Diphtheria vaccine, im | | | | | |
| 90720 | N | | Dtp/hib vaccine, im | | | | | |
| 90721 | N | | Dtap/hib vaccine, im | | | | | |
| 90723 | E | | Dtap-hep b-ipv vaccine, im | | | | | |
| 90725 | K | | Cholera vaccine, injectable | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90727 | N | | Plague vaccine, im | | | | | |
| 90732 | L | | Pneumococcal vaccine | | | | | |
| 90733 | N | | Meningococcal vaccine, sc | | | | | |
| 90734 | N | | Meningococcal vaccine, im | | | | | |
| 90735 | K | | Encephalitis vaccine, sc | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90740 | K | | Hepb vacc, ill pat 3 dose im | 0355 | 0.3164 | \$18.07 | | \$3.61 |
| 90743 | K | | Hep b vacc, adol, 2 dose, im | 0355 | 0.3164 | \$18.07 | | \$3.61 |
| 90744 | K | | Hepb vacc ped/adol 3 dose im | 0355 | 0.3164 | \$18.07 | | \$3.61 |
| 90746 | K | | Hep b vaccine, adult, im | 0355 | 0.3164 | \$18.07 | | \$3.61 |
| 90747 | K | | Hepb vacc, ill pat 4 dose im | 0356 | 0.6483 | \$37.02 | | \$7.40 |
| 90748 | E | | Hep b/hib vaccine, im | | | | | |
| 90749 | N | | Vaccine toxoid | | | | | |
| 90780 | B | | IV infusion therapy, 1 hour | | | | | |
| 90781 | B | | IV infusion, additional hour | | | | | |
| 90782 | X | | Injection, sc/im | 0353 | 0.4013 | \$22.91 | | \$4.58 |
| 90783 | X | | Injection, ia | 0359 | 0.8744 | \$49.93 | | \$9.99 |
| 90784 | X | | Injection, iv | 0359 | 0.8744 | \$49.93 | | \$9.99 |
| 90788 | X | | Injection of antibiotic | 0359 | 0.8744 | \$49.93 | | \$9.99 |
| 90799 | X | | Ther/prophylactic/dx inject | 0352 | 0.1209 | \$6.90 | | \$1.38 |
| 90801 | S | | Psy dx interview | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90802 | S | | Intac psy dx interview | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90804 | S | | Psytx, office, 20-30 min | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90805 | S | | Psytx, off, 20-30 min w/e&m | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90806 | S | | Psytx, off, 45-50 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90807 | S | | Psytx, off, 45-50 min w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90808 | S | | Psytx, office, 75-80 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90809 | S | | Psytx, off, 75-80, w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90810 | S | | Intac psytx, off, 20-30 min | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90811 | S | | Intac psytx, 20-30, w/e&m | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90812 | S | | Intac psytx, off, 45-50 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90813 | S | | Intac psytx, 45-50 min w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90814 | S | | Intac psytx, off, 75-80 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90815 | S | | Intac psytx, 75-80 w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90816 | S | | Psytx, hosp, 20-30 min | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90817 | S | | Psytx, hosp, 20-30 min w/e&m | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90818 | S | | Psytx, hosp, 45-50 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90819 | S | | Psytx, hosp, 45-50 min w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90821 | S | | Psytx, hosp, 75-80 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90822 | S | | Psytx, hosp, 75-80 min w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90823 | S | | Intac psytx, hosp, 20-30 min | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90824 | S | | Intac psytx, hsp 20-30 w/e&m | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90826 | S | | Intac psytx, hosp, 45-50 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 90827 | S | | Intac psytx, hsp 45-50 w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90828 | S | | Intac psytx, hosp, 75-80 min | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90829 | S | | Intac psytx, hsp 75-80 w/e&m | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90845 | S | | Psychoanalysis | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90846 | S | | Family psytx w/o patient | 0324 | 2.9372 | \$167.71 | | \$33.54 |
| 90847 | S | | Family psytx w/patient | 0324 | 2.9372 | \$167.71 | | \$33.54 |
| 90849 | S | | Multiple family group psytx | 0325 | 1.4790 | \$84.45 | \$18.27 | \$16.89 |
| 90853 | S | | Group psychotherapy | 0325 | 1.4790 | \$84.45 | \$18.27 | \$16.89 |
| 90857 | S | | Intac group psytx | 0325 | 1.4790 | \$84.45 | \$18.27 | \$16.89 |
| 90862 | X | | Medication management | 0374 | 1.1042 | \$63.05 | | \$12.61 |
| 90865 | S | | Narcosynthesis | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90870 | S | | Electroconvulsive therapy | 0320 | 5.3551 | \$305.77 | \$80.06 | \$61.15 |
| 90871 | E | | Electroconvulsive therapy | | | | | |
| 90875 | E | | Psychophysiological therapy | | | | | |
| 90876 | E | | Psychophysiological therapy | | | | | |
| 90880 | S | | Hypnotherapy | 0323 | 1.7705 | \$101.09 | \$21.08 | \$20.22 |
| 90882 | E | | Environmental manipulation | | | | | |
| 90885 | N | | Psy evaluation of records | | | | | |
| 90887 | N | | Consultation with family | | | | | |
| 90889 | N | | Preparation of report | | | | | |
| 90899 | S | | Psychiatric service/therapy | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 90901 | A | | Biofeedback train, any meth | | | | | |
| 90911 | S | | Biofeedback peri/uro/rectal | 0321 | 1.4268 | \$81.47 | \$21.78 | \$16.29 |
| 90918 | E | | ESRD related services, month | | | | | |
| 90919 | E | | ESRD related services, month | | | | | |
| 90920 | E | | ESRD related services, month | | | | | |
| 90921 | E | | ESRD related services, month | | | | | |
| 90922 | E | | ESRD related services, day | | | | | |
| 90923 | E | | Esr related services, day | | | | | |
| 90924 | E | | Esr related services, day | | | | | |
| 90925 | E | | Esr related services, day | | | | | |
| 90935 | S | | Hemodialysis, one evaluation | 0170 | 6.6759 | \$381.18 | | \$76.24 |
| 90937 | E | | Hemodialysis, repeated eval | | | | | |
| 90939 | N | | Hemodialysis study, transcut | | | | | |
| 90940 | N | | Hemodialysis access study | | | | | |
| 90945 | S | | Dialysis, one evaluation | 0170 | 6.6759 | \$381.18 | | \$76.24 |
| 90947 | E | | Dialysis, repeated eval | | | | | |
| 90989 | B | | Dialysis training, complete | | | | | |
| 90993 | B | | Dialysis training, incompl | | | | | |
| 90997 | E | | Hemoperfusion | | | | | |
| 90999 | B | | Dialysis procedure | | | | | |
| 91000 | X | | Esophageal intubation | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91010 | X | | Esophagus motility study | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91011 | X | | Esophagus motility study | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91012 | X | | Esophagus motility study | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91020 | X | | Gastric motility | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91030 | X | | Acid perfusion of esophagus | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91032 | X | | Esophagus, acid reflux test | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91033 | X | | Prolonged acid reflux test | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 91052 | X | | Gastric analysis test | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 91055 | X | | Gastric intubation for smear | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91060 | X | | Gastric saline load test | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91065 | X | | Breath hydrogen test | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91100 | X | | Pass intestine bleeding tube | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91105 | X | | Gastric intubation treatment | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91110 | T | | Gi tract capsule endoscopy | 0141 | 8.1355 | \$464.52 | \$143.38 | \$92.90 |
| 91122 | T | | Anal pressure record | 0156 | 2.4996 | \$142.72 | \$40.52 | \$28.54 |
| 91123 | N | | Irrigate fecal impaction | | | | | |
| 91132 | X | | Electrogastrography | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91133 | X | | Electrogastrography w/test | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 91299 | X | | Gastroenterology procedure | 0360 | 1.6842 | \$96.16 | \$42.45 | \$19.23 |
| 92002 | V | | Eye exam, new patient | 0601 | 0.9872 | \$56.37 | | \$11.27 |
| 92004 | V | | Eye exam, new patient | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 92012 | V | | Eye exam established pat | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 92014 | V | | Eye exam & treatment | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 92015 | E | | Refraction | | | | | |
| 92018 | T | | New eye exam & treatment | 0699 | 9.8497 | \$562.40 | | \$112.48 |
| 92019 | T | | Eye exam & treatment | 0699 | 9.8497 | \$562.40 | | \$112.48 |
| 92020 | S | | Special eye evaluation | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92060 | S | | Special eye evaluation | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92065 | S | | Orthoptic/pleoptic training | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92070 | N | | Fitting of contact lens | | | | | |
| 92081 | S | | Visual field examination(s) | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92082 | S | | Visual field examination(s) | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92083 | S | | Visual field examination(s) | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92100 | N | | Serial tonometry exam(s) | | | | | |
| 92120 | S | | Tonography & eye evaluation | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92130 | S | | Water provocation tonography | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92135 | S | | Ophthalmic dx imaging | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92136 | S | | Ophthalmic biometry | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92140 | S | | Glaucoma provocative tests | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 92225 | S | | Special eye exam, initial | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92226 | S | | Special eye exam, subsequent | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92230 | T | | Eye exam with photos | 0699 | 9.8497 | \$562.40 | | \$112.48 |
| 92235 | S | | Eye exam with photos | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 92240 | S | | Icg angiography | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 92250 | S | | Eye exam with photos | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92260 | S | | Ophthalmoscopy/dynamometry | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92265 | S | | Eye muscle evaluation | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92270 | S | | Electro-oculography | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92275 | S | | Electroretinography | 0231 | 2.0475 | \$116.91 | \$45.60 | \$23.38 |
| 92283 | S | | Color vision examination | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92284 | S | | Dark adaptation eye exam | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 92285 | S | | Eye photography | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92286 | S | | Internal eye photography | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 92287 | S | | Internal eye photography | 0698 | 1.4652 | \$83.66 | \$18.72 | \$16.73 |
| 92310 | E | | Contact lens fitting | | | | | |
| 92311 | X | | Contact lens fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92312 | X | | Contact lens fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92313 | X | | Contact lens fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 92314 | E | | Prescription of contact lens | | | | | |
| 92315 | X | | Prescription of contact lens | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92316 | X | | Prescription of contact lens | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92317 | X | | Prescription of contact lens | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92325 | X | | Modification of contact lens | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92326 | X | | Replacement of contact lens | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92330 | S | | Fitting of artificial eye | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92335 | N | | Fitting of artificial eye | | | | | |
| 92340 | E | | Fitting of spectacles | | | | | |
| 92341 | E | | Fitting of spectacles | | | | | |
| 92342 | E | | Fitting of spectacles | | | | | |
| 92352 | X | | Special spectacles fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92353 | X | | Special spectacles fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92354 | X | | Special spectacles fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92355 | X | | Special spectacles fitting | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92358 | X | | Eye prosthesis service | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92370 | E | | Repair & adjust spectacles | | | | | |
| 92371 | X | | Repair & adjust spectacles | 0362 | 1.1152 | \$63.68 | | \$12.74 |
| 92390 | E | | Supply of spectacles | | | | | |
| 92391 | E | | Supply of contact lenses | | | | | |
| 92392 | E | | Supply of low vision aids | | | | | |
| 92393 | E | | Supply of artificial eye | | | | | |
| 92395 | E | | Supply of spectacles | | | | | |
| 92396 | E | | Supply of contact lenses | | | | | |
| 92499 | S | | Eye service or procedure | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| 92502 | T | | Ear and throat examination | 0251 | 1.9490 | \$111.28 | | \$22.26 |
| 92504 | N | | Ear microscopy examination | | | | | |
| 92506 | A | | Speech/hearing evaluation | | | | | |
| 92507 | A | | Speech/hearing therapy | | | | | |
| 92508 | A | | Speech/hearing therapy | | | | | |
| 92510 | E | | Rehab for ear implant | | | | | |
| 92511 | T | | Nasopharyngoscopy | 0071 | 0.7525 | \$42.97 | \$11.54 | \$8.59 |
| 92512 | X | | Nasal function studies | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92516 | X | | Facial nerve function test | 0660 | 1.6669 | \$95.18 | \$30.66 | \$19.04 |
| 92520 | X | | Laryngeal function studies | 0660 | 1.6669 | \$95.18 | \$30.66 | \$19.04 |
| 92526 | A | | Oral function therapy | | | | | |
| 92531 | N | | Spontaneous nystagmus study | | | | | |
| 92532 | N | | Positional nystagmus test | | | | | |
| 92533 | N | | Caloric vestibular test | | | | | |
| 92534 | N | | Optokinetic nystagmus test | | | | | |
| 92541 | X | | Spontaneous nystagmus test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92542 | X | | Positional nystagmus test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92543 | X | | Caloric vestibular test | 0660 | 1.6669 | \$95.18 | \$30.66 | \$19.04 |
| 92544 | X | | Optokinetic nystagmus test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92545 | X | | Oscillating tracking test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92546 | X | | Sinusoidal rotational test | 0660 | 1.6669 | \$95.18 | \$30.66 | \$19.04 |
| 92547 | X | | Supplemental electrical test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92548 | X | | Posturography | 0660 | 1.6669 | \$95.18 | \$30.66 | \$19.04 |
| 92551 | E | | Pure tone hearing test, air | | | | | |
| 92552 | X | | Pure tone audiometry, air | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|--------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 92553 | X | | Audiometry, air & bone | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92555 | X | | Speech threshold audiometry | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92556 | X | | Speech audiometry, complete | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92557 | X | | Comprehensive hearing test | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92559 | E | | Group audiometric testing | | | | | |
| 92560 | E | | Bekesy audiometry, screen | | | | | |
| 92561 | X | | Bekesy audiometry, diagnosis | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92562 | X | | Loudness balance test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92563 | X | | Tone decay hearing test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92564 | X | | Sisi hearing test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92565 | X | | Stenger test, pure tone | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92567 | X | | Tympanometry | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92568 | X | | Acoustic reflex testing | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92569 | X | | Acoustic reflex decay test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92571 | X | | Filtered speech hearing test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92572 | X | | Staggered spondaic word test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92573 | X | | Lombard test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92575 | X | | Sensorineural acuity test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92576 | X | | Synthetic sentence test | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92577 | X | | Stenger test, speech | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92579 | X | | Visual audiometry (vra) | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92582 | X | | Conditioning play audiometry | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92583 | X | | Select picture audiometry | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92584 | X | | Electrocochleography | 0660 | 1.6669 | \$95.18 | \$30.66 | \$19.04 |
| 92585 | S | | Auditor evoke potent, compre | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 92586 | S | | Auditor evoke potent, limit | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 92587 | X | | Evoked auditory test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92588 | X | | Evoked auditory test | 0363 | 0.8634 | \$49.30 | \$17.44 | \$9.86 |
| 92589 | X | | Auditory function test(s) | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92590 | E | | Hearing aid exam, one ear | | | | | |
| 92591 | E | | Hearing aid exam, both ears | | | | | |
| 92592 | E | | Hearing aid check, one ear | | | | | |
| 92593 | E | | Hearing aid check, both ears | | | | | |
| 92594 | E | | Electro hearing aid test, one | | | | | |
| 92595 | E | | Electro hearing aid test, both | | | | | |
| 92596 | X | | Ear protector evaluation | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92597 | A | | Voice Prosthetic Evaluation | | | | | |
| 92601 | X | | Cochlear implant /up exam < 7 | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92602 | X | | Reprogram cochlear implant < 7 | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92603 | X | | Cochlear implant /up exam 7 > | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92604 | X | | Reprogram cochlear implant 7 > | 0365 | 1.2835 | \$73.29 | \$18.95 | \$14.66 |
| 92605 | A | | Eval for nonspeech device rx | | | | | |
| 92606 | A | | Non-speech device service | | | | | |
| 92607 | A | | Ex for speech device rx, 1hr | | | | | |
| 92608 | A | | Ex for speech device rx addl | | | | | |
| 92609 | A | | Use of speech device service | | | | | |
| 92610 | A | | Evaluate swallowing function | | | | | |
| 92611 | A | | Motion fluoroscopy/swallow | | | | | |
| 92612 | A | | Endoscopy swallow test (fees) | | | | | |
| 92613 | E | | Endoscopy swallow test (fees) | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 92614 | A | | Laryngoscopic sensory test | | | | | |
| 92615 | E | | Eval laryngoscopy sense tst | | | | | |
| 92616 | A | | Fees w/laryngeal sense test | | | | | |
| 92617 | E | | Interprt fees/laryngeal test | | | | | |
| 92700 | X | | Ent procedure/service | 0364 | 0.4828 | \$27.57 | \$9.06 | \$5.51 |
| 92950 | S | | Heart/lung resuscitation cpr | 0094 | 2.7247 | \$155.57 | \$48.58 | \$31.11 |
| 92953 | S | | Temporary external pacing | 0094 | 2.7247 | \$155.57 | \$48.58 | \$31.11 |
| 92960 | S | | Cardioversion electric, ext | 0679 | 5.6465 | \$322.40 | \$95.30 | \$64.48 |
| 92961 | S | | Cardioversion, electric, int | 0679 | 5.6465 | \$322.40 | \$95.30 | \$64.48 |
| 92970 | C | | Cardioassist, internal | | | | | |
| 92971 | C | | Cardioassist, external | | | | | |
| 92973 | T | | Percut coronary thrombectomy | 0676 | 4.3038 | \$245.74 | | \$49.15 |
| 92974 | T | | Cath place, cardio brachytx | 1559 | | \$2,250.00 | | \$450.00 |
| 92975 | C | | Dissolve clot, heart vessel | | | | | |
| 92977 | T | | Dissolve clot, heart vessel | 0677 | 2.5625 | \$146.31 | | \$29.26 |
| 92978 | S | | Intravasc us, heart add-on | 0670 | 29.7495 | \$1,698.64 | \$542.37 | \$339.73 |
| 92979 | S | | Intravasc us, heart add-on | 0416 | 4.4669 | \$255.05 | \$92.37 | \$51.01 |
| 92980 | T | | Insert intracoronary stent | 0104 | 81.9772 | \$4,680.73 | | \$936.15 |
| 92981 | T | | Insert intracoronary stent | 0104 | 81.9772 | \$4,680.73 | | \$936.15 |
| 92982 | T | | Coronary artery dilation | 0083 | 52.8967 | \$3,020.30 | | \$604.06 |
| 92984 | T | | Coronary artery dilation | 0083 | 52.8967 | \$3,020.30 | | \$604.06 |
| 92986 | T | | Revision of aortic valve | 0083 | 52.8967 | \$3,020.30 | | \$604.06 |
| 92987 | T | | Revision of mitral valve | 0083 | 52.8967 | \$3,020.30 | | \$604.06 |
| 92990 | T | | Revision of pulmonary valve | 0083 | 52.8967 | \$3,020.30 | | \$604.06 |
| 92992 | C | | Revision of heart chamber | | | | | |
| 92993 | C | | Revision of heart chamber | | | | | |
| 92995 | T | | Coronary atherectomy | 0082 | 98.4762 | \$5,622.79 | \$1,209.50 | \$1,124.56 |
| 92996 | T | | Coronary atherectomy add-on | 0082 | 98.4762 | \$5,622.79 | \$1,209.50 | \$1,124.56 |
| 92997 | T | | Pul art balloon repr, percut | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 92998 | T | | Pul art balloon repr, percut | 0081 | 31.2963 | \$1,786.96 | | \$357.39 |
| 93000 | B | | Electrocardiogram, complete | | | | | |
| 93005 | S | | Electrocardiogram, tracing | 0099 | 0.3835 | \$21.90 | | \$4.38 |
| 93010 | A | | Electrocardiogram report | | | | | |
| 93012 | N | | Transmission of ecg | | | | | |
| 93014 | B | | Report on transmitted ecg | | | | | |
| 93015 | B | | Cardiovascular stress test | | | | | |
| 93016 | B | | Cardiovascular stress test | | | | | |
| 93017 | X | | Cardiovascular stress test | 0100 | 2.5336 | \$144.66 | \$41.44 | \$28.93 |
| 93018 | B | | Cardiovascular stress test | | | | | |
| 93024 | X | | Cardiac drug stress test | 0100 | 2.5336 | \$144.66 | \$41.44 | \$28.93 |
| 93025 | X | | Microvolt t-wave assess | 0100 | 2.5336 | \$144.66 | \$41.44 | \$28.93 |
| 93040 | B | | Rhythm ECG with report | | | | | |
| 93041 | S | | Rhythm ECG, tracing | 0099 | 0.3835 | \$21.90 | | \$4.38 |
| 93042 | B | | Rhythm ECG, report | | | | | |
| 93224 | B | | ECG monitor/report, 24 hrs | | | | | |
| 93225 | X | | ECG monitor/record, 24 hrs | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93226 | X | | ECG monitor/report, 24 hrs | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93227 | B | | ECG monitor/review, 24 hrs | | | | | |
| 93230 | B | | ECG monitor/report, 24 hrs | | | | | |
| 93231 | X | | Ecg monitor/record, 24 hrs | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 93232 | X | | ECG monitor/report, 24 hrs | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93233 | B | | ECG monitor/review, 24 hrs | | | | | |
| 93235 | B | | ECG monitor/report, 24 hrs | | | | | |
| 93236 | X | | ECG monitor/report, 24 hrs | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93237 | B | | ECG monitor/review, 24 hrs | | | | | |
| 93268 | B | | ECG record/review | | | | | |
| 93270 | X | | ECG recording | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93271 | X | | ECG/monitoring and analysis | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93272 | B | | ECG/review, interpret only | | | | | |
| 93278 | S | | ECG/signal-averaged | 0099 | 0.3835 | \$21.90 | | \$4.38 |
| 93303 | S | | Echo transthoracic | 0269 | 3.2844 | \$187.53 | \$84.38 | \$37.51 |
| 93304 | S | | Echo transthoracic | 0697 | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 93307 | S | | Echo exam of heart | 0269 | 3.2844 | \$187.53 | \$84.38 | \$37.51 |
| 93308 | S | | Echo exam of heart | 0697 | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 93312 | S | | Echo transesophageal | 0270 | 6.1563 | \$351.51 | \$146.79 | \$70.30 |
| 93313 | S | | Echo transesophageal | 0270 | 6.1563 | \$351.51 | \$146.79 | \$70.30 |
| 93314 | N | | Echo transesophageal | | | | | |
| 93315 | S | | Echo transesophageal | 0270 | 6.1563 | \$351.51 | \$146.79 | \$70.30 |
| 93316 | S | | Echo transesophageal | 0270 | 6.1563 | \$351.51 | \$146.79 | \$70.30 |
| 93317 | N | | Echo transesophageal | | | | | |
| 93318 | S | | Echo transesophageal intraop | 0270 | 6.1563 | \$351.51 | \$146.79 | \$70.30 |
| 93320 | S | | Doppler echo exam, heart | 0671 | 1.7247 | \$98.48 | \$44.31 | \$19.70 |
| 93321 | S | | Doppler echo exam, heart | 0697 | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 93325 | S | | Doppler color flow add-on | 0697 | 1.5260 | \$87.13 | \$39.20 | \$17.43 |
| 93350 | S | | Echo transthoracic | 0269 | 3.2844 | \$187.53 | \$84.38 | \$37.51 |
| 93501 | T | | Right heart catheterization | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93503 | T | | Insert/place heart catheter | 0103 | 13.2856 | \$758.58 | \$223.63 | \$151.72 |
| 93505 | T | | Biopsy of heart lining | 0103 | 13.2856 | \$758.58 | \$223.63 | \$151.72 |
| 93508 | T | | Cath placement, angiography | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93510 | T | | Left heart catheterization | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93511 | T | | Left heart catheterization | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93514 | T | | Left heart catheterization | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93524 | T | | Left heart catheterization | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93526 | T | | Rt & Lt heart catheters | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93527 | T | | Rt & Lt heart catheters | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93528 | T | | Rt & Lt heart catheters | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93529 | T | | Rt, Lt heart catheterization | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93530 | T | | Rt heart cath, congenital | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93531 | T | | R & l heart cath, congenital | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93532 | T | | R & l heart cath, congenital | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93533 | T | | R & l heart cath, congenital | 0080 | 36.5106 | \$2,084.68 | \$838.92 | \$416.94 |
| 93539 | N | | Injection, cardiac cath | | | | | |
| 93540 | N | | Injection, cardiac cath | | | | | |
| 93541 | N | | Injection for lung angiogram | | | | | |
| 93542 | N | | Injection for heart x-rays | | | | | |
| 93543 | N | | Injection for heart x-rays | | | | | |
| 93544 | N | | Injection for aortography | | | | | |
| 93545 | N | | Inject for coronary x-rays | | | | | |
| 93555 | N | | Imaging, cardiac cath | | | | | |
| 93556 | N | | Imaging, cardiac cath | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 93561 | N | | Cardiac output measurement | | | | | |
| 93562 | N | | Cardiac output measurement | | | | | |
| 93571 | S | | Heart flow reserve measure | 0670 | 29.7495 | \$1,698.64 | \$542.37 | \$339.73 |
| 93572 | S | | Heart flow reserve measure | 0416 | 4.4669 | \$255.05 | \$92.37 | \$51.01 |
| 93580 | T | | Transcath closure of asd | 1559 | | \$2,250.00 | | \$450.00 |
| 93581 | T | | Transcath closure of vsd | 1559 | | \$2,250.00 | | \$450.00 |
| 93600 | T | | Bundle of His recording | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93602 | T | | Intra-atrial recording | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93603 | T | | Right ventricular recording | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93609 | T | | Map tachycardia, add-on | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93610 | T | | Intra-atrial pacing | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93612 | T | | Intraventricular pacing | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93613 | T | | Electrophys map 3d, add-on | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93615 | T | | Esophageal recording | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93616 | T | | Esophageal recording | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93618 | T | | Heart rhythm pacing | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93619 | T | | Electrophysiology evaluation | 0085 | 35.0395 | \$2,000.69 | \$426.25 | \$400.14 |
| 93620 | T | | Electrophysiology evaluation | 0085 | 35.0395 | \$2,000.69 | \$426.25 | \$400.14 |
| 93621 | T | | Electrophysiology evaluation | 0085 | 35.0395 | \$2,000.69 | \$426.25 | \$400.14 |
| 93622 | T | | Electrophysiology evaluation | 0085 | 35.0395 | \$2,000.69 | \$426.25 | \$400.14 |
| 93623 | T | | Stimulation, pacing heart | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93624 | S | | Electrophysiologic study | 0084 | 10.6492 | \$608.05 | | \$121.61 |
| 93631 | T | | Heart pacing, mapping | 0087 | 35.5739 | \$2,031.20 | | \$406.24 |
| 93640 | S | | Evaluation heart device | 0084 | 10.6492 | \$608.05 | | \$121.61 |
| 93641 | S | | Electrophysiology evaluation | 0084 | 10.6492 | \$608.05 | | \$121.61 |
| 93642 | S | | Electrophysiology evaluation | 0084 | 10.6492 | \$608.05 | | \$121.61 |
| 93650 | T | | Ablate heart dysrhythm focus | 0086 | 43.9843 | \$2,511.42 | \$833.33 | \$502.28 |
| 93651 | T | | Ablate heart dysrhythm focus | 0086 | 43.9843 | \$2,511.42 | \$833.33 | \$502.28 |
| 93652 | T | | Ablate heart dysrhythm focus | 0086 | 43.9843 | \$2,511.42 | \$833.33 | \$502.28 |
| 93660 | S | | Tilt table evaluation | 0101 | 4.4294 | \$252.91 | \$105.27 | \$50.58 |
| 93662 | S | | Intracardiac ecg (ice) | 0670 | 29.7495 | \$1,698.64 | \$542.37 | \$339.73 |
| 93668 | E | | Peripheral vascular rehab | | | | | |
| 93701 | S | | Bioimpedance, thoracic | 0099 | 0.3835 | \$21.90 | | \$4.38 |
| 93720 | B | | Total body plethysmography | | | | | |
| 93721 | X | | Plethysmography tracing | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 93722 | B | | Plethysmography report | | | | | |
| 93724 | S | | Analyze pacemaker system | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93727 | S | | Analyze ilr system | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93731 | S | | Analyze pacemaker system | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93732 | S | | Analyze pacemaker system | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93733 | S | | Telephone analy, pacemaker | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93734 | S | | Analyze pacemaker system | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93735 | S | | Analyze pacemaker system | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93736 | S | | Telephonic analy, pacemaker | 0690 | 0.3994 | \$22.80 | \$10.26 | \$4.56 |
| 93740 | X | | Temperature gradient studies | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 93741 | S | | Analyze ht pace device sngl | 0689 | 0.5894 | \$33.65 | | \$6.73 |
| 93742 | S | | Analyze ht pace device sngl | 0689 | 0.5894 | \$33.65 | | \$6.73 |
| 93743 | S | | Analyze ht pace device dual | 0689 | 0.5894 | \$33.65 | | \$6.73 |
| 93744 | S | | Analyze ht pace device dual | 0689 | 0.5894 | \$33.65 | | \$6.73 |
| 93760 | E | | Cephalic thermogram | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 93762 | E | | Peripheral thermogram | | | | | |
| 93770 | N | | Measure venous pressure | | | | | |
| 93784 | E | | Ambulatory BP monitoring | | | | | |
| 93786 | X | | Ambulatory BP recording | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93788 | X | | Ambulatory BP analysis | 0097 | 1.0315 | \$58.90 | \$23.80 | \$11.78 |
| 93790 | B | | Review/report BP recording | | | | | |
| 93797 | S | | Cardiac rehab | 0095 | 0.6086 | \$34.75 | \$15.63 | \$6.95 |
| 93798 | S | | Cardiac rehab/monitor | 0095 | 0.6086 | \$34.75 | \$15.63 | \$6.95 |
| 93799 | S | | Cardiovascular procedure | 0096 | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 93875 | S | | Extracranial study | 0096 | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 93880 | S | | Extracranial study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93882 | S | | Extracranial study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93886 | S | | Intracranial study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93888 | S | | Intracranial study | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 93922 | S | | Extremity study | 0096 | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 93923 | S | | Extremity study | 0096 | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 93924 | S | | Extremity study | 0096 | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 93925 | S | | Lower extremity study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93926 | S | | Lower extremity study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93930 | S | | Upper extremity study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93931 | S | | Upper extremity study | 0266 | 1.6405 | \$93.67 | \$42.15 | \$18.73 |
| 93965 | S | | Extremity study | 0096 | 1.7208 | \$98.25 | \$44.21 | \$19.65 |
| 93970 | S | | Extremity study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93971 | S | | Extremity study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93975 | S | | Vascular study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93976 | S | | Vascular study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93978 | S | | Vascular study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93979 | S | | Vascular study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93980 | S | | Penile vascular study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93981 | S | | Penile vascular study | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 93990 | S | | Doppler flow testing | 0267 | 2.4509 | \$139.94 | \$62.97 | \$27.99 |
| 94010 | X | | Breathing capacity test | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94014 | X | | Patient recorded spirometry | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94015 | X | | Patient recorded spirometry | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94016 | A | | Review patient spirometry | | | | | |
| 94060 | X | | Evaluation of wheezing | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94070 | X | | Evaluation of wheezing | 0369 | 2.7466 | \$156.83 | \$44.18 | \$31.37 |
| 94150 | X | | Vital capacity test | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94200 | X | | Lung function test (MBC/MVV) | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94240 | X | | Residual lung capacity | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94250 | X | | Expired gas collection | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94260 | X | | Thoracic gas volume | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94350 | X | | Lung nitrogen washout curve | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94360 | X | | Measure airflow resistance | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94370 | X | | Breath airway closing volume | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94375 | X | | Respiratory flow volume loop | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94400 | X | | CO2 breathing response curve | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94450 | X | | Hypoxia response curve | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94620 | X | | Pulmonary stress test/simple | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94621 | X | | Pulm stress test/complex | 0369 | 2.7466 | \$156.83 | \$44.18 | \$31.37 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 94640 | S | | Airway inhalation treatment | 0077 | 0.3092 | \$17.65 | \$7.74 | \$3.53 |
| 94642 | S | | Aerosol inhalation treatment | 0078 | 0.8207 | \$46.86 | \$14.55 | \$9.37 |
| 94656 | S | | Initial ventilator mgmt | 0079 | 2.0455 | \$116.79 | | \$23.36 |
| 94657 | S | | Continued ventilator mgmt | 0079 | 2.0455 | \$116.79 | | \$23.36 |
| 94660 | S | | Pos airway pressure, CPAP | 0068 | 1.1723 | \$66.94 | \$29.48 | \$13.39 |
| 94662 | S | | Neg press ventilation, cnp | 0079 | 2.0455 | \$116.79 | | \$23.36 |
| 94664 | S | | Aerosol or vapor inhalations | 0077 | 0.3092 | \$17.65 | \$7.74 | \$3.53 |
| 94667 | S | | Chest wall manipulation | 0077 | 0.3092 | \$17.65 | \$7.74 | \$3.53 |
| 94668 | S | | Chest wall manipulation | 0077 | 0.3092 | \$17.65 | \$7.74 | \$3.53 |
| 94680 | X | | Exhaled air analysis, o2 | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94681 | X | | Exhaled air analysis, o2/co2 | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94690 | X | | Exhaled air analysis | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94720 | X | | Monoxide diffusing capacity | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94725 | X | | Membrane diffusion capacity | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94750 | X | | Pulmonary compliance study | 0368 | 0.9544 | \$54.49 | \$24.52 | \$10.90 |
| 94760 | N | | Measure blood oxygen level | | | | | |
| 94761 | N | | Measure blood oxygen level | | | | | |
| 94762 | N | | Measure blood oxygen level | | | | | |
| 94770 | X | | Exhaled carbon dioxide test | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 94772 | X | | Breath recording, infant | 0369 | 2.7466 | \$156.83 | \$44.18 | \$31.37 |
| 94799 | X | | Pulmonary service/procedure | 0367 | 0.5901 | \$33.69 | \$15.16 | \$6.74 |
| 95004 | X | | Percut allergy skin tests | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95010 | X | | Percut allergy titrate test | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95015 | X | | Id allergy titrate-drug/bug | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95024 | X | | Id allergy test, drug/bug | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95027 | X | | Skin end point titration | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95028 | X | | Id allergy test-delayed type | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95044 | X | | Allergy patch tests | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95052 | X | | Photo patch test | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95056 | X | | Photosensitivity tests | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95060 | X | | Eye allergy tests | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95065 | X | | Nose allergy test | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95070 | X | | Bronchial allergy tests | 0369 | 2.7466 | \$156.83 | \$44.18 | \$31.37 |
| 95071 | X | | Bronchial allergy tests | 0369 | 2.7466 | \$156.83 | \$44.18 | \$31.37 |
| 95075 | X | | Ingestion challenge test | 0361 | 3.6851 | \$210.41 | \$83.23 | \$42.08 |
| 95078 | X | | Provocative testing | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95115 | X | | Immunotherapy, one injection | 0352 | 0.1209 | \$6.90 | | \$1.38 |
| 95117 | X | | Immunotherapy injections | 0353 | 0.4013 | \$22.91 | | \$4.58 |
| 95120 | B | | Immunotherapy, one injection | | | | | |
| 95125 | B | | Immunotherapy, many antigens | | | | | |
| 95130 | B | | Immunotherapy, insect venom | | | | | |
| 95131 | B | | Immunotherapy, insect venoms | | | | | |
| 95132 | B | | Immunotherapy, insect venoms | | | | | |
| 95133 | B | | Immunotherapy, insect venoms | | | | | |
| 95134 | B | | Immunotherapy, insect venoms | | | | | |
| 95144 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95145 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95146 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95147 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95148 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 95149 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95165 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95170 | X | | Antigen therapy services | 0371 | 0.4238 | \$24.20 | | \$4.84 |
| 95180 | X | | Rapid desensitization | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95199 | X | | Allergy immunology services | 0370 | 1.0088 | \$57.60 | \$11.58 | \$11.52 |
| 95250 | X | | Glucose monitoring, cont | 0421 | 1.8195 | \$103.89 | | \$20.78 |
| 95805 | S | | Multiple sleep latency test | 0209 | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 95806 | S | | Sleep study, unattended | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95807 | S | | Sleep study, attended | 0209 | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 95808 | S | | Polysomnography, 1-3 | 0209 | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 95810 | S | | Polysomnography, 4 or more | 0209 | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 95811 | S | | Polysomnography w/cpap | 0209 | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 95812 | S | | Electroencephalogram (EEG) | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95813 | S | | Eeg, over 1 hour | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95816 | S | | Electroencephalogram (EEG) | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95819 | S | | Electroencephalogram (EEG) | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95822 | S | | Sleep electroencephalogram | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95824 | S | | Eeg, cerebral death only | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95827 | S | | night electroencephalogram | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95829 | S | | Surgery electrocorticogram | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95830 | B | | Insert electrodes for EEG | | | | | |
| 95831 | A | | Limb muscle testing, manual | | | | | |
| 95832 | A | | Hand muscle testing, manual | | | | | |
| 95833 | A | | Body muscle testing, manual | | | | | |
| 95834 | A | | Body muscle testing, manual | | | | | |
| 95851 | A | | Range of motion measurements | | | | | |
| 95852 | A | | Range of motion measurements | | | | | |
| 95857 | S | | Tensilon test | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95858 | S | | Tensilon test & myogram | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95860 | S | | Muscle test, one limb | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95861 | S | | Muscle test, 2 limbs | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95863 | S | | Muscle test, 3 limbs | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95864 | S | | Muscle test, 4 limbs | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95867 | S | | Muscle test, head or neck | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95868 | S | | Muscle test cran nerve bilat | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95869 | S | | Muscle test, thor paraspinal | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95870 | S | | Muscle test, nonparaspinal | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95872 | S | | Muscle test, one fiber | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95875 | S | | Limb exercise test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95900 | S | | Motor nerve conduction test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95903 | S | | Motor nerve conduction test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95904 | S | | Sense nerve conduction test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95920 | S | | Intraop nerve test add-on | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 95921 | S | | Autonomic nerv function test | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95922 | S | | Autonomic nerv function test | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95923 | S | | Autonomic nerv function test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95925 | S | | Somatosensory testing | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 95926 | S | | Somatosensory testing | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 95927 | S | | Somatosensory testing | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 95930 | S | | Visual evoked potential test | 0216 | 2.6360 | \$150.51 | | \$30.10 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 95933 | S | | Blink reflex test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95934 | S | | H-reflex test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95936 | S | | H-reflex test | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 95937 | S | | Neuromuscular junction test | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 95950 | S | | Ambulatory eeg monitoring | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95951 | S | | EEG monitoring/videorecord | 0209 | 11.7070 | \$668.45 | \$280.58 | \$133.69 |
| 95953 | S | | EEG monitoring/computer | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95954 | S | | EEG monitoring/giving drugs | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95955 | S | | EEG during surgery | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95956 | S | | Eeg monitoring, cable/radio | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95957 | S | | EEG digital analysis | 0214 | 2.2976 | \$131.19 | \$58.12 | \$26.24 |
| 95958 | S | | EEG monitoring/function test | 0213 | 3.4836 | \$198.91 | \$65.74 | \$39.78 |
| 95961 | S | | Electrode stimulation, brain | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 95962 | S | | Electrode stim, brain add-on | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 95965 | S | | Meg, spontaneous | 1528 | | \$5,250.00 | | \$1,050.00 |
| 95966 | S | | Meg, evoked, single | 1516 | | \$1,450.00 | | \$290.00 |
| 95967 | S | | Meg, evoked, each add'l | 1511 | | \$950.00 | | \$190.00 |
| 95970 | S | | Analyze neurostim, no prog | 0692 | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 95971 | S | | Analyze neurostim, simple | 0692 | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 95972 | S | | Analyze neurostim, complex | 0692 | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 95973 | S | | Analyze neurostim, complex | 0692 | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 95974 | S | | Cranial neurostim, complex | 0692 | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 95975 | S | | Cranial neurostim, complex | 0692 | 2.0004 | \$114.22 | \$30.16 | \$22.84 |
| 95990 | T | | Spin/brain pump refill & main | 0125 | 2.0894 | \$119.30 | | \$23.86 |
| 95991 | T | | Spin/brain pump refill & main | 0125 | 2.0894 | \$119.30 | | \$23.86 |
| 95999 | S | | Neurological procedure | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 96000 | S | | Motion analysis, video/3d | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 96001 | S | | Motion test w/ft press meas | 0216 | 2.6360 | \$150.51 | | \$30.10 |
| 96002 | S | | Dynamic surface emg | 0218 | 1.1542 | \$65.90 | | \$13.18 |
| 96003 | S | | Dynamic fine wire emg | 0215 | 0.6655 | \$38.00 | \$15.76 | \$7.60 |
| 96004 | E | | Phys review of motion tests | | | | | |
| 96100 | X | | Psychological testing | 0373 | 2.3631 | \$134.93 | | \$26.99 |
| 96105 | A | | Assessment of aphasia | | | | | |
| 96110 | X | | Developmental test, lim | 0373 | 2.3631 | \$134.93 | | \$26.99 |
| 96111 | X | | Developmental test, extend | 0373 | 2.3631 | \$134.93 | | \$26.99 |
| 96115 | X | | Neurobehavior status exam | 0373 | 2.3631 | \$134.93 | | \$26.99 |
| 96117 | X | | Neuropsych test battery | 0373 | 2.3631 | \$134.93 | | \$26.99 |
| 96150 | S | | Assess hlth/behav, init | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 96151 | S | | Assess hlth/behav, subseq | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 96152 | S | | Intervene hlth/behav, indiv | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 96153 | S | | Intervene hlth/behav, group | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 96154 | S | | Interv hlth/behav, fam w/pt | 0322 | 1.2681 | \$72.41 | | \$14.48 |
| 96155 | E | | Interv hlth/behav fam no pt | | | | | |
| 96400 | B | | Chemotherapy, sc/im | | | | | |
| 96405 | B | | Intralesional chemo admin | | | | | |
| 96406 | B | | Intralesional chemo admin | | | | | |
| 96408 | B | | Chemotherapy, push technique | | | | | |
| 96410 | B | | Chemotherapy,infusion method | | | | | |
| 96412 | B | | Chemo, infuse method add-on | | | | | |
| 96414 | B | | Chemo, infuse method add-on | | | | | |

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|----------------|---------------------|----------------------|-------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| 96420 | B | | Chemotherapy, push technique | | | | | |
| 96422 | B | | Chemotherapy, infusion method | | | | | |
| 96423 | B | | Chemo, infuse method add-on | | | | | |
| 96425 | B | | Chemotherapy, infusion method | | | | | |
| 96440 | B | | Chemotherapy, intracavitary | | | | | |
| 96445 | B | | Chemotherapy, intracavitary | | | | | |
| 96450 | B | | Chemotherapy, into CNS | | | | | |
| 96520 | T | | Port pump refill & main | 0125 | 2.0894 | \$119.30 | | \$23.86 |
| 96530 | T | | Pump refilling, maintenance | 0125 | 2.0894 | \$119.30 | | \$23.86 |
| 96542 | B | | Chemotherapy injection | | | | | |
| 96545 | B | | Provide chemotherapy agent | | | | | |
| 96549 | B | | Chemotherapy, unspecified | | | | | |
| 96567 | T | | Photodynamic tx, skin | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 96570 | T | | Photodynamic tx, 30 min | 0015 | 1.7381 | \$99.24 | \$20.35 | \$19.85 |
| 96571 | T | | Photodynamic tx, addl 15 min | 0012 | 0.7559 | \$43.16 | \$11.18 | \$8.63 |
| 96900 | S | | Ultraviolet light therapy | 0001 | 0.4046 | \$23.10 | \$7.08 | \$4.62 |
| 96902 | N | | Trichogram | | | | | |
| 96910 | S | | Photochemotherapy with UV-B | 0001 | 0.4046 | \$23.10 | \$7.08 | \$4.62 |
| 96912 | S | | Photochemotherapy with UV-A | 0001 | 0.4046 | \$23.10 | \$7.08 | \$4.62 |
| 96913 | S | | Photochemotherapy, UV-A or B | 0683 | 2.4306 | \$138.78 | \$30.42 | \$27.76 |
| 96920 | T | | Laser tx, skin < 250 sq cm | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 96921 | T | | Laser tx, skin 250-500 sq cm | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 96922 | T | | Laser tx, skin > 500 sq cm | 0013 | 1.1586 | \$66.15 | \$14.20 | \$13.23 |
| 96999 | T | | Dermatological procedure | 0010 | 0.5982 | \$34.16 | \$9.74 | \$6.83 |
| 97001 | A | | Pt evaluation | | | | | |
| 97002 | A | | Pt re-evaluation | | | | | |
| 97003 | A | | Ot evaluation | | | | | |
| 97004 | A | | Ot re-evaluation | | | | | |
| 97005 | E | | Athletic train eval | | | | | |
| 97006 | E | | Athletic train reeval | | | | | |
| 97010 | A | | Hot or cold packs therapy | | | | | |
| 97012 | A | | Mechanical traction therapy | | | | | |
| 97014 | E | | Electric stimulation therapy | | | | | |
| 97016 | A | | Vasopneumatic device therapy | | | | | |
| 97018 | A | | Paraffin bath therapy | | | | | |
| 97020 | A | | Microwave therapy | | | | | |
| 97022 | A | | Whirlpool therapy | | | | | |
| 97024 | A | | Diathermy treatment | | | | | |
| 97026 | A | | Infrared therapy | | | | | |
| 97028 | A | | Ultraviolet therapy | | | | | |
| 97032 | A | | Electrical stimulation | | | | | |
| 97033 | A | | Electric current therapy | | | | | |
| 97034 | A | | Contrast bath therapy | | | | | |
| 97035 | A | | Ultrasound therapy | | | | | |
| 97036 | A | | Hydrotherapy | | | | | |
| 97039 | A | | Physical therapy treatment | | | | | |
| 97110 | A | | Therapeutic exercises | | | | | |
| 97112 | A | | Neuromuscular reeducation | | | | | |
| 97113 | A | | Aquatic therapy/exercises | | | | | |
| 97116 | A | | Gait training therapy | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 97124 | A | | Massage therapy | | | | | |
| 97139 | A | | Physical medicine procedure | | | | | |
| 97140 | A | | Manual therapy | | | | | |
| 97150 | A | | Group therapeutic procedures | | | | | |
| 97504 | A | | Orthotic training | | | | | |
| 97520 | A | | Prosthetic training | | | | | |
| 97530 | A | | Therapeutic activities | | | | | |
| 97532 | A | | Cognitive skills development | | | | | |
| 97533 | A | | Sensory integration | | | | | |
| 97535 | A | | Self care mngmt training | | | | | |
| 97537 | A | | Community/work reintegration | | | | | |
| 97542 | A | | Wheelchair mngmt training | | | | | |
| 97545 | A | | Work hardening | | | | | |
| 97546 | A | | Work hardening add-on | | | | | |
| 97601 | A | | Wound(s) care, selective | | | | | |
| 97602 | N | | Wound(s) care non-selective | | | | | |
| 97703 | A | | Prosthetic checkout | | | | | |
| 97750 | A | | Physical performance test | | | | | |
| 97755 | A | | Assistive technology assess | | | | | |
| 97780 | E | | Acupuncture w/o stimul | | | | | |
| 97781 | E | | Acupuncture w/stimul | | | | | |
| 97799 | A | | Physical medicine procedure | | | | | |
| 97802 | A | | Medical nutrition, indiv, in | | | | | |
| 97803 | A | | Med nutrition, indiv, subseq | | | | | |
| 97804 | A | | Medical nutrition, group | | | | | |
| 98925 | S | | Osteopathic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98926 | S | | Osteopathic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98927 | S | | Osteopathic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98928 | S | | Osteopathic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98929 | S | | Osteopathic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98940 | S | | Chiropractic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98941 | S | | Chiropractic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98942 | S | | Chiropractic manipulation | 0060 | 0.4885 | \$27.89 | | \$5.58 |
| 98943 | E | | Chiropractic manipulation | | | | | |
| 99000 | B | | Specimen handling | | | | | |
| 99001 | B | | Specimen handling | | | | | |
| 99002 | B | | Device handling | | | | | |
| 99024 | B | | Postop follow-up visit | | | | | |
| 99026 | E | | In-hospital on call service | | | | | |
| 99027 | E | | Out-of-hosp on call service | | | | | |
| 99050 | B | | Medical services after hrs | | | | | |
| 99052 | B | | Medical services at night | | | | | |
| 99054 | B | | Medical servcs, unusual hrs | | | | | |
| 99056 | B | | Non-office medical services | | | | | |
| 99058 | B | | Office emergency care | | | | | |
| 99070 | B | | Special supplies | | | | | |
| 99071 | B | | Patient education materials | | | | | |
| 99075 | E | | Medical testimony | | | | | |
| 99078 | N | | Group health education | | | | | |
| 99080 | B | | Special reports or forms | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| 99082 | B | | Unusual physician travel | | | | | |
| 99090 | B | | Computer data analysis | | | | | |
| 99091 | E | | Collect/review data from pt | | | | | |
| 99100 | B | | Special anesthesia service | | | | | |
| 99116 | B | | Anesthesia with hypothermia | | | | | |
| 99135 | B | | Special anesthesia procedure | | | | | |
| 99140 | B | | Emergency anesthesia | | | | | |
| 99141 | N | | Sedation, iv/im or inhalant | | | | | |
| 99142 | N | | Sedation, oral/rectal/nasal | | | | | |
| 99170 | T | | Anogenital exam, child | 0191 | 0.1898 | \$10.84 | \$2.93 | \$2.17 |
| 99172 | E | | Ocular function screen | | | | | |
| 99173 | E | | Visual acuity screen | | | | | |
| 99175 | N | | Induction of vomiting | | | | | |
| 99183 | B | | Hyperbaric oxygen therapy | | | | | |
| 99185 | N | | Regional hypothermia | | | | | |
| 99186 | N | | Total body hypothermia | | | | | |
| 99190 | C | | Special pump services | | | | | |
| 99191 | C | | Special pump services | | | | | |
| 99192 | C | | Special pump services | | | | | |
| 99195 | X | | Phlebotomy | 0372 | 0.5720 | \$32.66 | \$10.09 | \$6.53 |
| 99199 | B | | Special service/proc/report | | | | | |
| 99201 | V | | Office/outpatient visit, new | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99202 | V | | Office/outpatient visit, new | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99203 | V | | Office/outpatient visit, new | 0601 | 0.9872 | \$56.37 | | \$11.27 |
| 99204 | V | | Office/outpatient visit, new | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99205 | V | | Office/outpatient visit, new | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99211 | V | | Office/outpatient visit, est | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99212 | V | | Office/outpatient visit, est | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99213 | V | | Office/outpatient visit, est | 0601 | 0.9872 | \$56.37 | | \$11.27 |
| 99214 | V | | Office/outpatient visit, est | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99215 | V | | Office/outpatient visit, est | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99217 | N | | Observation care discharge | | | | | |
| 99218 | N | | Observation care | | | | | |
| 99219 | N | | Observation care | | | | | |
| 99220 | N | | Observation care | | | | | |
| 99221 | E | | Initial hospital care | | | | | |
| 99222 | E | | Initial hospital care | | | | | |
| 99223 | E | | Initial hospital care | | | | | |
| 99231 | E | | Subsequent hospital care | | | | | |
| 99232 | E | | Subsequent hospital care | | | | | |
| 99233 | E | | Subsequent hospital care | | | | | |
| 99234 | N | | Observ/hosp same date | | | | | |
| 99235 | N | | Observ/hosp same date | | | | | |
| 99236 | N | | Observ/hosp same date | | | | | |
| 99238 | E | | Hospital discharge day | | | | | |
| 99239 | E | | Hospital discharge day | | | | | |
| 99241 | V | | Office consultation | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99242 | V | | Office consultation | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99243 | V | | Office consultation | 0601 | 0.9872 | \$56.37 | | \$11.27 |
| 99244 | V | | Office consultation | 0602 | 1.4126 | \$80.66 | | \$16.13 |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 99245 | V | | Office consultation | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99251 | C | | Initial inpatient consult | | | | | |
| 99252 | C | | Initial inpatient consult | | | | | |
| 99253 | C | | Initial inpatient consult | | | | | |
| 99254 | C | | Initial inpatient consult | | | | | |
| 99255 | C | | Initial inpatient consult | | | | | |
| 99261 | C | | Follow-up inpatient consult | | | | | |
| 99262 | C | | Follow-up inpatient consult | | | | | |
| 99263 | C | | Follow-up inpatient consult | | | | | |
| 99271 | V | | Confirmatory consultation | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99272 | V | | Confirmatory consultation | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99273 | V | | Confirmatory consultation | 0601 | 0.9872 | \$56.37 | | \$11.27 |
| 99274 | V | | Confirmatory consultation | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99275 | V | | Confirmatory consultation | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| 99281 | V | | Emergency dept visit | 0610 | 1.3646 | \$77.92 | \$19.57 | \$15.58 |
| 99282 | V | | Emergency dept visit | 0610 | 1.3646 | \$77.92 | \$19.57 | \$15.58 |
| 99283 | V | | Emergency dept visit | 0611 | 2.4057 | \$137.36 | \$36.16 | \$27.47 |
| 99284 | V | | Emergency dept visit | 0612 | 4.0940 | \$233.76 | \$54.12 | \$46.75 |
| 99285 | V | | Emergency dept visit | 0612 | 4.0940 | \$233.76 | \$54.12 | \$46.75 |
| 99288 | B | | Direct advanced life support | | | | | |
| 99289 | N | | Pt transport, 30-74 min | | | | | |
| 99290 | N | | Pt transport, addl 30 min | | | | | |
| 99291 | S | | Critical care, first hour | 0620 | 8.9673 | \$512.01 | \$142.30 | \$102.40 |
| 99292 | N | | Critical care, add'l 30 min | | | | | |
| 99293 | C | | Ped critical care, initial | | | | | |
| 99294 | C | | Ped critical care, subseq | | | | | |
| 99295 | C | | Neonatal critical care | | | | | |
| 99296 | C | | Neonatal critical care | | | | | |
| 99298 | C | | Neonatal critical care | | | | | |
| 99299 | C | | lc, lbw infant 1500-2500 gm | | | | | |
| 99301 | B | | Nursing facility care | | | | | |
| 99302 | B | | Nursing facility care | | | | | |
| 99303 | B | | Nursing facility care | | | | | |
| 99311 | B | | Nursing fac care, subseq | | | | | |
| 99312 | B | | Nursing fac care, subseq | | | | | |
| 99313 | B | | Nursing fac care, subseq | | | | | |
| 99315 | B | | Nursing fac discharge day | | | | | |
| 99316 | B | | Nursing fac discharge day | | | | | |
| 99321 | B | | Rest home visit, new patient | | | | | |
| 99322 | B | | Rest home visit, new patient | | | | | |
| 99323 | B | | Rest home visit, new patient | | | | | |
| 99331 | B | | Rest home visit, est pat | | | | | |
| 99332 | B | | Rest home visit, est pat | | | | | |
| 99333 | B | | Rest home visit, est pat | | | | | |
| 99341 | B | | Home visit, new patient | | | | | |
| 99342 | B | | Home visit, new patient | | | | | |
| 99343 | B | | Home visit, new patient | | | | | |
| 99344 | B | | Home visit, new patient | | | | | |
| 99345 | B | | Home visit, new patient | | | | | |
| 99347 | B | | Home visit, est patient | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 99348 | B | | Home visit, est patient | | | | | |
| 99349 | B | | Home visit, est patient | | | | | |
| 99350 | B | | Home visit, est patient | | | | | |
| 99354 | N | | Prolonged service, office | | | | | |
| 99355 | N | | Prolonged service, office | | | | | |
| 99356 | C | | Prolonged service, inpatient | | | | | |
| 99357 | C | | Prolonged service, inpatient | | | | | |
| 99358 | N | | Prolonged serv, w/o contact | | | | | |
| 99359 | N | | Prolonged serv, w/o contact | | | | | |
| 99360 | B | | Physician standby services | | | | | |
| 99361 | E | | Physician/team conference | | | | | |
| 99362 | E | | Physician/team conference | | | | | |
| 99371 | B | | Physician phone consultation | | | | | |
| 99372 | B | | Physician phone consultation | | | | | |
| 99373 | B | | Physician phone consultation | | | | | |
| 99374 | B | | Home health care supervision | | | | | |
| 99375 | E | | Home health care supervision | | | | | |
| 99377 | B | | Hospice care supervision | | | | | |
| 99378 | E | | Hospice care supervision | | | | | |
| 99379 | B | | Nursing fac care supervision | | | | | |
| 99380 | B | | Nursing fac care supervision | | | | | |
| 99381 | E | | Prev visit, new, infant | | | | | |
| 99382 | E | | Prev visit, new, age 1-4 | | | | | |
| 99383 | E | | Prev visit, new, age 5-11 | | | | | |
| 99384 | E | | Prev visit, new, age 12-17 | | | | | |
| 99385 | E | | Prev visit, new, age 18-39 | | | | | |
| 99386 | E | | Prev visit, new, age 40-64 | | | | | |
| 99387 | E | | Prev visit, new, 65 & over | | | | | |
| 99391 | E | | Prev visit, est, infant | | | | | |
| 99392 | E | | Prev visit, est, age 1-4 | | | | | |
| 99393 | E | | Prev visit, est, age 5-11 | | | | | |
| 99394 | E | | Prev visit, est, age 12-17 | | | | | |
| 99395 | E | | Prev visit, est, age 18-39 | | | | | |
| 99396 | E | | Prev visit, est, age 40-64 | | | | | |
| 99397 | E | | Prev visit, est, 65 & over | | | | | |
| 99401 | E | | Preventive counseling, indiv | | | | | |
| 99402 | E | | Preventive counseling, indiv | | | | | |
| 99403 | E | | Preventive counseling, indiv | | | | | |
| 99404 | E | | Preventive counseling, indiv | | | | | |
| 99411 | E | | Preventive counseling, group | | | | | |
| 99412 | E | | Preventive counseling, group | | | | | |
| 99420 | E | | Health risk assessment test | | | | | |
| 99429 | E | | Unlisted preventive service | | | | | |
| 99431 | V | | Initial care, normal newborn | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| 99432 | N | | Newborn care, not in hosp | | | | | |
| 99433 | C | | Normal newborn care/hospital | | | | | |
| 99435 | E | | Newborn discharge day hosp | | | | | |
| 99436 | N | | Attendance, birth | | | | | |
| 99440 | S | | Newborn resuscitation | 0094 | 2.7247 | \$155.57 | \$48.58 | \$31.11 |
| 99450 | E | | Life/disability evaluation | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| 99455 | B | | Disability examination | | | | | |
| 99456 | B | | Disability examination | | | | | |
| 99499 | B | | Unlisted e&m service | | | | | |
| 99500 | E | | Home visit, prenatal | | | | | |
| 99501 | E | | Home visit, postnatal | | | | | |
| 99502 | E | | Home visit, nb care | | | | | |
| 99503 | E | | Home visit, resp therapy | | | | | |
| 99504 | E | | Home visit mech ventilator | | | | | |
| 99505 | E | | Home visit, stoma care | | | | | |
| 99506 | E | | Home visit, im injection | | | | | |
| 99507 | E | | Home visit, cath maintain | | | | | |
| 99509 | E | | Home visit day life activity | | | | | |
| 99510 | E | | Home visit, sing/m/fam couns | | | | | |
| 99511 | E | | Home visit, fecal/enema mgmt | | | | | |
| 99512 | E | | Home visit for hemodialysis | | | | | |
| 99600 | E | | Home visit nos | | | | | |
| 99601 | E | | Home infusion/visit, 2 hrs | | | | | |
| 99602 | E | | Home infusion, each addtl hr | | | | | |
| A0021 | E | | Outside state ambulance serv | | | | | |
| A0080 | E | | Noninterest escort in non er | | | | | |
| A0090 | E | | Interest escort in non er | | | | | |
| A0100 | E | | Nonemergency transport taxi | | | | | |
| A0110 | E | | Nonemergency transport bus | | | | | |
| A0120 | E | | Noner transport mini-bus | | | | | |
| A0130 | E | | Noner transport wheelch van | | | | | |
| A0140 | E | | Nonemergency transport air | | | | | |
| A0160 | E | | Noner transport case worker | | | | | |
| A0170 | E | | Noner transport parking fees | | | | | |
| A0180 | E | | Noner transport lodgng recip | | | | | |
| A0190 | E | | Noner transport meals recip | | | | | |
| A0200 | E | | Noner transport lodgng escrt | | | | | |
| A0210 | E | | Noner transport meals escort | | | | | |
| A0225 | A | | Neonatal emergency transport | | | | | |
| A0380 | A | | Basic life support mileage | | | | | |
| A0382 | A | | Basic support routine suppl | | | | | |
| A0384 | A | | Bls defibrillation supplies | | | | | |
| A0390 | A | | Advanced life support mileag | | | | | |
| A0392 | A | | Als defibrillation supplies | | | | | |
| A0394 | A | | Als IV drug therapy supplies | | | | | |
| A0396 | A | | Als esophageal intub suppl | | | | | |
| A0398 | A | | Als routine disposble suppl | | | | | |
| A0420 | A | | Ambulance waiting 1/2 hr | | | | | |
| A0422 | A | | Ambulance O2 life sustaining | | | | | |
| A0424 | A | | Extra ambulance attendant | | | | | |
| A0425 | A | | Ground mileage | | | | | |
| A0426 | A | | Als 1 | | | | | |
| A0427 | A | | ALS1-emergency | | | | | |
| A0428 | A | | bls | | | | | |
| A0429 | A | | BLS-emergency | | | | | |
| A0430 | A | | Fixed wing air transport | | | | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| A0431 | A | | Rotary wing air transport | | | | | |
| A0432 | A | | PI volunteer ambulance co | | | | | |
| A0433 | A | | als 2 | | | | | |
| A0434 | A | | Specialty care transport | | | | | |
| A0435 | A | | Fixed wing air mileage | | | | | |
| A0436 | A | | Rotary wing air mileage | | | | | |
| A0800 | E | | Amb trans 7pm-7am | | | | | |
| A0888 | E | | Noncovered ambulance mileage | | | | | |
| A0999 | A | | Unlisted ambulance service | | | | | |
| A4206 | E | | 1 CC sterile syringe&needle | | | | | |
| A4207 | E | | 2 CC sterile syringe&needle | | | | | |
| A4208 | E | | 3 CC sterile syringe&needle | | | | | |
| A4209 | E | | 5+ CC sterile syringe&needle | | | | | |
| A4210 | E | | Nonneedle injection device | | | | | |
| A4211 | B | | Supp for self-adm injections | | | | | |
| A4212 | B | | Non coring needle or stylet | | | | | |
| A4213 | E | | 20+ CC syringe only | | | | | |
| A4215 | E | | Sterile needle | | | | | |
| A4216 | A | | Sterile water/saline, 10 ml | | | | | |
| A4217 | A | | Sterile water/saline, 500 ml | | | | | |
| A4220 | N | | Infusion pump refill kit | | | | | |
| A4221 | Y | | Maint drug infus cath per wk | | | | | |
| A4222 | Y | | Drug infusion pump supplies | | | | | |
| A4230 | Y | | Infus insulin pump non needl | | | | | |
| A4231 | Y | | Infusion insulin pump needle | | | | | |
| A4232 | Y | | Syringe w/needle insulin 3cc | | | | | |
| A4244 | E | | Alcohol or peroxide per pint | | | | | |
| A4245 | E | | Alcohol wipes per box | | | | | |
| A4246 | E | | Betadine/phisohex solution | | | | | |
| A4247 | E | | Betadine/iodine swabs/wipes | | | | | |
| A4248 | N | | Chlorhexidine antisept | | | | | |
| A4250 | E | | Urine reagent strips/tablets | | | | | |
| A4253 | Y | | Blood glucose/reagent strips | | | | | |
| A4254 | Y | | Battery for glucose monitor | | | | | |
| A4255 | Y | | Glucose monitor platforms | | | | | |
| A4256 | Y | | Calibrator solution/chips | | | | | |
| A4257 | Y | | Replace Lensshield Cartridge | | | | | |
| A4258 | Y | | Lancet device each | | | | | |
| A4259 | Y | | Lancets per box | | | | | |
| A4260 | E | | Levonorgestrel implant | | | | | |
| A4261 | E | | Cervical cap contraceptive | | | | | |
| A4262 | N | | Temporary tear duct plug | | | | | |
| A4263 | N | | Permanent tear duct plug | | | | | |
| A4265 | Y | | Paraffin | | | | | |
| A4266 | E | | Diaphragm | | | | | |
| A4267 | E | | Male condom | | | | | |
| A4268 | E | | Female condom | | | | | |
| A4269 | E | | Spermicide | | | | | |
| A4270 | A | | Disposable endoscope sheath | | | | | |
| A4280 | A | | Brst prsths adhsv atthmnt | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| A4281 | E | | Replacement breastpump tube | | | | | |
| A4282 | E | | Replacement breastpump adpt | | | | | |
| A4283 | E | | Replacement breastpump cap | | | | | |
| A4284 | E | | Replcmnt breast pump shield | | | | | |
| A4285 | E | | Replcmnt breast pump bottle | | | | | |
| A4286 | E | | Replcmnt breastpump lok ring | | | | | |
| A4290 | E | | Sacral nerve stim test lead | | | | | |
| A4300 | N | | Cath impl vasc access portal | | | | | |
| A4301 | N | | Implantable access syst perc | | | | | |
| A4305 | A | | Drug delivery system >=50 ML | | | | | |
| A4306 | A | | Drug delivery system <=5 ML | | | | | |
| A4310 | A | | Insert tray w/o bag/cath | | | | | |
| A4311 | A | | Catheter w/o bag 2-way latex | | | | | |
| A4312 | A | | Cath w/o bag 2-way silicone | | | | | |
| A4313 | A | | Catheter w/bag 3-way | | | | | |
| A4314 | A | | Cath w/drainage 2-way latex | | | | | |
| A4315 | A | | Cath w/drainage 2-way silcne | | | | | |
| A4316 | A | | Cath w/drainage 3-way | | | | | |
| A4320 | A | | Irrigation tray | | | | | |
| A4321 | A | | Cath therapeutic irrig agent | | | | | |
| A4322 | A | | Irrigation syringe | | | | | |
| A4324 | A | | Male ext cath w/adh coating | | | | | |
| A4325 | A | | Male ext cath w/adh strip | | | | | |
| A4326 | A | | Male external catheter | | | | | |
| A4327 | A | | Fem urinary collect dev cup | | | | | |
| A4328 | A | | Fem urinary collect pouch | | | | | |
| A4330 | A | | Stool collection pouch | | | | | |
| A4331 | A | | Extension drainage tubing | | | | | |
| A4332 | A | | Lubricant for cath insertion | | | | | |
| A4333 | A | | Urinary cath anchor device | | | | | |
| A4334 | A | | Urinary cath leg strap | | | | | |
| A4335 | A | | Incontinence supply | | | | | |
| A4338 | A | | Indwelling catheter latex | | | | | |
| A4340 | A | | Indwelling catheter special | | | | | |
| A4344 | A | | Cath indw foley 2 way silicn | | | | | |
| A4346 | A | | Cath indw foley 3 way | | | | | |
| A4347 | A | | Male external catheter | | | | | |
| A4348 | A | | Male ext cath extended wear | | | | | |
| A4351 | A | | Straight tip urine catheter | | | | | |
| A4352 | A | | Coude tip urinary catheter | | | | | |
| A4353 | A | | Intermittent urinary cath | | | | | |
| A4354 | A | | Cath insertion tray w/bag | | | | | |
| A4355 | A | | Bladder irrigation tubing | | | | | |
| A4356 | A | | Ext ureth clmp or compr dvc | | | | | |
| A4357 | A | | Bedside drainage bag | | | | | |
| A4358 | A | | Urinary leg or abdomen bag | | | | | |
| A4359 | A | | Urinary suspensory w/o leg b | | | | | |
| A4361 | A | | Ostomy face plate | | | | | |
| A4362 | A | | Solid skin barrier | | | | | |
| A4364 | A | | Adhesive, liquid or equal | | | | | |

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|----------------|---------------------|----------------------|--------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| A4365 | A | | Adhesive remover wipes | | | | | |
| A4366 | A | | Ostomy vent | | | | | |
| A4367 | A | | Ostomy belt | | | | | |
| A4368 | A | | Ostomy filter | | | | | |
| A4369 | A | | Skin barrier liquid per oz | | | | | |
| A4371 | A | | Skin barrier powder per oz | | | | | |
| A4372 | A | | Skin barrier solid 4x4 equiv | | | | | |
| A4373 | A | | Skin barrier with flange | | | | | |
| A4375 | A | | Drainable plastic pch w fcpl | | | | | |
| A4376 | A | | Drainable rubber pch w fcpl | | | | | |
| A4377 | A | | Drainable plastic pch w/o fp | | | | | |
| A4378 | A | | Drainable rubber pch w/o fp | | | | | |
| A4379 | A | | Urinary plastic pouch w fcpl | | | | | |
| A4380 | A | | Urinary rubber pouch w fcpl | | | | | |
| A4381 | A | | Urinary plastic pouch w/o fp | | | | | |
| A4382 | A | | Urinary hvy plastic pch w/o fp | | | | | |
| A4383 | A | | Urinary rubber pouch w/o fp | | | | | |
| A4384 | A | | Ostomy facepl/silicone ring | | | | | |
| A4385 | A | | Ost skn barrier sld ext wear | | | | | |
| A4387 | A | | Ost clsd pouch w alt st barr | | | | | |
| A4388 | A | | Drainable pch w ex wear barr | | | | | |
| A4389 | A | | Drainable pch w st wear barr | | | | | |
| A4390 | A | | Drainable pch ex wear convex | | | | | |
| A4391 | A | | Urinary pouch w ex wear barr | | | | | |
| A4392 | A | | Urinary pouch w st wear barr | | | | | |
| A4393 | A | | Urine pch w ex wear bar conv | | | | | |
| A4394 | A | | Ostomy pouch liq deodorant | | | | | |
| A4395 | A | | Ostomy pouch solid deodorant | | | | | |
| A4396 | A | | Peristomal hernia supprt blt | | | | | |
| A4397 | A | | Irrigation supply sleeve | | | | | |
| A4398 | A | | Ostomy irrigation bag | | | | | |
| A4399 | A | | Ostomy irrig cone/cath w brs | | | | | |
| A4400 | A | | Ostomy irrigation set | | | | | |
| A4402 | A | | Lubricant per ounce | | | | | |
| A4404 | A | | Ostomy ring each | | | | | |
| A4405 | A | | Nonpectin based ostomy paste | | | | | |
| A4406 | A | | Pectin based ostomy paste | | | | | |
| A4407 | A | | Ext wear ost skn barr <=4sq" | | | | | |
| A4408 | A | | Ext wear ost skn barr >4sq" | | | | | |
| A4409 | A | | Ost skn barr w flng <=4 sq" | | | | | |
| A4410 | A | | Ost skn barr w flng >4sq" | | | | | |
| A4413 | A | | 2 pc drainable ost pouch | | | | | |
| A4414 | A | | Ostomy sknbarr w flng <=4sq" | | | | | |
| A4415 | A | | Ostomy skn barr w flng >4sq" | | | | | |
| A4416 | A | | Ost pch clsd w barrier/filtr | | | | | |
| A4417 | A | | Ost pch w bar/bltinconv/filtr | | | | | |
| A4418 | A | | Ost pch clsd w/o bar w filtr | | | | | |
| A4419 | A | | Ost pch for bar w flange/flt | | | | | |
| A4420 | A | | Ost pch clsd for bar w lk fl | | | | | |
| A4421 | E | | Ostomy supply misc | | | | | |

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|----------------|---------------------|----------------------|-------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| A4422 | A | | Ost pouch absorbent material | | | | | |
| A4423 | A | | Ost pch for bar w lk fl/filtr | | | | | |
| A4424 | A | | Ost pch drain w bar & filter | | | | | |
| A4425 | A | | Ost pch drain for barrier fl | | | | | |
| A4426 | A | | Ost pch drain 2 piece system | | | | | |
| A4427 | A | | Ost pch drain/barr lk flng/f | | | | | |
| A4428 | A | | Urine ost pouch w faucet/tap | | | | | |
| A4429 | A | | Urine ost pch bar w lock fln | | | | | |
| A4430 | A | | Ost pch urine w lock flng/ft | | | | | |
| A4431 | A | | Urine ost pch bar w lock fln | | | | | |
| A4432 | A | | Ost pch urine w lock flng/ft | | | | | |
| A4433 | A | | Urine ost pch bar w lock fln | | | | | |
| A4434 | A | | Ost pch urine w lock flng/ft | | | | | |
| A4450 | A | | Non-waterproof tape | | | | | |
| A4452 | A | | Waterproof tape | | | | | |
| A4455 | A | | Adhesive remover per ounce | | | | | |
| A4458 | E | | Reusable enema bag | | | | | |
| A4462 | A | | Abdmnl drssng holder/binder | | | | | |
| A4465 | A | | Non-elastic extremity binder | | | | | |
| A4470 | A | | Gravlee jet washer | | | | | |
| A4480 | A | | Vabra aspirator | | | | | |
| A4481 | A | | Tracheostoma filter | | | | | |
| A4483 | A | | Moisture exchanger | | | | | |
| A4490 | E | | Above knee surgical stocking | | | | | |
| A4495 | E | | Thigh length surg stocking | | | | | |
| A4500 | E | | Below knee surgical stocking | | | | | |
| A4510 | E | | Full length surg stocking | | | | | |
| A4521 | E | | Adult size diaper sm each | | | | | |
| A4522 | E | | Adult size diaper med each | | | | | |
| A4523 | E | | Adult size diaper lg each | | | | | |
| A4524 | E | | Adult size diaper xl each | | | | | |
| A4525 | E | | Adult size brief sm each | | | | | |
| A4526 | E | | Adult size brief med each | | | | | |
| A4527 | E | | Adult size brief lg each | | | | | |
| A4528 | E | | Adult size brief xl each | | | | | |
| A4529 | E | | Child size diaper sm/med ea | | | | | |
| A4530 | E | | Child size diaper lg each | | | | | |
| A4531 | E | | Child size brief sm/med each | | | | | |
| A4532 | E | | Child size brief lg each | | | | | |
| A4533 | E | | Youth size diaper each | | | | | |
| A4534 | E | | Youlh size brief each | | | | | |
| A4535 | E | | Disp incont liner/shield ea | | | | | |
| A4536 | E | | Prot underwr wshbl any sz ea | | | | | |
| A4537 | E | | Under pad reusable any sz ea | | | | | |
| A4538 | E | | Reusable diaper from dpr svc | | | | | |
| A4550 | B | | Surgical trays | | | | | |
| A4554 | E | | Disposable underpads | | | | | |
| A4556 | Y | | Electrodes, pair | | | | | |
| A4557 | Y | | Lead wires, pair | | | | | |
| A4558 | Y | | Conductive paste or gel | | | | | |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| A4561 | N | | Pessary rubber, any type | | | | | |
| A4562 | N | | Pessary, non rubber, any type | | | | | |
| A4565 | A | | Slings | | | | | |
| A4570 | E | | Splint | | | | | |
| A4575 | E | | Hyperbaric o2 chamber disps | | | | | |
| A4580 | E | | Cast supplies (plaster) | | | | | |
| A4590 | E | | Special casting material | | | | | |
| A4595 | Y | | TENS suppl 2 lead per month | | | | | |
| A4606 | A | | Oxygen probe used w oximeter | | | | | |
| A4608 | Y | | Transtracheal oxygen cath | | | | | |
| A4609 | Y | | Trach suction cath cised sys | | | | | |
| A4610 | Y | | Trach scfn cath 72h cisedsys | | | | | |
| A4611 | Y | | Heavy duty battery | | | | | |
| A4612 | Y | | Battery cables | | | | | |
| A4613 | Y | | Battery charger | | | | | |
| A4614 | A | | Hand-held PEFR meter | | | | | |
| A4615 | Y | | Cannula nasal | | | | | |
| A4616 | Y | | Tubing (oxygen) per foot | | | | | |
| A4617 | Y | | Mouth piece | | | | | |
| A4618 | Y | | Breathing circuits | | | | | |
| A4619 | Y | | Face tent | | | | | |
| A4620 | Y | | Variable concentration mask | | | | | |
| A4623 | A | | Tracheostomy inner cannula | | | | | |
| A4624 | Y | | Tracheal suction tube | | | | | |
| A4625 | A | | Trach care kit for new trach | | | | | |
| A4626 | A | | Tracheostomy cleaning brush | | | | | |
| A4627 | E | | Spacer bag/reservoir | | | | | |
| A4628 | Y | | Oropharyngeal suction cath | | | | | |
| A4629 | A | | Tracheostomy care kit | | | | | |
| A4630 | Y | | Repl bat t.e.n.s. own by pt | | | | | |
| A4632 | Y | | Infus pump rplcmnt battery | | | | | |
| A4633 | Y | | Uvi replacement bulb | | | | | |
| A4634 | A | | Replacement bulb th lightbox | | | | | |
| A4635 | Y | | Underarm crutch pad | | | | | |
| A4636 | Y | | Handgrip for cane etc | | | | | |
| A4637 | Y | | Repl tip cane/crutch/walker | | | | | |
| A4638 | Y | | Repl balt pulse gen sys | | | | | |
| A4639 | Y | | Infrared ht sys replcmnt pad | | | | | |
| A4640 | Y | | Alternating pressure pad | | | | | |
| A4641 | N | | Diagnostic imaging agent | | | | | |
| A4642 | K | | Satumomab pendetide per dose | 0704 | | \$1,390.25 | | \$278.05 |
| A4643 | K | | High dose contrast MRI | 9026 | 0.4645 | \$26.52 | | \$5.30 |
| A4644 | N | | Contrast 100-199 MGs iodine | | | | | |
| A4645 | N | | Contrast 200-299 MGs iodine | | | | | |
| A4646 | N | | Contrast 300-399 MGs iodine | | | | | |
| A4647 | K | | Supp- paramagnetic contr mat | 9027 | 0.6484 | \$37.02 | | \$7.40 |
| A4649 | A | | Surgical supplies | | | | | |
| A4651 | A | | Calibrated microcap tube | | | | | |
| A4652 | A | | Microcapillary tube sealant | | | | | |
| A4653 | A | | PD catheter anchor belt | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| A4656 | A | | Dialysis needle | | | | | |
| A4657 | A | | Dialysis syringe w/wo needle | | | | | |
| A4660 | A | | Sphyg/bp app w cuff and stet | | | | | |
| A4663 | A | | Dialysis blood pressure cuff | | | | | |
| A4670 | E | | Automatic bp monitor, dial | | | | | |
| A4671 | B | | Disposable cyler set | | | | | |
| A4672 | B | | Drainage ext line, dialysis | | | | | |
| A4673 | B | | Ext line w easy lock connect | | | | | |
| A4674 | B | | Chem/antisept solution, 8oz | | | | | |
| A4680 | A | | Activated carbon filter, ea | | | | | |
| A4690 | A | | Dialyzer, each | | | | | |
| A4706 | A | | Bicarbonate conc sol per gal | | | | | |
| A4707 | A | | Bicarbonate conc pow per pac | | | | | |
| A4708 | A | | Acetate conc sol per gallon | | | | | |
| A4709 | A | | Acid conc sol per gallon | | | | | |
| A4714 | A | | Treated water per gallon | | | | | |
| A4719 | A | | "Y set" tubing | | | | | |
| A4720 | A | | Dialysat sol fld vol > 249cc | | | | | |
| A4721 | A | | Dialysat sol fld vol > 999cc | | | | | |
| A4722 | A | | Dialys sol fld vol > 1999cc | | | | | |
| A4723 | A | | Dialys sol fld vol > 2999cc | | | | | |
| A4724 | A | | Dialys sol fld vol > 3999cc | | | | | |
| A4725 | A | | Dialys sol fld vol > 4999cc | | | | | |
| A4726 | A | | Dialys sol fld vol > 5999cc | | | | | |
| A4728 | B | | Dialysate solution, non-dex | | | | | |
| A4730 | A | | Fistula cannulation set, ea | | | | | |
| A4736 | A | | Topical anesthetic, per gram | | | | | |
| A4737 | A | | Inj anesthetic per 10 ml | | | | | |
| A4740 | A | | Shunt accessory | | | | | |
| A4750 | A | | Art or venous blood tubing | | | | | |
| A4755 | A | | Comb art/venous blood tubing | | | | | |
| A4760 | A | | Dialysate sol test kit, each | | | | | |
| A4765 | A | | Dialysate conc pow per pack | | | | | |
| A4766 | A | | Dialysate conc sol add 10 ml | | | | | |
| A4770 | A | | Blood collection tube/vacuum | | | | | |
| A4771 | A | | Serum clotting time tube | | | | | |
| A4772 | A | | Blood glucose test strips | | | | | |
| A4773 | A | | Occult blood test strips | | | | | |
| A4774 | A | | Ammonia test strips | | | | | |
| A4802 | A | | Protamine sulfate per 50 mg | | | | | |
| A4860 | A | | Disposable catheter tips | | | | | |
| A4870 | A | | Plumb/elec wk hm hemo equip | | | | | |
| A4890 | A | | Repair/maint cont hemo equip | | | | | |
| A4911 | A | | Drain bag/bottle | | | | | |
| A4913 | A | | Misc dialysis supplies noc | | | | | |
| A4918 | A | | Venous pressure clamp | | | | | |
| A4927 | A | | Non-sterile gloves | | | | | |
| A4928 | A | | Surgical mask | | | | | |
| A4929 | A | | Tourniquet for dialysis, ea | | | | | |
| A4930 | A | | Sterile, gloves per pair | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| A4931 | A | | Reusable oral thermometer | | | | | |
| A4932 | E | | Reusable rectal thermometer | | | | | |
| A5051 | A | | Pouch clsd w barr attached | | | | | |
| A5052 | A | | Clsd ostomy pouch w/o barr | | | | | |
| A5053 | A | | Clsd ostomy pouch faceplate | | | | | |
| A5054 | A | | Clsd ostomy pouch w/flange | | | | | |
| A5055 | A | | Stoma cap | | | | | |
| A5061 | A | | Pouch drainable w barrier at | | | | | |
| A5062 | A | | Drnble ostomy pouch w/o barr | | | | | |
| A5063 | A | | Drain ostomy pouch w/flange | | | | | |
| A5071 | A | | Urinary pouch w/barrier | | | | | |
| A5072 | A | | Urinary pouch w/o barrier | | | | | |
| A5073 | A | | Urinary pouch on barr w/flng | | | | | |
| A5081 | A | | Continent stoma plug | | | | | |
| A5082 | A | | Continent stoma catheter | | | | | |
| A5093 | A | | Ostomy accessory convex inse | | | | | |
| A5102 | A | | Bedside drain btl w/wo tube | | | | | |
| A5105 | A | | Urinary suspensory | | | | | |
| A5112 | A | | Urinary leg bag | | | | | |
| A5113 | A | | Latex leg strap | | | | | |
| A5114 | A | | Foam/fabric leg strap | | | | | |
| A5119 | A | | Skin barrier wipes box pr 50 | | | | | |
| A5121 | A | | Solid skin barrier 6x6 | | | | | |
| A5122 | A | | Solid skin barrier 8x8 | | | | | |
| A5126 | A | | Disk/foam pad +or- adhesive | | | | | |
| A5131 | A | | Appliance cleaner | | | | | |
| A5200 | A | | Percutaneous catheter anchor | | | | | |
| A5500 | Y | | Diab shoe for density insert | | | | | |
| A5501 | Y | | Diabetic custom molded shoe | | | | | |
| A5503 | Y | | Diabetic shoe w/roller/rockr | | | | | |
| A5504 | Y | | Diabetic shoe with wedge | | | | | |
| A5505 | Y | | Diab shoe w/metatarsal bar | | | | | |
| A5506 | Y | | Diabetic shoe w/off set heel | | | | | |
| A5507 | Y | | Modification diabetic shoe | | | | | |
| A5508 | Y | | Diabetic deluxe shoe | | | | | |
| A5509 | E | | Direct heat form shoe insert | | | | | |
| A5510 | E | | Compression form shoe insert | | | | | |
| A5511 | E | | Custom fab molded shoe inser | | | | | |
| A6000 | E | | Wound warming wound cover | | | | | |
| A6010 | A | | Collagen based wound filler | | | | | |
| A6011 | A | | Collagen gel/paste wound fil | | | | | |
| A6021 | A | | Collagen dressing <=16 sq in | | | | | |
| A6022 | A | | Collagen drsg>6<=48 sq in | | | | | |
| A6023 | A | | Collagen dressing >48 sq in | | | | | |
| A6024 | A | | Collagen dsg wound filler | | | | | |
| A6025 | E | | Silicone gel sheet, each | | | | | |
| A6154 | A | | Wound pouch each | | | | | |
| A6196 | A | | Alginate dressing <=16 sq in | | | | | |
| A6197 | A | | Alginate drsg >16 <=48 sq in | | | | | |
| A6198 | A | | alginate dressing > 48 sq in | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| A6199 | A | | Alginate drsg wound filler | | | | | |
| A6200 | A | | Compos drsg <=16 no border | | | | | |
| A6201 | A | | Compos drsg >16<=48 no bdr | | | | | |
| A6202 | A | | Compos drsg >48 no border | | | | | |
| A6203 | A | | Composite drsg <= 16 sq in | | | | | |
| A6204 | A | | Composite drsg >16<=48 sq in | | | | | |
| A6205 | A | | Composite drsg > 48 sq in | | | | | |
| A6206 | A | | Contact layer <= 16 sq in | | | | | |
| A6207 | A | | Contact layer >16<= 48 sq in | | | | | |
| A6208 | A | | Contact layer > 48 sq in | | | | | |
| A6209 | A | | Foam drsg <=16 sq in w/o bdr | | | | | |
| A6210 | A | | Foam drg >16<=48 sq in w/o b | | | | | |
| A6211 | A | | Foam drg > 48 sq in w/o bdr | | | | | |
| A6212 | A | | Foam drg <=16 sq in w/border | | | | | |
| A6213 | A | | Foam drg >16<=48 sq in w/bdr | | | | | |
| A6214 | A | | Foam drg > 48 sq in w/border | | | | | |
| A6215 | A | | Foam dressing wound filler | | | | | |
| A6216 | A | | Non-sterile gauze<=16 sq in | | | | | |
| A6217 | A | | Non-sterile gauze>16<=48 sq | | | | | |
| A6218 | A | | Non-sterile gauze > 48 sq in | | | | | |
| A6219 | A | | Gauze <= 16 sq in w/border | | | | | |
| A6220 | A | | Gauze >16 <=48 sq in w/bordr | | | | | |
| A6221 | A | | Gauze > 48 sq in w/border | | | | | |
| A6222 | A | | Gauze <=16 in no w/sal w/o b | | | | | |
| A6223 | A | | Gauze >16<=48 no w/sal w/o b | | | | | |
| A6224 | A | | Gauze > 48 in no w/sal w/o b | | | | | |
| A6228 | A | | Gauze <= 16 sq in water/sal | | | | | |
| A6229 | A | | Gauze >16<=48 sq in watr/sal | | | | | |
| A6230 | A | | Gauze > 48 sq in water/salne | | | | | |
| A6231 | A | | Hydrogel dsg<=16 sq in | | | | | |
| A6232 | A | | Hydrogel dsg>16<=48 sq in | | | | | |
| A6233 | A | | Hydrogel dressing >48 sq in | | | | | |
| A6234 | A | | Hydrocolld drg <=16 w/o bdr | | | | | |
| A6235 | A | | Hydrocolld drg >16<=48 w/o b | | | | | |
| A6236 | A | | Hydrocolld drg > 48 in w/o b | | | | | |
| A6237 | A | | Hydrocolld drg <=16 in w/bdr | | | | | |
| A6238 | A | | Hydrocolld drg >16<=48 w/bdr | | | | | |
| A6239 | A | | Hydrocolld drg > 48 in w/bdr | | | | | |
| A6240 | A | | Hydrocolld drg filler paste | | | | | |
| A6241 | A | | Hydrocolloid drg filler dry | | | | | |
| A6242 | A | | Hydrogel drg <=16 in w/o bdr | | | | | |
| A6243 | A | | Hydrogel drg >16<=48 w/o bdr | | | | | |
| A6244 | A | | Hydrogel drg >48 in w/o bdr | | | | | |
| A6245 | A | | Hydrogel drg <= 16 in w/bdr | | | | | |
| A6246 | A | | Hydrogel drg >16<=48 in w/b | | | | | |
| A6247 | A | | Hydrogel drg > 48 sq in w/b | | | | | |
| A6248 | A | | Hydrogel drsg gel filler | | | | | |
| A6250 | A | | Skin seal protect moisturizr | | | | | |
| A6251 | A | | Absorpt drg <=16 sq in w/o b | | | | | |
| A6252 | A | | Absorpt drg >16 <=48 w/o bdr | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| A6253 | A | | Absorpt drg > 48 sq in w/o b | | | | | |
| A6254 | A | | Absorpt drg <=16 sq in w/bdr | | | | | |
| A6255 | A | | Absorpt drg >16<=48 in w/bdr | | | | | |
| A6256 | A | | Absorpt drg > 48 sq in w/bdr | | | | | |
| A6257 | A | | Transparent film <= 16 sq in | | | | | |
| A6258 | A | | Transparent film >16<=48 in | | | | | |
| A6259 | A | | Transparent film > 48 sq in | | | | | |
| A6260 | A | | Wound cleanser any type/size | | | | | |
| A6261 | A | | Wound filler gel/paste /oz | | | | | |
| A6262 | A | | Wound filler dry form / gram | | | | | |
| A6266 | A | | Impreg gauze no h20/sal/yard | | | | | |
| A6402 | A | | Sterile gauze <= 16 sq in | | | | | |
| A6403 | A | | Sterile gauze>16 <= 48 sq in | | | | | |
| A6404 | A | | Sterile gauze > 48 sq in | | | | | |
| A6407 | A | | Packing strips, non-impreg | | | | | |
| A6410 | A | | Sterile eye pad | | | | | |
| A6411 | A | | Non-sterile eye pad | | | | | |
| A6412 | E | | Occlusive eye patch | | | | | |
| A6441 | A | | Pad band w>=3" <5"/yd | | | | | |
| A6442 | A | | Conform band n/s w<3"/yd | | | | | |
| A6443 | A | | Conform band n/s w>=3"<5"/yd | | | | | |
| A6444 | A | | Conform band n/s w>=5"/yd | | | | | |
| A6445 | A | | Conform band s w <3"/yd | | | | | |
| A6446 | A | | Conform band s w>=3" <5"/yd | | | | | |
| A6447 | A | | Conform band s w >=5"/yd | | | | | |
| A6448 | A | | Lt compres band <3"/yd | | | | | |
| A6449 | A | | Lt compres band >=3" <5"/yd | | | | | |
| A6450 | A | | Lt compres band >=5"/yd | | | | | |
| A6451 | A | | Mod compres band w>=3"<5"/yd | | | | | |
| A6452 | A | | High compres band w>=3"<5"/yd | | | | | |
| A6453 | A | | Self-adher band w <3"/yd | | | | | |
| A6454 | A | | Self-adher band w>=3" <5"/yd | | | | | |
| A6455 | A | | Self-adher band >=5"/yd | | | | | |
| A6456 | A | | Zinc paste band w >=3"<5"/yd | | | | | |
| A6501 | A | | Compres burngarment bodysuit | | | | | |
| A6502 | A | | Compres burngarment chinstrp | | | | | |
| A6503 | A | | Compres burngarment facehood | | | | | |
| A6504 | A | | Cmprsburngarment glove-wrist | | | | | |
| A6505 | A | | Cmprsburngarment glove-elbow | | | | | |
| A6506 | A | | Cmprsburngrmnt glove-axilla | | | | | |
| A6507 | A | | Cmprs burngarment foot-knee | | | | | |
| A6508 | A | | Cmprs burngarment foot-thigh | | | | | |
| A6509 | A | | Compres burn garment jacket | | | | | |
| A6510 | A | | Compres burn garment leotard | | | | | |
| A6511 | A | | Compres burn garment panty | | | | | |
| A6512 | A | | Compres burn garment, noc | | | | | |
| A6550 | Y | | Neg pres wound ther drsg set | | | | | |
| A6551 | Y | | Neg press wound ther canistr | | | | | |
| A7000 | Y | | Disposable canister for pump | | | | | |
| A7001 | Y | | Nondisposable pump canister | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| A7002 | Y | | Tubing used w suction pump | | | | | |
| A7003 | Y | | Nebulizer administration set | | | | | |
| A7004 | Y | | Disposable nebulizer sml vol | | | | | |
| A7005 | Y | | Nondisposable nebulizer set | | | | | |
| A7006 | Y | | Filtered nebulizer admin set | | | | | |
| A7007 | Y | | Lg vol nebulizer disposable | | | | | |
| A7008 | Y | | Disposable nebulizer prefill | | | | | |
| A7009 | Y | | Nebulizer reservoir bottle | | | | | |
| A7010 | Y | | Disposable corrugated tubing | | | | | |
| A7011 | Y | | Nondispos corrugated tubing | | | | | |
| A7012 | Y | | Nebulizer water collec devic | | | | | |
| A7013 | Y | | Disposable compressor filter | | | | | |
| A7014 | Y | | Compressor nondispos filter | | | | | |
| A7015 | Y | | Aerosol mask used w nebulize | | | | | |
| A7016 | Y | | Nebulizer dome & mouthpiece | | | | | |
| A7017 | Y | | Nebulizer not used w oxygen | | | | | |
| A7018 | Y | | Water distilled w/nebulizer | | | | | |
| A7025 | Y | | Replace chest compress vest | | | | | |
| A7026 | Y | | Replace chst cmprrs sys hose | | | | | |
| A7030 | Y | | CPAP full face mask | | | | | |
| A7031 | Y | | Replacement facemask interfa | | | | | |
| A7032 | Y | | Replacement nasal cushion | | | | | |
| A7033 | Y | | Replacement nasal pillows | | | | | |
| A7034 | Y | | Nasal application device | | | | | |
| A7035 | Y | | Pos airway press headgear | | | | | |
| A7036 | Y | | Pos airway press chinstrap | | | | | |
| A7037 | Y | | Pos airway pressure tubing | | | | | |
| A7038 | Y | | Pos airway pressure filter | | | | | |
| A7039 | Y | | Filter, non disposable w pap | | | | | |
| A7042 | A | | Implanted pleural catheter | | | | | |
| A7043 | A | | Vacuum drainagebottle/tubing | | | | | |
| A7044 | Y | | PAP oral interface | | | | | |
| A7046 | Y | | Repl water chamber, PAP dev | | | | | |
| A7501 | A | | Tracheostoma valve w diaphra | | | | | |
| A7502 | A | | Replacement diaphragm/fplate | | | | | |
| A7503 | A | | HMES filter holder or cap | | | | | |
| A7504 | A | | Tracheostoma HMES filter | | | | | |
| A7505 | A | | HMES or trach valve housing | | | | | |
| A7506 | A | | HMES/trachvalve adhesivedisk | | | | | |
| A7507 | A | | Integrated filter & holder | | | | | |
| A7508 | A | | Housing & Integrated Adhesiv | | | | | |
| A7509 | A | | Heat & moisture exchange sys | | | | | |
| A7520 | A | | Trach/laryn tube non-cuffed | | | | | |
| A7521 | A | | Trach/laryn tube cuffed | | | | | |
| A7522 | A | | Trach/laryn tube stainless | | | | | |
| A7523 | A | | Tracheostomy shower protect | | | | | |
| A7524 | A | | Tracheostoma stent/stud/bttn | | | | | |
| A7525 | A | | Tracheostomy mask | | | | | |
| A7526 | A | | Tracheostomy tube collar | | | | | |
| A9150 | B | | Misc/exper non-prescript dru | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| A9270 | E | | Non-covered item or service | | | | | |
| A9280 | E | | Alert device, noc | | | | | |
| A9300 | E | | Exercise equipment | | | | | |
| A9500 | K | | Technetium TC 99m sestamibi | 1600 | 1.8612 | \$106.32 | | \$21.26 |
| A9502 | K | | Technetium TC99M tetrofosmin | 0705 | | \$104.58 | | \$20.92 |
| A9503 | N | | Technetium TC 99m medronate | | | | | |
| A9504 | K | | Technetium tc 99m apcitide | 1602 | 7.2650 | \$415.00 | | \$83.00 |
| A9505 | K | | Thallous chloride TL 201/mci | 1603 | | \$18.29 | | \$3.66 |
| A9507 | K | | Indium/111 capromab pendetid | 1604 | | \$1,915.23 | | \$383.05 |
| A9508 | K | | lobenguane sulfate I-131, pe | 1045 | | \$996.00 | | \$199.20 |
| A9510 | N | | Technetium TC99m Disofenin | | | | | |
| A9511 | K | | Technetium TC 99m depreotide | 1095 | | \$38.00 | | \$7.60 |
| A9512 | N | | Technetiumtc99mpertechnetate | | | | | |
| A9513 | N | | Technetium tc-99m metrofenin | | | | | |
| A9514 | N | | Technetiumtc99mpyrophosphate | | | | | |
| A9515 | N | | Technetium tc-99m pentetate | | | | | |
| A9516 | N | | I-123 sodium iodide capsule | | | | | |
| A9517 | K | | Th I131 so iodide cap millic | 1064 | 0.1156 | \$6.60 | | \$1.32 |
| A9519 | N | | Technetiumtc-99macroag albu | | | | | |
| A9520 | N | | Technetiumtc-99m sulfur clld | | | | | |
| A9521 | K | | Technetiumtc-99m exametazine | 1096 | | \$778.13 | | \$155.63 |
| A9522 | B | | Indium111ibritumomabtiuxetan | | | | | |
| A9523 | B | | Yttrium90ibritumomabtiuxetan | | | | | |
| A9524 | N | | Iodinated I-131 serumalbumin | | | | | |
| A9525 | E | | Low/iso-osmolar contrast mat | | | | | |
| A9526 | K | | Ammonia N-13, per dose | 0737 | | \$111.91 | | \$22.38 |
| A9528 | K | | Dx I131 so iodide cap millic | 1064 | 0.1156 | \$6.60 | | \$1.32 |
| A9529 | K | | Dx I131 so iodide sol millic | 1065 | 0.1723 | \$9.84 | | \$1.97 |
| A9530 | K | | Th I131 so iodide sol millic | 1065 | 0.1723 | \$9.84 | | \$1.97 |
| A9531 | N | | Dx I131 so iodide microcurie | | | | | |
| A9532 | N | | I-125 serum albumin micro | | | | | |
| A9533 | B | | I-131 tositumomab diagnostic | | | | | |
| A9534 | B | | I-131 tositumomab therapeut | | | | | |
| A9600 | K | | Strontium-89 chloride | 0701 | 7.1886 | \$410.45 | | \$82.09 |
| A9605 | K | | Samarium sm153 lexidronamm | 0702 | 16,0584 | \$916.90 | | \$183.38 |
| A9699 | N | | Noc therapeutic radiopharm | | | | | |
| A9700 | E | | Echocardiography Contrast | | | | | |
| A9900 | A | | Supply/accessory/service | | | | | |
| A9901 | A | | Delivery/set up/dispensing | | | | | |
| A9999 | Y | | DME supply or accessory, nos | | | | | |
| B4034 | A | | Enter feed supkit syr by day | | | | | |
| B4035 | A | | Enteral feed supp pump per d | | | | | |
| B4036 | A | | Enteral feed sup kit grav by | | | | | |
| B4081 | A | | Enteral ng tubing w/ stylet | | | | | |
| B4082 | A | | Enteral ng tubing w/o stylet | | | | | |
| B4083 | A | | Enteral stomach tube Levine | | | | | |
| B4086 | A | | Gastrostomy/jejunostomy tube | | | | | |
| B4100 | E | | Food thickener oral | | | | | |
| B4150 | A | | Enteral formulae category i | | | | | |
| B4151 | A | | Enteral formulae cat1natural | | | | | |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| B4152 | A | | Enteral formulae category ii | | | | | |
| B4153 | A | | Enteral formulae category III | | | | | |
| B4154 | A | | Enteral formulae category IV | | | | | |
| B4155 | A | | Enteral formulae category v | | | | | |
| B4156 | A | | Enteral formulae category vi | | | | | |
| B4164 | A | | Parenteral 50% dextrose solu | | | | | |
| B4168 | A | | Parenteral sol amino acid 3. | | | | | |
| B4172 | A | | Parenteral sol amino acid 5. | | | | | |
| B4176 | A | | Parenteral sol amino acid 7- | | | | | |
| B4178 | A | | Parenteral sol amino acid > | | | | | |
| B4180 | A | | Parenteral sol carb > 50% | | | | | |
| B4184 | A | | Parenteral sol lipids 10% | | | | | |
| B4186 | A | | Parenteral sol lipids 20% | | | | | |
| B4189 | A | | Parenteral sol amino acid & | | | | | |
| B4193 | A | | Parenteral sol 52-73 gm prot | | | | | |
| B4197 | A | | Parenteral sol 74-100 gm pro | | | | | |
| B4199 | A | | Parenteral sol > 100gm prote | | | | | |
| B4216 | A | | Parenteral nutrition additiv | | | | | |
| B4220 | A | | Parenteral supply kit premix | | | | | |
| B4222 | A | | Parenteral supply kit homemi | | | | | |
| B4224 | A | | Parenteral administration ki | | | | | |
| B5000 | A | | Parenteral sol renal-amirosoy | | | | | |
| B5100 | A | | Parenteral sol hepatic-fream | | | | | |
| B5200 | A | | Parenteral sol stres-brnch c | | | | | |
| B9000 | A | | Enter infusion pump w/o alm | | | | | |
| B9002 | A | | Enteral infusion pump w/ ala | | | | | |
| B9004 | A | | Parenteral infus pump portab | | | | | |
| B9006 | A | | Parenteral infus pump statio | | | | | |
| B9998 | A | | Enteral supp not otherwise c | | | | | |
| B9999 | A | | Parenteral supp not othrws c | | | | | |
| C1079 | K | | CO 57/58 per 0.5 uCi | 1079 | | \$221.78 | | \$44.36 |
| C1080 | K | | I-131 tositumomab, dx | 1080 | | \$2,241.00 | | \$448.20 |
| C1081 | K | | I-131 tositumomab, tx | 1081 | | \$19,422.00 | | \$3,884.40 |
| C1082 | K | | In-111 ibritumomab tiuxetan | 9118 | | \$2,419.78 | | \$483.96 |
| C1083 | K | | Yttrium 90 ibritumomab tiuxe | 9117 | | \$20,948.20 | | \$4,189.65 |
| C1091 | K | | IN111 oxyquinoline,per0.5mCi | 1091 | | \$373.50 | | \$74.70 |
| C1092 | K | | IN 111 pentetate per 0.5 mCi | 1092 | | \$224.10 | | \$44.82 |
| C1122 | K | | Tc 99M ARCITUMOMAB PER VIAL | 1122 | | \$1,079.00 | | \$215.80 |
| C1178 | K | | BUSULFAN IV, 6 Mg | 1178 | | \$27.87 | | \$5.57 |
| C1200 | N | | TC 99M Sodium Glucoheptonat | | | | | |
| C1201 | K | | TC 99M SUCCIMER, PER Vial | 1201 | | \$118.52 | | \$23.70 |
| C1300 | S | | HYPERBARIC Oxygen | 0659 | 1.4279 | \$81.53 | | \$16.31 |
| C1305 | K | | Apligraf | 1305 | | \$1,130.88 | | \$226.18 |
| C1713 | N | | Anchor/screw bn/bn,tis/bn | | | | | |
| C1714 | N | | Cath, trans atherectomy, dir | | | | | |
| C1715 | N | | Brachytherapy needle | | | | | |
| C1716 | H | | Brachytx source, Gold 198 | 1716 | | | | |
| C1717 | H | | Brachytx source, HDR Ir-192 | 1717 | | | | |
| C1718 | H | | Brachytx source, Iodine 125 | 1718 | | | | |
| C1719 | H | | Brachytx sour,Non-HDR Ir-192 | 1719 | | | | |

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|-------------|------------------|-------------------|--------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| C1720 | H | | Brachytx sour, Palladium 103 | 1720 | | | | |
| C1721 | N | | AICD, dual chamber | | | | | |
| C1722 | N | | AICD, single chamber | | | | | |
| C1724 | N | | Cath, trans atheroc, rotation | | | | | |
| C1725 | N | | Cath, translumin non-laser | | | | | |
| C1726 | N | | Cath, bal dil, non-vascular | | | | | |
| C1727 | N | | Cath, bal tis dis, non-vas | | | | | |
| C1728 | N | | Cath, brachytx seed adm | | | | | |
| C1729 | N | | Cath, drainage | | | | | |
| C1730 | N | | Cath, EP, 19 or few elect | | | | | |
| C1731 | N | | Cath, EP, 20 or more elec | | | | | |
| C1732 | N | | Cath, EP, diag/abl, 3D/vect | | | | | |
| C1733 | N | | Cath, EP, othr than cool-tip | | | | | |
| C1750 | N | | Cath, hemodialysis, long-term | | | | | |
| C1751 | N | | Cath, inf, per/cent/midline | | | | | |
| C1752 | N | | Cath, hemodialysis, short-term | | | | | |
| C1753 | N | | Cath, intravas ultrasound | | | | | |
| C1754 | N | | Catheter, intradiscal | | | | | |
| C1755 | N | | Catheter, intraspinal | | | | | |
| C1756 | N | | Cath, pacing, transesoph | | | | | |
| C1757 | N | | Cath, thrombectomy/embolect | | | | | |
| C1758 | N | | Catheter, ureteral | | | | | |
| C1759 | N | | Cath, intra echocardiography | | | | | |
| C1760 | N | | Closure dev, vasc | | | | | |
| C1762 | N | | Conn tiss, human (inc fascia) | | | | | |
| C1763 | N | | Conn tiss, non-human | | | | | |
| C1764 | N | | Event recorder, cardiac | | | | | |
| C1765 | N | | Adhesion barrier | | | | | |
| C1766 | N | | Intro/sheath, strble, non-peel | | | | | |
| C1767 | N | | Generator, neurostim, imp | | | | | |
| C1768 | N | | Graft, vascular | | | | | |
| C1769 | N | | Guide wire | | | | | |
| C1770 | N | | Imaging coil, MR, insertable | | | | | |
| C1771 | N | | Rep dev, urinary, w/sling | | | | | |
| C1772 | N | | Infusion pump, programmable | | | | | |
| C1773 | N | | Ret dev, insertable | | | | | |
| C1775 | K | | FDG, per dose (4-40 mCi/ml) | 1775 | | \$220.50 | | \$44.10 |
| C1776 | N | | Joint device (implantable) | | | | | |
| C1777 | N | | Lead, AICD, endo single coil | | | | | |
| C1778 | N | | Lead, neurostimulator | | | | | |
| C1779 | N | | Lead, pmkr, transvenous VDD | | | | | |
| C1780 | N | | Lens, intraocular (new tech) | | | | | |
| C1781 | N | | Mesh (implantable) | | | | | |
| C1782 | N | | Morcellator | | | | | |
| C1783 | N | | Ocular imp, aqueous drain de | | | | | |
| C1784 | N | | Ocular dev, intraop, det ret | | | | | |
| C1785 | N | | Pmkr, dual, rate-resp | | | | | |
| C1786 | N | | Pmkr, single, rate-resp | | | | | |
| C1787 | N | | Patient progr, neurostim | | | | | |
| C1788 | N | | Port, indwelling, imp | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|--------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| C1789 | N | | Prosthesis, breast, imp | | | | | |
| C1813 | N | | Prosthesis, penile, inflatab | | | | | |
| C1814 | H | | Retinal tamp, silicone oil | 1814 | | | | |
| C1815 | N | | Pros, urinary sph, imp | | | | | |
| C1816 | N | | Receiver/transmitter, neuro | | | | | |
| C1817 | N | | Septal defect imp sys | | | | | |
| C1818 | H | | Integrated keratoprosthesis | 1818 | | | | |
| C1819 | H | | Tissue localization-excision | 1819 | | | | |
| C1874 | N | | Stent, coated/cov w/del sys | | | | | |
| C1875 | N | | Stent, coated/cov w/o del sy | | | | | |
| C1876 | N | | Stent, non-coa/non-cov w/del | | | | | |
| C1877 | N | | Stent, non-coat/cov w/o del | | | | | |
| C1878 | N | | Matrl for vocal cord | | | | | |
| C1879 | N | | Tissue marker, implantable | | | | | |
| C1880 | N | | Vena cava filter | | | | | |
| C1881 | N | | Dialysis access system | | | | | |
| C1882 | N | | AICD, other than sing/dual | | | | | |
| C1883 | N | | Adapt/ext, pacing/neuro lead | | | | | |
| C1884 | N | | Embolization Protect syst | | | | | |
| C1885 | N | | Cath, translumin angio laser | | | | | |
| C1887 | N | | Catheter, guiding | | | | | |
| C1888 | N | | Catheter, ablation, non-card | | | | | |
| C1891 | N | | Infusion pump,non-prog, perm | | | | | |
| C1892 | N | | Intro/sheath, fixed, peel-away | | | | | |
| C1893 | N | | Intro/sheath, fixed, non-peel | | | | | |
| C1894 | N | | Intro/sheath, non-laser | | | | | |
| C1895 | N | | Lead, AICD, endo dual coil | | | | | |
| C1896 | N | | Lead, AICD, non sing/dual | | | | | |
| C1897 | N | | Lead, neurostim test kit | | | | | |
| C1898 | N | | Lead, pmkr, other than trans | | | | | |
| C1899 | N | | Lead, pmkr/AICD combination | | | | | |
| C1900 | N | | Lead coronary venous | | | | | |
| C2614 | N | | Probe, perc lumb disc | | | | | |
| C2615 | N | | Sealant, pulmonary, liquid | | | | | |
| C2616 | H | | Brachytx source, Yttrium-90 | 2616 | | | | |
| C2617 | N | | Stent, non-cor, tem w/o del | | | | | |
| C2618 | N | | Probe, cryoablation | | | | | |
| C2619 | N | | Pmkr, dual, non rate-resp | | | | | |
| C2620 | N | | Pmkr, single, non rate-resp | | | | | |
| C2621 | N | | Pmkr, other than sing/dual | | | | | |
| C2622 | N | | Prosthesis, penile, non-inf | | | | | |
| C2625 | N | | Stent, non-cor, tem w/del sy | | | | | |
| C2626 | N | | Infusion pump, non-prog, temp | | | | | |
| C2627 | N | | Cath, suprapubic/cystoscopic | | | | | |
| C2628 | N | | Catheter, occlusion | | | | | |
| C2629 | N | | Intro/sheath, laser | | | | | |
| C2630 | N | | Cath, EP, cool-tip | | | | | |
| C2631 | N | | Rep dev, urinary, w/o sling | | | | | |
| C2632 | H | | Brachytx sol, I-125, per mCi | 2632 | | | | |
| C2633 | H | | Brachytx source, Cesium-131 | 2633 | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| C8900 | S | | MRA w/cont, abd | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| C8901 | S | | MRA w/o cont, abd | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| C8902 | S | | MRA w/o fol w/cont, abd | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| C8903 | S | | MRI w/cont, breast, | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| C8904 | S | | MRI w/o cont, breast, uni | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| C8905 | S | | MRI w/o fol w/cont, brst, un | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| C8906 | S | | MRI w/cont, breast, | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| C8907 | S | | MRI w/o cont, breast, bi | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| C8908 | S | | MRI w/o fol w/cont, breast, | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| C8909 | S | | MRA w/cont, chest | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| C8910 | S | | MRA w/o cont, chest | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| C8911 | S | | MRA w/o fol w/cont, chest | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| C8912 | S | | MRA w/cont, lwr ext | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| C8913 | S | | MRA w/o cont, lwr ext | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| C8914 | S | | MRA w/o fol w/cont, lwr ext | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| C8918 | S | | MRA w/cont, pelvis | 0284 | 6.8635 | \$391.89 | \$176.35 | \$78.38 |
| C8919 | S | | MRA w/o cont, pelvis | 0336 | 6.3742 | \$363.95 | \$163.77 | \$72.79 |
| C8920 | S | | MRA w/o fol w/cont, pelvis | 0337 | 9.2199 | \$526.44 | \$236.89 | \$105.29 |
| C9000 | N | | Na chromateCr51, per 0.25mCi | | | | | |
| C9003 | K | | Palivizumab, per 50 mg | 9003 | | \$576.51 | | \$115.30 |
| C9007 | N | | Baclofen Intrathecal kit-1am | | | | | |
| C9008 | K | | Baclofen Refill Kit-500mcg | 9008 | | \$10.21 | | \$2.04 |
| C9009 | K | | Baclofen Refill Kit-2000mcg | 9009 | | \$37.64 | | \$7.53 |
| C9013 | K | | Co 57 cobaltous chloride | 9013 | 2.5212 | \$143.96 | | \$28.79 |
| C9102 | N | | 51 Na Chromate, 50mCi | | | | | |
| C9103 | N | | Na lothalamate I-125, 10 uCi | | | | | |
| C9105 | K | | Hep B imm glob, per 1 ml | 9105 | | \$118.32 | | \$23.66 |
| C9109 | K | | Tirofiban hcl, 6.25 mg | 9109 | | \$205.92 | | \$41.18 |
| C9112 | K | | Perflutren lipid micro, 2ml | 9112 | | \$129.69 | | \$25.94 |
| C9113 | N | | Inj pantoprazole sodium, via | | | | | |
| C9121 | K | | Injection, argatroban | 9121 | | \$12.45 | | \$2.49 |
| C9123 | G | | Transcyte, per 247 sq cm | 9123 | | \$705.55 | | |
| C9124 | G | | Injection, daptomycin | 9124 | | \$0.28 | | |
| C9125 | G | | Injection, risperidone | 9125 | | \$113.63 | | |
| C9200 | K | | Orcel, per 36 cm2 | 9200 | | \$991.85 | | \$198.37 |
| C9201 | K | | Dermagraft, per 37.5 sq cm | 9201 | | \$529.54 | | \$105.91 |
| C9202 | K | | Occlfluoropropane | 9202 | | \$129.48 | | \$25.90 |
| C9203 | G | | Perflexane lipid micro | 9203 | | \$153.90 | | |
| C9205 | G | | Oxaliplatin | 9205 | | \$81.98 | | |
| C9207 | G | | Injection, bortezomib | 9207 | | \$946.57 | | |
| C9208 | G | | Injection, agalsidase beta | 9208 | | \$115.08 | | |
| C9209 | G | | Injection, laronidase | 9209 | | \$598.90 | | |
| C9210 | G | | Injection, palonosetron HCL | 9210 | | \$194.91 | | |
| C9211 | G | | Inj, alefacept, IV | 9211 | | \$665.00 | | |
| C9212 | G | | Inj, alefacept, IM | 9212 | | \$405.66 | | |
| C9213 | G | | Iniection, Pemetrexed | 9213 | | \$40.02 | | |
| C9214 | G | | Injection, Bevacizumab | 9214 | | \$57.13 | | |
| C9215 | G | | Injection, Cetuximab | 9215 | | \$51.98 | | |
| C9216 | G | | Abarelix, Inject Suspension | 9216 | | \$66.82 | | |
| C9217 | G | | Injection, Omalizumab | 9300 | | \$15.19 | | |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|--------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| C9399 | A | | Unclassified drugs or biolog | | | | | |
| C9400 | K | | Thallous chloride, brand | 9400 | 0.3654 | \$20.86 | | \$4.17 |
| C9401 | K | | Strontium-89 chloride, brand | 9401 | 7.1885 | \$410.45 | | \$82.09 |
| C9402 | K | | Th I131 so iodide cap, brand | 9402 | 0.1155 | \$6.60 | | \$1.32 |
| C9403 | K | | Dx I131 so iodide cap, brand | 9403 | 0.1155 | \$6.60 | | \$1.32 |
| C9404 | K | | Dx I131 so iodide sol, brand | 9404 | 0.1723 | \$9.84 | | \$1.97 |
| C9405 | K | | Th I131 so iodide sol, brand | 9405 | 0.1723 | \$9.84 | | \$1.97 |
| C9410 | K | | Dexrazoxane HCl inj, brand | 9410 | 2.1935 | \$125.24 | | \$25.05 |
| C9411 | K | | Pamidronate disodium, brand | 9411 | 2.8488 | \$162.66 | | \$32.53 |
| C9412 | N | | Ganciclovir implant, brand | | | | | |
| C9413 | K | | Sodium hyaluronate inj, bran | 9413 | 0.9516 | \$54.33 | | \$10.87 |
| C9414 | K | | Etoposide oral, brand | 9414 | 0.4854 | \$27.72 | | \$5.54 |
| C9415 | K | | Doxorubic hcl chemo, brand | 9415 | | \$6.94 | | \$1.39 |
| C9417 | K | | Bleomycin sulfate inj, brand | 9417 | | \$130.56 | | \$26.11 |
| C9418 | K | | Cisplatin inj, brand | 9418 | | \$11.42 | | \$2.28 |
| C9419 | K | | Inj cladribine, brand | 9419 | | \$36.72 | | \$7.34 |
| C9420 | K | | Cyclophosphamide inj, brand | 9420 | | \$4.10 | | \$0.82 |
| C9421 | K | | Cyclophosphamide lyo, brand | 9421 | | \$3.50 | | \$0.70 |
| C9422 | K | | Cytarabine hcl inj, brand | 9422 | | \$2.28 | | \$0.46 |
| C9423 | K | | Dacarbazine inj, brand | 9423 | 0.1443 | \$8.24 | | \$1.65 |
| C9424 | K | | Daunorubicin, brand | 9424 | | \$53.14 | | \$10.63 |
| C9425 | K | | Etoposide inj, brand | 9425 | | \$1.22 | | \$0.24 |
| C9426 | K | | Floxuridine inj, brand | 9426 | | \$97.92 | | \$19.58 |
| C9427 | K | | Ifosfomide inj, brand | 9427 | 1.7769 | \$101.46 | | \$20.29 |
| C9428 | K | | Mesna injection, brand | 9428 | 0.4391 | \$25.07 | | \$5.01 |
| C9429 | K | | Idarubicin hcl inj, brand | 9429 | 0.2356 | \$13.45 | | \$2.69 |
| C9430 | K | | Leuprolide acetate inj, bran | 9430 | | \$21.41 | | \$4.28 |
| C9431 | K | | Paclitaxel inj, brand | 9431 | 1.6785 | \$95.84 | | \$19.17 |
| C9432 | K | | Mitomycin inj, brand | 9432 | | \$45.70 | | \$9.14 |
| C9433 | K | | Thiotepa inj, brand | 9433 | | \$66.98 | | \$13.40 |
| C9435 | K | | Gonadorelin hydroch, brand | 9435 | 0.2817 | \$16.08 | | \$3.22 |
| C9436 | K | | Azathioprine parenteral, bmd | 9436 | | \$44.61 | | \$8.92 |
| C9438 | K | | Cyclosporine oral, brand | 9438 | 0.0317 | \$1.81 | | \$0.36 |
| C9701 | T | | Stretta System | 0422 | 22.3214 | \$1,274.51 | | \$254.98 |
| C9703 | T | | Bard Endoscopic Suturing Sys | 0422 | 22.3214 | \$1,274.51 | | \$254.98 |
| C9704 | T | | Inj inert subs upper GI | 1556 | | \$1,750.00 | | \$350.00 |
| C9712 | S | | Insert pH capsule, GERD | 1506 | | \$450.00 | | \$90.00 |
| C9713 | S | | Non-contact laser vap prosta | 1525 | | \$3,750.00 | | \$750.00 |
| C9714 | S | | Breast inters rad bx, immed | 1523 | | \$2,750.00 | | \$550.00 |
| C9715 | S | | Breast inters rad bx, delay | 1524 | | \$3,250.00 | | \$650.00 |
| C9716 | S | | RF Energy to Anus | 1519 | | \$1,750.00 | | \$350.00 |
| D0120 | E | | Periodic oral evaluation | | | | | |
| D0140 | E | | Limit oral eval probim focus | | | | | |
| D0150 | S | | Comprehensve oral evaluation | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0160 | E | | Extensv oral eval prob focus | | | | | |
| D0170 | E | | Re-eval, est pt, probiem focus | | | | | |
| D0180 | E | | Comp periodontal evaluation | | | | | |
| D0210 | E | | Intraor complete film serles | | | | | |
| D0220 | E | | Intraoral periapical first f | | | | | |
| D0230 | E | | Intraoral periapical ea add | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| D0240 | S | | Intraoral occlusal film | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0250 | S | | Extraoral first film | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0260 | S | | Extraoral ea additional film | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0270 | S | | Dental bitewing single film | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0272 | S | | Dental bitewings two films | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0274 | S | | Dental bitewings four films | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0277 | S | | Vert bitewings-sev to eight | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0290 | E | | Dental film skull/facial bon | | | | | |
| D0310 | E | | Dental saligraphy | | | | | |
| D0320 | E | | Dental tmj arthrogram incl i | | | | | |
| D0321 | E | | Dental other tmj films | | | | | |
| D0322 | E | | Dental tomographic survey | | | | | |
| D0330 | E | | Dental panoramic film | | | | | |
| D0340 | E | | Dental cephalometric film | | | | | |
| D0350 | E | | Oral/facial images | | | | | |
| D0415 | E | | Bacteriologic study | | | | | |
| D0425 | E | | Caries susceptibility test | | | | | |
| D0460 | S | | Pulp vitality test | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0470 | E | | Diagnostic casts | | | | | |
| D0472 | S | | Gross exam, prep & report | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0473 | S | | Micro exam, prep & report | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0474 | S | | Micro w exam of surg margins | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0480 | S | | Cytopath smear prep & report | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0502 | S | | Other oral pathology procedu | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D0999 | S | | Unspecified diagnostic proce | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D1110 | E | | Dental prophylaxis adult | | | | | |
| D1120 | E | | Dental prophylaxis child | | | | | |
| D1201 | E | | Topical fluor w prophy child | | | | | |
| D1203 | E | | Topical fluor w/o prophy chi | | | | | |
| D1204 | E | | Topical fluor w/o prophy adu | | | | | |
| D1205 | E | | Topical fluoride w/ prophy a | | | | | |
| D1310 | E | | Nutri counsel-control caries | | | | | |
| D1320 | E | | Tobacco counseling | | | | | |
| D1330 | E | | Oral hygiene instruction | | | | | |
| D1351 | E | | Dental sealant per tooth | | | | | |
| D1510 | S | | Space maintainer fxd unilat | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D1515 | S | | Fixed bilat space maintainer | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D1520 | S | | Remove unilat space maintain | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D1525 | S | | Remove bilat space maintain | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D1550 | S | | Recement space maintainer | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D2140 | E | | Amalgam one surface permanen | | | | | |
| D2150 | E | | Amalgam two surfaces permane | | | | | |
| D2160 | E | | Amalgam three surfaces perma | | | | | |
| D2161 | E | | Amalgam 4 or > surfaces perm | | | | | |
| D2330 | E | | Resin one surface-anterior | | | | | |
| D2331 | E | | Resin two surfaces-anterior | | | | | |
| D2332 | E | | Resin three surfaces-anterio | | | | | |
| D2335 | E | | Resin 4/> surf or w incis an | | | | | |
| D2390 | E | | Ant resin-based cmpst crown | | | | | |
| D2391 | E | | Post 1 srfc resinbased cmpst | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| D2392 | E | | Post 2 srfc resinbased cmpst | | | | | |
| D2393 | E | | Post 3 srfc resinbased cmpst | | | | | |
| D2394 | E | | Post >=4srfc resinbase cmpst | | | | | |
| D2410 | E | | Dental gold foil one surface | | | | | |
| D2420 | E | | Dental gold foil two surface | | | | | |
| D2430 | E | | Dental gold foil three surfa | | | | | |
| D2510 | E | | Dental inlay metallic 1 surf | | | | | |
| D2520 | E | | Dental inlay metallic 2 surf | | | | | |
| D2530 | E | | Dental inlay mett 3/more sur | | | | | |
| D2542 | E | | Dental onlay metallic 2 surf | | | | | |
| D2543 | E | | Dental onlay metallic 3 surf | | | | | |
| D2544 | E | | Dental onlay meti 4/more sur | | | | | |
| D2610 | E | | Inlay porcelain/ceramic 1 su | | | | | |
| D2620 | E | | Inlay porcelain/ceramic 2 su | | | | | |
| D2630 | E | | Dental onlay porc 3/more sur | | | | | |
| D2642 | E | | Dental onlay porcelin 2 surf | | | | | |
| D2643 | E | | Dental onlay porcelin 3 surf | | | | | |
| D2644 | E | | Dental onlay porc 4/more sur | | | | | |
| D2650 | E | | Inlay composite/resin one su | | | | | |
| D2651 | E | | Inlay composite/resin two su | | | | | |
| D2652 | E | | Dental inlay resin 3/mre sur | | | | | |
| D2662 | E | | Dental onlay resin 2 surface | | | | | |
| D2663 | E | | Dental onlay resin 3 surface | | | | | |
| D2664 | E | | Dental onlay resin 4/mre sur | | | | | |
| D2710 | E | | Crown resin laboratory | | | | | |
| D2720 | E | | Crown resin w/ high noble me | | | | | |
| D2721 | E | | Crown resin w/ base metal | | | | | |
| D2722 | E | | Crown resin w/ noble metal | | | | | |
| D2740 | E | | Crown porcelain/ceramic subs | | | | | |
| D2750 | E | | Crown porcelain w/ h noble m | | | | | |
| D2751 | E | | Crown porcelain fused base m | | | | | |
| D2752 | E | | Crown porcelain w/ noble met | | | | | |
| D2780 | E | | Crown 3/4 cast hi noble met | | | | | |
| D2781 | E | | Crown 3/4 cast base metal | | | | | |
| D2782 | E | | Crown 3/4 cast noble metal | | | | | |
| D2783 | E | | Crown 3/4 porcelain/ceramic | | | | | |
| D2790 | E | | Crown full cast high noble m | | | | | |
| D2791 | E | | Crown full cast base metal | | | | | |
| D2792 | E | | Crown full cast noble metal | | | | | |
| D2799 | E | | Provisional crown | | | | | |
| D2910 | E | | Dental recement inlay | | | | | |
| D2920 | E | | Dental recement crown | | | | | |
| D2930 | E | | Prefab stnlss steel crwn pri | | | | | |
| D2931 | E | | Prefab stnlss steel crown pe | | | | | |
| D2932 | E | | Prefabricated resin crown | | | | | |
| D2933 | E | | Prefab stainless steel crown | | | | | |
| D2940 | E | | Dental sedative filling | | | | | |
| D2950 | E | | Core build-up incl any pins | | | | | |
| D2951 | E | | Tooth pin retention | | | | | |
| D2952 | E | | Post and core cast + crown | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| D2953 | E | | Each addnl cast post | | | | | |
| D2954 | E | | Prefab post/core + crown | | | | | |
| D2955 | E | | Post removal | | | | | |
| D2957 | E | | Each addnl prefab post | | | | | |
| D2960 | E | | Laminate labial veneer | | | | | |
| D2961 | E | | Lab labial veneer resin | | | | | |
| D2962 | E | | Lab labial veneer porcelain | | | | | |
| D2970 | S | | Temporary- fractured tooth | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D2980 | E | | Crown repair | | | | | |
| D2999 | S | | Dental unspec restorative pr | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D3110 | E | | Pulp cap direct | | | | | |
| D3120 | E | | Pulp cap indirect | | | | | |
| D3220 | E | | Therapeutic pulpotomy | | | | | |
| D3221 | E | | Gross pulpal debridement | | | | | |
| D3230 | E | | Pulpal therapy anterior prim | | | | | |
| D3240 | E | | Pulpal therapy posterior pri | | | | | |
| D3310 | E | | Anterior | | | | | |
| D3320 | E | | Root canal therapy 2 canals | | | | | |
| D3330 | E | | Root canal therapy 3 canals | | | | | |
| D3331 | E | | Non-surg tx root canal obs | | | | | |
| D3332 | E | | Incomplete endodontic tx | | | | | |
| D3333 | E | | Internal root repair | | | | | |
| D3346 | E | | Retreat root canal anterior | | | | | |
| D3347 | E | | Retreat root canal bicuspid | | | | | |
| D3348 | E | | Retreat root canal molar | | | | | |
| D3351 | E | | Apexification/recalc initial | | | | | |
| D3352 | E | | Apexification/recalc interim | | | | | |
| D3353 | E | | Apexification/recalc final | | | | | |
| D3410 | E | | Apicoect/perirad surg anter | | | | | |
| D3421 | E | | Root surgery bicuspid | | | | | |
| D3425 | E | | Root surgery molar | | | | | |
| D3426 | E | | Root surgery ea add root | | | | | |
| D3430 | E | | Retrograde filling | | | | | |
| D3450 | E | | Root amputation | | | | | |
| D3460 | S | | Endodontic endosseous implan | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D3470 | E | | Intentional replantation | | | | | |
| D3910 | E | | Isolation- tooth w rubb dam | | | | | |
| D3920 | E | | Tooth splitting | | | | | |
| D3950 | E | | Canal prep/fitting of dowel | | | | | |
| D3999 | S | | Endodontic procedure | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4210 | E | | Gingivectomy/plasty per quad | | | | | |
| D4211 | E | | Gingivectomy/plasty per toot | | | | | |
| D4240 | E | | Gingival flap proc w/ planin | | | | | |
| D4241 | E | | Gngvl flap w rootplan 1-3 th | | | | | |
| D4245 | E | | Apically positioned flap | | | | | |
| D4246 | E | | Crown lengthen hard tissue | | | | | |
| D4260 | S | | Osseous surgery per quadrant | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4261 | E | | Osseous surgl-3teethperquad | | | | | |
| D4263 | S | | Bone replce graft first site | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4264 | S | | Bone replce graft each add | 0330 | 11.7764 | \$672.41 | | \$134.48 |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| D4265 | E | | Bio mtrls to aid soft/os reg | | | | | |
| D4266 | E | | Guided tiss regen resorb | | | | | |
| D4267 | E | | Guided tiss regen nonresorb | | | | | |
| D4268 | S | | Surgical revision procedure | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4270 | S | | Pedicle soft tissue graft pr | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4271 | S | | Free soft tissue graft proc | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4273 | S | | Subepithelial tissue graft | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4274 | E | | Distal/proximal wedge proc | | | | | |
| D4275 | E | | Soft tissue allograft | | | | | |
| D4276 | E | | Con tissue w dble ped graft | | | | | |
| D4320 | E | | Provision splnt intracoronal | | | | | |
| D4321 | E | | Provisional splnt extracoro | | | | | |
| D4341 | E | | Periodontal scaling & root | | | | | |
| D4342 | E | | Periodontal scaling 1-3teeth | | | | | |
| D4355 | S | | Full mouth debridement | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4381 | S | | Localized chemo delivery | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D4910 | E | | Periodontal maint procedures | | | | | |
| D4920 | E | | Unscheduled dressing change | | | | | |
| D4999 | E | | Unspecified periodontal proc | | | | | |
| D5110 | E | | Dentures complete maxillary | | | | | |
| D5120 | E | | Dentures complete mandible | | | | | |
| D5130 | E | | Dentures immediat maxillary | | | | | |
| D5140 | E | | Dentures immediat mandible | | | | | |
| D5211 | E | | Dentures maxill part resin | | | | | |
| D5212 | E | | Dentures mand part resin | | | | | |
| D5213 | E | | Dentures maxill part metal | | | | | |
| D5214 | E | | Dentures mandibl part metal | | | | | |
| D5281 | E | | Removable partial denture | | | | | |
| D5410 | E | | Dentures adjust cmplt maxil | | | | | |
| D5411 | E | | Dentures adjust cmplt mand | | | | | |
| D5421 | E | | Dentures adjust part maxill | | | | | |
| D5422 | E | | Dentures adjust part mandbl | | | | | |
| D5510 | E | | Dentur repr broken cmplt bas | | | | | |
| D5520 | E | | Replace denture teeth cmplt | | | | | |
| D5610 | E | | Dentures repair resin base | | | | | |
| D5620 | E | | Rep part denture cast frame | | | | | |
| D5630 | E | | Rep partial denture clasp | | | | | |
| D5640 | E | | Replace part denture teeth | | | | | |
| D5650 | E | | Adj tooth to partial denture | | | | | |
| D5660 | E | | Add clasp to partial denture | | | | | |
| D5670 | E | | Replc tth&acrlic on mtl frmwk | | | | | |
| D5671 | E | | Replc tth&acrlic mandibular | | | | | |
| D5710 | E | | Dentures rebase cmplt maxil | | | | | |
| D5711 | E | | Dentures rebase cmplt mand | | | | | |
| D5720 | E | | Dentures rebase part maxill | | | | | |
| D5721 | E | | Dentures rebase part mandbl | | | | | |
| D5730 | E | | Denture reln cmplt maxil ch | | | | | |
| D5731 | E | | Denture reln cmplt mand chr | | | | | |
| D5740 | E | | Denture reln part maxil chr | | | | | |
| D5741 | E | | Denture reln part mand chr | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| D5750 | E | | Denture reln cmplt max lab | | | | | |
| D5751 | E | | Denture reln cmplt mand lab | | | | | |
| D5760 | E | | Denture reln part maxil lab | | | | | |
| D5761 | E | | Denture reln part mand lab | | | | | |
| D5810 | E | | Denture interm cmplt maxill | | | | | |
| D5811 | E | | Denture interm cmplt mandbl | | | | | |
| D5820 | E | | Denture interm part maxill | | | | | |
| D5821 | E | | Denture interm part mandbl | | | | | |
| D5850 | E | | Denture tiss conditn maxill | | | | | |
| D5851 | E | | Denture tiss conditn mandbl | | | | | |
| D5860 | E | | Overdenture complete | | | | | |
| D5861 | E | | Overdenture partial | | | | | |
| D5862 | E | | Precision attachment | | | | | |
| D5867 | E | | Replacement of precision att | | | | | |
| D5875 | E | | Prosthesis modification | | | | | |
| D5899 | E | | Removable prosthodontic proc | | | | | |
| D5911 | S | | Facial moulage sectional | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D5912 | S | | Facial moulage complete | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D5913 | E | | Nasal prosthesis | | | | | |
| D5914 | E | | Auricular prosthesis | | | | | |
| D5915 | E | | Orbital prosthesis | | | | | |
| D5916 | E | | Ocular prosthesis | | | | | |
| D5919 | E | | Facial prosthesis | | | | | |
| D5922 | E | | Nasal septal prosthesis | | | | | |
| D5923 | E | | Ocular prosthesis interim | | | | | |
| D5924 | E | | Cranial prosthesis | | | | | |
| D5925 | E | | Facial augmentation implant | | | | | |
| D5926 | E | | Replacement nasal prosthesis | | | | | |
| D5927 | E | | Auricular replacement | | | | | |
| D5928 | E | | Orbital replacement | | | | | |
| D5929 | E | | Facial replacement | | | | | |
| D5931 | E | | Surgical obturator | | | | | |
| D5932 | E | | Postsurgical obturator | | | | | |
| D5933 | E | | Refitting of obturator | | | | | |
| D5934 | E | | Mandibular flange prosthesis | | | | | |
| D5935 | E | | Mandibular denture prosth | | | | | |
| D5936 | E | | Temp obturator prosthesis | | | | | |
| D5937 | E | | Trismus appliance | | | | | |
| D5951 | E | | Feeding aid | | | | | |
| D5952 | E | | Pediatric speech aid | | | | | |
| D5953 | E | | Adult speech aid | | | | | |
| D5954 | E | | Superimposed prosthesis | | | | | |
| D5955 | E | | Palatal lift prosthesis | | | | | |
| D5958 | E | | Intraoral con def inter plt | | | | | |
| D5959 | E | | Intraoral con def mod palat | | | | | |
| D5960 | E | | Modify speech aid prosthesis | | | | | |
| D5982 | E | | Surgical stent | | | | | |
| D5983 | S | | Radiation applicator | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D5984 | S | | Radiation shield | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D5985 | S | | Radiation cone locator | 0330 | 11.7764 | \$672.41 | | \$134.48 |

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|----------------|---------------------|----------------------|------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| D5986 | E | | Fluoride applicator | | | | | |
| D5987 | S | | Commissure splint | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D5988 | E | | Surgical splint | | | | | |
| D5999 | E | | Maxillofacial prosthesis | | | | | |
| D6010 | E | | Odontics endosteal implant | | | | | |
| D6020 | E | | Odontics abutment placement | | | | | |
| D6040 | E | | Odontics eposteal implant | | | | | |
| D6050 | E | | Odontics transosteal implant | | | | | |
| D6053 | E | | Implnt/abtrmt spprt rmv dnt | | | | | |
| D6054 | E | | Implnt/abtrmt spprt rmvprt | | | | | |
| D6055 | E | | Implant connecting bar | | | | | |
| D6056 | E | | Prefabricated abutment | | | | | |
| D6057 | E | | Custom abutment | | | | | |
| D6058 | E | | Abutment supported crown | | | | | |
| D6059 | E | | Abutment supported mtl crown | | | | | |
| D6060 | E | | Abutment supported mtl crown | | | | | |
| D6061 | E | | Abutment supported mtl crown | | | | | |
| D6062 | E | | Abutment supported mtl crown | | | | | |
| D6063 | E | | Abutment supported mtl crown | | | | | |
| D6064 | E | | Abutment supported mtl crown | | | | | |
| D6065 | E | | Implant supported crown | | | | | |
| D6066 | E | | Implant supported mtl crown | | | | | |
| D6067 | E | | Implant supported mtl crown | | | | | |
| D6068 | E | | Abutment supported retainer | | | | | |
| D6069 | E | | Abutment supported retainer | | | | | |
| D6070 | E | | Abutment supported retainer | | | | | |
| D6071 | E | | Abutment supported retainer | | | | | |
| D6072 | E | | Abutment supported retainer | | | | | |
| D6073 | E | | Abutment supported retainer | | | | | |
| D6074 | E | | Abutment supported retainer | | | | | |
| D6075 | E | | Implant supported retainer | | | | | |
| D6076 | E | | Implant supported retainer | | | | | |
| D6077 | E | | Implant supported retainer | | | | | |
| D6078 | E | | Implnt/abut suptrd fixd dent | | | | | |
| D6079 | E | | Implnt/abut suptrd fixd dent | | | | | |
| D6080 | E | | Implant maintenance | | | | | |
| D6090 | E | | Repair implant | | | | | |
| D6095 | E | | Odontics repr abutment | | | | | |
| D6100 | E | | Removal of implant | | | | | |
| D6199 | E | | Implant procedure | | | | | |
| D6210 | E | | Prosthodont high noble metal | | | | | |
| D6211 | E | | Bridge base metal cast | | | | | |
| D6212 | E | | Bridge noble metal cast | | | | | |
| D6240 | E | | Bridge porcelain high noble | | | | | |
| D6241 | E | | Bridge porcelain base metal | | | | | |
| D6242 | E | | Bridge porcelain noble metal | | | | | |
| D6245 | E | | Bridge porcelain/ceramic | | | | | |
| D6250 | E | | Bridge resin w/high noble | | | | | |
| D6251 | E | | Bridge resin base metal | | | | | |
| D6252 | E | | Bridge resin w/noble metal | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| D6253 | E | | Provisional pontic | | | | | |
| D6545 | E | | Dental retainr cast metl | | | | | |
| D6548 | E | | Porcelain/ceramic retainer | | | | | |
| D6600 | E | | Porcelain/ceramic inlay 2srf | | | | | |
| D6601 | E | | Porc/ceram inlay >= 3 surfac | | | | | |
| D6602 | E | | Cst hgh nble mtl inlay 2 srf | | | | | |
| D6603 | E | | Cst hgh nble mtl inlay >=3sr | | | | | |
| D6604 | E | | Cst bse mtl inlay 2 surfaces | | | | | |
| D6605 | E | | Cst bse mtl inlay >= 3 surfa | | | | | |
| D6606 | E | | Cast noble metal inlay 2 sur | | | | | |
| D6607 | E | | Cst noble mtl inlay >=3 surf | | | | | |
| D6608 | E | | Onlay porc/crmmc 2 surfaces | | | | | |
| D6609 | E | | Onlay porc/crmmc >=3 surfaces | | | | | |
| D6610 | E | | Onlay cst hgh nbl mtl 2 srfc | | | | | |
| D6611 | E | | Onlay cst hgh nbl mtl >=3srf | | | | | |
| D6612 | E | | Onlay cst base mtl 2 surface | | | | | |
| D6613 | E | | Onlay cst base mtl >=3 surfa | | | | | |
| D6614 | E | | Onlay cst nbl mtl 2 surfaces | | | | | |
| D6615 | E | | Onlay cst nbl mtl >=3 surfac | | | | | |
| D6720 | E | | Retain crown resin w hi nble | | | | | |
| D6721 | E | | Crown resin w/base metal | | | | | |
| D6722 | E | | Crown resin w/noble metal | | | | | |
| D6740 | E | | Crown porcelain/ceramic | | | | | |
| D6750 | E | | Crown porcelain high noble | | | | | |
| D6751 | E | | Crown porcelain base metal | | | | | |
| D6752 | E | | Crown porcelain noble metal | | | | | |
| D6780 | E | | Crown 3/4 high noble metal | | | | | |
| D6781 | E | | Crown 3/4 cast based metal | | | | | |
| D6782 | E | | Crown 3/4 cast noble metal | | | | | |
| D6783 | E | | Crown 3/4 porcelain/ceramic | | | | | |
| D6790 | E | | Crown full high noble metal | | | | | |
| D6791 | E | | Crown full base metal cast | | | | | |
| D6792 | E | | Crown full noble metal cast | | | | | |
| D6793 | E | | Provisional retainer crown | | | | | |
| D6920 | S | | Dental connector bar | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D6930 | E | | Dental recement bridge | | | | | |
| D6940 | E | | Stress breaker | | | | | |
| D6950 | E | | Precision attachment | | | | | |
| D6970 | E | | Post & core plus retainer | | | | | |
| D6971 | E | | Cast post bridge retainer | | | | | |
| D6972 | E | | Prefab post & core plus reta | | | | | |
| D6973 | E | | Core build up for retainer | | | | | |
| D6975 | E | | Coping metal | | | | | |
| D6976 | E | | Each addtnl cast post | | | | | |
| D6977 | E | | Each addtl prefab post | | | | | |
| D6980 | E | | Bridge repair | | | | | |
| D6985 | E | | Pediatric partial denture fx | | | | | |
| D6999 | E | | Fixed prosthodontic proc | | | | | |
| D7111 | S | | Coronal remnants deciduous t | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7140 | S | | Extraction erupted tooth/exr | 0330 | 11.7764 | \$672.41 | | \$134.48 |

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|----------------|---------------------|----------------------|-------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| D7210 | S | | Rem imp tooth w mucoper flap | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7220 | S | | Impact tooth remov soft tiss | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7230 | S | | Impact tooth remov part bony | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7240 | S | | Impact tooth remov comp bony | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7241 | S | | Impact tooth rem bony w/comp | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7250 | S | | Tooth root removal | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7260 | S | | Oral antral fistula closure | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7261 | S | | Primary closure sinus perf | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7270 | E | | Tooth reimplantation | | | | | |
| D7272 | E | | Tooth transplantation | | | | | |
| D7280 | E | | Exposure impact tooth orthod | | | | | |
| D7281 | E | | Exposure tooth aid eruption | | | | | |
| D7282 | E | | Mobilize erupted/malpos toot | | | | | |
| D7285 | E | | Biopsy of oral tissue hard | | | | | |
| D7286 | E | | Biopsy of oral tissue soft | | | | | |
| D7287 | E | | Cytology sample collection | | | | | |
| D7290 | E | | Repositioning of teeth | | | | | |
| D7291 | S | | Transseptal fiberotomy | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7310 | E | | Alveoplasty w/ extraction | | | | | |
| D7320 | E | | Alveoplasty w/o extraction | | | | | |
| D7340 | E | | Vestibuloplasty ridge extens | | | | | |
| D7350 | E | | Vestibuloplasty exten graft | | | | | |
| D7410 | E | | Rad exc lesion up to 1.25 cm | | | | | |
| D7411 | E | | Excision benign lesion>1.25c | | | | | |
| D7412 | E | | Excision benign lesion compl | | | | | |
| D7413 | E | | Excision malig lesion<=1.25c | | | | | |
| D7414 | E | | Excision malig lesion>1.25cm | | | | | |
| D7415 | E | | Excision malig les complicat | | | | | |
| D7440 | E | | Malig tumor exc to 1.25 cm | | | | | |
| D7441 | E | | Malig tumor > 1.25 cm | | | | | |
| D7450 | E | | Rem odontogen cyst to 1.25cm | | | | | |
| D7451 | E | | Rem odontogen cyst > 1.25 cm | | | | | |
| D7460 | E | | Rem nonodontog cyst to 1.25cm | | | | | |
| D7461 | E | | Rem nonodontog cyst > 1.25 cm | | | | | |
| D7465 | E | | Lesion destruction | | | | | |
| D7471 | E | | Rem exostosis any site | | | | | |
| D7472 | E | | Removal of torus palatinus | | | | | |
| D7473 | E | | Remove torus mandibularis | | | | | |
| D7485 | E | | Surg reduct osseoustuberosit | | | | | |
| D7490 | E | | Mandible resection | | | | | |
| D7510 | E | | I&d absc intraoral soft tiss | | | | | |
| D7520 | E | | I&d abscess extraoral | | | | | |
| D7530 | E | | Removal fb skin/areolar tiss | | | | | |
| D7540 | E | | Removal of fb reaction | | | | | |
| D7550 | E | | Removal of sloughed off bone | | | | | |
| D7560 | E | | Maxillary sinusotomy | | | | | |
| D7610 | E | | Maxilla open reduct simple | | | | | |
| D7620 | E | | Clsd reduct simpl maxilla fx | | | | | |
| D7630 | E | | Open red simpl mandible fx | | | | | |
| D7640 | E | | Clsd red simpl mandible fx | | | | | |

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|----------------|---------------------|----------------------|-------------------------------|------|--------------------|-----------------|-------------------------------------|------------------------------------|
| D7650 | E | | Open red simp malar/zygom fx | | | | | |
| D7660 | E | | Clsd red simp malar/zygom fx | | | | | |
| D7670 | E | | Closd rductn splint alveolus | | | | | |
| D7671 | E | | Alveolus open reduction | | | | | |
| D7680 | E | | Reduct simple facial bone fx | | | | | |
| D7710 | E | | Maxilla open reduct compound | | | | | |
| D7720 | E | | Clsd reduct compd maxilla fx | | | | | |
| D7730 | E | | Open reduct compd mandble fx | | | | | |
| D7740 | E | | Clsd reduct compd mandble fx | | | | | |
| D7750 | E | | Open red comp malar/zygma fx | | | | | |
| D7760 | E | | Clsd red comp malar/zygma fx | | | | | |
| D7770 | E | | Open reduct compd alveolus fx | | | | | |
| D7771 | E | | Alveolus clsd reduct stblz te | | | | | |
| D7780 | E | | Reduct compnd facial bone fx | | | | | |
| D7810 | E | | Tmj open reduct-dislocation | | | | | |
| D7820 | E | | Closed tmp manipulation | | | | | |
| D7830 | E | | Tmj manipulation under anest | | | | | |
| D7840 | E | | Removal of tmj condyle | | | | | |
| D7850 | E | | Tmj meniscectomy | | | | | |
| D7852 | E | | Tmj repair of joint disc | | | | | |
| D7854 | E | | Tmj excisn of joint membrane | | | | | |
| D7856 | E | | Tmj cutting of a muscle | | | | | |
| D7858 | E | | Tmj reconstruction | | | | | |
| D7860 | E | | Tmj cutting into joint | | | | | |
| D7865 | E | | Tmj reshaping components | | | | | |
| D7870 | E | | Tmj aspiration joint fluid | | | | | |
| D7871 | E | | Lysis + lavage w catheters | | | | | |
| D7872 | E | | Tmj diagnostic arthroscopy | | | | | |
| D7873 | E | | Tmj arthroscopy lysis adhesn | | | | | |
| D7874 | E | | Tmj arthroscopy disc reposit | | | | | |
| D7875 | E | | Tmj arthroscopy synovectomy | | | | | |
| D7876 | E | | Tmj arthroscopy discectomy | | | | | |
| D7877 | E | | Tmj arthroscopy debridement | | | | | |
| D7880 | E | | Occlusal orthotic appliance | | | | | |
| D7899 | E | | Tmj unspecified therapy | | | | | |
| D7910 | E | | Dent sutur recent wnd to 5cm | | | | | |
| D7911 | E | | Dental suture wound to 5 cm | | | | | |
| D7912 | E | | Suture complicate wnd > 5 cm | | | | | |
| D7920 | E | | Dental skin graft | | | | | |
| D7940 | S | | Reshaping bone orthognathic | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D7941 | E | | Bone cutting ramus closed | | | | | |
| D7943 | E | | Cutting ramus open w/graft | | | | | |
| D7944 | E | | Bone cutting segmented | | | | | |
| D7945 | E | | Bone cutting body mandible | | | | | |
| D7946 | E | | Reconstruction maxilla total | | | | | |
| D7947 | E | | Reconstruct maxilla segment | | | | | |
| D7948 | E | | Reconstruct midface no graft | | | | | |
| D7949 | E | | Reconstruct midface w/graft | | | | | |
| D7950 | E | | Mandible graft | | | | | |
| D7955 | E | | Repair maxillofacial defects | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| D7960 | E | | Frenulectomy/frenulotomy | | | | | |
| D7970 | E | | Excision hyperplastic tissue | | | | | |
| D7971 | E | | Excision pericoronar gingiva | | | | | |
| D7972 | E | | Surg redct fibrous tuberosit | | | | | |
| D7980 | E | | Sialolithotomy | | | | | |
| D7981 | E | | Excision of salivary gland | | | | | |
| D7982 | E | | Sialodochoplasty | | | | | |
| D7983 | E | | Closure of salivary fistula | | | | | |
| D7990 | E | | Emergency tracheotomy | | | | | |
| D7991 | E | | Dental coronoidectomy | | | | | |
| D7995 | E | | Synthetic graft facial bones | | | | | |
| D7996 | E | | Implant mandible for augment | | | | | |
| D7997 | E | | Appliance removal | | | | | |
| D7999 | E | | Oral surgery procedure | | | | | |
| D8010 | E | | Limited dental tx primary | | | | | |
| D8020 | E | | Limited dental tx transition | | | | | |
| D8030 | E | | Limited dental tx adolescent | | | | | |
| D8040 | E | | Limited dental tx adult | | | | | |
| D8050 | E | | Intercep dental tx primary | | | | | |
| D8060 | E | | Intercep dental tx transitn | | | | | |
| D8070 | E | | Compre dental tx transition | | | | | |
| D8080 | E | | Compre dental tx adolescent | | | | | |
| D8090 | E | | Compre dental tx adult | | | | | |
| D8210 | E | | Orthodontic rem appliance tx | | | | | |
| D8220 | E | | Fixed appliance therapy habt | | | | | |
| D8660 | E | | Preorthodontic tx visit | | | | | |
| D8670 | E | | Periodic orthodontic tx visit | | | | | |
| D8680 | E | | Orthodontic retention | | | | | |
| D8690 | E | | Orthodontic treatment | | | | | |
| D8691 | E | | Repair ortho appliance | | | | | |
| D8692 | E | | Replacement retainer | | | | | |
| D8999 | E | | Orthodontic procedure | | | | | |
| D9110 | N | | Tx dental pain minor proc | | | | | |
| D9210 | E | | Dent anesthesia w/o surgery | | | | | |
| D9211 | E | | Regional block anesthesia | | | | | |
| D9212 | E | | Trigeminal block anesthesia | | | | | |
| D9215 | E | | Local anesthesia | | | | | |
| D9220 | E | | General anesthesia | | | | | |
| D9221 | E | | General anesthesia ea ad 15m | | | | | |
| D9230 | N | | Analgesia | | | | | |
| D9241 | E | | Intravenous sedation | | | | | |
| D9242 | E | | IV sedation ea ad 30 m | | | | | |
| D9248 | N | | Sedation (non-iv) | | | | | |
| D9310 | E | | Dental consultation | | | | | |
| D9410 | E | | Dental house call | | | | | |
| D9420 | E | | Hospital call | | | | | |
| D9430 | E | | Office visit during hours | | | | | |
| D9440 | E | | Office visit after hours | | | | | |
| D9450 | E | | Case presentation tx plan | | | | | |
| D9610 | E | | Dent therapeutic drug inject | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| D9630 | S | | Other drugs/medicaments | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D9910 | E | | Dent appl desensitizing med | | | | | |
| D9911 | E | | Appl desensitizing resin | | | | | |
| D9920 | E | | Behavior management | | | | | |
| D9930 | S | | Treatment of complications | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D9940 | S | | Dental occlusal guard | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D9941 | E | | Fabrication athletic guard | | | | | |
| D9950 | S | | Occlusion analysis | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D9951 | S | | Limited occlusal adjustment | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D9952 | S | | Complete occlusal adjustment | 0330 | 11.7764 | \$672.41 | | \$134.48 |
| D9970 | E | | Enamel microabrasion | | | | | |
| D9971 | E | | Odontoplasty 1-2 teeth | | | | | |
| D9972 | E | | Extrnl bleaching per arch | | | | | |
| D9973 | E | | Extrnl bleaching per tooth | | | | | |
| D9974 | E | | Intrnl bleaching per tooth | | | | | |
| D9999 | E | | Adjunctive procedure | | | | | |
| E0100 | Y | | Cane adjust/fixd with tip | | | | | |
| E0105 | Y | | Cane adjust/fixd quad/3 pro | | | | | |
| E0110 | Y | | Crutch forearm pair | | | | | |
| E0111 | Y | | Crutch forearm each | | | | | |
| E0112 | Y | | Crutch underarm pair wood | | | | | |
| E0113 | Y | | Crutch underarm each wood | | | | | |
| E0114 | Y | | Crutch underarm pair no wood | | | | | |
| E0116 | Y | | Crutch underarm each no wood | | | | | |
| E0117 | Y | | Underarm springassist crutch | | | | | |
| E0118 | E | | Crutch substitute | | | | | |
| E0130 | Y | | Walker rigid adjust/fixd ht | | | | | |
| E0135 | Y | | Walker folding adjust/fixd | | | | | |
| E0140 | Y | | Walker w trunk support | | | | | |
| E0141 | Y | | Rigid wheeled walker adj/fix | | | | | |
| E0143 | Y | | Walker folding wheeled w/o s | | | | | |
| E0144 | Y | | Enclosed walker w rear seat | | | | | |
| E0147 | Y | | Walker variable wheel resist | | | | | |
| E0148 | Y | | Heavyduty walker no wheels | | | | | |
| E0149 | Y | | Heavy duty wheeled walker | | | | | |
| E0153 | Y | | Forearm crutch platform atta | | | | | |
| E0154 | Y | | Walker platform attachment | | | | | |
| E0155 | Y | | Walker wheel attachment,pair | | | | | |
| E0156 | Y | | Walker seat attachment | | | | | |
| E0157 | Y | | Walker crutch attachment | | | | | |
| E0158 | Y | | Walker leg extenders set of4 | | | | | |
| E0159 | Y | | Brake for wheeled walker | | | | | |
| E0160 | Y | | Sitz type bath or equipment | | | | | |
| E0161 | Y | | Sitz bath/equipment w/faucet | | | | | |
| E0162 | Y | | Sitz bath chair | | | | | |
| E0163 | Y | | Commode chair stationry fxd | | | | | |
| E0164 | Y | | Commode chair mobile fixed a | | | | | |
| E0166 | Y | | Commode chair mobile detach | | | | | |
| E0167 | Y | | Commode chair pail or pan | | | | | |
| E0168 | Y | | Heavyduty/wide commode chair | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| E0169 | Y | | Seatlift incorp commodechair | | | | | |
| E0175 | Y | | Commode chair foot rest | | | | | |
| E0176 | E | | Air pressre pad/cushion nonp | | | | | |
| E0177 | E | | Water press pad/cushion nonp | | | | | |
| E0178 | E | | Gel pressre pad/cushion nonp | | | | | |
| E0179 | E | | Dry pressre pad/cushion nonp | | | | | |
| E0180 | Y | | Press pad alternating w pump | | | | | |
| E0181 | Y | | Press pad alternating w/ pum | | | | | |
| E0182 | Y | | Pressure pad alternating pum | | | | | |
| E0184 | Y | | Dry pressure mattress | | | | | |
| E0185 | Y | | Gel pressure mattress pad | | | | | |
| E0186 | Y | | Air pressure mattress | | | | | |
| E0187 | Y | | Water pressure mattress | | | | | |
| E0188 | Y | | Synthetic sheepskin pad | | | | | |
| E0189 | Y | | Lambswool sheepskin pad | | | | | |
| E0190 | E | | Positioning cushion | | | | | |
| E0191 | Y | | Protector heel or elbow | | | | | |
| E0192 | E | | Pad wheelchr low press/posit | | | | | |
| E0193 | Y | | Powered air flotation bed | | | | | |
| E0194 | Y | | Air fluidized bed | | | | | |
| E0196 | Y | | Gel pressure mattress | | | | | |
| E0197 | Y | | Air pressure pad for mattres | | | | | |
| E0198 | Y | | Water pressure pad for mattre | | | | | |
| E0199 | Y | | Dry pressure pad for mattres | | | | | |
| E0200 | Y | | Heat lamp without stand | | | | | |
| E0202 | Y | | Phototherapy light w/ photom | | | | | |
| E0203 | A | | Therapeutic lightbox tabletp | | | | | |
| E0205 | Y | | Heat lamp with stand | | | | | |
| E0210 | Y | | Electric heat pad standard | | | | | |
| E0215 | Y | | Electric heat pad moist | | | | | |
| E0217 | Y | | Water circ heat pad w pump | | | | | |
| E0218 | Y | | Water circ cold pad w pump | | | | | |
| E0220 | Y | | Hot water bottle | | | | | |
| E0221 | Y | | Infrared heating pad system | | | | | |
| E0225 | Y | | Hydrocollator unit | | | | | |
| E0230 | Y | | Ice cap or collar | | | | | |
| E0231 | E | | Wound warming device | | | | | |
| E0232 | E | | Warming card for NWT | | | | | |
| E0235 | Y | | Paraffin bath unit portable | | | | | |
| E0236 | Y | | Pump for water circulating p | | | | | |
| E0238 | Y | | Heat pad non-electric moist | | | | | |
| E0239 | Y | | Hydrocollator unit portable | | | | | |
| E0240 | E | | Bath/shower chair | | | | | |
| E0241 | E | | Bath tub wall rail | | | | | |
| E0242 | E | | Bath tub rail floor | | | | | |
| E0243 | E | | Toilet rail | | | | | |
| E0244 | E | | Toilet seat raised | | | | | |
| E0245 | E | | Tub stool or bench | | | | | |
| E0246 | E | | Transfer tub rail attachment | | | | | |
| E0247 | E | | Trans bench w/wo comm open | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| E0248 | E | | HDtrans bench w/wo comm open | | | | | |
| E0249 | Y | | Pad water circulating heat u | | | | | |
| E0250 | Y | | Hosp bed fixed ht w/ mattres | | | | | |
| E0251 | Y | | Hosp bed fixd ht w/o mattres | | | | | |
| E0255 | Y | | Hospital bed var ht w/ matr | | | | | |
| E0256 | Y | | Hospital bed var ht w/o matt | | | | | |
| E0260 | Y | | Hosp bed semi-electr w/ matt | | | | | |
| E0261 | Y | | Hosp bed semi-electr w/o mat | | | | | |
| E0265 | Y | | Hosp bed total electr w/ mat | | | | | |
| E0266 | Y | | Hosp bed total elec w/o matt | | | | | |
| E0270 | E | | Hospital bed institutional t | | | | | |
| E0271 | Y | | Mattress innerspring | | | | | |
| E0272 | Y | | Mattress foam rubber | | | | | |
| E0273 | E | | Bed board | | | | | |
| E0274 | E | | Over-bed table | | | | | |
| E0275 | Y | | Bed pan standard | | | | | |
| E0276 | Y | | Bed pan fracture | | | | | |
| E0277 | Y | | Powered pres-redu air mattrs | | | | | |
| E0280 | Y | | Bed cradle | | | | | |
| E0290 | Y | | Hosp bed fx ht w/o rails w/m | | | | | |
| E0291 | Y | | Hosp bed fx ht w/o rail w/o | | | | | |
| E0292 | Y | | Hosp bed var ht w/o rail w/o | | | | | |
| E0293 | Y | | Hosp bed var ht w/o rail w/ | | | | | |
| E0294 | Y | | Hosp bed semi-elect w/ matr | | | | | |
| E0295 | Y | | Hosp bed semi-elect w/o matt | | | | | |
| E0296 | Y | | Hosp bed total elect w/ matt | | | | | |
| E0297 | Y | | Hosp bed total elect w/o mat | | | | | |
| E0300 | Y | | Enclosed ped crib hosp grade | | | | | |
| E0301 | Y | | HD hosp bed, 350-600 lbs | | | | | |
| E0302 | Y | | Ex hd hosp bed > 600 lbs | | | | | |
| E0303 | Y | | Hosp bed hvy dty xtra wide | | | | | |
| E0304 | Y | | Hosp bed xtra hvy dty x wide | | | | | |
| E0305 | Y | | Rails bed side half length | | | | | |
| E0310 | Y | | Rails bed side full length | | | | | |
| E0315 | E | | Bed accessory brd/tbl/supprt | | | | | |
| E0316 | Y | | Bed safety enclosure | | | | | |
| E0325 | Y | | Urinal male jug-type | | | | | |
| E0326 | Y | | Urinal female jug-type | | | | | |
| E0350 | E | | Control unit bowel system | | | | | |
| E0352 | E | | Disposable pack w/bowel syst | | | | | |
| E0370 | E | | Air elevator for heel | | | | | |
| E0371 | Y | | Nonpower mattress overlay | | | | | |
| E0372 | Y | | Powered air mattress overlay | | | | | |
| E0373 | Y | | Nonpowered pressure mattress | | | | | |
| E0424 | Y | | Stationary compressed gas O2 | | | | | |
| E0425 | E | | Gas system stationary compre | | | | | |
| E0430 | E | | Oxygen system gas portable | | | | | |
| E0431 | Y | | Portable gaseous O2 | | | | | |
| E0434 | Y | | Portable liquid O2 | | | | | |
| E0435 | E | | Oxygen system liquid portabl | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| E0439 | Y | | Stationary liquid O2 | | | | | |
| E0440 | E | | Oxygen system liquid station | | | | | |
| E0441 | Y | | Oxygen contents, gaseous | | | | | |
| E0442 | Y | | Oxygen contents, liquid | | | | | |
| E0443 | Y | | Portable O2 contents, gas | | | | | |
| E0444 | Y | | Portable O2 contents, liquid | | | | | |
| E0445 | A | | Oximeter non-invasive | | | | | |
| E0450 | Y | | Volume vent stationary/porta | | | | | |
| E0454 | Y | | Pressure ventilator | | | | | |
| E0455 | Y | | Oxygen tent excl croup/ped t | | | | | |
| E0457 | Y | | Chest shell | | | | | |
| E0459 | Y | | Chest wrap | | | | | |
| E0460 | Y | | Neg press vent portabl/statn | | | | | |
| E0461 | Y | | Vol vent noninvasive interfa | | | | | |
| E0462 | Y | | Rocking bed w/ or w/o side r | | | | | |
| E0470 | Y | | RAD w/o backup non-inv intrfc | | | | | |
| E0471 | Y | | RAD w/backup non inv intrfc | | | | | |
| E0472 | Y | | RAD w backup invasive intrfc | | | | | |
| E0480 | Y | | Percussor elect/pneum home m | | | | | |
| E0481 | E | | Intrpulmnrly percuss vent sys | | | | | |
| E0482 | Y | | Cough stimulating device | | | | | |
| E0483 | Y | | Chest compression gen system | | | | | |
| E0484 | Y | | Non-elec oscillatory pep dvc | | | | | |
| E0500 | Y | | Ippb all types | | | | | |
| E0550 | Y | | Humidif extens suppl w ippb | | | | | |
| E0555 | Y | | Humidifier for use w/ regula | | | | | |
| E0560 | Y | | Humidifier supplemental w/ i | | | | | |
| E0561 | Y | | Humidifier nonheated w PAP | | | | | |
| E0562 | Y | | Humidifier heated used w PAP | | | | | |
| E0565 | Y | | Compressor air power source | | | | | |
| E0570 | Y | | Nebulizer with compression | | | | | |
| E0571 | Y | | Aerosol compressor for svneb | | | | | |
| E0572 | Y | | Aerosol compressor adjust pr | | | | | |
| E0574 | Y | | Ultrasonic generator w svneb | | | | | |
| E0575 | Y | | Nebulizer ultrasonic | | | | | |
| E0580 | Y | | Nebulizer for use w/ regulat | | | | | |
| E0585 | Y | | Nebulizer w/ compressor & he | | | | | |
| E0590 | Y | | Dispensing fee dme neb drug | | | | | |
| E0600 | Y | | Suction pump portab hom modl | | | | | |
| E0601 | Y | | Cont airway pressure device | | | | | |
| E0602 | Y | | Manual breast pump | | | | | |
| E0603 | A | | Electric breast pump | | | | | |
| E0604 | A | | Hosp grade elec breast pump | | | | | |
| E0605 | Y | | Vaporizer room type | | | | | |
| E0606 | Y | | Drainage board postural | | | | | |
| E0607 | Y | | Blood glucose monitor home | | | | | |
| E0610 | Y | | Pacemaker monitr audible/vis | | | | | |
| E0615 | Y | | Pacemaker monitr digital/vis | | | | | |
| E0616 | N | | Cardiac event recorder | | | | | |
| E0617 | Y | | Automatic ext defibrillator | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| E0618 | A | | Apnea monitor | | | | | |
| E0619 | A | | Apnea monitor w recorder | | | | | |
| E0620 | Y | | Cap bld skin piercing laser | | | | | |
| E0621 | Y | | Patient lift sling or seat | | | | | |
| E0625 | E | | Patient lift bathroom or toi | | | | | |
| E0627 | Y | | Seat lift incorp lift-chair | | | | | |
| E0628 | Y | | Seat lift for pt furn-electr | | | | | |
| E0629 | Y | | Seat lift for pt furn-non-el | | | | | |
| E0630 | Y | | Patient lift hydraulic | | | | | |
| E0635 | Y | | Patient lift electric | | | | | |
| E0636 | Y | | PT support & positioning sys | | | | | |
| E0637 | Y | | Sit-stand w seatlift wheeled | | | | | |
| E0638 | Y | | Standing frame sys wheeled | | | | | |
| E0650 | Y | | Pneuma compresor non-segment | | | | | |
| E0651 | Y | | Pneum compresor segmental | | | | | |
| E0652 | Y | | Pneum compres w/cal pressure | | | | | |
| E0655 | Y | | Pneumatic appliance half arm | | | | | |
| E0660 | Y | | Pneumatic appliance full leg | | | | | |
| E0665 | Y | | Pneumatic appliance full arm | | | | | |
| E0666 | Y | | Pneumatic appliance half leg | | | | | |
| E0667 | Y | | Seg pneumatic appl full leg | | | | | |
| E0668 | Y | | Seg pneumatic appl full arm | | | | | |
| E0669 | Y | | Seg pneumatic appli half leg | | | | | |
| E0671 | Y | | Pressure pneum appl full leg | | | | | |
| E0672 | Y | | Pressure pneum appl full arm | | | | | |
| E0673 | Y | | Pressure pneum appl half leg | | | | | |
| E0675 | Y | | Pneumatic compression device | | | | | |
| E0691 | Y | | Uvl pnl 2 sq ft or less | | | | | |
| E0692 | Y | | Uvl sys panel 4 ft | | | | | |
| E0693 | Y | | Uvl sys panel 6 ft | | | | | |
| E0694 | Y | | Uvl md cabinet sys 6 ft | | | | | |
| E0700 | E | | Safety equipment | | | | | |
| E0701 | Y | | Helmet w face guard prefab | | | | | |
| E0710 | E | | Restraints any type | | | | | |
| E0720 | Y | | Tens two lead | | | | | |
| E0730 | Y | | Tens four lead | | | | | |
| E0731 | Y | | Conductive garment for tens/ | | | | | |
| E0740 | Y | | Incontinence treatment systm | | | | | |
| E0744 | Y | | Neuromuscular stim for scoli | | | | | |
| E0745 | Y | | Neuromuscular stim for shock | | | | | |
| E0746 | E | | Electromyograph biofeedback | | | | | |
| E0747 | Y | | Elec osteogen stim not spine | | | | | |
| E0748 | Y | | Elec osteogen stim spinal | | | | | |
| E0749 | N | | Elec osteogen stim implanted | | | | | |
| E0752 | N | | Neurostimulator electrode | | | | | |
| E0754 | A | | Pulsegenerator pt programmer | | | | | |
| E0755 | E | | Electronic salivary reflex s | | | | | |
| E0756 | N | | Implantable pulse generator | | | | | |
| E0757 | N | | Implantable RF receiver | | | | | |
| E0758 | A | | External RF transmitter | | | | | |

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|------------------------|-----------------------------|------------------------------|--------------------------------|------------|----------------------------|-------------------------|--|---|
| E0759 | A | | Replace rdfirquncy transmitttr | | | | | |
| E0760 | Y | | Osteogen ultrasound stimltor | | | | | |
| E0761 | E | | Nontherm electromgntc device | | | | | |
| E0765 | Y | | Nerve stimulator for tx n&v | | | | | |
| E0776 | Y | | Iv pole | | | | | |
| E0779 | Y | | Amb infusion pump mechanical | | | | | |
| E0780 | Y | | Mech amb infusion pump <8hrs | | | | | |
| E0781 | Y | | External ambulatory infus pu | | | | | |
| E0782 | N | | Non-programble infusion pump | | | | | |
| E0783 | N | | Programmable infusion pump | | | | | |
| E0784 | Y | | Ext amb infusn pump insulin | | | | | |
| E0785 | N | | Replacement impl pump cathet | | | | | |
| E0786 | N | | Implantable pump replacement | | | | | |
| E0791 | Y | | Parenteral infusion pump sta | | | | | |
| E0830 | N | | Ambulatory traction device | | | | | |
| E0840 | Y | | Tract frame attach headboard | | | | | |
| E0850 | Y | | Traction stand free standing | | | | | |
| E0855 | Y | | Cervical traction equipment | | | | | |
| E0860 | Y | | Tract equip cervical tract | | | | | |
| E0870 | Y | | Tract frame attach footboard | | | | | |
| E0880 | Y | | Trac stand free stand extrem | | | | | |
| E0890 | Y | | Traction frame attach pelvic | | | | | |
| E0900 | Y | | Trac stand free stand pelvic | | | | | |
| E0910 | Y | | Trapeze bar attached to bed | | | | | |
| E0920 | Y | | Fracture frame attached to b | | | | | |
| E0930 | Y | | Fracture frame free standing | | | | | |
| E0935 | Y | | Exercise device passive moti | | | | | |
| E0940 | Y | | Trapeze bar free standing | | | | | |
| E0941 | Y | | Gravity assisted traction de | | | | | |
| E0942 | Y | | Cervical head harness/halter | | | | | |
| E0944 | Y | | Pelvic belt/harness/boot | | | | | |
| E0945 | Y | | Belt/harness extremity | | | | | |
| E0946 | Y | | Fracture frame dual w cross | | | | | |
| E0947 | Y | | Fracture frame attachmnts pe | | | | | |
| E0948 | Y | | Fracture frame attachmnts ce | | | | | |
| E0950 | E | | Tray | | | | | |
| E0951 | E | | Loop heel | | | | | |
| E0952 | E | | Toe loop/holder, each | | | | | |
| E0953 | E | | Pneumatic tire | | | | | |
| E0954 | E | | Wheelchair semi-pneumatic ca | | | | | |
| E0955 | Y | | Cushioned headrest | | | | | |
| E0956 | Y | | W/c lateral trunk/hip suppor | | | | | |
| E0957 | Y | | W/c medial thigh support | | | | | |
| E0958 | A | | Whlchr att- conv 1 arm drive | | | | | |
| E0959 | B | | Amputee adapter | | | | | |
| E0960 | Y | | W/c shoulder harness/straps | | | | | |
| E0961 | B | | Wheelchair brake extension | | | | | |
| E0962 | E | | Wheelchair 1 inch cushion | | | | | |
| E0963 | E | | Wheelchair 2 inch cushion | | | | | |
| E0964 | E | | Wheelchair 3 inch cushion | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| E0965 | E | | Wheelchair 4 inch cushion | | | | | |
| E0966 | B | | Wheelchair head rest extensi | | | | | |
| E0967 | Y | | Wheelchair hand rims | | | | | |
| E0968 | Y | | Wheelchair commode seat | | | | | |
| E0969 | Y | | Wheelchair narrowing device | | | | | |
| E0970 | B | | Wheelchair no. 2 footplates | | | | | |
| E0971 | B | | Wheelchair anti-tipping devi | | | | | |
| E0972 | A | | Transfer board or device | | | | | |
| E0973 | B | | W/Ch access del adj armrest | | | | | |
| E0974 | B | | W/Ch access anti-rollback | | | | | |
| E0977 | Y | | Wheelchair wedge cushion | | | | | |
| E0978 | B | | W/C acc.saf belt pelv strap | | | | | |
| E0980 | Y | | Wheelchair safety vest | | | | | |
| E0981 | Y | | Seat upholstery, replacement | | | | | |
| E0982 | Y | | Back upholstery, replacement | | | | | |
| E0983 | Y | | Add pwr joystick | | | | | |
| E0984 | Y | | Add pwr tiller | | | | | |
| E0985 | Y | | W/c seat lift mechanism | | | | | |
| E0986 | Y | | Man w/c push-rim pow assist | | | | | |
| E0990 | B | | Whellchair elevating leg res | | | | | |
| E0992 | B | | Wheelchair solid seat insert | | | | | |
| E0994 | Y | | Wheelchair arm rest | | | | | |
| E0995 | B | | Wheelchair calf rest | | | | | |
| E0996 | B | | Wheelchair tire solid | | | | | |
| E0997 | Y | | Wheelchair caster w/ a fork | | | | | |
| E0998 | Y | | Wheelchair caster w/o a fork | | | | | |
| E0999 | Y | | Wheelchr pneumatic tire w/wh | | | | | |
| E1000 | B | | Wheelchair tire pneumatic ca | | | | | |
| E1001 | Y | | Wheelchair wheel | | | | | |
| E1002 | Y | | Pwr seat till | | | | | |
| E1003 | Y | | Pwr seat recline | | | | | |
| E1004 | Y | | Pwr seat recline mech | | | | | |
| E1005 | Y | | Pwr seat recline pwr | | | | | |
| E1006 | Y | | Pwr seat combo w/o shear | | | | | |
| E1007 | Y | | Pwr seat combo w/shear | | | | | |
| E1008 | Y | | Pwr seat combo pwr shear | | | | | |
| E1009 | Y | | Add mech leg elevation | | | | | |
| E1010 | Y | | Add pwr leg elevation | | | | | |
| E1011 | Y | | Ped wc modify width adjustm | | | | | |
| E1012 | E | | Int seat sys planar ped w/c | | | | | |
| E1013 | E | | Int seat sys contour ped w/c | | | | | |
| E1014 | Y | | Reclining back add ped w/c | | | | | |
| E1015 | Y | | Shock absorber for man w/c | | | | | |
| E1016 | Y | | Shock absorber for power w/c | | | | | |
| E1017 | Y | | HD shck absrbr for hd man wc | | | | | |
| E1018 | Y | | HD shck absrber for hd powwc | | | | | |
| E1019 | Y | | HD feature power seat | | | | | |
| E1020 | Y | | Residual limb support system | | | | | |
| E1021 | Y | | Ex hd feature power seat | | | | | |
| E1025 | Y | | Pedwc lat/thor sup nocontour | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| E1026 | Y | | Pedwrc contoured lat/thor sup | | | | | |
| E1027 | Y | | Ped wc lat/ant support | | | | | |
| E1028 | Y | | W/c manual swingaway | | | | | |
| E1029 | Y | | W/c vent tray fixed | | | | | |
| E1030 | Y | | W/c vent tray gimbaled | | | | | |
| E1031 | Y | | Rollabout chair with casters | | | | | |
| E1035 | Y | | Patient transfer system | | | | | |
| E1037 | Y | | Transport chair, ped size | | | | | |
| E1038 | Y | | Transport chair, adult size | | | | | |
| E1050 | A | | Wheelchr fxd full length arms | | | | | |
| E1060 | A | | Wheelchair detachable arms | | | | | |
| E1070 | A | | Wheelchair detachable foot r | | | | | |
| E1083 | A | | Hemi-wheelchair fixed arms | | | | | |
| E1084 | A | | Hemi-wheelchair detachable a | | | | | |
| E1085 | A | | Hemi-wheelchair fixed arms | | | | | |
| E1086 | A | | Hemi-wheelchair detachable a | | | | | |
| E1087 | A | | Wheelchair lightwt fixed arm | | | | | |
| E1088 | A | | Wheelchair lightweight det a | | | | | |
| E1089 | A | | Wheelchair lightwt fixed arm | | | | | |
| E1090 | A | | Wheelchair lightweight det a | | | | | |
| E1092 | A | | Wheelchair wide w/ leg rests | | | | | |
| E1093 | A | | Wheelchair wide w/ foot rest | | | | | |
| E1100 | A | | Whchr s-recl fxd arm leg res | | | | | |
| E1110 | A | | Wheelchair semi-recl detach | | | | | |
| E1130 | A | | Whlchr stand fxd arm ft rest | | | | | |
| E1140 | A | | Wheelchair standard detach a | | | | | |
| E1150 | Y | | Wheelchair standard w/ leg r | | | | | |
| E1160 | A | | Wheelchair fixed arms | | | | | |
| E1161 | A | | Manual adult wc w tiltin spac | | | | | |
| E1170 | A | | Whlchr ampu fxd arm leg rest | | | | | |
| E1171 | A | | Wheelchair amputee w/o leg r | | | | | |
| E1172 | A | | Wheelchair amputee detach ar | | | | | |
| E1180 | A | | Wheelchair amputee w/ foot r | | | | | |
| E1190 | A | | Wheelchair amputee w/ leg re | | | | | |
| E1195 | A | | Wheelchair amputee heavy dut | | | | | |
| E1200 | A | | Wheelchair amputee fixed arm | | | | | |
| E1210 | Y | | Whlchr moto ful arm leg rest | | | | | |
| E1211 | Y | | Wheelchair motorized w/ det | | | | | |
| E1212 | A | | Wheelchair motorized w full | | | | | |
| E1213 | A | | Wheelchair motorized w/ det | | | | | |
| E1220 | A | | Whlchr special size/constrc | | | | | |
| E1221 | A | | Wheelchair spec size w foot | | | | | |
| E1222 | A | | Wheelchair spec size w/ leg | | | | | |
| E1223 | A | | Wheelchair spec size w foot | | | | | |
| E1224 | A | | Wheelchair spec size w/ leg | | | | | |
| E1225 | Y | | Wheelchair spec sz semi-recl | | | | | |
| E1226 | B | | W/C access fully reclineback | | | | | |
| E1227 | Y | | Wheelchair spec sz spec ht a | | | | | |
| E1228 | Y | | Wheelchair spec sz spec ht b | | | | | |
| E1230 | Y | | Power operated vehicle | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| E1231 | Y | | Rigid ped w/c tilt-in-space | | | | | |
| E1232 | Y | | Folding ped wc tilt-in-space | | | | | |
| E1233 | Y | | Rig ped wc tltnspc w/o seat | | | | | |
| E1234 | Y | | Fld ped wc tltnspc w/o seat | | | | | |
| E1235 | Y | | Rigid ped wc adjustable | | | | | |
| E1236 | Y | | Folding ped wc adjustable | | | | | |
| E1237 | Y | | Rgd ped wc adjstabl w/o seat | | | | | |
| E1238 | Y | | Fld ped wc adjstabl w/o seat | | | | | |
| E1240 | A | | Whchr litwt det arm leg rest | | | | | |
| E1250 | A | | Wheelchair lightwt fixed arm | | | | | |
| E1260 | A | | Wheelchair lightwt foot rest | | | | | |
| E1270 | A | | Wheelchair lightweight leg r | | | | | |
| E1280 | A | | Whchr h-duty det arm leg res | | | | | |
| E1285 | A | | Wheelchair heavy duty fixed | | | | | |
| E1290 | A | | Wheelchair hvy duty detach a | | | | | |
| E1295 | A | | Wheelchair heavy duty fixed | | | | | |
| E1296 | Y | | Wheelchair special seat heig | | | | | |
| E1297 | Y | | Wheelchair special seat dept | | | | | |
| E1298 | Y | | Wheelchair spec seat depth/w | | | | | |
| E1300 | E | | Whirlpool portable | | | | | |
| E1310 | Y | | Whirlpool non-portable | | | | | |
| E1340 | Y | | Repair for DME, per 15 min | | | | | |
| E1353 | Y | | Oxygen supplies regulator | | | | | |
| E1355 | Y | | Oxygen supplies stand/rack | | | | | |
| E1372 | Y | | Oxy suppl heater for nebuliz | | | | | |
| E1390 | Y | | Oxygen concentrator | | | | | |
| E1391 | Y | | Oxygen concentrator, dual | | | | | |
| E1399 | N | | Durable medical equipment mi | | | | | |
| E1405 | Y | | O2/water vapor enrich w/heat | | | | | |
| E1406 | Y | | O2/water vapor enrich w/o he | | | | | |
| E1500 | A | | Centrifuge | | | | | |
| E1510 | A | | Kidney dialysate delivry sys | | | | | |
| E1520 | A | | Heparin infusion pump | | | | | |
| E1530 | A | | Replacement air bubble detec | | | | | |
| E1540 | A | | Replacement pressure alarm | | | | | |
| E1550 | A | | Bath conductivity meter | | | | | |
| E1560 | A | | Replace blood leak detector | | | | | |
| E1570 | A | | Adjustable chair for esrd pt | | | | | |
| E1575 | A | | Transducer protect/fld bar | | | | | |
| E1580 | A | | Unipuncture control system | | | | | |
| E1590 | A | | Hemodialysis machine | | | | | |
| E1592 | A | | Auto interm peritoneal dialy | | | | | |
| E1594 | A | | Cycler dialysis machine | | | | | |
| E1600 | A | | Deliv/install chrg hemo equip | | | | | |
| E1610 | A | | Reverse osmosis h2o puri sys | | | | | |
| E1615 | A | | Deionizer H2O puri system | | | | | |
| E1620 | A | | Replacement blood pump | | | | | |
| E1625 | A | | Water softening system | | | | | |
| E1630 | A | | Reciprocating peritoneal dia | | | | | |
| E1632 | A | | Wearable artificial kidney | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| E1634 | B | | Peritoneal dialysis clamp | | | | | |
| E1635 | A | | Compact travel hemodialyzer | | | | | |
| E1636 | A | | Sorbent cartridges per 10 | | | | | |
| E1637 | A | | Hemostats for dialysis, each | | | | | |
| E1639 | A | | Dialysis scale | | | | | |
| E1699 | A | | Dialysis equipment noc | | | | | |
| E1700 | Y | | Jaw motion rehab system | | | | | |
| E1701 | Y | | Repl cushions for jaw motion | | | | | |
| E1702 | Y | | Repl measr scales jaw motion | | | | | |
| E1800 | Y | | Adjust elbow ext/flex device | | | | | |
| E1801 | Y | | SPS elbow device | | | | | |
| E1802 | Y | | Adjst forearm pro/sup device | | | | | |
| E1805 | Y | | Adjust wrist ext/flex device | | | | | |
| E1806 | Y | | SPS wrist device | | | | | |
| E1810 | Y | | Adjust knee ext/flex device | | | | | |
| E1811 | Y | | SPS knee device | | | | | |
| E1815 | Y | | Adjust ankle ext/flex device | | | | | |
| E1816 | Y | | SPS ankle device | | | | | |
| E1818 | Y | | SPS forearm device | | | | | |
| E1820 | Y | | Soft interface material | | | | | |
| E1821 | Y | | Replacement interface SPSD | | | | | |
| E1825 | Y | | Adjust finger ext/flex devc | | | | | |
| E1830 | Y | | Adjust toe ext/flex device | | | | | |
| E1840 | Y | | Adj shoulder ext/flex device | | | | | |
| E1902 | A | | AAC non-electronic board | | | | | |
| E2000 | Y | | Gastric suction pump hme mdl | | | | | |
| E2100 | Y | | Bld glucose monitor w voice | | | | | |
| E2101 | Y | | Bld glucose monitor w lance | | | | | |
| E2120 | Y | | Pulse gen sys tx endolymp fl | | | | | |
| E2201 | Y | | Man w/ch acc seat w>=20"<24" | | | | | |
| E2202 | Y | | Seat width 24-27 in | | | | | |
| E2203 | Y | | Frame depth less than 22 in | | | | | |
| E2204 | Y | | Frame depth 22 to 25 in | | | | | |
| E2300 | Y | | Pwr seat elevation sys | | | | | |
| E2301 | Y | | Pwr standing | | | | | |
| E2310 | Y | | Electro connect btw control | | | | | |
| E2311 | Y | | Electro connect btw 2 sys | | | | | |
| E2320 | Y | | Hand chin control | | | | | |
| E2321 | Y | | Hand interface joystick | | | | | |
| E2322 | Y | | Mult mech switches | | | | | |
| E2323 | Y | | Special joystick handle | | | | | |
| E2324 | Y | | Chin cup interface | | | | | |
| E2325 | Y | | Sip and puff interface | | | | | |
| E2326 | Y | | Breath tube kit | | | | | |
| E2327 | Y | | Head control interface mech | | | | | |
| E2328 | Y | | Head/extremity control inter | | | | | |
| E2329 | Y | | Head control nonproportional | | | | | |
| E2330 | Y | | Head control proximity switc | | | | | |
| E2331 | Y | | Attendant control | | | | | |
| E2340 | Y | | W/c wdth 20-23 in seat frame | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| E2341 | Y | | W/c wdth 24-27 in seat frame | | | | | |
| E2342 | Y | | W/c dpth 20-21 in seat frame | | | | | |
| E2343 | Y | | W/c dpth 22-25 in seat frame | | | | | |
| E2351 | Y | | Electronic SGD interface | | | | | |
| E2360 | Y | | 22nf nonsealed leadacid | | | | | |
| E2361 | Y | | 22nf sealed leadacid battery | | | | | |
| E2362 | Y | | Gr24 nonsealed leadacid | | | | | |
| E2363 | Y | | Gr24 sealed leadacid battery | | | | | |
| E2364 | Y | | U1nonsealed leadacid battery | | | | | |
| E2365 | Y | | U1 sealed leadacid battery | | | | | |
| E2366 | Y | | Battery charger, single mode | | | | | |
| E2367 | Y | | Battery charger, dual mode | | | | | |
| E2399 | Y | | Noc interface | | | | | |
| E2402 | Y | | Neg press wound therapy pump | | | | | |
| E2500 | Y | | SGD digitized pre-rec <=8min | | | | | |
| E2502 | Y | | SGD prerec msg >8min <=20min | | | | | |
| E2504 | Y | | SGD prerec msg>20min <=40min | | | | | |
| E2506 | Y | | SGD prerec msg > 40 min | | | | | |
| E2508 | Y | | SGD spelling phys contact | | | | | |
| E2510 | Y | | SGD w multi methods msg/accs | | | | | |
| E2511 | Y | | SGD sftwre prgrm for PC/PDA | | | | | |
| E2512 | Y | | SGD accessory, mounting sys | | | | | |
| E2599 | Y | | SGD accessory noc | | | | | |
| G0001 | A | | Drawing blood for specimen | | | | | |
| G0008 | L | | Admin influenza virus vac | | | | | |
| G0009 | L | | Admin pneumococcal vaccine | | | | | |
| G0010 | K | | Admin hepatitis b vaccine | 0355 | 0.3164 | \$18.07 | | \$3.61 |
| G0027 | A | | Semen analysis | | | | | |
| G0030 | S | | PET imaging prev PET single | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0031 | S | | PET imaging prev PET multiple | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0032 | S | | PET follow SPECT 78464 singl | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0033 | S | | PET follow SPECT 78464 mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0034 | S | | PET follow SPECT 78865 singl | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0035 | S | | PET follow SPECT 78465 mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0036 | S | | PET follow comry angio sing | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0037 | S | | PET follow comry angio mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0038 | S | | PET follow myocard perf sing | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0039 | S | | PET follow myocard perf mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0040 | S | | PET follow stress echo singl | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0041 | S | | PET follow stress echo mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0042 | S | | PET follow ventriculogm sing | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0043 | S | | PET follow ventriculogm mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0044 | S | | PET following rest ECG singl | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0045 | S | | PET following rest ECG mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0046 | S | | PET follow stress ECG singl | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0047 | S | | PET follow stress ECG mult | 0285 | 12.0951 | \$690.61 | \$299.16 | \$138.12 |
| G0101 | V | | CA screen;pelvic/breast exam | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| G0102 | N | | Prostate ca screening; dre | | | | | |
| G0103 | A | | Psa, total screening | | | | | |
| G0104 | S | | CA screen;flexi sigmoidscope | 0159 | 2.8560 | \$163.07 | | \$40.77 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| G0105 | T | | Colorectal scrn; hi risk ind | 0158 | 7.7973 | \$445.21 | | \$111.30 |
| G0106 | S | | Colon CA screen;barium enema | 0157 | 2.5594 | \$146.14 | | \$29.23 |
| G0107 | A | | CA screen; fecal blood test | | | | | |
| G0108 | A | | Diab manage trn per | | | | | |
| G0109 | A | | Diab manage trn ind/group | | | | | |
| G0110 | A | | Nett pulm-rehab educ; ind | | | | | |
| G0111 | A | | Nett pulm-rehab educ; group | | | | | |
| G0112 | A | | Nett;nutrition guid, initial | | | | | |
| G0113 | A | | Nett;nutrition guid,subseqnt | | | | | |
| G0114 | A | | Nett; psychosocial consult | | | | | |
| G0115 | A | | Nett; psychological testing | | | | | |
| G0116 | A | | Nett; psychosocial counsel | | | | | |
| G0117 | S | | Glaucoma scrn hgh risk direc | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| G0118 | S | | Glaucoma scrn hgh risk direc | 0230 | 0.8036 | \$45.88 | \$14.97 | \$9.18 |
| G0120 | S | | Colon ca scrn; barium enema | 0157 | 2.5594 | \$146.14 | | \$29.23 |
| G0121 | T | | Colon ca scrn not hi rsk ind | 0158 | 7.7973 | \$445.21 | | \$111.30 |
| G0122 | E | | Colon ca scrn; barium enema | | | | | |
| G0123 | A | | Screen cerv/vag thin layer | | | | | |
| G0124 | A | | Screen c/v thin layer by MD | | | | | |
| G0125 | S | | PET img WhBD sgl pulm ring | 1513 | | \$1,150.00 | | \$230.00 |
| G0127 | T | | Trim nail(s) | 0009 | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| G0128 | B | | CORF skilled nursing service | | | | | |
| G0129 | P | | Partial hosp prog service | 0033 | 5.1174 | \$292.19 | | \$58.44 |
| G0130 | X | | Single energy x-ray study | 0260 | 0.7772 | \$44.38 | \$19.97 | \$8.88 |
| G0141 | E | | Scr c/v cyto,autosys and md | | | | | |
| G0143 | A | | Scr c/v cyto,thinlayer,rescr | | | | | |
| G0144 | A | | Scr c/v cyto,thinlayer,rescr | | | | | |
| G0145 | A | | Scr c/v cyto,thinlayer,rescr | | | | | |
| G0147 | A | | Scr c/v cyto, automated sys | | | | | |
| G0148 | A | | Scr c/v cyto, autosys, rescr | | | | | |
| G0151 | B | | HHCP-serv of pt,ea 15 min | | | | | |
| G0152 | B | | HHCP-serv of ot,ea 15 min | | | | | |
| G0153 | B | | HHCP-svs of s/l path,ea 15mn | | | | | |
| G0154 | B | | HHCP-svs of rn,ea 15 min | | | | | |
| G0155 | B | | HHCP-svs of csw,ea 15 min | | | | | |
| G0156 | B | | HHCP-svs of aide,ea 15 min | | | | | |
| G0166 | T | | Extrnl counterpulse, per tx | 0678 | 1.8456 | \$105.38 | | \$21.08 |
| G0168 | N | | Wound closure by adhesive | | | | | |
| G0173 | S | | Stereo radioisurgery,complete | 1528 | | \$5,250.00 | | \$1,050.00 |
| G0175 | V | | OPPS Service,sched team conf | 0602 | 1.4126 | \$80.66 | | \$16.13 |
| G0176 | P | | OPPS/PHP;activity therapy | 0033 | 5.1174 | \$292.19 | | \$58.44 |
| G0177 | P | | OPPS/PHP; train & educ serv | 0033 | 5.1174 | \$292.19 | | \$58.44 |
| G0179 | E | | MD recertification HHA PT | | | | | |
| G0180 | E | | MD certification HHA patient | | | | | |
| G0181 | E | | Home health care supervision | | | | | |
| G0182 | E | | Hospice care supervision | | | | | |
| G0186 | T | | Dstry eye lesn,fdr vsst tech | 0235 | 5.1522 | \$294.18 | \$72.04 | \$58.84 |
| G0202 | A | | Screeningmammographydigital | | | | | |
| G0204 | A | | Diagnosticmammographydigital | | | | | |
| G0206 | A | | Diagnosticmammographydigital | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| G0210* | S | | PET img wholebody dxlung | 1516 | | \$1,450.00 | | \$290.00 |
| G0210* | S | | PET img wholebody dxlung | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0210* | S | | PET img wholebody dxlung | 1513 | | \$1,150.00 | | \$230.00 |
| G0211* | S | | PET img whbd ring init lung | 1516 | | \$1,450.00 | | \$290.00 |
| G0211* | S | | PET img whbd ring init lung | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0211* | S | | PET img whbd ring init lung | 1513 | | \$1,150.00 | | \$230.00 |
| G0212* | S | | PET img whbd ring restag lun | 1516 | | \$1,450.00 | | \$290.00 |
| G0212* | S | | PET img whbd ring restag lun | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0212* | S | | PET img whbd ring restag lun | 1513 | | \$1,150.00 | | \$230.00 |
| G0213* | S | | PET img wholbody dx | 1516 | | \$1,450.00 | | \$290.00 |
| G0213* | S | | PET img wholbody dx | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0213* | S | | PET img wholbody dx | 1513 | | \$1,150.00 | | \$230.00 |
| G0214* | S | | PET img wholebod init | 1516 | | \$1,450.00 | | \$290.00 |
| G0214* | S | | PET img wholebod init | 1513 | | \$1,150.00 | | \$230.00 |
| G0214* | S | | PET img wholebod init | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0215* | S | | PETimg wholebod restag | 1516 | | \$1,450.00 | | \$290.00 |
| G0215* | S | | PETimg wholebod restag | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0215* | S | | PETimg wholebod restag | 1513 | | \$1,150.00 | | \$230.00 |
| G0216* | S | | PET img whbd ring dx melanom | 1513 | | \$1,150.00 | | \$230.00 |
| G0216* | S | | PET img whbd ring dx melanom | 1516 | | \$1,450.00 | | \$290.00 |
| G0216* | S | | PET img whbd ring dx melanom | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0217* | S | | PET img whbd ring init melan | 1513 | | \$1,150.00 | | \$230.00 |
| G0217* | S | | PET img whbd ring init melan | 1516 | | \$1,450.00 | | \$290.00 |
| G0217* | S | | PET img whbd ring init melan | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0218* | S | | PET img whbd ring restag mel | 1516 | | \$1,450.00 | | \$290.00 |
| G0218* | S | | PET img whbd ring restag mel | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0218* | S | | PET img whbd ring restag mel | 1513 | | \$1,150.00 | | \$230.00 |
| G0219 | E | | PET img whbd ring noncov ind | | | | | |
| G0220* | S | | PET img whbd ring dx lymphom | 1513 | | \$1,150.00 | | \$230.00 |
| G0220* | S | | PET img whbd ring dx lymphom | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0220* | S | | PET img whbd ring dx lymphom | 1516 | | \$1,450.00 | | \$290.00 |
| G0221* | S | | PET img whbd ring init lymph | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0221* | S | | PET img whbd ring init lymph | 1513 | | \$1,150.00 | | \$230.00 |
| G0221* | S | | PET img whbd ring init lymph | 1516 | | \$1,450.00 | | \$290.00 |
| G0222* | S | | PET img whbd ring resta lypm | 1516 | | \$1,450.00 | | \$290.00 |
| G0222* | S | | PET img whbd ring resta lypm | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0222* | S | | PET img whbd ring resta lypm | 1513 | | \$1,150.00 | | \$230.00 |
| G0223* | S | | PET img whbd reg ring dx hea | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0223* | S | | PET img whbd reg ring dx hea | 1513 | | \$1,150.00 | | \$230.00 |
| G0223* | S | | PET img whbd reg ring dx hea | 1516 | | \$1,450.00 | | \$290.00 |
| G0224* | S | | PETimg whbd reg ring ini hea | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0224* | S | | PETimg whbd reg ring ini hea | 1513 | | \$1,150.00 | | \$230.00 |
| G0224* | S | | PETimg whbd reg ring ini hea | 1516 | | \$1,450.00 | | \$290.00 |
| G0225* | S | | PET img whbd ring restag hea | 1516 | | \$1,450.00 | | \$290.00 |
| G0225* | S | | PET img whbd ring restag hea | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0225* | S | | PET img whbd ring restag hea | 1513 | | \$1,150.00 | | \$230.00 |
| G0226* | S | | PET img whbd dx esophag | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0226* | S | | PET img whbd dx esophag | 1513 | | \$1,150.00 | | \$230.00 |
| G0226* | S | | PET img whbd dx esophag | 1516 | | \$1,450.00 | | \$290.00 |
| G0227* | S | | PET img whbd ring ini esopha | 1516 | | \$1,450.00 | | \$290.00 |

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Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| G0227* | S | | PET img whbd ring ini esopha | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0227* | S | | PET img whbd ring ini esopha | 1513 | | \$1,150.00 | | \$230.00 |
| G0228* | S | | PET img whbd ring restg esop | 1516 | | \$1,450.00 | | \$290.00 |
| G0228* | S | | PET img whbd ring restg esop | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0228* | S | | PET img whbd ring restg esop | 1513 | | \$1,150.00 | | \$230.00 |
| G0229* | S | | PET img metabolic brain ring | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0229* | S | | PET img metabolic brain ring | 1513 | | \$1,150.00 | | \$230.00 |
| G0229* | S | | PET img metabolic brain ring | 1516 | | \$1,450.00 | | \$290.00 |
| G0230* | S | | PET myocard viability post | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0230* | S | | PET myocard viability post | 1513 | | \$1,150.00 | | \$230.00 |
| G0230* | S | | PET myocard viability post | 1516 | | \$1,450.00 | | \$290.00 |
| G0231* | S | | PET WhBD colorec; gamma cam | 1516 | | \$1,450.00 | | \$290.00 |
| G0231* | S | | PET WhBD colorec; gamma cam | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0231* | S | | PET WhBD colorec; gamma cam | 1513 | | \$1,150.00 | | \$230.00 |
| G0232* | S | | PET whbd lymphoma; gamma cam | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0232* | S | | PET whbd lymphoma; gamma cam | 1513 | | \$1,150.00 | | \$230.00 |
| G0232* | S | | PET whbd lymphoma; gamma cam | 1516 | | \$1,450.00 | | \$290.00 |
| G0233* | S | | PET whbd melanoma; gamma cam | 1516 | | \$1,450.00 | | \$290.00 |
| G0233* | S | | PET whbd melanoma; gamma cam | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0233* | S | | PET whbd melanoma; gamma cam | 1513 | | \$1,150.00 | | \$230.00 |
| G0234* | S | | PET WhBD pulm nod; gamma cam | 1516 | | \$1,450.00 | | \$290.00 |
| G0234* | S | | PET WhBD pulm nod; gamma cam | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0234* | S | | PET WhBD pulm nod; gamma cam | 1513 | | \$1,150.00 | | \$230.00 |
| G0237 | S | | Therapeutic procd strg endure | 0411 | 0.4299 | \$24.55 | | \$4.91 |
| G0238 | S | | Oth resp proc, indiv | 0411 | 0.4299 | \$24.55 | | \$4.91 |
| G0239 | S | | Oth resp proc, group | 0411 | 0.4299 | \$24.55 | | \$4.91 |
| G0242 | S | | Multisource photon ster plan | 1516 | | \$1,450.00 | | \$290.00 |
| G0243 | S | | Multisour photon stero treat | 1528 | | \$5,250.00 | | \$1,050.00 |
| G0244 | S | | Observ care by facility topt | 0339 | 7.0750 | \$403.97 | | \$80.79 |
| G0245 | V | | Initial Foot Exam PTLOPS | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| G0246 | V | | Followup eval of foot pt lop | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| G0247 | T | | Routine footcare pt w lops | 0009 | 0.6955 | \$39.71 | \$8.34 | \$7.94 |
| G0248 | S | | Demonstrate use home inr mon | 1503 | | \$150.00 | | \$30.00 |
| G0249 | S | | Provide test material, equipm | 1503 | | \$150.00 | | \$30.00 |
| G0250 | E | | MD review interpret of test | | | | | |
| G0251 | S | | Linear acc based stero radio | 1513 | | \$1,150.00 | | \$230.00 |
| G0252 | E | | PET imaging initial dx | | | | | |
| G0253 | S | | PET image brst dection recur | 1516 | | \$1,450.00 | | \$290.00 |
| G0254 | S | | PET image brst eval to tx | 1516 | | \$1,450.00 | | \$290.00 |
| G0255 | E | | Current percep threshold tst | | | | | |
| G0257 | S | | Unsched dialysis ESRD pt hos | 0170 | 6.6759 | \$381.18 | | \$76.24 |
| G0259 | N | | Injct for sacroiliac joint | | | | | |
| G0260 | T | | Inj for sacroiliac jt anesth | 0206 | 5.4794 | \$312.86 | \$75.55 | \$62.57 |
| G0263 | N | | Adm with CHF, CP, asthma | | | | | |
| G0264 | V | | Assmt otr CHF, CP, asthma | 0600 | 0.9153 | \$52.26 | | \$10.45 |
| G0265 | A | | Cryopresevation Freeze+stora | | | | | |
| G0266 | A | | Thawing + expansion froz cel | | | | | |
| G0267 | S | | Bone marrow or psc harvest | 0110 | 3.7794 | \$215.80 | | \$43.16 |
| G0268 | X | | Removal of impacted wax md | 0340 | 0.6454 | \$36.85 | | \$7.37 |
| G0269 | N | | Occlusive device in vein art | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| G0270 | A | | MNT subs tx for change dx | | | | | |
| G0271 | A | | Group MNT 2 or more 30 mins | | | | | |
| G0275 | N | | Renal angio, cardiac cath | | | | | |
| G0278 | N | | Iliac art angio, cardiac cath | | | | | |
| G0279 | A | | Excorp shock tx, elbow epi | | | | | |
| G0280 | A | | Excorp shock tx other than | | | | | |
| G0281 | A | | Elec stim unattend for press | | | | | |
| G0282 | E | | Elect stim wound care not pd | | | | | |
| G0283 | A | | Elec stim other than wound | | | | | |
| G0288 | S | | Recon, CTA for pre & post su | 0417 | 4.3258 | \$246.99 | | \$49.40 |
| G0289 | N | | Arthro, loose body + chondro | | | | | |
| G0290 | T | | Drug-eluting stents, single | 0656 | 104.5062 | \$5,967.10 | | \$1,193.42 |
| G0291 | T | | Drug-eluting stents, each add | 0656 | 104.5062 | \$5,967.10 | | \$1,193.42 |
| G0292 | S | | Adm exp drugs, clinical trial | 0424 | 3.2393 | \$184.96 | | \$36.99 |
| G0293 | S | | Non-cov surg proc, clin trial | 1505 | | \$350.00 | | \$70.00 |
| G0294 | S | | Non-cov proc, clinical trial | 1502 | | \$75.00 | | \$15.00 |
| G0295 | E | | Electromagnetic therapy onc | | | | | |
| G0296* | S | | PET imge restag thyrod cance | 1513 | | \$1,150.00 | | \$230.00 |
| G0296* | S | | PET imge restag thyrod cance | 0420 | 15.7385 | \$898.64 | | \$179.73 |
| G0296* | S | | PET imge restag thyrod cance | 1516 | | \$1,450.00 | | \$290.00 |
| G0297 | T | | Insert single chamber/cd | 0107 | 301.2105 | \$17,198.50 | \$3,458.69 | \$3,439.70 |
| G0298 | T | | Insert dual chamber/cd | 0107 | 301.2105 | \$17,198.50 | \$3,458.69 | \$3,439.70 |
| G0299 | T | | Insert/repos single icd+leads | 0108 | 404.4663 | \$23,094.20 | | \$4,618.84 |
| G0300 | T | | Insert reposit lead dual+gen | 0108 | 404.4663 | \$23,094.20 | | \$4,618.84 |
| G0302 | S | | Pre-op service LVRS complete | 1509 | | \$750.00 | | \$150.00 |
| G0303 | S | | Pre-op service LVRS 10-15dos | 1507 | | \$550.00 | | \$110.00 |
| G0304 | S | | Pre-op service LVRS 1-9 dos | 1504 | | \$250.00 | | \$50.00 |
| G0305 | S | | Post op service LVRS min 6 | 1504 | | \$250.00 | | \$50.00 |
| G0306 | A | | CBC/diffwbc w/o platelet | | | | | |
| G0307 | A | | CBC without platelet | | | | | |
| G0308 | A | | ESRD related svc 4+mo<2yrs | | | | | |
| G0309 | A | | ESRD related svc 2-3mo<2yrs | | | | | |
| G0310 | A | | ESRD related svc 1vst<2yr | | | | | |
| G0311 | A | | ESRD related svcs 4+mo 2-11 y | | | | | |
| G0312 | A | | ESRD relate svcs 2-3 mo 2-11 | | | | | |
| G0313 | A | | ESRD related svcs 1 mon 2-11 | | | | | |
| G0314 | A | | ESRD related svcs 4+mo 12-19 | | | | | |
| G0315 | A | | ESRD related svcs 2-3 mo 12-1 | | | | | |
| G0316 | A | | ESRD related svcs 1 vst 12-19 | | | | | |
| G0317 | A | | ESRD related svcs 4+mo 20+yrs | | | | | |
| G0318 | A | | ESRD related svcs 2-3 mo 20+y | | | | | |
| G0319 | A | | ESRD related svcs 1 visit 20+ | | | | | |
| G0320 | A | | ESRD related svcs home under | | | | | |
| G0321 | A | | ESRDrelatedsvcs home mo 2-11y | | | | | |
| G0322 | A | | ESRD related svcs home mo12-1 | | | | | |
| G0323 | A | | ESRD related svcs home mo 20+ | | | | | |
| G0324 | A | | ESRD related svcs home/dy/2y | | | | | |
| G0325 | A | | ESRD relate home/dy 2-11yr | | | | | |
| G0326 | A | | ESRD relate home/dy 12-19y | | | | | |
| G0327 | A | | ESRD relate home/dy 20+yrs | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| G0328 | A | | Fecal blood scrn immunoassay | | | | | |
| G0329 | A | | Electromagntic tx for ulcers | | | | | |
| G0338 | S | | Linear accelerator stero pln | 1516 | | \$1,450.00 | | \$290.00 |
| G0339 | S | | Robot lin-radsurg com, first | 1528 | | \$5,250.00 | | \$1,050.00 |
| G0340 | S | | Robt lin-radsurg fractx 2-5 | 1525 | | \$3,750.00 | | \$750.00 |
| G3001 | S | | Admin + supply, lositumomab | 1522 | | \$2,250.00 | | \$450.00 |
| G9001 | B | | MCCD, initial rate | | | | | |
| G9002 | B | | MCCD,maintenance rate | | | | | |
| G9003 | B | | MCCD, risk adj hi, initial | | | | | |
| G9004 | B | | MCCD, risk adj lo, initial | | | | | |
| G9005 | B | | MCCD, risk adj, maintenance | | | | | |
| G9006 | B | | MCCD, Home monitoring | | | | | |
| G9007 | B | | MCCD, sch team conf | | | | | |
| G9008 | B | | Mccd,phys coor-care ovrsght | | | | | |
| G9009 | E | | MCCD, risk adj, level 3 | | | | | |
| G9010 | E | | MCCD, risk adj, level 4 | | | | | |
| G9011 | E | | MCCD, risk adj, level 5 | | | | | |
| G9012 | E | | Other Specified Case Mgmt | | | | | |
| G9016 | E | | Demo-smoking cessation coun | | | | | |
| J0120 | K | | Tetracyclin injection | 9028 | 1.7697 | \$101.05 | | \$20.21 |
| J0130 | K | | Abciximab injection | 1605 | | \$448.22 | | \$89.64 |
| J0150 | K | | Injection adenosine 6 MG | 0379 | 0.2175 | \$12.42 | | \$2.48 |
| J0152 | K | | Adenosine injection | 0917 | 0.3599 | \$20.46 | | \$4.11 |
| J0170 | N | | Adrenalin epinephrin inject | | | | | |
| J0190 | N | | Inj biperiden lactate/5 mg | | | | | |
| J0200 | N | | Alatrofloxacin mesylate | | | | | |
| J0205 | K | | Alglucerase injection | 0900 | | \$37.53 | | \$7.51 |
| J0207 | K | | Amifostine | 7000 | | \$395.75 | | \$79.15 |
| J0210 | N | | Methyl dopate hcl injection | | | | | |
| J0215 | B | | Alefaccept | | | | | |
| J0256 | K | | Alpha 1 proteinase inhibitor | 0901 | | \$2.46 | | \$0.49 |
| J0270 | B | | Alprostadil for injection | | | | | |
| J0275 | B | | Alprostadil urethral suppos | | | | | |
| J0280 | N | | Aminophyllin 250 MG inj | | | | | |
| J0282 | K | | Amiodarone HCl | 9029 | 0.2112 | \$12.06 | | \$2.41 |
| J0285 | K | | Amphotericin B | 9030 | 1.1173 | \$63.80 | | \$12.76 |
| J0287 | K | | Amphotericin b lipid complex | 9024 | | \$19.09 | | \$3.82 |
| J0288 | K | | Ampho b cholesteryl sulfate | 0735 | | \$15.20 | | \$3.04 |
| J0289 | K | | Amphotericin b liposome inj | 0736 | | \$51.27 | | \$6.25 |
| J0290 | N | | Ampicillin 500 MG inj | | | | | |
| J0295 | N | | Ampicillin sodium per 1.5 gm | | | | | |
| J0300 | N | | Amobarbital 125 MG inj | | | | | |
| J0330 | N | | Succinylcholine chloride inj | | | | | |
| J0350 | K | | Injection anistreplase 30 u | 1606 | | \$2,353.53 | | \$470.71 |
| J0360 | N | | Hydralazine hcl injection | | | | | |
| J0380 | N | | Inj metaraminol bitartrate | | | | | |
| J0390 | N | | Chloroquine injection | | | | | |
| J0395 | K | | Arbutamine HCl injection | 9031 | 1.2049 | \$68.80 | | \$13.76 |
| J0456 | N | | Azithromycin | | | | | |
| J0460 | N | | Atropine sulfate injection | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| J0470 | N | | Dimecaprol injection | | | | | |
| J0475 | K | | Baclofen 10 MG injection | 9032 | 0.1492 | \$8.52 | | \$1.70 |
| J0476 | B | | Baclofen intrathecal trial | | | | | |
| J0500 | N | | Dicyclomine injection | | | | | |
| J0515 | N | | Inj benzotropine mesylate | | | | | |
| J0520 | N | | Bethanechol chloride inject | | | | | |
| J0530 | N | | Penicillin g benzathine inj | | | | | |
| J0540 | N | | Penicillin g benzathine inj | | | | | |
| J0550 | N | | Penicillin g benzathine inj | | | | | |
| J0560 | N | | Penicillin g benzathine inj | | | | | |
| J0570 | N | | Penicillin g benzathine inj | | | | | |
| J0580 | N | | Penicillin g benzathine inj | | | | | |
| J0583 | K | | Bivalirudin | 9111 | | \$1.52 | | \$0.30 |
| J0585 | K | | Botulinum toxin a per unit | 0902 | | \$4.32 | | \$0.86 |
| J0587 | K | | Botulinum toxin type B | 9018 | | \$7.68 | | \$1.54 |
| J0592 | N | | Buprenorphine hydrochloride | | | | | |
| J0595 | N | | Butorphanol tartrate 1 mg | | | | | |
| J0600 | N | | Edetate calcium disodium inj | | | | | |
| J0610 | N | | Calcium gluconate injection | | | | | |
| J0620 | N | | Calcium glycer & lact/10 ML | | | | | |
| J0630 | N | | Calcitonin salmon injection | | | | | |
| J0636 | N | | Inj calcitriol per 0.1 mcg | | | | | |
| J0637 | K | | Caspofungin acetate | 9019 | 0.5717 | \$32.65 | | \$6.53 |
| J0640 | N | | Leucovorin calcium injection | | | | | |
| J0670 | N | | Inj mepivacaine HCL/10 ml | | | | | |
| J0690 | N | | Cefazolin sodium injection | | | | | |
| J0692 | N | | Cefepime HCl for injection | | | | | |
| J0694 | N | | Cefoxitin sodium injection | | | | | |
| J0696 | N | | Ceftriaxone sodium injection | | | | | |
| J0697 | N | | Sterile cefuroxime injection | | | | | |
| J0698 | N | | Cefotaxime sodium injection | | | | | |
| J0702 | N | | Betamethasone acet&sod phosp | | | | | |
| J0704 | N | | Betamethasone sod phosp/4 MG | | | | | |
| J0706 | N | | Caffeine citrate injection | | | | | |
| J0710 | N | | Cephapirin sodium injection | | | | | |
| J0713 | N | | Inj ceftazidime per 500 mg | | | | | |
| J0715 | N | | Ceftizoxime sodium / 500 MG | | | | | |
| J0720 | N | | Chloramphenicol sodium injec | | | | | |
| J0725 | N | | Chorionic gonadotropin/1000u | | | | | |
| J0735 | N | | Clonidine hydrochloride | | | | | |
| J0740 | K | | Cidofovir injection | 9033 | 6.1929 | \$353.60 | | \$70.72 |
| J0743 | N | | Cilastatin sodium injection | | | | | |
| J0744 | N | | Ciprofloxacin iv | | | | | |
| J0745 | N | | Inj codeine phosphate /30 MG | | | | | |
| J0760 | N | | Colchicine injection | | | | | |
| J0770 | N | | Colistimethate sodium inj | | | | | |
| J0780 | N | | Prochlorperazine injection | | | | | |
| J0800 | N | | Corticotropin injection | | | | | |
| J0835 | N | | Inj cosyntropin per 0.25 MG | | | | | |
| J0850 | K | | Cytomegalovirus imm IV /vial | 0903 | | \$622.13 | | \$124.43 |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| J0880 | E | | Darbepoetin alfa injection | | | | | |
| J0895 | N | | Deferoxamine mesylate inj | | | | | |
| J0900 | N | | Testosterone enanthate inj | | | | | |
| J0945 | K | | Brompheniramine maleate inj | 9034 | 1.0444 | \$59.63 | | \$11.93 |
| J0970 | N | | Estradiol valerate injection | | | | | |
| J1000 | N | | Depo-estradiol cypionate inj | | | | | |
| J1020 | N | | Methylprednisolone 20 MG inj | | | | | |
| J1030 | N | | Methylprednisolone 40 MG inj | | | | | |
| J1040 | N | | Methylprednisolone 80 MG inj | | | | | |
| J1051 | K | | Medroxyprogesterone inj | 9035 | 0.3109 | \$17.75 | | \$3.55 |
| J1055 | E | | Medroxyprogester acetate inj | | | | | |
| J1056 | E | | MAVEC contraceptive injection | | | | | |
| J1060 | N | | Testosterone cypionate 1 ML | | | | | |
| J1070 | N | | Testosterone cypionate 100 MG | | | | | |
| J1080 | N | | Testosterone cypionate 200 MG | | | | | |
| J1094 | N | | Inj dexamethasone acetate | | | | | |
| J1100 | N | | Dexamethasone sodium phos | | | | | |
| J1110 | N | | Inj dihydroergotamine mesylt | | | | | |
| J1120 | N | | Acetazolamid sodium injectio | | | | | |
| J1160 | N | | Digoxin injection | | | | | |
| J1165 | N | | Phenytoin sodium injection | | | | | |
| J1170 | N | | Hydromorphone injection | | | | | |
| J1180 | N | | Dyphylline injection | | | | | |
| J1190 | K | | Dexrazoxane HCl injection | 0726 | | \$113.28 | | \$22.66 |
| J1200 | N | | Diphenhydramine hcl injectio | | | | | |
| J1205 | N | | Chlorothiazide sodium inj | | | | | |
| J1212 | K | | Dimethyl sulfoxide 50% 50 ML | 9036 | 0.9158 | \$52.29 | | \$10.46 |
| J1230 | K | | Methadone injection | 9037 | 0.2357 | \$13.46 | | \$2.69 |
| J1240 | N | | Dimenhydrinate injection | | | | | |
| J1245 | K | | Dipyridamole injection | 0380 | 0.2075 | \$11.85 | | \$2.37 |
| J1250 | N | | Inj dobutamine HCL/250 mg | | | | | |
| J1260 | K | | Dolasetron mesylate | 0750 | | \$14.38 | | \$2.88 |
| J1270 | N | | Injection, doxercalciferol | | | | | |
| J1320 | N | | Amitriptyline injection | | | | | |
| J1325 | N | | Epoprostenol injection | | | | | |
| J1327 | K | | Eplifibatide injection | 1607 | | \$11.21 | | \$2.24 |
| J1330 | N | | Ergonovine maleate injection | | | | | |
| J1335 | N | | Ertapenem injection | | | | | |
| J1364 | N | | Erythro lactobionate /500 MG | | | | | |
| J1380 | N | | Estradiol valerate 10 MG inj | | | | | |
| J1390 | N | | Estradiol valerate 20 MG inj | | | | | |
| J1410 | K | | Inj estrogen conjugate 25 MG | 9038 | 0.6946 | \$39.66 | | \$7.93 |
| J1435 | N | | Injection estrone per 1 MG | | | | | |
| J1436 | N | | Etidronate disodium inj | | | | | |
| J1438 | K | | Etanercept injection | 1608 | | \$135.56 | | \$27.11 |
| J1440 | K | | Filgrastim 300 mcg injection | 0728 | | \$162.41 | | \$32.48 |
| J1441 | K | | Filgrastim 480 mcg injection | 7049 | | \$274.40 | | \$54.88 |
| J1450 | K | | Fluconazole | 9039 | 0.4117 | \$23.51 | | \$4.70 |
| J1452 | K | | Intraocular Fomivirsen na | 9040 | 16.6329 | \$949.71 | | \$189.94 |
| J1455 | N | | Foscarnet sodium injection | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| J1460 | K | | Gamma globulin 1 CC inj | 9041 | 0.5598 | \$31.96 | | \$6.39 |
| J1470 | B | | Gamma globulin 2 CC inj | | | | | |
| J1480 | B | | Gamma globulin 3 CC inj | | | | | |
| J1490 | B | | Gamma globulin 4 CC inj | | | | | |
| J1500 | B | | Gamma globulin 5 CC inj | | | | | |
| J1510 | B | | Gamma globulin 6 CC inj | | | | | |
| J1520 | B | | Gamma globulin 7 CC inj | | | | | |
| J1530 | B | | Gamma globulin 8 CC inj | | | | | |
| J1540 | B | | Gamma globulin 9 CC inj | | | | | |
| J1550 | B | | Gamma globulin 10 CC inj | | | | | |
| J1560 | B | | Gamma globulin > 10 CC inj | | | | | |
| J1563 | K | | IV immune globulin | 0905 | | \$68.48 | | \$13.70 |
| J1564 | K | | Immune globulin 10 mg | 9021 | | \$0.75 | | \$0.15 |
| J1565 | K | | RSV-ivig | 0906 | | \$16.55 | | \$3.31 |
| J1570 | N | | Ganciclovir sodium injection | | | | | |
| J1580 | N | | Garamycin gentamicin inj | | | | | |
| J1590 | N | | Gatifloxacin injection | | | | | |
| J1595 | N | | Injection glatiramer acetate | | | | | |
| J1600 | N | | Gold sodium thiomaleate inj | | | | | |
| J1610 | K | | Glucagon hydrochloride/1 MG | 9042 | 0.8163 | \$46.61 | | \$9.32 |
| J1620 | K | | Gonadorelin hydroch/ 100 mcg | 7005 | | \$16.09 | | \$3.22 |
| J1626 | K | | Granisetron HCl injection | 0764 | | \$16.20 | | \$3.24 |
| J1630 | N | | Haloperidol injection | | | | | |
| J1631 | N | | Haloperidol decanoate inj | | | | | |
| J1642 | N | | Inj heparin sodium per 10 u | | | | | |
| J1644 | N | | Inj heparin sodium per 1000u | | | | | |
| J1645 | N | | Dalteparin sodium | | | | | |
| J1650 | N | | Inj enoxaparin sodium | | | | | |
| J1652 | N | | Fondaparinux sodium | | | | | |
| J1655 | N | | Tinzaparin sodium injection | | | | | |
| J1670 | N | | Tetanus immune globulin inj | | | | | |
| J1700 | N | | Hydrocortisone acetate inj | | | | | |
| J1710 | N | | Hydrocortisone sodium ph inj | | | | | |
| J1720 | N | | Hydrocortisone sodium succ i | | | | | |
| J1730 | K | | Diazoxide injection | 9043 | 0.2713 | \$15.49 | | \$3.10 |
| J1742 | K | | ibutilide fumarate injection | 9044 | 2.2912 | \$130.82 | | \$26.16 |
| J1745 | K | | Infliximab injection | 7043 | | \$57.40 | | \$11.48 |
| J1750 | K | | Iron dextran | 9045 | 0.2577 | \$14.71 | | \$2.94 |
| J1756 | K | | Iron sucrose injection | 9046 | 0.0091 | \$0.52 | | \$0.10 |
| J1785 | K | | Injection imiglucerase /unit | 0916 | | \$3.75 | | \$0.75 |
| J1790 | N | | Droperidol injection | | | | | |
| J1800 | N | | Propranolol injection | | | | | |
| J1810 | E | | Droperidol/fentanyl inj | | | | | |
| J1815 | N | | Insulin injection | | | | | |
| J1817 | N | | Insulin for insulin pump use | | | | | |
| J1825 | E | | Interferon beta-1a | | | | | |
| J1830 | K | | Interferon beta-1b / .25 MG | 0910 | | \$58.73 | | \$11.75 |
| J1835 | K | | Itraconazole injection | 9047 | 0.7453 | \$42.56 | | \$8.51 |
| J1840 | N | | Kanamycin sulfate 500 MG inj | | | | | |
| J1850 | N | | Kanamycin sulfate 75 MG inj | | | | | |

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| J1885 | N | | Ketorolac tromethamine inj | | | | | |
| J1890 | N | | Cephalothin sodium injection | | | | | |
| J1940 | N | | Furosemide injection | | | | | |
| J1950 | K | | Leuprolide acetate /3.75 MG | 0800 | | \$451.98 | | \$90.40 |
| J1955 | B | | Inj levocarnitine per 1 gm | | | | | |
| J1956 | N | | Levofloxacin injection | | | | | |
| J1960 | N | | Levorphanol tartrate inj | | | | | |
| J1980 | N | | Hyoscyamine sulfate inj | | | | | |
| J1990 | N | | Chlordiazepoxide injection | | | | | |
| J2001 | N | | Lidocaine injection | | | | | |
| J2010 | N | | Lincomycin injection | | | | | |
| J2020 | K | | Linezolid injection | 9001 | | \$32.15 | | \$6.43 |
| J2060 | N | | Lorazepam injection | | | | | |
| J2150 | N | | Mannitol injection | | | | | |
| J2175 | N | | Meperidine hydrochl /100 MG | | | | | |
| J2180 | N | | Meperidine/promethazine inj | | | | | |
| J2185 | N | | Meropenem | | | | | |
| J2210 | N | | Methylergonovin maleate inj | | | | | |
| J2250 | N | | Inj midazolam hydrochloride | | | | | |
| J2260 | K | | Inj milrinone lactate / 5 MG | 7007 | 0.1411 | \$8.06 | | \$1.61 |
| J2270 | N | | Morphine sulfate injection | | | | | |
| J2271 | N | | Morphine so4 injection 100mg | | | | | |
| J2275 | N | | Morphine sulfate injection | | | | | |
| J2280 | N | | Inj, moxifloxacin 100 mg | | | | | |
| J2300 | N | | Inj nalbuphine hydrochloride | | | | | |
| J2310 | N | | Inj naloxone hydrochloride | | | | | |
| J2320 | N | | Nandrolone decanoate 50 MG | | | | | |
| J2321 | N | | Nandrolone decanoate 100 MG | | | | | |
| J2322 | N | | Nandrolone decanoate 200 MG | | | | | |
| J2324 | K | | Nesiritide | 9114 | | \$132.47 | | \$26.49 |
| J2353 | K | | Octreotide injection, depot | 1207 | 1.2552 | \$71.66 | | \$14.33 |
| J2354 | K | | Octreotide inj, non-depot | 7031 | | \$3.72 | | \$0.74 |
| J2355 | K | | Oprelvekin injection | 7011 | | \$248.16 | | \$49.63 |
| J2360 | N | | Orphenadrine injection | | | | | |
| J2370 | N | | Phenylephrine hcl injection | | | | | |
| J2400 | N | | Chloroprocaine hcl injection | | | | | |
| J2405 | K | | Ondansetron hcl injection | 0768 | | \$5.54 | | \$1.11 |
| J2410 | N | | Oxymorphone hcl injection | | | | | |
| J2430 | K | | Pamidronate disodium /30 MG | 0730 | | \$128.74 | | \$25.75 |
| J2440 | N | | Papaverin hcl injection | | | | | |
| J2460 | N | | Oxytetracycline injection | | | | | |
| J2501 | N | | Paricalcitol | | | | | |
| J2505 | K | | Injection, pegfilgrastim 6mg | 9119 | | \$2,448.50 | | \$489.70 |
| J2510 | N | | Penicillin g procaine inj | | | | | |
| J2515 | N | | Pentobarbital sodium inj | | | | | |
| J2540 | N | | Penicillin g potassium inj | | | | | |
| J2543 | N | | Piperacillin/tazobactam | | | | | |
| J2545 | Y | | Pentamidine isethionte/300mg | | | | | |
| J2550 | N | | Promethazine hcl injection | | | | | |
| J2560 | N | | Phenobarbital sodium inj | | | | | |

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| J2590 | N | | Oxytocin injection | | | | | |
| J2597 | K | | Inj desmopressin acetate | 9048 | 0.0825 | \$4.71 | | \$0.94 |
| J2650 | N | | Prednisolone acetate inj | | | | | |
| J2670 | N | | Totazoline hcl injection | | | | | |
| J2675 | N | | Inj progesterone per 50 MG | | | | | |
| J2680 | N | | Fluphenazine decanoate 25 MG | | | | | |
| J2690 | N | | Procainamide hcl injection | | | | | |
| J2700 | N | | Oxacillin sodium injeciton | | | | | |
| J2710 | N | | Neostigmine methylsifte inj | | | | | |
| J2720 | N | | Inj protamine sulfate/10 MG | | | | | |
| J2725 | K | | Inj protirelin per 250 mcg | 9049 | 0.7222 | \$41.24 | | \$8.25 |
| J2730 | N | | Pralidoxime chloride inj | | | | | |
| J2760 | N | | Phentolaine mesylate inj | | | | | |
| J2765 | N | | Metoclopramide hcl injection | | | | | |
| J2770 | N | | Quinupristin/dalfopristin | | | | | |
| J2780 | N | | Ranitidine hydrochloride inj | | | | | |
| J2783 | G | | Rasburicase | 0738 | | \$105.87 | | |
| J2788 | K | | Rho d immune globulin 50 mcg | 9023 | | \$30.38 | | \$6.08 |
| J2790 | N | | Rho d immune globulin inj | | | | | |
| J2792 | K | | Rho(D) immune globulin h, sd | 1609 | | \$17.95 | | \$3.59 |
| J2795 | N | | Ropivacaine HCl injection | | | | | |
| J2800 | N | | Methocarbamol injection | | | | | |
| J2810 | N | | Inj theophylline per 40 MG | | | | | |
| J2820 | K | | Sargramostim injection | 0731 | | \$25.39 | | \$5.08 |
| J2910 | N | | Aurothioglucose injeciton | | | | | |
| J2912 | N | | Sodium chloride injection | | | | | |
| J2916 | K | | Na ferric gluconate complex | 9050 | 0.1101 | \$6.29 | | \$1.26 |
| J2920 | N | | Methylprednisolone injection | | | | | |
| J2930 | N | | Methylprednisolone injection | | | | | |
| J2940 | N | | Somatrem injection | | | | | |
| J2941 | K | | Somatropin injection | 7034 | | \$280.87 | | \$56.17 |
| J2950 | N | | Promazine hcl injection | | | | | |
| J2993 | K | | Reteplase injection | 9005 | | \$1,192.09 | | \$238.42 |
| J2995 | K | | Inj streptokinase /250000 IU | 0911 | 0.7864 | \$43.87 | | \$8.77 |
| J2997 | K | | Alteplase recombinant | 7048 | 0.3128 | \$17.86 | | \$3.57 |
| J3000 | N | | Streptomycin injection | | | | | |
| J3010 | N | | Fentanyl citrate injeciton | | | | | |
| J3030 | N | | Sumatriptan succinate / 6 MG | | | | | |
| J3070 | N | | Pentazocine hcl injection | | | | | |
| J3100 | K | | Tenecteplase injection | 9002 | | \$2,350.98 | | \$470.20 |
| J3105 | N | | Terbutaline sulfate inj | | | | | |
| J3120 | N | | Testosterone enanthate inj | | | | | |
| J3130 | N | | Testosterone enanthate inj | | | | | |
| J3140 | N | | Testosterone suspension inj | | | | | |
| J3150 | N | | Testosteron propionate inj | | | | | |
| J3230 | N | | Chlorpromazine hcl injection | | | | | |
| J3240 | K | | Thyrotropin injection | 9108 | 10.8100 | \$617.50 | | \$123.50 |
| J3245 | K | | Tirofiban hydrochloride | 7041 | | \$411.85 | | \$82.37 |
| J3250 | N | | Trimethobenzamide hcl inj | | | | | |
| J3260 | N | | Tobramycin sulfate injection | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| J3265 | N | | Injection torsemide 10 mg/ml | | | | | |
| J3280 | N | | Thiethylperazine maleate inj | | | | | |
| J3301 | N | | Triamcinolone acetonide inj | | | | | |
| J3302 | N | | Triamcinolone diacetate inj | | | | | |
| J3303 | N | | Triamcinolone hexacetonl inj | | | | | |
| J3305 | K | | inj trimetrexate glucuronate | 7045 | | \$142.50 | | \$28.50 |
| J3310 | N | | Perphenazine injecton | | | | | |
| J3315 | K | | Triptorelin pamoate | 9122 | | \$362.78 | | \$72.56 |
| J3320 | N | | Spectinomycn di-hcl inj | | | | | |
| J3350 | K | | Urea injection | 9051 | 1.2343 | \$70.48 | | \$14.10 |
| J3360 | N | | Diazepam injection | | | | | |
| J3364 | N | | Urokinase 5000 IU injection | | | | | |
| J3365 | K | | Urokinase 250,000 IU inj | 7036 | 2.2060 | \$125.96 | | \$25.19 |
| J3370 | N | | Vancomycin hcl injection | | | | | |
| J3395 | K | | Verteporfin injection | 1203 | | \$1,274.05 | | \$254.81 |
| J3400 | K | | Triflupromazine hcl inj | 9052 | 1.2974 | \$74.08 | | \$14.82 |
| J3410 | N | | Hydroxyzine hcl injection | | | | | |
| J3411 | N | | Thiamine hcl 100 mg | | | | | |
| J3415 | N | | Pyridoxine hcl 100 mg | | | | | |
| J3420 | N | | Vitamin b12 injection | | | | | |
| J3430 | N | | Vitamin k phytonadione inj | | | | | |
| J3465 | N | | Injection, voriconazole | | | | | |
| J3470 | N | | Hyaluronidase injection | | | | | |
| J3475 | N | | Inj magnesium sulfate | | | | | |
| J3480 | N | | Inj potassium chloride | | | | | |
| J3485 | N | | Zidovudine | | | | | |
| J3486 | G | | Ziprasidone mesylate | 9204 | | \$18.93 | | |
| J3487 | K | | Zoledronic acid | 9115 | | \$197.87 | | \$39.57 |
| J3490 | N | | Drugs unclassified injection | | | | | |
| J3520 | E | | Edetate disodium per 150 mg | | | | | |
| J3530 | K | | Nasal vaccine inhalation | 9053 | 1.6356 | \$93.39 | | \$18.68 |
| J3535 | E | | Metered dose inhaler drug | | | | | |
| J3570 | E | | Laetrile amygdalin vit B17 | | | | | |
| J3590 | N | | Unclassified biologics | | | | | |
| J7030 | N | | Normal saline solution infus | | | | | |
| J7040 | N | | Normal saline solution infus | | | | | |
| J7042 | N | | 5% dextrose/normal saline | | | | | |
| J7050 | N | | Normal saline solution infus | | | | | |
| J7051 | N | | Sterile saline/water | | | | | |
| J7060 | N | | 5% dextrose/water | | | | | |
| J7070 | N | | D5w infusion | | | | | |
| J7100 | N | | Dextran 40 infusion | | | | | |
| J7110 | N | | Dextran 75 infusion | | | | | |
| J7120 | N | | Ringers lactate infusion | | | | | |
| J7130 | N | | Hypertonic saline solution | | | | | |
| J7190 | K | | Factor viii | 0925 | | \$0.76 | | \$0.15 |
| J7191 | K | | Factor VIII (porcine) | 0926 | | \$1.78 | | \$0.36 |
| J7192 | K | | Factor viii recombinant | 0927 | | \$1.10 | | \$0.22 |
| J7193 | K | | Factor IX non-recombinant | 0931 | | \$0.98 | | \$0.20 |
| J7194 | K | | Factor ix complex | 0928 | | \$0.32 | | \$0.06 |

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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| J7195 | K | | Factor IX recombinant | 0932 | | \$0.98 | | \$0.20 |
| J7197 | N | | Antithrombin iii injection | | | | | |
| J7198 | K | | Anti-inhibitor | 0929 | | \$1.25 | | \$0.25 |
| J7199 | B | | Hemophilia clot factor noc | | | | | |
| J7300 | E | | Intraut copper contraceptive | | | | | |
| J7302 | E | | Levonorgestrel iu contracept | | | | | |
| J7303 | E | | Contraceptive vaginal ring | | | | | |
| J7308 | K | | Aminolevulinic acid hcl top | 7308 | | \$88.86 | | \$17.77 |
| J7310 | N | | Ganciclovir long act implant | | | | | |
| J7317 | K | | Sodium hyaluronate injection | 7316 | | \$54.33 | | \$10.87 |
| J7320 | K | | Hylan G-F 20 injection | 1611 | | \$203.70 | | \$40.74 |
| J7330 | B | | Cultured chondrocytes implnt | | | | | |
| J7340 | E | | Metabolic active D/E tissue | | | | | |
| J7342 | K | | Metabolically active tissue | 9054 | 0.1266 | \$7.23 | | \$1.45 |
| J7350 | K | | Injectable human tissue | 9055 | 0.1425 | \$8.14 | | \$1.63 |
| J7500 | N | | Azathioprine oral 50mg | | | | | |
| J7501 | K | | Azathioprine parenteral | 0887 | | \$30.18 | | \$6.04 |
| J7502 | K | | Cyclosporine oral 100 mg | 0888 | 0.0317 | \$1.81 | | \$0.36 |
| J7504 | K | | Lymphocyte immune globulin | 0890 | | \$243.50 | | \$48.70 |
| J7505 | N | | Monoclonal antibodies | | | | | |
| J7506 | N | | Prednisone oral | | | | | |
| J7507 | K | | Tacrolimus oral per 1 MG | 0891 | | \$3.05 | | \$0.61 |
| J7509 | N | | Methylprednisolone oral | | | | | |
| J7510 | N | | Prednisolone oral per 5 mg | | | | | |
| J7511 | K | | Antithymocyte globulin rabbit | 9104 | | \$312.41 | | \$62.48 |
| J7513 | K | | Daclizumab, parenteral | 1612 | | \$393.78 | | \$78.76 |
| J7515 | N | | Cyclosporine oral 25 mg | | | | | |
| J7516 | N | | Cyclosporin parenteral 250mg | | | | | |
| J7517 | K | | Mycophenolate mofetil oral | 9015 | | \$2.46 | | \$0.49 |
| J7520 | K | | Sirolimus, oral | 9020 | | \$6.23 | | \$1.25 |
| J7525 | N | | Tacrolimus injection | | | | | |
| J7599 | N | | Immunosuppressive drug noc | | | | | |
| J7608 | Y | | Acetylcysteine inh sol u d | | | | | |
| J7618 | Y | | Albuterol inh sol con | | | | | |
| J7619 | Y | | Albuterol inh sol u d | | | | | |
| J7621 | Y | | (Levo)albuterol/lpra-bromide | | | | | |
| J7622 | A | | Beclomethasone inhalatn sol | | | | | |
| J7624 | A | | Betamethasone inhalation sol | | | | | |
| J7626 | A | | Budesonide inhalation sol | | | | | |
| J7628 | Y | | Bitolterol mes inhal sol con | | | | | |
| J7629 | Y | | Bitolterol mes inh sol u d | | | | | |
| J7631 | Y | | Cromolyn sodium inh sol u d | | | | | |
| J7633 | N | | Budesonide concentrated sol | | | | | |
| J7635 | Y | | Atropine inhal sol con | | | | | |
| J7636 | Y | | Atropine inhal sol unit dose | | | | | |
| J7637 | Y | | Dexamethasone inhal sol con | | | | | |
| J7638 | Y | | Dexamethasone inhal sol u d | | | | | |
| J7639 | Y | | Dornase alpha inhal sol u d | | | | | |
| J7641 | A | | Flunisolide, inhalation sol | | | | | |
| J7642 | Y | | Glycopyrrolate inhal sol con | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| J7643 | Y | | Glycopyrrolate inhal sol u d | | | | | |
| J7644 | Y | | Ipratropium brom inh sol u d | | | | | |
| J7648 | Y | | Isoetharine hcl inh sol con | | | | | |
| J7649 | Y | | Isoetharine hcl inh sol u d | | | | | |
| J7658 | Y | | Isoproterenolhcl inh sol con | | | | | |
| J7659 | Y | | Isoproterenol hcl inh sol ud | | | | | |
| J7668 | Y | | Metaproterenol inh sol con | | | | | |
| J7669 | Y | | Metaproterenol inh sol u d | | | | | |
| J7680 | Y | | Terbutaline so4 inh sol con | | | | | |
| J7681 | Y | | Terbutaline so4 inh sol u d | | | | | |
| J7682 | Y | | Tobramycin inhalation sol | | | | | |
| J7683 | Y | | Triamcinolone inh sol con | | | | | |
| J7684 | Y | | Triamcinolone inh sol u d | | | | | |
| J7699 | Y | | Inhalation solution for DME | | | | | |
| J7799 | Y | | Non-inhalation drug for DME | | | | | |
| J8499 | E | | Oral prescrip drug non chemo | | | | | |
| J8510 | K | | Oral busulfan | 7015 | | \$2.08 | | \$0.42 |
| J8520 | K | | Capecitabine, oral, 150 mg | 7042 | | \$2.96 | | \$0.59 |
| J8521 | E | | Capecitabine, oral, 500 mg | | | | | |
| J8530 | N | | Cyclophosphamide oral 25 MG | | | | | |
| J8560 | K | | Etoposide oral 50 MG | 0802 | | \$21.91 | | \$4.38 |
| J8600 | N | | Melphalan oral 2 MG | | | | | |
| J8610 | N | | Methotrexate oral 2.5 MG | | | | | |
| J8700 | K | | Temozolomide | 1086 | | \$6.42 | | \$1.28 |
| J8999 | B | | Oral prescription drug chemo | | | | | |
| J9000 | K | | Doxorubic hcl 10 MG vl chemo | 0847 | | \$4.69 | | \$0.94 |
| J9001 | K | | Doxorubicin hcl liposome inj | 7046 | | \$343.78 | | \$68.76 |
| J9010 | K | | Alemtuzumab injection | 9110 | | \$510.70 | | \$102.14 |
| J9015 | K | | Aldesleukin/single use vial | 0807 | | \$680.35 | | \$136.07 |
| J9017 | K | | Arsenic trioxide | 9012 | | \$34.32 | | \$6.86 |
| J9020 | K | | Asparaginase injection | 0814 | | \$54.71 | | \$10.94 |
| J9031 | K | | Bcg live intravesical vac | 0809 | | \$139.90 | | \$27.98 |
| J9040 | K | | Bleomycin sulfate injection | 0857 | | \$88.32 | | \$17.66 |
| J9045 | K | | Carboplatin injection | 0811 | | \$129.96 | | \$25.99 |
| J9050 | N | | Carmus bischl nitro inj | | | | | |
| J9060 | K | | Cisplatin 10 MG injection | 0813 | | \$7.73 | | \$1.55 |
| J9062 | B | | Cisplatin 50 MG injection | | | | | |
| J9065 | K | | Inj cladribine per 1 MG | 0858 | | \$24.84 | | \$4.97 |
| J9070 | K | | Cyclophosphamide 100 MG inj | 0815 | | \$2.77 | | \$0.55 |
| J9080 | B | | Cyclophosphamide 200 MG inj | | | | | |
| J9090 | B | | Cyclophosphamide 500 MG inj | | | | | |
| J9091 | B | | Cyclophosphamide 1.0 grm inj | | | | | |
| J9092 | B | | Cyclophosphamide 2.0 grm inj | | | | | |
| J9093 | K | | Cyclophosphamide lyophilized | 0816 | | \$2.36 | | \$0.47 |
| J9094 | B | | Cyclophosphamide lyophilized | | | | | |
| J9095 | B | | Cyclophosphamide lyophilized | | | | | |
| J9096 | B | | Cyclophosphamide lyophilized | | | | | |
| J9097 | B | | Cyclophosphamide lyophilized | | | | | |
| J9098 | N | | Cytarabine liposome | | | | | |
| J9100 | K | | Cytarabine hcl 100 MG inj | 0817 | | \$1.55 | | \$0.31 |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| J9110 | B | | Cytarabine hcl 500 MG inj | | | | | |
| J9120 | N | | Dactinomycin actinomycin d | | | | | |
| J9130 | K | | Dacarbazine 100 mg inj | 0819 | | \$6.14 | | \$1.23 |
| J9140 | B | | Dacarbazine 200 MG inj | | | | | |
| J9150 | K | | Daunorubicin | 0820 | | \$35.94 | | \$7.19 |
| J9151 | K | | Daunorubicin citrate liposom | 0821 | | \$64.60 | | \$12.92 |
| J9160 | K | | Denileukin difitox, 300 mcg | 1084 | | \$1,232.88 | | \$246.58 |
| J9165 | N | | Diethylstilbestrol injection | | | | | |
| J9170 | K | | Docetaxel | 0823 | | \$312.69 | | \$62.54 |
| J9178 | K | | Inj, epirubicin hcl, 2 mg | 1167 | | \$24.14 | | \$4.83 |
| J9181 | K | | Etoposide 10 MG inj | 0824 | | \$0.83 | | \$0.17 |
| J9182 | B | | Etoposide 100 MG inj | | | | | |
| J9185 | K | | Fludarabine phosphate inj | 0842 | | \$311.09 | | \$62.22 |
| J9190 | N | | Fluorouracil injection | | | | | |
| J9200 | K | | Floxuridine injection | 0827 | | \$66.24 | | \$13.25 |
| J9201 | K | | Gemcitabine HCl | 0828 | | \$105.73 | | \$21.15 |
| J9202 | K | | Goserelin acetate implant | 0810 | | \$390.09 | | \$78.02 |
| J9206 | K | | Irinotecan injection | 0830 | | \$127.33 | | \$25.47 |
| J9208 | K | | Ifosfomide injection | 0831 | | \$72.81 | | \$14.56 |
| J9209 | K | | Mesna injection | 0732 | | \$17.66 | | \$3.53 |
| J9211 | K | | Idarubicin hcl injection | 0832 | 0.2357 | \$13.46 | | \$2.69 |
| J9212 | N | | Interferon alfacon-1 | | | | | |
| J9213 | K | | Interferon alfa-2a inj | 0834 | | \$30.48 | | \$6.10 |
| J9214 | K | | Interferon alfa-2b inj | 0836 | | \$13.00 | | \$2.60 |
| J9215 | K | | Interferon alfa-n3 inj | 0865 | | \$8.17 | | \$1.63 |
| J9216 | K | | Interferon gamma 1-b inj | 0838 | 3.3927 | \$193.80 | | \$38.76 |
| J9217 | K | | Leuprolide acetate suspnsion | 9217 | | \$543.72 | | \$108.74 |
| J9218 | K | | Leuprolide acetate injecton | 0861 | | \$14.48 | | \$2.90 |
| J9219 | K | | Leuprolide acetate implant | 7051 | | \$4,717.72 | | \$943.54 |
| J9230 | N | | Mechlorethamine hcl inj | | | | | |
| J9245 | K | | Inj melphalan hydrochl 50 MG | 0840 | | \$367.03 | | \$73.41 |
| J9250 | N | | Methotrexate sodium inj | | | | | |
| J9260 | B | | Methotrexate sodium inj | | | | | |
| J9263 | B | | Oxaliplatin | | | | | |
| J9265 | K | | Paclitaxel injection | 0863 | | \$79.04 | | \$15.81 |
| J9266 | N | | Pegaspargase/singl dose vial | | | | | |
| J9268 | K | | Pentostatin injection | 0844 | | \$1,683.24 | | \$336.65 |
| J9270 | K | | Plicamycin (mithramycin) inj | 0860 | | \$93.80 | | \$18.76 |
| J9280 | K | | Mitomycin 5 MG inj | 0862 | | \$30.91 | | \$6.18 |
| J9290 | B | | Mitomycin 20 MG inj | | | | | |
| J9291 | B | | Mitomycin 40 MG inj | | | | | |
| J9293 | K | | Mitoxantrone hydrochl / 5 MG | 0864 | | \$313.96 | | \$62.79 |
| J9300 | K | | Gemtuzumab ozogamicin | 9004 | | \$2,183.81 | | \$436.76 |
| J9310 | K | | Rituximab cancer treatment | 0849 | | \$437.83 | | \$87.57 |
| J9320 | N | | Streptozocin injection | | | | | |
| J9340 | K | | Thiotepa injection | 0851 | | \$45.31 | | \$9.06 |
| J9350 | K | | Topotecan | 0852 | | \$697.76 | | \$139.55 |
| J9355 | K | | Trastuzumab | 1613 | | \$50.79 | | \$10.16 |
| J9357 | N | | Valrubicin, 200 mg | | | | | |
| J9360 | N | | Vinblastine sulfate inj | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| J9370 | N | | Vincristine sulfate 1 MG inj | | | | | |
| J9375 | B | | Vincristine sulfate 2 MG inj | | | | | |
| J9380 | B | | Vincristine sulfate 5 MG inj | | | | | |
| J9390 | K | | Vinorelbine tartrate/10 mg | 0855 | | \$95.23 | | \$19.05 |
| J9395 | K | | Injection, Fulvestrant | 9120 | | \$79.65 | | \$15.93 |
| J9600 | K | | Porfimer sodium | 0856 | | \$2,274.78 | | \$454.96 |
| J9999 | N | | Chemotherapy drug | | | | | |
| K0001 | Y | | Standard wheelchair | | | | | |
| K0002 | Y | | Stnd hemi (low seat) whlchr | | | | | |
| K0003 | Y | | Lightweight wheelchair | | | | | |
| K0004 | Y | | High strength ltwt whlchr | | | | | |
| K0005 | Y | | Ultralightweight wheelchair | | | | | |
| K0006 | Y | | Heavy duty wheelchair | | | | | |
| K0007 | Y | | Extra heavy duty wheelchair | | | | | |
| K0009 | Y | | Other manual wheelchair/base | | | | | |
| K0010 | Y | | Stnd wt frame power whlchr | | | | | |
| K0011 | Y | | Stnd wt pwr whlchr w control | | | | | |
| K0012 | Y | | Ltwt portbl power whlchr | | | | | |
| K0014 | Y | | Other power whlchr base | | | | | |
| K0015 | Y | | Detach non-adjus fght armrst | | | | | |
| K0017 | Y | | Detach adjust armrest base | | | | | |
| K0018 | Y | | Detach adjust armrst upper | | | | | |
| K0019 | Y | | Arm pad each | | | | | |
| K0020 | Y | | Fixed adjust armrest pair | | | | | |
| K0023 | Y | | Planr back insrt foam w/strp | | | | | |
| K0024 | Y | | Plnr back insrt foam w/hrdwr | | | | | |
| K0037 | Y | | High mount flip-up footrest | | | | | |
| K0038 | Y | | Leg strap each | | | | | |
| K0039 | Y | | Leg strap h style each | | | | | |
| K0040 | Y | | Adjustable angle footplate | | | | | |
| K0041 | Y | | Large size footplate each | | | | | |
| K0042 | Y | | Standard size footplate each | | | | | |
| K0043 | Y | | Frst lower extension tube | | | | | |
| K0044 | Y | | Frst upper hanger bracket | | | | | |
| K0045 | Y | | Footrest complete assembly | | | | | |
| K0046 | Y | | Elevat legrst low extension | | | | | |
| K0047 | Y | | Elevat legrst up hangr brack | | | | | |
| K0050 | Y | | Ratchet assembly | | | | | |
| K0051 | Y | | Cam relese assem frst/lgrst | | | | | |
| K0052 | Y | | Swingaway detach footrest | | | | | |
| K0053 | Y | | Elevate footrest articulate | | | | | |
| K0056 | Y | | Seat ht <17 or >=21 ltwt wc | | | | | |
| K0059 | Y | | Plastic coated handrim each | | | | | |
| K0060 | Y | | Steel handrim each | | | | | |
| K0061 | Y | | Aluminum handrim each | | | | | |
| K0064 | Y | | Zero pressure tube flat free | | | | | |
| K0065 | Y | | Spoke protectors | | | | | |
| K0066 | Y | | Solid tire any size each | | | | | |
| K0067 | Y | | Pneumatic tire any size each | | | | | |
| K0068 | Y | | Pneumatic tire tube each | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| K0069 | Y | | Rear whl complete solid tire | | | | | |
| K0070 | Y | | Rear whl compl pneum tire | | | | | |
| K0071 | Y | | Front castr compl pneum tire | | | | | |
| K0072 | Y | | Frnt cstr cmpl sem-pneum tir | | | | | |
| K0073 | Y | | Caster pin lock each | | | | | |
| K0074 | Y | | Pneumatic caster tire each | | | | | |
| K0075 | Y | | Semi-pneumatic caster tire | | | | | |
| K0076 | Y | | Solid caster tire each | | | | | |
| K0077 | Y | | Front caster assem complete | | | | | |
| K0078 | Y | | Pneumatic caster tire tube | | | | | |
| K0081 | Y | | Wheel lock assembly complete | | | | | |
| K0090 | Y | | Rear tire power wheelchair | | | | | |
| K0091 | Y | | Rear tire tube power whlchr | | | | | |
| K0092 | Y | | Rear assem cmplt powr whlchr | | | | | |
| K0093 | Y | | Rear zero pressure tire tube | | | | | |
| K0094 | Y | | Wheel tire for power base | | | | | |
| K0095 | Y | | Wheel tire tube each base | | | | | |
| K0096 | Y | | Wheel assem powr base cmplt | | | | | |
| K0097 | Y | | Wheel zero presure tire tube | | | | | |
| K0098 | Y | | Drive belt power wheelchair | | | | | |
| K0099 | Y | | Pwr wheelchair front | | | | | |
| K0102 | Y | | Crutch and cane holder | | | | | |
| K0104 | Y | | Cylinder tank carrier | | | | | |
| K0105 | Y | | Iv hanger | | | | | |
| K0106 | Y | | Arm trough each | | | | | |
| K0108 | Y | | W/c component-accessory NOS | | | | | |
| K0114 | Y | | Whlchr back suprt inr frame | | | | | |
| K0115 | Y | | Back module orthotic system | | | | | |
| K0116 | Y | | Back & seat modul orthot sys | | | | | |
| K0195 | Y | | Elevating whlchair leg rests | | | | | |
| K0415 | B | | RX antiemetic drg, oral NOS | | | | | |
| K0416 | B | | Rx antiemetic drg,rectal NOS | | | | | |
| K0452 | Y | | Wheelchair bearings | | | | | |
| K0455 | Y | | Pump uninterrupted infusion | | | | | |
| K0462 | Y | | Temporary replacement eqpmnt | | | | | |
| K0552 | Y | | Supply/Ext inf pump syr type | | | | | |
| K0600 | Y | | Functional neuromuscularstim | | | | | |
| K0601 | Y | | Repl batt silver oxide 1.5 v | | | | | |
| K0602 | Y | | Repl batt silver oxide 3 v | | | | | |
| K0603 | Y | | Repl batt alkaline 1.5 v | | | | | |
| K0604 | Y | | Repl batt lithium 3.6 v | | | | | |
| K0605 | Y | | Repl batt lithium 4.5 v | | | | | |
| K0606 | Y | | AED garment w/elec analysis | | | | | |
| K0607 | Y | | Repl batt for AED | | | | | |
| K0608 | Y | | Repl garment for AED | | | | | |
| K0609 | Y | | Repl electrode for AED | | | | | |
| K0618 | A | | TLSO 2 piece rigid shell | | | | | |
| K0619 | A | | TLSO 3 piece rigid shell | | | | | |
| K0620 | A | | Tubular elastic dressing | | | | | |
| K0627 | A | | Cervical pneum trac equip | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| K0628 | A | | Mult dens insert direct form | | | | | |
| K0629 | A | | Mult dens insert custom mold | | | | | |
| K0630 | A | | SIO flex pelvisacral prefab | | | | | |
| K0631 | A | | SIO flex pelvisacral custom | | | | | |
| K0632 | A | | SIO panel prefab | | | | | |
| K0633 | A | | SIO panel custom | | | | | |
| K0634 | A | | LO flexibl L1 - below L5 pre | | | | | |
| K0635 | A | | LO sag stays/panels pre-fab | | | | | |
| K0636 | A | | LO sagitt rigid panel prefab | | | | | |
| K0637 | A | | LO flex w/o rigid stays pre | | | | | |
| K0638 | A | | LSO flex w/rigid stays cust | | | | | |
| K0639 | A | | LSO post rigid panel pre | | | | | |
| K0640 | A | | LSO sag-coro rigid frame pre | | | | | |
| K0641 | A | | LSO sag-cor rigid frame cust | | | | | |
| K0642 | A | | LSO flexion control prefab | | | | | |
| K0643 | A | | LSO flexion control custom | | | | | |
| K0644 | A | | LSO sagit rigid panel prefab | | | | | |
| K0645 | A | | LSO sagittal rigid panel cus | | | | | |
| K0646 | A | | LSO sag-coronal panel prefab | | | | | |
| K0647 | A | | LSO sag-coronal panel custom | | | | | |
| K0648 | A | | LSO s/c shell/panel prefab | | | | | |
| K0649 | A | | LSO s/c shell/panel custom | | | | | |
| K0650 | Y | | Gen w/c cushion width <22 | | | | | |
| K0651 | Y | | Gen w/c cushion width >=22 | | | | | |
| K0652 | Y | | Skin protect w/c cus wd <22 | | | | | |
| K0653 | Y | | Skin protect w/c cus wd >=22 | | | | | |
| K0654 | Y | | Position w/c cush width <22" | | | | | |
| K0655 | Y | | Position w/c cush width >=22 | | | | | |
| K0656 | Y | | Skin pro/pos w/c cus wd<22" | | | | | |
| K0657 | Y | | Skin pro/pos w/c cus wd >=22 | | | | | |
| K0658 | Y | | Custom fabricate w/c cushion | | | | | |
| K0659 | Y | | Powered w/c cushion | | | | | |
| K0660 | Y | | Gen use back cush width <22" | | | | | |
| K0661 | Y | | Gen use back cush width >=22 | | | | | |
| K0662 | Y | | Position back cush wdth <22" | | | | | |
| K0663 | Y | | Position back cush wdth >=22 | | | | | |
| K0664 | Y | | Pos back post/lat width <22" | | | | | |
| K0665 | Y | | Pos back post/lat width >=22 | | | | | |
| K0666 | Y | | Custom fab w/c back cushion | | | | | |
| K0667 | Y | | Mt hardwre man/light pwr w/c | | | | | |
| K0668 | Y | | Rep ace cover w/c seat cush | | | | | |
| K0669 | Y | | W/c seat/back no CVR SADMERC | | | | | |
| L0100 | A | | Cranial orthosis/helmet mold | | | | | |
| L0110 | A | | Cranial orthosis/helmet nonm | | | | | |
| L0112 | A | | Cranial cervical orthosis | | | | | |
| L0120 | A | | Cerv flexible non-adjustable | | | | | |
| L0130 | A | | Flex thermoplastic collar mo | | | | | |
| L0140 | A | | Cervical semi-rigid adjustab | | | | | |
| L0150 | A | | Cerv semi-rig adj molded chn | | | | | |
| L0160 | A | | Cerv semi-rig wire occ/mand | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L0170 | A | | Cervical collar molded to pt | | | | | |
| L0172 | A | | Cerv col thermplas foam 2 pi | | | | | |
| L0174 | A | | Cerv col foam 2 piece w thor | | | | | |
| L0180 | A | | Cer post col occ/man sup adj | | | | | |
| L0190 | A | | Cerv collar supp adj cerv ba | | | | | |
| L0200 | A | | Cerv col supp adj bar & thor | | | | | |
| L0210 | A | | Thoracic rib belt | | | | | |
| L0220 | A | | Thor rib belt custom fabrica | | | | | |
| L0450 | A | | TLSO flex prefab thoracic | | | | | |
| L0452 | A | | tlso flex custom fab thoraci | | | | | |
| L0454 | A | | TLSO flex prefab sacrococ-T9 | | | | | |
| L0456 | A | | TLSO flex prefab | | | | | |
| L0458 | A | | TLSO 2Mod symphis-xipho pre | | | | | |
| L0460 | A | | TLSO2Mod symphysis-stern pre | | | | | |
| L0462 | A | | TLSO 3Mod sacro-scap pre | | | | | |
| L0464 | A | | TLSO 4Mod sacro-scap pre | | | | | |
| L0466 | A | | TLSO rigid frame pre soft ap | | | | | |
| L0468 | A | | TLSO rigid frame prefab pelv | | | | | |
| L0470 | A | | TLSO rigid frame pre subclav | | | | | |
| L0472 | A | | TLSO rigid frame hyperex pre | | | | | |
| L0476 | E | | TLSO flexion compres jac pre | | | | | |
| L0478 | E | | TLSO flexion compres jac cus | | | | | |
| L0480 | A | | TLSO rigid plastic custom fa | | | | | |
| L0482 | A | | TLSO rigid lined custom fab | | | | | |
| L0484 | A | | TLSO rigid plastic cust fab | | | | | |
| L0486 | A | | TLSO rigidlined cust fab two | | | | | |
| L0488 | A | | TLSO rigid lined pre one pie | | | | | |
| L0490 | A | | TLSO rigid plastic pre one | | | | | |
| L0500 | E | | Lso flex surgical support | | | | | |
| L0510 | E | | Lso flexible custom fabricat | | | | | |
| L0515 | A | | Lso flex elas w/ rig post pa | | | | | |
| L0520 | E | | Lso a-p-l control with apron | | | | | |
| L0530 | E | | Lso ant-pos control w apron | | | | | |
| L0540 | E | | Lso lumbar flexion a-p-l | | | | | |
| L0550 | E | | Lso a-p-l control molded | | | | | |
| L0560 | E | | Lso a-p-l w interface | | | | | |
| L0561 | E | | Prefab lso | | | | | |
| L0565 | E | | Lso a-p-l control custom | | | | | |
| L0600 | E | | Sacroiliac flex surg support | | | | | |
| L0610 | E | | Sacroiliac flexible custm fa | | | | | |
| L0620 | E | | Sacroiliac semi-rig w apron | | | | | |
| L0700 | A | | Ctlso a-p-l control molded | | | | | |
| L0710 | A | | Ctlso a-p-l control w/ inter | | | | | |
| L0810 | A | | Halo cervical into jckt vest | | | | | |
| L0820 | A | | Halo cervical into body jack | | | | | |
| L0830 | A | | Halo cerv into milwaukee typ | | | | | |
| L0860 | A | | Magnetic resonanc image comp | | | | | |
| L0861 | A | | Halo repl liner/interface | | | | | |
| L0960 | E | | Post surgical support pads | | | | | |
| L0970 | A | | Tlso corset front | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| L0972 | A | | Lso corset front | | | | | |
| L0974 | A | | Tiso full corset | | | | | |
| L0976 | A | | Lso full corset | | | | | |
| L0978 | A | | Axillary crutch extension | | | | | |
| L0980 | A | | Peroneal straps pair | | | | | |
| L0982 | A | | Stocking supp grips set of f | | | | | |
| L0984 | A | | Protective body sock each | | | | | |
| L0999 | A | | Add to spinal orthosis NOS | | | | | |
| L1000 | A | | Ctiso milwaukee initial model | | | | | |
| L1005 | A | | Tension based scoliosis orth | | | | | |
| L1010 | A | | Ctiso axilla sling | | | | | |
| L1020 | A | | Kyphosis pad | | | | | |
| L1025 | A | | Kyphosis pad floating | | | | | |
| L1030 | A | | Lumbar bolster pad | | | | | |
| L1040 | A | | Lumbar or lumbar rib pad | | | | | |
| L1050 | A | | Sternal pad | | | | | |
| L1060 | A | | Thoracic pad | | | | | |
| L1070 | A | | Trapezius sling | | | | | |
| L1080 | A | | Outrigger | | | | | |
| L1085 | A | | Outrigger bil w/ vert extens | | | | | |
| L1090 | A | | Lumbar sling | | | | | |
| L1100 | A | | Ring flange plastic/leather | | | | | |
| L1110 | A | | Ring flange plas/leather mol | | | | | |
| L1120 | A | | Covers for upright each | | | | | |
| L1200 | A | | Furnsh initial orthosis only | | | | | |
| L1210 | A | | Lateral thoracic extension | | | | | |
| L1220 | A | | Anterior thoracic extension | | | | | |
| L1230 | A | | Milwaukee type superstructur | | | | | |
| L1240 | A | | Lumbar derotation pad | | | | | |
| L1250 | A | | Anterior asis pad | | | | | |
| L1260 | A | | Anterior thoracic derotation | | | | | |
| L1270 | A | | Abdominal pad | | | | | |
| L1280 | A | | Rib gusset (elastic) each | | | | | |
| L1290 | A | | Lateral trochanteric pad | | | | | |
| L1300 | A | | Body jacket mold to patient | | | | | |
| L1310 | A | | Post-operative body jacket | | | | | |
| L1499 | A | | Spinal orthosis NOS | | | | | |
| L1500 | A | | Thkao mobility frame | | | | | |
| L1510 | A | | Thkao standing frame | | | | | |
| L1520 | A | | Thkao swivel walker | | | | | |
| L1600 | A | | Abduct hip flex frejka w cvr | | | | | |
| L1610 | A | | Abduct hip flex frejka covr | | | | | |
| L1620 | A | | Abduct hip flex pavlik harne | | | | | |
| L1630 | A | | Abduct control hip semi-flex | | | | | |
| L1640 | A | | Pelv band/spread bar thigh c | | | | | |
| L1650 | A | | HO abduction hip adjustable | | | | | |
| L1652 | A | | HO bi thighcuffs w sprdr bar | | | | | |
| L1660 | A | | HO abduction static plastic | | | | | |
| L1680 | A | | Pelvic & hip control thigh c | | | | | |
| L1685 | A | | Post-op hip abduct custom fa | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| L1686 | A | | HO post-op hip abduction | | | | | |
| L1690 | A | | Combination bilateral HO | | | | | |
| L1700 | A | | Leg perthes orth toronto typ | | | | | |
| L1710 | A | | Legg perthes orth newington | | | | | |
| L1720 | A | | Legg perthes orthosis trilat | | | | | |
| L1730 | A | | Legg perthes orth scottish r | | | | | |
| L1750 | A | | Legg perthes sling | | | | | |
| L1755 | A | | Legg perthes patten bottom t | | | | | |
| L1800 | A | | Knee orthoses elas w stays | | | | | |
| L1810 | A | | Ko elastic with joints | | | | | |
| L1815 | A | | Elastic with condylar pads | | | | | |
| L1820 | A | | Ko elas w/ condyle pads & jo | | | | | |
| L1825 | A | | Ko elastic knee cap | | | | | |
| L1830 | A | | Ko immobilizer canvas longit | | | | | |
| L1831 | A | | Knee orth pos locking joint | | | | | |
| L1832 | A | | KO adj jint pos rigid support | | | | | |
| L1834 | A | | Ko w/0 joint rigid molded to | | | | | |
| L1836 | A | | Rigid KO wo joints | | | | | |
| L1840 | A | | Ko derot ant cruciate custom | | | | | |
| L1843 | A | | KO single upright custom fit | | | | | |
| L1844 | A | | Ko w/adj jt rot cntrl molded | | | | | |
| L1845 | A | | Ko w/ adj flex/ext rotat cus | | | | | |
| L1846 | A | | Ko w adj flex/ext rotat mold | | | | | |
| L1847 | A | | KO adjustable w air chambers | | | | | |
| L1850 | A | | Ko swedish type | | | | | |
| L1855 | A | | Ko plas doub upright jint mol | | | | | |
| L1858 | A | | Ko polycentric pneumatic pad | | | | | |
| L1860 | A | | Ko supracondylar socket mold | | | | | |
| L1870 | A | | Ko doub upright lacers molde | | | | | |
| L1880 | A | | Ko doub upright cuffs/lacers | | | | | |
| L1900 | A | | Afo sprng wir drsflx calf bd | | | | | |
| L1901 | A | | Prefab ankle orthosis | | | | | |
| L1902 | A | | Afo ankle gauntlet | | | | | |
| L1904 | A | | Afo molded ankle gauntlet | | | | | |
| L1906 | A | | Afo multiligamentus ankle su | | | | | |
| L1907 | A | | AFO supramalleolar custom | | | | | |
| L1910 | A | | Afo sing bar clasp attach sh | | | | | |
| L1920 | A | | Afo sing upright w/ adjust s | | | | | |
| L1930 | A | | Afo plastic | | | | | |
| L1940 | A | | Afo molded to patient plasti | | | | | |
| L1945 | A | | Afo molded plas rig ant tib | | | | | |
| L1950 | A | | Afo spiral molded to pt plas | | | | | |
| L1951 | A | | AFO spiral prefabricated | | | | | |
| L1960 | A | | Afo pos solid ank plastic mo | | | | | |
| L1970 | A | | Afo plastic molded w/ankle j | | | | | |
| L1971 | A | | AFO w/ankle joint, prefab | | | | | |
| L1980 | A | | Afo sing solid stirrup calf | | | | | |
| L1990 | A | | Afo doub solid stirrup calf | | | | | |
| L2000 | A | | Kafo sing fre stirr thi/calf | | | | | |
| L2010 | A | | Kafo sng solid stirrup w/o j | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L2020 | A | | Kafo dbl solid stirrup band/ | | | | | |
| L2030 | A | | Kafo dbl solid stirrup w/o j | | | | | |
| L2035 | A | | KAFO plastic pediatric size | | | | | |
| L2036 | A | | Kafo plas doub free knee mol | | | | | |
| L2037 | A | | Kafo plas sing free knee mol | | | | | |
| L2038 | A | | Kafo w/o joint multi-axis an | | | | | |
| L2039 | A | | KAFO,plstic,medial rotat con | | | | | |
| L2040 | A | | Hkafo torsion bil rot straps | | | | | |
| L2050 | A | | Hkafo torsion cable hip pelv | | | | | |
| L2060 | A | | Hkafo torsion ball bearing j | | | | | |
| L2070 | A | | Hkafo torsion unilat rot str | | | | | |
| L2080 | A | | Hkafo unilat torsion cable | | | | | |
| L2090 | A | | Hkafo unilat torsion ball br | | | | | |
| L2106 | A | | Afo tib fx cast plaster mold | | | | | |
| L2108 | A | | Afo tib fx cast molded to pt | | | | | |
| L2112 | A | | Afo tibial fracture soft | | | | | |
| L2114 | A | | Afo tib fx semi-rigid | | | | | |
| L2116 | A | | Afo tibial fracture rigid | | | | | |
| L2126 | A | | Kafo fem fx cast thermoplas | | | | | |
| L2128 | A | | Kafo fem fx cast molded to p | | | | | |
| L2132 | A | | Kafo femoral fx cast soft | | | | | |
| L2134 | A | | Kafo fem fx cast semi-rigid | | | | | |
| L2136 | A | | Kafo femoral fx cast rigid | | | | | |
| L2180 | A | | Plas shoe insert w ank joint | | | | | |
| L2182 | A | | Drop lock knee | | | | | |
| L2184 | A | | Limited motion knee joint | | | | | |
| L2186 | A | | Adj motion knee jnt lerman t | | | | | |
| L2188 | A | | Quadrilateral brim | | | | | |
| L2190 | A | | Waist belt | | | | | |
| L2192 | A | | Pelvic band & belt thigh fla | | | | | |
| L2200 | A | | Limited ankle motion ea jnt | | | | | |
| L2210 | A | | Dorsiflexion assist each joi | | | | | |
| L2220 | A | | Dorsi & plantar flex ass/res | | | | | |
| L2230 | A | | Split flat caliper stirr & p | | | | | |
| L2240 | A | | Round caliper and plate atta | | | | | |
| L2250 | A | | Foot plate molded stirrup at | | | | | |
| L2260 | A | | Reinforced solid stirrup | | | | | |
| L2265 | A | | Long tongue stirrup | | | | | |
| L2270 | A | | Varus/valgus strap padded/li | | | | | |
| L2275 | A | | Plastic mod low ext pad/line | | | | | |
| L2280 | A | | Molded inner boot | | | | | |
| L2300 | A | | Abduction bar jointed adjust | | | | | |
| L2310 | A | | Abduction bar-straight | | | | | |
| L2320 | A | | Non-molded lacer | | | | | |
| L2330 | A | | Lacer molded to patient mode | | | | | |
| L2335 | A | | Anterior swing band | | | | | |
| L2340 | A | | Pre-tibial shell molded to p | | | | | |
| L2350 | A | | Prosthetic type socket molde | | | | | |
| L2360 | A | | Extended steel shank | | | | | |
| L2370 | A | | Patten bottom | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| L2375 | A | | Torsion ank & half solid sti | | | | | |
| L2380 | A | | Torsion straight knee joint | | | | | |
| L2385 | A | | Straight knee joint heavy du | | | | | |
| L2390 | A | | Offset knee joint each | | | | | |
| L2395 | A | | Offset knee joint heavy duty | | | | | |
| L2397 | A | | Suspension sleeve lower ext | | | | | |
| L2405 | A | | Knee joint drop lock ea jnt | | | | | |
| L2415 | A | | Knee joint cam lock each joi | | | | | |
| L2425 | A | | Knee disc/dial lock/adj flex | | | | | |
| L2430 | A | | Knee jnt ratchet lock ea jnt | | | | | |
| L2435 | A | | Knee joint polycentric joint | | | | | |
| L2492 | A | | Knee lift loop drop lock rin | | | | | |
| L2500 | A | | Thi/glut/ischia wgt bearing | | | | | |
| L2510 | A | | Th/wght bear quad-lat brim m | | | | | |
| L2520 | A | | Th/wght bear quad-lat brim c | | | | | |
| L2525 | A | | Th/wght bear nar m-l brim mo | | | | | |
| L2526 | A | | Th/wght bear nar m-l brim cu | | | | | |
| L2530 | A | | Thigh/wght bear lacer non-mo | | | | | |
| L2540 | A | | Thigh/wght bear lacer molded | | | | | |
| L2550 | A | | Thigh/wght bear high roll cu | | | | | |
| L2570 | A | | Hip clevis type 2 posit jnt | | | | | |
| L2580 | A | | Pelvic control pelvic sling | | | | | |
| L2600 | A | | Hip clevis/thrust bearing fr | | | | | |
| L2610 | A | | Hip clevis/thrust bearing lo | | | | | |
| L2620 | A | | Pelvic control hip heavy dut | | | | | |
| L2622 | A | | Hip joint adjustable flexion | | | | | |
| L2624 | A | | Hip adj flex ext abduct cont | | | | | |
| L2627 | A | | Plastic mold recipro hip & c | | | | | |
| L2628 | A | | Metal frame recipro hip & ca | | | | | |
| L2630 | A | | Pelvic control band & belt u | | | | | |
| L2640 | A | | Pelvic control band & belt b | | | | | |
| L2650 | A | | Pelv & thor control gluteal | | | | | |
| L2660 | A | | Thoracic control thoracic ba | | | | | |
| L2670 | A | | Thorac cont paraspinal uprig | | | | | |
| L2680 | A | | Thorac cont lat support upri | | | | | |
| L2750 | A | | Plating chrome/nickel pr bar | | | | | |
| L2755 | A | | Carbon graphite lamination | | | | | |
| L2760 | A | | Extension per extension per | | | | | |
| L2768 | A | | Ortho sidebar disconnect | | | | | |
| L2770 | A | | Low ext orthosis per bar/jnt | | | | | |
| L2780 | A | | Non-corrosive finish | | | | | |
| L2785 | A | | Drop lock retainer each | | | | | |
| L2795 | A | | Knee control full kneecap | | | | | |
| L2800 | A | | Knee cap medial or lateral p | | | | | |
| L2810 | A | | Knee control condylar pad | | | | | |
| L2820 | A | | Soft interface below knee se | | | | | |
| L2830 | A | | Soft interface above knee se | | | | | |
| L2840 | A | | Tibial length sock fx or equ | | | | | |
| L2850 | A | | Femoral lgth sock fx or equa | | | | | |
| L2860 | A | | Torsion mechanism knee/ankle | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| L2999 | A | | Lower extremity orthosis NOS | | | | | |
| L3000 | B | | Ft insert ucb berkeley shell | | | | | |
| L3001 | B | | Foot insert remov molded spe | | | | | |
| L3002 | B | | Foot insert plastazote or eq | | | | | |
| L3003 | B | | Foot insert silicone gel eac | | | | | |
| L3010 | B | | Foot longitudinal arch suppo | | | | | |
| L3020 | B | | Foot longitud/metatarsal sup | | | | | |
| L3030 | B | | Foot arch support remov prem | | | | | |
| L3031 | E | | Foot lamin/prepreg composite | | | | | |
| L3040 | B | | Ft arch suprt premold longit | | | | | |
| L3050 | B | | Foot arch supp premold metat | | | | | |
| L3060 | B | | Foot arch supp longitud/metat | | | | | |
| L3070 | B | | Arch suprt att to sho longit | | | | | |
| L3080 | B | | Arch supp att to shoe metata | | | | | |
| L3090 | B | | Arch supp att to shoe long/m | | | | | |
| L3100 | B | | Hallus-valgus nght dynamic s | | | | | |
| L3140 | B | | Abduction rotation bar shoe | | | | | |
| L3150 | B | | Abduct rotation bar w/o shoe | | | | | |
| L3160 | B | | Shoe styled positioning dev | | | | | |
| L3170 | B | | Foot plastic heel stabilizer | | | | | |
| L3201 | B | | Oxford w supinat/pronat inf | | | | | |
| L3202 | B | | Oxford w/ supinat/pronator c | | | | | |
| L3203 | B | | Oxford w/ supinator/pronator | | | | | |
| L3204 | B | | Hightop w/ supp/pronator inf | | | | | |
| L3206 | B | | Hightop w/ supp/pronator chi | | | | | |
| L3207 | B | | Hightop w/ supp/pronator jun | | | | | |
| L3208 | B | | Surgical boot each infant | | | | | |
| L3209 | B | | Surgical boot each child | | | | | |
| L3211 | B | | Surgical boot each junior | | | | | |
| L3212 | B | | Benesch boot pair infant | | | | | |
| L3213 | B | | Benesch boot pair child | | | | | |
| L3214 | B | | Benesch boot pair junior | | | | | |
| L3215 | B | | Orthopedic ftwear ladies oxf | | | | | |
| L3216 | B | | Orthoped ladies shoes dpth i | | | | | |
| L3217 | B | | Ladies shoes hightop depth i | | | | | |
| L3219 | B | | Orthopedic mens shoes oxford | | | | | |
| L3221 | B | | Orthopedic mens shoes dpth i | | | | | |
| L3222 | B | | Mens shoes hightop depth inf | | | | | |
| L3224 | A | | Womans shoe oxford brace | | | | | |
| L3225 | A | | UNKNOWN | | | | | |
| L3230 | B | | Custom shoes depth inlay | | | | | |
| L3250 | B | | Custom mold shoe remov prost | | | | | |
| L3251 | B | | Shoe molded to pt silicone s | | | | | |
| L3252 | B | | Shoe molded plastazote cust | | | | | |
| L3253 | B | | Shoe molded plastazote cust | | | | | |
| L3254 | B | | Orth foot non-standard size/w | | | | | |
| L3255 | B | | Orth foot non-standard size/ | | | | | |
| L3257 | B | | Orth foot add charge split s | | | | | |
| L3260 | B | | Ambulatory surgical boot eac | | | | | |
| L3265 | B | | Plastazote sandal each | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L3300 | B | | Sho lift taper to metatarsal | | | | | |
| L3310 | B | | Shoe lift elev heel/sole neo | | | | | |
| L3320 | B | | Shoe lift elev heel/sole cor | | | | | |
| L3330 | B | | Lifts elevation metal extens | | | | | |
| L3332 | B | | Shoe lifts tapered to one-ha | | | | | |
| L3334 | B | | Shoe lifts elevation heel /i | | | | | |
| L3340 | B | | Shoe wedge sach | | | | | |
| L3350 | B | | Shoe heel wedge | | | | | |
| L3360 | B | | Shoe sole wedge outside sole | | | | | |
| L3370 | B | | Shoe sole wedge between sole | | | | | |
| L3380 | B | | Shoe clubfoot wedge | | | | | |
| L3390 | B | | Shoe outflare wedge | | | | | |
| L3400 | B | | Shoe metatarsal bar wedge ro | | | | | |
| L3410 | B | | Shoe metatarsal bar between | | | | | |
| L3420 | B | | Full sole/heel wedge btween | | | | | |
| L3430 | B | | Sho heel count plast reinfor | | | | | |
| L3440 | B | | Heel leather reinforced | | | | | |
| L3450 | B | | Shoe heel sach cushion type | | | | | |
| L3455 | B | | Shoe heel new leather standa | | | | | |
| L3460 | B | | Shoe heel new rubber standar | | | | | |
| L3465 | B | | Shoe heel thomas with wedge | | | | | |
| L3470 | B | | Shoe heel thomas extend to b | | | | | |
| L3480 | B | | Shoe heel pad & depress for | | | | | |
| L3485 | B | | Shoe heel pad removable for | | | | | |
| L3500 | B | | Ortho shoe add leather insol | | | | | |
| L3510 | B | | Orthopedic shoe add rub inst | | | | | |
| L3520 | B | | O shoe add felt w leath insl | | | | | |
| L3530 | B | | Ortho shoe add half sole | | | | | |
| L3540 | B | | Ortho shoe add full sole | | | | | |
| L3550 | B | | O shoe add standard toe tap | | | | | |
| L3560 | B | | O shoe add horseshoe toe tap | | | | | |
| L3570 | B | | O shoe add instep extension | | | | | |
| L3580 | B | | O shoe add instep velcro clo | | | | | |
| L3590 | B | | O shoe convert to sof counte | | | | | |
| L3595 | B | | Ortho shoe add march bar | | | | | |
| L3600 | B | | Trans shoe calip plate exist | | | | | |
| L3610 | B | | Trans shoe caliper plate new | | | | | |
| L3620 | B | | Trans shoe solid stirrup exi | | | | | |
| L3630 | B | | Trans shoe solid stirrup new | | | | | |
| L3640 | B | | Shoe dennis browne splint bo | | | | | |
| L3649 | B | | Orthopedic shoe modifica NOS | | | | | |
| L3650 | A | | Shlder fig 8 abduct restrain | | | | | |
| L3651 | A | | Prefab shoulder orthosis | | | | | |
| L3652 | A | | Prefab dbl shoulder orthosis | | | | | |
| L3660 | A | | Abduct restrainer canvas&web | | | | | |
| L3670 | A | | Acromio/clavicular canvas&we | | | | | |
| L3675 | A | | Canvas vest SO | | | | | |
| L3677 | E | | SO hard plastic stabilizer | | | | | |
| L3700 | A | | Elbow orthoses elas w stays | | | | | |
| L3701 | A | | Prefab elbow orthosis | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L3710 | A | | Elbow elastic with metal joi | | | | | |
| L3720 | A | | Forearm/arm cuffs free motio | | | | | |
| L3730 | A | | Forearm/arm cuffs ext/flex a | | | | | |
| L3740 | A | | Cuffs adj lock w/ active con | | | | | |
| L3760 | A | | EO withjoint, Prefabricated | | | | | |
| L3762 | A | | Rigid EO wo joints | | | | | |
| L3800 | A | | Whfo short opponen no attach | | | | | |
| L3805 | A | | Whfo long opponens no attach | | | | | |
| L3807 | A | | WHFO,no joint, prefabricated | | | | | |
| L3810 | A | | Whfo thumb abduction bar | | | | | |
| L3815 | A | | Whfo second m.p. abduction a | | | | | |
| L3820 | A | | Whfo ip ext asst w/ mp ext s | | | | | |
| L3825 | A | | Whfo m.p. extension stop | | | | | |
| L3830 | A | | Whfo m.p. extension assist | | | | | |
| L3835 | A | | Whfo m.p. spring extension a | | | | | |
| L3840 | A | | Whfo spring swivel thumb | | | | | |
| L3845 | A | | Whfo thumb ip ext ass w/ mp | | | | | |
| L3850 | A | | Action wrist w/ dorsiflex as | | | | | |
| L3855 | A | | Whfo adj m.p. flexion contro | | | | | |
| L3860 | A | | Whfo adj m.p. flex ctrl & i. | | | | | |
| L3890 | B | | Torsion mechanism wrist/elbo | | | | | |
| L3900 | A | | Hinge extension/flex wrist/f | | | | | |
| L3901 | A | | Hinge ext/flex wrist finger | | | | | |
| L3902 | E | | Whfo ext power compress gas | | | | | |
| L3904 | A | | Whfo electric custom fitted | | | | | |
| L3906 | A | | Wrist gauntlet molded to pt | | | | | |
| L3907 | A | | Whfo wrst gauntlt thmb spica | | | | | |
| L3908 | A | | Wrist cock-up non-molded | | | | | |
| L3909 | A | | Prefab wrist orthosis | | | | | |
| L3910 | A | | Whfo swanson design | | | | | |
| L3911 | A | | Prefab hand finger orthosis | | | | | |
| L3912 | A | | Flex glove w/elastic finger | | | | | |
| L3914 | A | | WHO wrist extension cock-up | | | | | |
| L3916 | A | | Whfo wrist extens w/ outrigg | | | | | |
| L3917 | A | | Prefab metacarpI fx orthosis | | | | | |
| L3918 | A | | HFO knuckle bender | | | | | |
| L3920 | A | | Knuckle bender with outrigge | | | | | |
| L3922 | A | | Knuckle bend 2 seg to flex j | | | | | |
| L3923 | A | | HFO, no joint, prefabricated | | | | | |
| L3924 | A | | Oppenheimer | | | | | |
| L3926 | A | | Thomas suspension | | | | | |
| L3928 | A | | Finger extension w/ clock sp | | | | | |
| L3930 | A | | Finger extension with wrist | | | | | |
| L3932 | A | | Safety pin spring wire | | | | | |
| L3934 | A | | Safety pin modified | | | | | |
| L3936 | A | | Palmer | | | | | |
| L3938 | A | | Dorsal wrist | | | | | |
| L3940 | A | | Dorsal wrist w/ outrigger at | | | | | |
| L3942 | A | | Reverse knuckle bender | | | | | |
| L3944 | A | | Reverse knuckle bend w/ outr | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L3946 | A | | HFO composite elastic | | | | | |
| L3948 | A | | Finger knuckle bender | | | | | |
| L3950 | A | | Oppenheimer w/ knuckle bend | | | | | |
| L3952 | A | | Oppenheimer w/ rev knuckle 2 | | | | | |
| L3954 | A | | Spreading hand | | | | | |
| L3956 | A | | Add joint upper ext orthosis | | | | | |
| L3960 | A | | Sewho airplan desig abdu pos | | | | | |
| L3962 | A | | Sewho erbs palsey design abd | | | | | |
| L3963 | A | | Molded w/ articulating elbow | | | | | |
| L3964 | Y | | Seo mobile arm sup alt to wc | | | | | |
| L3965 | Y | | Arm supp alt to wc rancho ty | | | | | |
| L3966 | Y | | Mobile arm supports reclinin | | | | | |
| L3968 | Y | | Friction dampening arm supp | | | | | |
| L3969 | Y | | Monosuspension arm/hand supp | | | | | |
| L3970 | Y | | Elevat proximal arm support | | | | | |
| L3972 | Y | | Offset/lat rocker arm w/ ela | | | | | |
| L3974 | Y | | Mobile arm support supinator | | | | | |
| L3980 | A | | Upp ext fx orthosis humeral | | | | | |
| L3982 | A | | Upper ext fx orthosis rad/ul | | | | | |
| L3984 | A | | Upper ext fx orthosis wrist | | | | | |
| L3985 | A | | Forearm hand fx orth w/ wr h | | | | | |
| L3986 | A | | Humeral rad/ulna wrist fx or | | | | | |
| L3995 | A | | Sock fracture or equal each | | | | | |
| L3999 | A | | Upper limb orthosis NOS | | | | | |
| L4000 | A | | Repl girdle milwaukee orth | | | | | |
| L4010 | A | | Replace trilateral socket br | | | | | |
| L4020 | A | | Replace quadlat socket brim | | | | | |
| L4030 | A | | Replace socket brim cust fit | | | | | |
| L4040 | A | | Replace molded thigh lacer | | | | | |
| L4045 | A | | Replace non-molded thigh lac | | | | | |
| L4050 | A | | Replace molded calf lacer | | | | | |
| L4055 | A | | Replace non-molded calf lace | | | | | |
| L4060 | A | | Replace high roll cuff | | | | | |
| L4070 | A | | Replace prox & dist upright | | | | | |
| L4080 | A | | Repl met band kafo-afo prox | | | | | |
| L4090 | A | | Repl met band kafo-afo calf/ | | | | | |
| L4100 | A | | Repl leath cuff kafo prox th | | | | | |
| L4110 | A | | Repl leath cuff kafo-afo cal | | | | | |
| L4130 | A | | Replace pretibial shell | | | | | |
| L4205 | A | | Ortho dvc repair per 15 min | | | | | |
| L4210 | A | | Orth dev repair/repl minor p | | | | | |
| L4350 | A | | Ankle control orthosi prefab | | | | | |
| L4360 | A | | Pneumati walking boot prefab | | | | | |
| L4370 | A | | Pneumatic full leg splint | | | | | |
| L4380 | A | | Pneumatic knee splint | | | | | |
| L4386 | A | | Non-pneum walk boot prefab | | | | | |
| L4392 | A | | Replace AFO soft interface | | | | | |
| L4394 | A | | Replace foot drop spint | | | | | |
| L4396 | A | | Static AFO | | | | | |
| L4398 | A | | Foot drop splint recumbent | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L5000 | A | | Sho insert w arch toe filler | | | | | |
| L5010 | A | | Mold socket ank hgt w/ toe f | | | | | |
| L5020 | A | | Tibial tubercle hgt w/ toe f | | | | | |
| L5050 | A | | Ank symes mold sckt sach ft | | | | | |
| L5060 | A | | Symes met fr leath socket ar | | | | | |
| L5100 | A | | Molded socket shin sach foot | | | | | |
| L5105 | A | | Plast socket jts/thgh lacer | | | | | |
| L5150 | A | | Mold sckt ext knee shin sach | | | | | |
| L5160 | A | | Mold socket bent knee shin s | | | | | |
| L5200 | A | | Kne sing axis fric shin sach | | | | | |
| L5210 | A | | No knee/ankle joints w/ ft b | | | | | |
| L5220 | A | | No knee joint with artic ali | | | | | |
| L5230 | A | | Fem focal defic constant fri | | | | | |
| L5250 | A | | Hip canad sing axi cons fric | | | | | |
| L5270 | A | | Tilt table locking hip sing | | | | | |
| L5280 | A | | Hemipelvect canad sing axis | | | | | |
| L5301 | A | | BK mold socket SACH ft endo | | | | | |
| L5311 | A | | Knee disart, SACH ft, endo | | | | | |
| L5321 | A | | AK open end SACH | | | | | |
| L5331 | A | | Hip disart canadian SACH ft | | | | | |
| L5341 | A | | Hemipelvectomy canadian SACH | | | | | |
| L5400 | A | | Postop dress & 1 cast chg bk | | | | | |
| L5410 | A | | Postop dsg bk ea add cast ch | | | | | |
| L5420 | A | | Postop dsg & 1 cast chg ak/d | | | | | |
| L5430 | A | | Postop dsg ak ea add cast ch | | | | | |
| L5450 | A | | Postop app non-wgt bear dsg | | | | | |
| L5460 | A | | Postop app non-wgt bear dsg | | | | | |
| L5500 | A | | Init bk ptb plaster direct | | | | | |
| L5505 | A | | Init ak ischal plstr direct | | | | | |
| L5510 | A | | Prep BK ptb plaster molded | | | | | |
| L5520 | A | | Perp BK ptb thermopls direct | | | | | |
| L5530 | A | | Prep BK ptb thermopls molded | | | | | |
| L5535 | A | | Prep BK ptb open end socket | | | | | |
| L5540 | A | | Prep BK ptb laminated socket | | | | | |
| L5560 | A | | Prep AK ischial plast molded | | | | | |
| L5570 | A | | Prep AK ischial direct form | | | | | |
| L5580 | A | | Prep AK ischial thermo mold | | | | | |
| L5585 | A | | Prep AK ischial open end | | | | | |
| L5590 | A | | Prep AK ischial laminated | | | | | |
| L5595 | A | | Hip disartic sach thermopls | | | | | |
| L5600 | A | | Hip disart sach laminat mold | | | | | |
| L5610 | A | | Above knee hydracadence | | | | | |
| L5611 | A | | AK 4 bar link w/fric swing | | | | | |
| L5613 | A | | AK 4 bar ling w/hydraul swig | | | | | |
| L5614 | A | | 4-bar link above knee w/swng | | | | | |
| L5616 | A | | AK univ multiplex sys frict | | | | | |
| L5617 | A | | AK/BK self-aligning unit ea | | | | | |
| L5618 | A | | Test socket symes | | | | | |
| L5620 | A | | Test socket below knee | | | | | |
| L5622 | A | | Test socket knee disarticula | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L5624 | A | | Test socket above knee | | | | | |
| L5626 | A | | Test socket hip disarticulat | | | | | |
| L5628 | A | | Test socket hemipelvectomy | | | | | |
| L5629 | A | | Below knee acrylic socket | | | | | |
| L5630 | A | | Syme typ expandabl wall sckt | | | | | |
| L5631 | A | | Ak/knee disartic acrylic soc | | | | | |
| L5632 | A | | Symes type ptb brim design s | | | | | |
| L5634 | A | | Symes type poster opening so | | | | | |
| L5636 | A | | Symes type medial opening so | | | | | |
| L5637 | A | | Below knee total contact | | | | | |
| L5638 | A | | Below knee leather socket | | | | | |
| L5639 | A | | Below knee wood socket | | | | | |
| L5640 | A | | Knee disarticulat leather so | | | | | |
| L5642 | A | | Above knee leather socket | | | | | |
| L5643 | A | | Hip flex inner socket ext fr | | | | | |
| L5644 | A | | Above knee wood socket | | | | | |
| L5645 | A | | Bk flex inner socket ext fra | | | | | |
| L5646 | A | | Below knee cushion socket | | | | | |
| L5647 | A | | Below knee suction socket | | | | | |
| L5648 | A | | Above knee cushion socket | | | | | |
| L5649 | A | | Isch containmt/narrow m-l so | | | | | |
| L5650 | A | | Tot contact ak/knee disart s | | | | | |
| L5651 | A | | Ak flex inner socket ext fra | | | | | |
| L5652 | A | | Suction susp ak/knee disart | | | | | |
| L5653 | A | | Knee disart expand wall sock | | | | | |
| L5654 | A | | Socket insert symes | | | | | |
| L5655 | A | | Socket insert below knee | | | | | |
| L5656 | A | | Socket insert knee articulat | | | | | |
| L5658 | A | | Socket insert above knee | | | | | |
| L5661 | A | | Multi-durometer symes | | | | | |
| L5665 | A | | Multi-durometer below knee | | | | | |
| L5666 | A | | Below knee cuff suspension | | | | | |
| L5668 | A | | Socket insert w/o lock lower | | | | | |
| L5670 | A | | Bk molded supracondylar susp | | | | | |
| L5671 | A | | BK/AK locking mechanism | | | | | |
| L5672 | A | | Bk removable medial brim sus | | | | | |
| L5673 | A | | Socket insert w lock mech | | | | | |
| L5674 | A | | Bk suspension sleeve | | | | | |
| L5675 | A | | Bk heavy duty susp sleeve | | | | | |
| L5676 | A | | Bk knee joints single axis p | | | | | |
| L5677 | A | | Bk knee joints polycentric p | | | | | |
| L5678 | A | | Bk joint covers pair | | | | | |
| L5679 | A | | Socket insert w/o lock mech | | | | | |
| L5680 | A | | Bk thigh lacer non-molded | | | | | |
| L5681 | A | | Intl custm cong/latyp insert | | | | | |
| L5682 | A | | Bk thigh lacer glut/ischia m | | | | | |
| L5683 | A | | Initial custom socket insert | | | | | |
| L5684 | A | | Bk fork strap | | | | | |
| L5686 | A | | Bk back check | | | | | |
| L5688 | A | | Bk waist belt webbing | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| L5690 | A | | Bk waist belt padded and lin | | | | | |
| L5692 | A | | Ak pelvic control belt light | | | | | |
| L5694 | A | | Ak pelvic control belt pad/l | | | | | |
| L5695 | A | | Ak sleeve susp neoprene/equa | | | | | |
| L5696 | A | | Ak/knee disartic pelvic join | | | | | |
| L5697 | A | | Ak/knee disartic pelvic band | | | | | |
| L5698 | A | | Ak/knee disartic silesian ba | | | | | |
| L5699 | A | | Shoulder harness | | | | | |
| L5700 | A | | Replace socket below knee | | | | | |
| L5701 | A | | Replace socket above knee | | | | | |
| L5702 | A | | Replace socket hip | | | | | |
| L5704 | A | | Custom shape cover BK | | | | | |
| L5705 | A | | Custom shape cover AK | | | | | |
| L5706 | A | | Custom shape cvr knee disart | | | | | |
| L5707 | A | | Custom shape cvr hip disart | | | | | |
| L5710 | A | | Knee-shin exo sng axi mnl loc | | | | | |
| L5711 | A | | Knee-shin exo mnl lock ultra | | | | | |
| L5712 | A | | Knee-shin exo frict swg & st | | | | | |
| L5714 | A | | Knee-shin exo variable frict | | | | | |
| L5716 | A | | Knee-shin exo mech stance ph | | | | | |
| L5718 | A | | Knee-shin exo frct swg & sta | | | | | |
| L5722 | A | | Knee-shin pneum swg frct exo | | | | | |
| L5724 | A | | Knee-shin exo fluid swing ph | | | | | |
| L5726 | A | | Knee-shin ext jnts fld swg e | | | | | |
| L5728 | A | | Knee-shin fluid swg & stance | | | | | |
| L5780 | A | | Knee-shin pneum/hydra pneum | | | | | |
| L5781 | A | | Lower limb pros vacuum pump | | | | | |
| L5782 | A | | HD low limb pros vacuum pump | | | | | |
| L5785 | A | | Exoskeletal bk ultralt mater | | | | | |
| L5790 | A | | Exoskeletal ak ultra-light m | | | | | |
| L5795 | A | | Exoskel hip ultra-light mate | | | | | |
| L5810 | A | | Endoskel knee-shin mnl lock | | | | | |
| L5811 | A | | Endo knee-shin mnl lck ultra | | | | | |
| L5812 | A | | Endo knee-shin frct swg & st | | | | | |
| L5814 | A | | Endo knee-shin hydra l swg ph | | | | | |
| L5816 | A | | Endo knee-shin polyc mch sta | | | | | |
| L5818 | A | | Endo knee-shin frct swg & st | | | | | |
| L5822 | A | | Endo knee-shin pneum swg frc | | | | | |
| L5824 | A | | Endo knee-shin fluid swing p | | | | | |
| L5826 | A | | Miniature knee joint | | | | | |
| L5828 | A | | Endo knee-shin fluid swg/sta | | | | | |
| L5830 | A | | Endo knee-shin pneum/swg pha | | | | | |
| L5840 | A | | Multi-axial knee/shin system | | | | | |
| L5845 | A | | Knee-shin sys stance flexion | | | | | |
| L5846 | A | | Knee-shin sys microprocessor | | | | | |
| L5847 | A | | Microprocessor cntrl feature | | | | | |
| L5848 | A | | Knee-shin sys hydraul stance | | | | | |
| L5850 | A | | Endo ak/hip knee extens assi | | | | | |
| L5855 | A | | Mech hip extension assist | | | | | |
| L5910 | A | | Endo below knee alignable sy | | | | | |

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|------------------------|-----------------------------|------------------------------|-------------------------------|------------|----------------------------|-------------------------|--|---|
| L5920 | A | | Endo ak/hip alignable system | | | | | |
| L5925 | A | | Above knee manual lock | | | | | |
| L5930 | A | | High activity knee frame | | | | | |
| L5940 | A | | Endo bk ultra-light material | | | | | |
| L5950 | A | | Endo ak ultra-light material | | | | | |
| L5960 | A | | Endo hip ultra-light materia | | | | | |
| L5962 | A | | Below knee flex cover system | | | | | |
| L5964 | A | | Above knee flex cover system | | | | | |
| L5966 | A | | Hip flexible cover system | | | | | |
| L5968 | A | | Multiaxial ankle w dorsiflex | | | | | |
| L5970 | A | | Foot external keel sach foot | | | | | |
| L5972 | A | | Flexible keel foot | | | | | |
| L5974 | A | | Foot single axis ankle/foot | | | | | |
| L5975 | A | | Combo ankle/foot prosthesis | | | | | |
| L5976 | A | | Energy storing foot | | | | | |
| L5978 | A | | Ft prosth multiaxial ankl/ft | | | | | |
| L5979 | A | | Multi-axial ankle/ft prosth | | | | | |
| L5980 | A | | Flex foot system | | | | | |
| L5981 | A | | Flex-walk sys low ext prosth | | | | | |
| L5982 | A | | Exoskeletal axial rotation u | | | | | |
| L5984 | A | | Endoskeletal axial rotation | | | | | |
| L5985 | A | | Lwr ext dynamic prosth pylon | | | | | |
| L5986 | A | | Multi-axial rotation unit | | | | | |
| L5987 | A | | Shank ft w vert load pylon | | | | | |
| L5988 | A | | Vertical shock reducing pylo | | | | | |
| L5989 | A | | Pylon w elctrnc force sensor | | | | | |
| L5990 | A | | User adjustable heel height | | | | | |
| L5995 | A | | Lower ext pros heavyduty fea | | | | | |
| L5999 | A | | Lowr extremity prosthesis NOS | | | | | |
| L6000 | A | | Par hand robin-aids thum rem | | | | | |
| L6010 | A | | Hand robin-aids little/ring | | | | | |
| L6020 | A | | Part hand robin-aids no fing | | | | | |
| L6025 | A | | Part hand disart myoelectric | | | | | |
| L6050 | A | | Wrst MLD sock flx hng tri pad | | | | | |
| L6055 | A | | Wrst mold sock w/exp interfa | | | | | |
| L6100 | A | | Elb mold sock flex hinge pad | | | | | |
| L6110 | A | | Elbow mold sock suspension t | | | | | |
| L6120 | A | | Elbow mold doub splt soc ste | | | | | |
| L6130 | A | | Elbow stump activated lock h | | | | | |
| L6200 | A | | Elbow mold outsid lock hinge | | | | | |
| L6205 | A | | Elbow molded w/ expand inter | | | | | |
| L6250 | A | | Elbow inter loc elbow forarm | | | | | |
| L6300 | A | | Shlder disart int lock elbow | | | | | |
| L6310 | A | | Shoulder passive restor comp | | | | | |
| L6320 | A | | Shoulder passive restor cap | | | | | |
| L6350 | A | | Thoracic intern lock elbow | | | | | |
| L6360 | A | | Thoracic passive restor comp | | | | | |
| L6370 | A | | Thoracic passive restor cap | | | | | |
| L6380 | A | | Postop dsg cast chg wrst/elb | | | | | |
| L6382 | A | | Postop dsg cast chg elb dis/ | | | | | |

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|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| L6384 | A | | Postop dsg cast chg shlder/t | | | | | |
| L6386 | A | | Postop ea cast chg & realign | | | | | |
| L6388 | A | | Postop applicat rigid dsg on | | | | | |
| L6400 | A | | Below elbow prosth tiss shap | | | | | |
| L6450 | A | | Elb disart prosth tiss shap | | | | | |
| L6500 | A | | Above elbow prosth tiss shap | | | | | |
| L6550 | A | | Shldr disar prosth tiss shap | | | | | |
| L6570 | A | | Scap thorac prosth tiss shap | | | | | |
| L6580 | A | | Wrist/elbow bowden cable mol | | | | | |
| L6582 | A | | Wrist/elbow bowden cbl dir f | | | | | |
| L6584 | A | | Elbow fair lead cable molded | | | | | |
| L6586 | A | | Elbow fair lead cable dir fo | | | | | |
| L6588 | A | | Shldr fair lead cable molded | | | | | |
| L6590 | A | | Shldr fair lead cable direct | | | | | |
| L6600 | A | | Polycentric hinge pair | | | | | |
| L6605 | A | | Single pivot hinge pair | | | | | |
| L6610 | A | | Flexible metal hinge pair | | | | | |
| L6615 | A | | Disconnect locking wrist uni | | | | | |
| L6616 | A | | Disconnect insert locking wr | | | | | |
| L6620 | A | | Flexion/extension wrist unit | | | | | |
| L6623 | A | | Spring-ass rot wrst w/ latch | | | | | |
| L6625 | A | | Rotation wrst w/ cable lock | | | | | |
| L6628 | A | | Quick disconn hook adapter o | | | | | |
| L6629 | A | | Lamination collar w/ couplin | | | | | |
| L6630 | A | | Stainless steel any wrist | | | | | |
| L6632 | A | | Latex suspension sleeve each | | | | | |
| L6635 | A | | Lift assist for elbow | | | | | |
| L6637 | A | | Nudge control elbow lock | | | | | |
| L6638 | A | | Elec lock on manual pw elbow | | | | | |
| L6640 | A | | Shoulder abduction joint pai | | | | | |
| L6641 | A | | Excursion amplifier pulley t | | | | | |
| L6642 | A | | Excursion amplifier lever ty | | | | | |
| L6645 | A | | Shoulder flexion-abduction j | | | | | |
| L6646 | A | | Multipo locking shoulder jnt | | | | | |
| L6647 | A | | Shoulder lock actuator | | | | | |
| L6648 | A | | Ext pwrld shlder lock/unlock | | | | | |
| L6650 | A | | Shoulder universal joint | | | | | |
| L6655 | A | | Standard control cable extra | | | | | |
| L6660 | A | | Heavy duty control cable | | | | | |
| L6665 | A | | Teflon or equal cable lining | | | | | |
| L6670 | A | | Hook to hand cable adapter | | | | | |
| L6672 | A | | Harness chest/shlder saddle | | | | | |
| L6675 | A | | Harness figure of 8 sing con | | | | | |
| L6676 | A | | Harness figure of 8 dual con | | | | | |
| L6680 | A | | Test sock wrist disart/bel e | | | | | |
| L6682 | A | | Test sock elbw disart/above | | | | | |
| L6684 | A | | Test socket shldr disart/lho | | | | | |
| L6686 | A | | Suction socket | | | | | |
| L6687 | A | | Frame typ socket bel elbow/w | | | | | |
| L6688 | A | | Frame typ sock above elb/dis | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L6689 | A | | Frame typ socket shoulder di | | | | | |
| L6690 | A | | Frame typ sock interscap-tho | | | | | |
| L6691 | A | | Removable insert each | | | | | |
| L6692 | A | | Silicone gel insert or equal | | | | | |
| L6693 | A | | Lockingelbow forearm cntrbal | | | | | |
| L6700 | A | | Terminal device model #3 | | | | | |
| L6705 | A | | Terminal device model #5 | | | | | |
| L6710 | A | | Terminal device model #5x | | | | | |
| L6715 | A | | Terminal device model #5xa | | | | | |
| L6720 | A | | Terminal device model #6 | | | | | |
| L6725 | A | | Terminal device model #7 | | | | | |
| L6730 | A | | Terminal device model #7lo | | | | | |
| L6735 | A | | Terminal device model #8 | | | | | |
| L6740 | A | | Terminal device model #8x | | | | | |
| L6745 | A | | Terminal device model #88x | | | | | |
| L6750 | A | | Terminal device model #10p | | | | | |
| L6755 | A | | Terminal device model #10x | | | | | |
| L6765 | A | | Terminal device model #12p | | | | | |
| L6770 | A | | Terminal device model #99x | | | | | |
| L6775 | A | | Terminal device model#555 | | | | | |
| L6780 | A | | Terminal device model #ss555 | | | | | |
| L6790 | A | | Hooks-accu hook or equal | | | | | |
| L6795 | A | | Hooks-2 load or equal | | | | | |
| L6800 | A | | Hooks-aprl vc or equal | | | | | |
| L6805 | A | | Modifier wrist flexion unit | | | | | |
| L6806 | A | | Trs grip vc or equal | | | | | |
| L6807 | A | | Term device grip1/2 or equal | | | | | |
| L6808 | A | | Term device infant or child | | | | | |
| L6809 | A | | Trs super sport passive | | | | | |
| L6810 | A | | Pincher tool otto bock or eq | | | | | |
| L6825 | A | | Hands dorrance vo | | | | | |
| L6830 | A | | Hand aprl vc | | | | | |
| L6835 | A | | Hand sierra vo | | | | | |
| L6840 | A | | Hand becker imperial | | | | | |
| L6845 | A | | Hand becker lock grip | | | | | |
| L6850 | A | | Term dvc-hand becker plylite | | | | | |
| L6855 | A | | Hand robin-aids vo | | | | | |
| L6860 | A | | Hand robin-aids vo soft | | | | | |
| L6865 | A | | Hand passive hand | | | | | |
| L6867 | A | | Hand detroit infant hand | | | | | |
| L6868 | A | | Passive inf hand steeper/hos | | | | | |
| L6870 | A | | Hand child mitt | | | | | |
| L6872 | A | | Hand nyu child hand | | | | | |
| L6873 | A | | Hand mech inf steeper or equ | | | | | |
| L6875 | A | | Hand bock vc | | | | | |
| L6880 | A | | Hand bock vo | | | | | |
| L6881 | A | | Autograsp feature ul term dv | | | | | |
| L6882 | A | | Microprocessor control uplmb | | | | | |
| L6890 | A | | Production glove | | | | | |
| L6895 | A | | Custom glove | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| L6900 | A | | Hand restorat thumb/1 finger | | | | | |
| L6905 | A | | Hand restoration multiple fi | | | | | |
| L6910 | A | | Hand restoration no fingers | | | | | |
| L6915 | A | | Hand restoration replacmnt g | | | | | |
| L6920 | A | | Wrist disarticul switch ctrl | | | | | |
| L6925 | A | | Wrist disart myoelectronic c | | | | | |
| L6930 | A | | Below elbow switch control | | | | | |
| L6935 | A | | Below elbow myoelectronic ct | | | | | |
| L6940 | A | | Elbow disarticulation switch | | | | | |
| L6945 | A | | Elbow disart myoelectronic c | | | | | |
| L6950 | A | | Above elbow switch control | | | | | |
| L6955 | A | | Above elbow myoelectronic ct | | | | | |
| L6960 | A | | Shldr disartic switch contro | | | | | |
| L6965 | A | | Shldr disartic myoelectronic | | | | | |
| L6970 | A | | interscapular-thor switch ct | | | | | |
| L6975 | A | | Interscap-thor myoelectronic | | | | | |
| L7010 | A | | Hand otto back steeper/eq sw | | | | | |
| L7015 | A | | Hand sys teknik village swit | | | | | |
| L7020 | A | | Electronic greifer switch ct | | | | | |
| L7025 | A | | Electron hand myoelectronic | | | | | |
| L7030 | A | | Hand sys teknik vill myoelec | | | | | |
| L7035 | A | | Electron greifer myoelectro | | | | | |
| L7040 | A | | Prehensile actuator hosmer s | | | | | |
| L7045 | A | | Electron hook child michigan | | | | | |
| L7170 | A | | Electronic elbow hosmer swit | | | | | |
| L7180 | A | | Electronic elbow utah myoele | | | | | |
| L7185 | A | | Electron elbow adolescent sw | | | | | |
| L7186 | A | | Electron elbow child switch | | | | | |
| L7190 | A | | Elbow adolescent myoelectron | | | | | |
| L7191 | A | | Elbow child myoelectronic ct | | | | | |
| L7260 | A | | Electron wrist rotator otto | | | | | |
| L7261 | A | | Electron wrist rotator utah | | | | | |
| L7266 | A | | Servo control steeper or equ | | | | | |
| L7272 | A | | Analogue control unb or equa | | | | | |
| L7274 | A | | Proportional ctl 12 volt uta | | | | | |
| L7360 | A | | Six volt bat otto bock/eq ea | | | | | |
| L7362 | A | | Battery chrgr six volt otto | | | | | |
| L7364 | A | | Twelve volt battery utah/equ | | | | | |
| L7366 | A | | Battery chrgr 12 volt utah/e | | | | | |
| L7367 | A | | Replacemnt lithium ionbatter | | | | | |
| L7368 | A | | Lithium ion battery charger | | | | | |
| L7499 | A | | Upper extremity prosthes NOS | | | | | |
| L7500 | A | | Prosthetic dvc repair hourly | | | | | |
| L7510 | A | | Prosthetic device repair rep | | | | | |
| L7520 | A | | Repair prosthesis per 15 min | | | | | |
| L7900 | A | | Male vacuum erection system | | | | | |
| L8000 | A | | Mastectomy bra | | | | | |
| L8001 | A | | Breast prosthesis bra & form | | | | | |
| L8002 | A | | Brst prsth bra & bilat form | | | | | |
| L8010 | A | | Mastectomy sleeve | | | | | |

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|----------------|---------------------|----------------------|-------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| L8015 | A | | Ext breastprosthesis garment | | | | | |
| L8020 | A | | Mastectomy form | | | | | |
| L8030 | A | | Breast prosthesis silicone/e | | | | | |
| L8035 | A | | Custom breast prosthesis | | | | | |
| L8039 | A | | Breast prosthesis NOS | | | | | |
| L8040 | A | | Nasal prosthesis | | | | | |
| L8041 | A | | Midfacial prosthesis | | | | | |
| L8042 | A | | Orbital prosthesis | | | | | |
| L8043 | A | | Upper facial prosthesis | | | | | |
| L8044 | A | | Hemi-facial prosthesis | | | | | |
| L8045 | A | | Auricular prosthesis | | | | | |
| L8046 | A | | Partial facial prosthesis | | | | | |
| L8047 | A | | Nasal septal prosthesis | | | | | |
| L8048 | A | | Unspec maxillofacial prosth | | | | | |
| L8049 | A | | Repair maxillofacial prosth | | | | | |
| L8100 | E | | Compression stocking BK18-30 | | | | | |
| L8110 | A | | Compression stocking BK30-40 | | | | | |
| L8120 | A | | Compression stocking BK40-50 | | | | | |
| L8130 | E | | Gc stocking thighlength 18-30 | | | | | |
| L8140 | E | | Gc stocking thighlength 30-40 | | | | | |
| L8150 | E | | Gc stocking thighlength 40-50 | | | | | |
| L8160 | E | | Gc stocking full length 18-30 | | | | | |
| L8170 | E | | Gc stocking full length 30-40 | | | | | |
| L8180 | E | | Gc stocking full length 40-50 | | | | | |
| L8190 | E | | Gc stocking waistlength 18-30 | | | | | |
| L8195 | E | | Gc stocking waistlength 30-40 | | | | | |
| L8200 | E | | Gc stocking waistlength 40-50 | | | | | |
| L8210 | E | | Gc stocking custom made | | | | | |
| L8220 | E | | Gc stocking lymphedema | | | | | |
| L8230 | E | | Gc stocking garter belt | | | | | |
| L8239 | E | | G compression stocking | | | | | |
| L8300 | A | | Truss single w/ standard pad | | | | | |
| L8310 | A | | Truss double w/ standard pad | | | | | |
| L8320 | A | | Truss addition to std pad wa | | | | | |
| L8330 | A | | Truss add to std pad scrotal | | | | | |
| L8400 | A | | Sheath below knee | | | | | |
| L8410 | A | | Sheath above knee | | | | | |
| L8415 | A | | Sheath upper limb | | | | | |
| L8417 | A | | Pros sheath/sock w gel cushn | | | | | |
| L8420 | A | | Prosthetic sock multi ply BK | | | | | |
| L8430 | A | | Prosthetic sock multi ply AK | | | | | |
| L8435 | A | | Pros sock multi ply upper lm | | | | | |
| L8440 | A | | Shrinker below knee | | | | | |
| L8460 | A | | Shrinker above knee | | | | | |
| L8465 | A | | Shrinker upper limb | | | | | |
| L8470 | A | | Pros sock single ply BK | | | | | |
| L8480 | A | | Pros sock single ply AK | | | | | |
| L8485 | A | | Pros sock single ply upper l | | | | | |
| L8490 | A | | Air seal suction reten system | | | | | |
| L8499 | A | | Unlisted misc prosthetic ser | | | | | |

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|-------------|------------------|-------------------|------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| L8500 | A | | Artificial larynx | | | | | |
| L8501 | A | | Tracheostomy speaking valve | | | | | |
| L8505 | A | | Artificial larynx, accessory | | | | | |
| L8507 | A | | Trach-esoph voice pros pt in | | | | | |
| L8509 | A | | Trach-esoph voice pros md in | | | | | |
| L8510 | A | | Voice amplifier | | | | | |
| L8511 | A | | Indwelling trach insert | | | | | |
| L8512 | A | | Gel cap for trach voice pros | | | | | |
| L8513 | A | | Trach pros cleaning device | | | | | |
| L8514 | A | | Repl trach puncture dilator | | | | | |
| L8600 | N | | Implant breast silicone/eq | | | | | |
| L8603 | N | | Collagen imp urinary 2.5 ml | | | | | |
| L8606 | N | | Synthetic implnt urinary 1ml | | | | | |
| L8610 | N | | Ocular implant | | | | | |
| L8612 | N | | Aqueous shunt prosthesis | | | | | |
| L8613 | N | | Ossicular implant | | | | | |
| L8614 | N | | Cochlear device/system | | | | | |
| L8619 | A | | Replace cochlear processor | | | | | |
| L8630 | N | | Metacarpophalangeal implant | | | | | |
| L8631 | A | | MCP joint repl 2 pc or more | | | | | |
| L8641 | N | | Metatarsal joint implant | | | | | |
| L8642 | N | | Hallux implant | | | | | |
| L8658 | N | | Interphalangeal joint spacer | | | | | |
| L8659 | A | | Interphalangeal joint repl | | | | | |
| L8670 | N | | Vascular graft, synthetic | | | | | |
| L8699 | N | | Prosthetic implant NOS | | | | | |
| L9900 | A | | O&P supply/accessory/service | | | | | |
| M0064 | X | | Visit for drug monitoring | 0374 | 1.1042 | \$63.05 | | \$12.61 |
| M0075 | E | | Cellular therapy | | | | | |
| M0076 | E | | Prolotherapy | | | | | |
| M0100 | E | | Intragastric hypothermia | | | | | |
| M0300 | E | | IV chelationtherapy | | | | | |
| M0301 | E | | Fabric wrapping of aneurysm | | | | | |
| P2028 | A | | Cephalin flocculation test | | | | | |
| P2029 | A | | Congo red blood test | | | | | |
| P2031 | E | | Hair analysis | | | | | |
| P2033 | A | | Blood thymol turbidity | | | | | |
| P2038 | A | | Blood mucoprotein | | | | | |
| P3000 | A | | Screen pap by tech w md supv | | | | | |
| P3001 | B | | Screening pap smear by phys | | | | | |
| P7001 | E | | Culture bacterial urine | | | | | |
| P9010 | K | | Whole blood for transfusion | 0950 | | \$114.05 | | \$22.81 |
| P9011 | K | | Blood split unit | 0967 | | \$83.58 | | \$16.72 |
| P9012 | K | | Cryoprecipitate each unit | 0952 | | \$50.59 | | \$10.12 |
| P9016 | K | | RBC leukocytes reduced | 0954 | | \$167.17 | | \$33.43 |
| P9017 | K | | Plasma 1 donor frz w/in 8 hr | 9508 | | \$63.32 | | \$12.66 |
| P9019 | K | | Platelets, each unit | 0957 | | \$48.92 | | \$9.78 |
| P9020 | K | | Plaelet rich plasma unit | 0958 | | \$144.28 | | \$28.86 |
| P9021 | K | | Red blood cells unit | 0959 | | \$113.09 | | \$22.62 |
| P9022 | K | | Washed red blood cells unit | 0960 | | \$163.49 | | \$32.70 |

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|-------------|------------------|-------------------|--------------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| P9023 | K | | Frozen plasma, pooled, sd | 0949 | | \$99.44 | | \$19.89 |
| P9031 | K | | Platelets leukocytes reduced | 1013 | | \$87.30 | | \$17.46 |
| P9032 | K | | Platelets, irradiated | 9500 | | \$89.59 | | \$17.92 |
| P9033 | K | | Platelets leukoreduced irradiated | 0968 | | \$155.87 | | \$31.17 |
| P9034 | K | | Platelets, pheresis | 9507 | | \$439.35 | | \$87.87 |
| P9035 | K | | Platelet pheres leukoreduced | 9501 | | \$468.65 | | \$93.73 |
| P9036 | K | | Platelet pheresis irradiated | 9502 | | \$330.57 | | \$66.11 |
| P9037 | K | | Plate pheres leukoreduced irradiated | 1019 | | \$594.05 | | \$118.81 |
| P9038 | K | | RBC irradiated | 9505 | | \$124.11 | | \$24.82 |
| P9039 | K | | RBC deglycerolized | 9504 | | \$297.71 | | \$59.54 |
| P9040 | K | | RBC leukoreduced irradiated | 0969 | | \$207.17 | | \$41.43 |
| P9041 | K | | Albumin (human), 5%, 50ml | 0961 | 0.3410 | \$19.47 | | \$3.89 |
| P9043 | K | | Plasma protein fract, 5%, 50ml | 0956 | | \$55.38 | | \$11.08 |
| P9044 | K | | Cryoprecipitate reduced plasma | 1009 | | \$56.92 | | \$11.38 |
| P9045 | K | | Albumin (human), 5%, 250 ml | 0963 | 1.0386 | \$59.30 | | \$11.86 |
| P9046 | K | | Albumin (human), 25%, 20 ml | 0964 | 0.2304 | \$13.16 | | \$2.63 |
| P9047 | K | | Albumin (human), 25%, 50ml | 0965 | 0.9798 | \$55.94 | | \$11.19 |
| P9048 | K | | Plasma protein fract, 5%, 250ml | 0966 | | \$142.75 | | \$28.55 |
| P9050 | K | | Granulocytes, pheresis unit | 9506 | | \$790.73 | | \$158.15 |
| P9051 | K | | Blood, l/r, cmv-neg | 1010 | | \$169.50 | | \$33.90 |
| P9052 | K | | Platelets, hla-m, l/r, unit | 1011 | | \$599.37 | | \$119.87 |
| P9053 | K | | Plt, pher, l/r cmv-neg, irr | 1020 | | \$504.62 | | \$100.92 |
| P9054 | K | | Blood, l/r, froz/degly/wash | 1016 | | \$130.66 | | \$26.13 |
| P9055 | K | | Plt, aph/pher, l/r, cmv-neg | 1017 | | \$481.35 | | \$96.27 |
| P9056 | K | | Blood, l/r, irradiated | 1018 | | \$178.64 | | \$35.73 |
| P9057 | K | | RBC, frz/degly/wsh, l/r, irr | 1021 | | \$232.27 | | \$46.45 |
| P9058 | K | | RBC, l/r, cmv-neg, irr | 1022 | | \$276.29 | | \$55.26 |
| P9059 | K | | Plasma, frz between 8-24hour | 0955 | | \$49.19 | | \$9.84 |
| P9060 | K | | Fr frz plasma donor retested | 9503 | | \$70.89 | | \$14.18 |
| P9603 | A | | One-way allow prorated miles | | | | | |
| P9604 | A | | One-way allow prorated trip | | | | | |
| P9612 | N | | Catheterize for urine spec | | | | | |
| P9615 | N | | Urine specimen collect mult | | | | | |
| Q0035 | X | | Cardiokymography | 0100 | 2.5336 | \$144.66 | \$41.44 | \$28.93 |
| Q0081 | T | | Infusion other than che | 0120 | 1.9428 | \$110.93 | \$28.21 | \$22.19 |
| Q0083 | S | | Chemo by other than infusion | 0116 | 1.0913 | \$62.31 | | \$12.46 |
| Q0084 | S | | Chemotherapy by infusion | 0117 | 2.9002 | \$165.60 | \$42.53 | \$33.12 |
| Q0085 | E | | Chemo by both infusion and o | | | | | |
| Q0091 | T | | Obtaining screen pap smear | 0191 | 0.1898 | \$10.84 | \$2.93 | \$2.17 |
| Q0092 | N | | Set up port xray equipment | | | | | |
| Q0111 | A | | Wet mounts/ w preparations | | | | | |
| Q0112 | A | | Potassium hydroxide preps | | | | | |
| Q0113 | A | | Pinworm examinations | | | | | |
| Q0114 | A | | Fern test | | | | | |
| Q0115 | A | | Post-coital mucous exam | | | | | |
| Q0136 | K | | Non esrd epoetin alpha inj | 0733 | | \$11.09 | | \$2.22 |
| Q0137 | K | | Darbepoetin alfa, non esrd | 0734 | | \$4.14 | | \$0.83 |
| Q0144 | E | | Azithromycin dihydrate, oral | | | | | |
| Q0163 | N | | Diphenhydramine HCl 50mg | | | | | |
| Q0164 | N | | Prochlorperazine maleate 5mg | | | | | |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| Q0165 | B | | Prochlorperazine maleate 10mg | | | | | |
| Q0166 | K | | Granisetron HCl 1 mg oral | 0765 | | \$39.04 | | \$7.81 |
| Q0167 | N | | Dronabinol 2.5mg oral | | | | | |
| Q0168 | B | | Dronabinol 5mg oral | | | | | |
| Q0169 | N | | Promethazine HCl 12.5mg oral | | | | | |
| Q0170 | B | | Promethazine HCl 25 mg oral | | | | | |
| Q0171 | N | | Chlorpromazine HCl 10mg oral | | | | | |
| Q0172 | B | | Chlorpromazine HCl 25mg oral | | | | | |
| Q0173 | N | | Trimethobenzamide HCl 250mg | | | | | |
| Q0174 | N | | Thiethylperazine maleate 10mg | | | | | |
| Q0175 | N | | Perphenazine 4mg oral | | | | | |
| Q0176 | B | | Perphenazine 8mg oral | | | | | |
| Q0177 | N | | Hydroxyzine pamoate 25mg | | | | | |
| Q0178 | B | | Hydroxyzine pamoate 50mg | | | | | |
| Q0179 | K | | Ondansetron HCl 8mg oral | 0769 | | \$26.12 | | \$5.22 |
| Q0180 | K | | Dolasetron mesylate oral | 0763 | | \$63.28 | | \$12.66 |
| Q0181 | E | | Unspecified oral anti-emetic | | | | | |
| Q0182 | B | | Nonmetabolic act d/e tissue | | | | | |
| Q0183 | N | | Nonmetabolic active tissue | | | | | |
| Q0187 | K | | Factor viia recombinant | 1409 | | \$1,410.34 | | \$282.07 |
| Q1001 | N | | Ntiol category 1 | | | | | |
| Q1002 | N | | Ntiol category 2 | | | | | |
| Q1003 | N | | Ntiol category 3 | | | | | |
| Q1004 | N | | Ntiol category 4 | | | | | |
| Q1005 | N | | Ntiol category 5 | | | | | |
| Q2001 | E | | Oral cabergoline 0.5 mg | | | | | |
| Q2002 | K | | Elliotts b solution per ml | 7022 | | \$1.50 | | \$0.30 |
| Q2003 | K | | Aprotinin, 10,000 kiu | 7019 | | \$12.51 | | \$2.50 |
| Q2004 | N | | Bladder calculi irrig sol | | | | | |
| Q2005 | K | | Corticoreslin ovine triflutat | 7024 | | \$353.70 | | \$70.74 |
| Q2006 | K | | Digoxin immune fab (ovine) | 7025 | | \$332.00 | | \$66.40 |
| Q2007 | K | | Ethanolamine oleate 100 mg | 7026 | | \$63.29 | | \$12.66 |
| Q2008 | K | | Fomepizole, 15 mg | 7027 | | \$10.04 | | \$2.01 |
| Q2009 | K | | Fosphenytoin, 50 mg | 7028 | | \$5.31 | | \$1.06 |
| Q2011 | K | | Hemin, per 1 mg | 7030 | | \$6.47 | | \$1.29 |
| Q2012 | N | | Pegademase bovine, 25 iu | | | | | |
| Q2013 | K | | Pentastarch 10% solution | 7040 | | \$131.99 | | \$26.40 |
| Q2014 | N | | Sermorelin acetate, 0.5 mg | | | | | |
| Q2017 | K | | Teniposide, 50 mg | 7035 | | \$224.94 | | \$44.99 |
| Q2018 | K | | Urofollitropin, 75 iu | 7037 | | \$56.59 | | \$11.32 |
| Q2019 | K | | Basiliximab | 1615 | | \$1,425.06 | | \$285.01 |
| Q2020 | E | | Histrelin acetate | | | | | |
| Q2021 | K | | Lepirudin | 9057 | | \$130.30 | | \$26.06 |
| Q2022 | K | | VonWillebrandFacrCmplxperIU | 1618 | | \$0.83 | | \$0.17 |
| Q3000 | K | | Rubidium-Rb-82 | 9025 | | \$111.91 | | \$22.38 |
| Q3001 | N | | Brachytherapy Radioelements | | | | | |
| Q3002 | K | | Gallium ga 67 | 1619 | | \$27.10 | | \$5.42 |
| Q3003 | K | | Technetium tc99m bicsiate | 1620 | | \$370.60 | | \$74.12 |
| Q3004 | N | | Xenon xe 133 | | | | | |
| Q3005 | K | | Technetium tc99m mertiatide | 1622 | | \$31.13 | | \$6.23 |

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|-------------|------------------|-------------------|-------------------------------|------|-----------------|--------------|-------------------------------|------------------------------|
| Q3006 | N | | Technetium tc99m gluceptate | | | | | |
| Q3007 | K | | Sodium phosphate p32 | 1624 | | \$94.98 | | \$19.00 |
| Q3008 | K | | Indium 111-in pentetreotide | 1625 | | \$1,079.00 | | \$215.80 |
| Q3009 | N | | Technetium tc99m oxidronate | | | | | |
| Q3010 | N | | Technetium tc99mlabeledrbcs | | | | | |
| Q3011 | K | | Chromic phosphate p32 | 1628 | | \$146.64 | | \$29.33 |
| Q3012 | K | | Cyanocobalamin cobalt co57 | 1089 | | \$85.49 | | \$17.10 |
| Q3014 | A | | Telehealth facility fee | | | | | |
| Q3019 | A | | ALS emer trans no ALS serv | | | | | |
| Q3020 | A | | ALS nonemer trans no ALS se | | | | | |
| Q3025 | K | | IM inj interferon beta 1-a | 9022 | | \$74.44 | | \$14.89 |
| Q3026 | E | | Subc inj interferon beta-1a | | | | | |
| Q3031 | N | | Collagen skin test | | | | | |
| Q4001 | B | | Cast sup body cast plaster | | | | | |
| Q4002 | B | | Cast sup body cast fiberglas | | | | | |
| Q4003 | B | | Cast sup shoulder cast plstr | | | | | |
| Q4004 | B | | Cast sup shoulder cast fbrgl | | | | | |
| Q4005 | B | | Cast sup long arm adult plst | | | | | |
| Q4006 | B | | Cast sup long arm adult fbrg | | | | | |
| Q4007 | B | | Cast sup long arm ped plster | | | | | |
| Q4008 | B | | Cast sup long arm ped fbrgls | | | | | |
| Q4009 | B | | Cast sup sht arm adult plstr | | | | | |
| Q4010 | B | | Cast sup sht arm adult fbrgl | | | | | |
| Q4011 | B | | Cast sup sht arm ped plaster | | | | | |
| Q4012 | B | | Cast sup sht arm ped fbrgls | | | | | |
| Q4013 | B | | Cast sup gauntlet plaster | | | | | |
| Q4014 | B | | Cast sup gauntlet fiberglass | | | | | |
| Q4015 | B | | Cast sup gauntlet ped plster | | | | | |
| Q4016 | B | | Cast sup gauntlet ped fbrgls | | | | | |
| Q4017 | B | | Cast sup lng arm splint plst | | | | | |
| Q4018 | B | | Cast sup lng arm splint fbrg | | | | | |
| Q4019 | B | | Cast sup lng arm splint ped p | | | | | |
| Q4020 | B | | Cast sup lng arm splint ped f | | | | | |
| Q4021 | B | | Cast sup sht arm splint plst | | | | | |
| Q4022 | B | | Cast sup sht arm splint fbrg | | | | | |
| Q4023 | B | | Cast sup sht arm splint ped p | | | | | |
| Q4024 | B | | Cast sup sht arm splint ped f | | | | | |
| Q4025 | B | | Cast sup hip spica plaster | | | | | |
| Q4026 | B | | Cast sup hip spica fiberglas | | | | | |
| Q4027 | B | | Cast sup hip spica ped plstr | | | | | |
| Q4028 | B | | Cast sup hip spica ped fbrgl | | | | | |
| Q4029 | B | | Cast sup long leg plaster | | | | | |
| Q4030 | B | | Cast sup long leg fiberglass | | | | | |
| Q4031 | B | | Cast sup lng leg ped plaster | | | | | |
| Q4032 | B | | Cast sup lng leg ped fbrgls | | | | | |
| Q4033 | B | | Cast sup lng leg cylinder pl | | | | | |
| Q4034 | B | | Cast sup lng leg cylinder fb | | | | | |
| Q4035 | B | | Cast sup lng leg cylndr ped p | | | | | |
| Q4036 | B | | Cast sup lng leg cylndr ped f | | | | | |
| Q4037 | B | | Cast sup shrt leg plaster | | | | | |

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|----------------|---------------------|----------------------|-------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| Q4038 | B | | Cast sup shrt leg fiberglass | | | | | |
| Q4039 | B | | Cast sup shrt leg ped plster | | | | | |
| Q4040 | B | | Cast sup shrt leg ped fbrgls | | | | | |
| Q4041 | B | | Cast sup lng leg splnt plstr | | | | | |
| Q4042 | B | | Cast sup lng leg splnt fbrgl | | | | | |
| Q4043 | B | | Cast sup lng leg splnt ped p | | | | | |
| Q4044 | B | | Cast sup lng leg splnt ped f | | | | | |
| Q4045 | B | | Cast sup sht leg splnt plstr | | | | | |
| Q4046 | B | | Cast sup sht leg splnt fbrgl | | | | | |
| Q4047 | B | | Cast sup sht leg splnt ped p | | | | | |
| Q4048 | B | | Cast sup sht leg splnt ped f | | | | | |
| Q4049 | B | | Finger splint, static | | | | | |
| Q4050 | B | | Cast supplies unlisted | | | | | |
| Q4051 | B | | Splint supplies misc | | | | | |
| Q4054 | A | | Darbepoetin alfa, esrd use | | | | | |
| Q4055 | A | | Epoetin alfa, esrd use | | | | | |
| Q4075 | N | | Acyclovir, 5 mg | | | | | |
| Q4076 | N | | Dopamine hcl, 40 mg | | | | | |
| Q4077 | N | | Treprostinil, 1 mg | | | | | |
| R0070 | N | | Transport portable x-ray | | | | | |
| R0075 | N | | Transport port x-ray multipl | | | | | |
| R0076 | N | | Transport portable EKG | | | | | |
| V2020 | A | | Vision svcs frames purchases | | | | | |
| V2025 | E | | Eyeglasses delux frames | | | | | |
| V2100 | A | | Lens spher single plano 4.00 | | | | | |
| V2101 | A | | Single visn sphere 4.12-7.00 | | | | | |
| V2102 | A | | Singl visn sphere 7.12-20.00 | | | | | |
| V2103 | A | | Sphero cylindr 4.00d/12-2.00d | | | | | |
| V2104 | A | | Sphero cylindr 4.00d/2.12-4d | | | | | |
| V2105 | A | | Sphero cylindr 4.00d/4.25-6d | | | | | |
| V2106 | A | | Sphero cylindr 4.00d/>6.00d | | | | | |
| V2107 | A | | Sphero cylindr 4.25d/12-2d | | | | | |
| V2108 | A | | Sphero cylindr 4.25d/2.12-4d | | | | | |
| V2109 | A | | Sphero cylindr 4.25d/4.25-6d | | | | | |
| V2110 | A | | Sphero cylindr 4.25d/over 6d | | | | | |
| V2111 | A | | Sphero cylindr 7.25d/.25-2.25 | | | | | |
| V2112 | A | | Sphero cylindr 7.25d/2.25-4d | | | | | |
| V2113 | A | | Sphero cylindr 7.25d/4.25-6d | | | | | |
| V2114 | A | | Sphero cylindr over 12.00d | | | | | |
| V2115 | A | | Lens lenticular bifocal | | | | | |
| V2118 | A | | Lens aniseikonic single | | | | | |
| V2121 | A | | Lenticular lens, single | | | | | |
| V2199 | A | | Lens single vision not oth c | | | | | |
| V2200 | A | | Lens spher bifoc plano 4.00d | | | | | |
| V2201 | A | | Lens sphere bifocal 4.12-7.0 | | | | | |
| V2202 | A | | Lens sphere bifocal 7.12-20. | | | | | |
| V2203 | A | | Lens sphcyl bifocal 4.00d/.1 | | | | | |
| V2204 | A | | Lens sphcyl bifocal 4.00d/2.1 | | | | | |
| V2205 | A | | Lens sphcyl bifocal 4.00d/4.2 | | | | | |
| V2206 | A | | Lens sphcyl bifocal 4.00d/ove | | | | | |

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|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| V2207 | A | | Lens sphcy bifocal 4.25-7d/. | | | | | |
| V2208 | A | | Lens sphcy bifocal 4.25-7/2. | | | | | |
| V2209 | A | | Lens sphcy bifocal 4.25-7/4. | | | | | |
| V2210 | A | | Lens sphcy bifocal 4.25-7/ov | | | | | |
| V2211 | A | | Lens sphcy bifo 7.25-12/25- | | | | | |
| V2212 | A | | Lens sphcyl bifo 7.25-12/2.2 | | | | | |
| V2213 | A | | Lens sphcyl bifo 7.25-12/4.2 | | | | | |
| V2214 | A | | Lens sphcyl bifocal over 12. | | | | | |
| V2215 | A | | Lens lenticular bifocal | | | | | |
| V2218 | A | | Lens aniseikonic bifocal | | | | | |
| V2219 | A | | Lens bifocal seg width over | | | | | |
| V2220 | A | | Lens bifocal add over 3.25d | | | | | |
| V2221 | A | | Lenticular lens, bifocal | | | | | |
| V2299 | A | | Lens bifocal speciality | | | | | |
| V2300 | A | | Lens sphere trifocal 4.00d | | | | | |
| V2301 | A | | Lens sphere trifocal 4.12-7. | | | | | |
| V2302 | A | | Lens sphere trifocal 7.12-20 | | | | | |
| V2303 | A | | Lens sphcy trifocal 4.0/12- | | | | | |
| V2304 | A | | Lens sphcy trifocal 4.0/2.25 | | | | | |
| V2305 | A | | Lens sphcy trifocal 4.0/4.25 | | | | | |
| V2306 | A | | Lens sphcyl trifocal 4.00/>6 | | | | | |
| V2307 | A | | Lens sphcy trifocal 4.25-7/. | | | | | |
| V2308 | A | | Lens sphc trifocal 4.25-7/2. | | | | | |
| V2309 | A | | Lens sphc trifocal 4.25-7/4. | | | | | |
| V2310 | A | | Lens sphc trifocal 4.25-7/>6 | | | | | |
| V2311 | A | | Lens sphc trifo 7.25-12/25- | | | | | |
| V2312 | A | | Lens sphc trifo 7.25-12/2.25 | | | | | |
| V2313 | A | | Lens sphc trifo 7.25-12/4.25 | | | | | |
| V2314 | A | | Lens sphcyl trifocal over 12 | | | | | |
| V2315 | A | | Lens lenticular trifocal | | | | | |
| V2318 | A | | Lens aniseikonic trifocal | | | | | |
| V2319 | A | | Lens trifocal seg width > 28 | | | | | |
| V2320 | A | | Lens trifocal add over 3.25d | | | | | |
| V2321 | A | | Lenticular lens, trifocal | | | | | |
| V2399 | A | | Lens trifocal speciality | | | | | |
| V2410 | A | | Lens variab asphericity sing | | | | | |
| V2430 | A | | Lens variable asphericity bi | | | | | |
| V2499 | A | | Variable asphericity lens | | | | | |
| V2500 | A | | Contact lens pmma spherical | | | | | |
| V2501 | A | | Cntct lens pmma-toric/prism | | | | | |
| V2502 | A | | Contact lens pmma bifocal | | | | | |
| V2503 | A | | Cntct lens pmma color vision | | | | | |
| V2510 | A | | Cntct gas permeable sphericl | | | | | |
| V2511 | A | | Cntct toric prism ballast | | | | | |
| V2512 | A | | Cntct lens gas permbl bifocl | | | | | |
| V2513 | A | | Contact lens extended wear | | | | | |
| V2520 | A | | Contact lens hydrophilic | | | | | |
| V2521 | A | | Cntct lens hydrophilic toric | | | | | |
| V2522 | A | | Cntct lens hydrophil bifocl | | | | | |
| V2523 | A | | Cntct lens hydrophil extend | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|------------------------------|------------|----------------------------|-------------------------|--|---|
| V2530 | A | | Contact lens gas impermeable | | | | | |
| V2531 | A | | Contact lens gas permeable | | | | | |
| V2599 | A | | Contact lens/es other type | | | | | |
| V2600 | A | | Hand held low vision aids | | | | | |
| V2610 | A | | Single lens spectacle mount | | | | | |
| V2615 | A | | Telescop/othr compound lens | | | | | |
| V2623 | A | | Plastic eye prosth custom | | | | | |
| V2624 | A | | Polishing artificial eye | | | | | |
| V2625 | A | | Enlargemnt of eye prosthesis | | | | | |
| V2626 | A | | Reduction of eye prosthesis | | | | | |
| V2627 | A | | Scleral cover shell | | | | | |
| V2628 | A | | Fabrication & fitting | | | | | |
| V2629 | A | | Prosthetic eye other type | | | | | |
| V2630 | N | | Anter chamber intraocul lens | | | | | |
| V2631 | N | | Iris support intraoclr lens | | | | | |
| V2632 | N | | Post chmbr intraocular lens | | | | | |
| V2700 | A | | Balance lens | | | | | |
| V2710 | A | | Glass/plastic slab off prism | | | | | |
| V2715 | A | | Prism lens/es | | | | | |
| V2718 | A | | Fresnell prism press-on lens | | | | | |
| V2730 | A | | Special base curve | | | | | |
| V2744 | A | | Tint photochromatic lens/es | | | | | |
| V2745 | A | | Tint, any color/solid/grad | | | | | |
| V2750 | A | | Anti-reflective coating | | | | | |
| V2755 | A | | UV lens/es | | | | | |
| V2756 | E | | Eye glass case | | | | | |
| V2760 | A | | Scratch resistant coating | | | | | |
| V2761 | B | | Mirror coating | | | | | |
| V2762 | A | | Polarization, any lens | | | | | |
| V2770 | A | | Occluder lens/es | | | | | |
| V2780 | A | | Oversize lens/es | | | | | |
| V2781 | B | | Progressive lens per lens | | | | | |
| V2782 | A | | Lens, 1.54-1.65 p/1.60-1.79g | | | | | |
| V2783 | A | | Lens, >= 1.66 p/>=1.80 g | | | | | |
| V2784 | A | | Lens polycarb or equal | | | | | |
| V2785 | F | | Corneal tissue processing | | | | | |
| V2786 | A | | Occupational multifocal lens | | | | | |
| V2790 | N | | Amniotic membrane | | | | | |
| V2797 | A | | Vis item/svc in other code | | | | | |
| V2799 | A | | Miscellaneous vision service | | | | | |
| V5008 | E | | Hearing screening | | | | | |
| V5010 | E | | Assessment for hearing aid | | | | | |
| V5011 | E | | Hearing aid fitting/checking | | | | | |
| V5014 | E | | Hearing aid repair/modifying | | | | | |
| V5020 | E | | Conformity evaluation | | | | | |
| V5030 | E | | Body-worn hearing aid air | | | | | |
| V5040 | E | | Body-worn hearing aid bone | | | | | |
| V5050 | E | | Hearing aid monaural in ear | | | | | |
| V5060 | E | | Behind ear hearing aid | | | | | |
| V5070 | E | | Glasses air conduction | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|----------------|---------------------|----------------------|------------------------------|-----|--------------------|-----------------|-------------------------------------|------------------------------------|
| V5080 | E | | Glasses bone conduction | | | | | |
| V5090 | E | | Hearing aid dispensing fee | | | | | |
| V5095 | E | | Implant mid ear hearing pros | | | | | |
| V5100 | E | | Body-worn bilat hearing aid | | | | | |
| V5110 | E | | Hearing aid dispensing fee | | | | | |
| V5120 | E | | Body-worn binaur hearing aid | | | | | |
| V5130 | E | | In ear binaural hearing aid | | | | | |
| V5140 | E | | Behind ear binaur hearing ai | | | | | |
| V5150 | E | | Glasses binaural hearing aid | | | | | |
| V5160 | E | | Dispensing fee binaural | | | | | |
| V5170 | E | | Within ear cros hearing aid | | | | | |
| V5180 | E | | Behind ear cros hearing aid | | | | | |
| V5190 | E | | Glasses cros hearing aid | | | | | |
| V5200 | E | | Cros hearing aid dispens fee | | | | | |
| V5210 | E | | In ear bicros hearing aid | | | | | |
| V5220 | E | | Behind ear bicros hearing ai | | | | | |
| V5230 | E | | Glasses bicros hearing aid | | | | | |
| V5240 | E | | Dispensing fee bicros | | | | | |
| V5241 | E | | Dispensing fee, monaural | | | | | |
| V5242 | E | | Hearing aid, monaural, cic | | | | | |
| V5243 | E | | Hearing aid, monaural, itc | | | | | |
| V5244 | E | | Hearing aid, prog, mon, cic | | | | | |
| V5245 | E | | Hearing aid, prog, mon, itc | | | | | |
| V5246 | E | | Hearing aid, prog, mon, ite | | | | | |
| V5247 | E | | Hearing aid, prog, mon, bte | | | | | |
| V5248 | E | | Hearing aid, binaural, cic | | | | | |
| V5249 | E | | Hearing aid, binaural, itc | | | | | |
| V5250 | E | | Hearing aid, prog, bin, cic | | | | | |
| V5251 | E | | Hearing aid, prog, bin, itc | | | | | |
| V5252 | E | | Hearing aid, prog, bin, ite | | | | | |
| V5253 | E | | Hearing aid, prog, bin, bte | | | | | |
| V5254 | E | | Hearing id, digit, mon, cic | | | | | |
| V5255 | E | | Hearing aid, digit, mon, itc | | | | | |
| V5256 | E | | Hearing aid, digit, mon, ite | | | | | |
| V5257 | E | | Hearing aid, digit, mon, bte | | | | | |
| V5258 | E | | Hearing aid, digit, bin, cic | | | | | |
| V5259 | E | | Hearing aid, digit, bin, itc | | | | | |
| V5260 | E | | Hearing aid, digit, bin, ite | | | | | |
| V5261 | E | | Hearing aid, digit, bin, bte | | | | | |
| V5262 | E | | Hearing aid, disp, monaural | | | | | |
| V5263 | E | | Hearing aid, disp, binaural | | | | | |
| V5264 | E | | Ear mold/insert | | | | | |
| V5265 | E | | Ear mold/insert, disp | | | | | |
| V5266 | E | | Battery for hearing device | | | | | |
| V5267 | E | | Hearing aid supply/accessory | | | | | |
| V5268 | E | | ALD Telephone Amplifier | | | | | |
| V5269 | E | | Alerting device, any type | | | | | |
| V5270 | E | | ALD, TV amplifier, any type | | | | | |
| V5271 | E | | ALD, TV caption decoder | | | | | |
| V5272 | E | | Tdd | | | | | |

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**Addendum B. - Payment Status by HCPCS Code and Related Information
Calendar Year 2005**

| CPT / HCPCS | Status Indicator | Comment Indicator | Description | APC | Relative Weight | Payment Rate | National Unadjusted Copayment | Minimum Unadjusted Copayment |
|------------------------|-----------------------------|------------------------------|-----------------------------|------------|----------------------------|-------------------------|--|---|
| V5273 | E | | ALD for cochlear implant | | | | | |
| V5274 | E | | ALD unspecified | | | | | |
| V5275 | E | | Ear impression | | | | | |
| V5298 | E | | Hearing aid noc | | | | | |
| V5299 | B | | Hearing service | | | | | |
| V5336 | E | | Repair communication device | | | | | |
| V5362 | E | | Speech screening | | | | | |
| V5363 | E | | Language screening | | | | | |
| V5364 | E | | Dysphagia screening | | | | | |

* Refer to preamble for explanation of multiple payment rates.

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**ADDENDUM D1.--PAYMENT STATUS INDICATORS FOR HOSPITAL
OUTPATIENT PROSPECTIVE PAYMENT SYSTEM**

| Indicator | Item/code/service | Status |
|-----------|--|---|
| A | <p>Services furnished to a Hospital Outpatient that are paid under a Fee Schedule/Payment System other than OPPS, e.g.:</p> <ul style="list-style-type: none"> ● Ambulance Services ● Clinical Diagnostic Laboratory Services ● Non-Implantable Prosthetic and Orthotic Devices ● EPO for ESRD Patients ● Physical, Occupational, and Speech Therapy ● Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital. ● Diagnostic Mammography ● Screening Mammography | <p>Not paid under OPPS. Paid by Intermediaries under a Fee Schedule/Payment System other than OPPS.</p> |
| B | <p>Codes that are not recognized by OPPS when submitted on an Outpatient Hospital Part B bill type (12x, 13x, and 14x).</p> | <p>Not paid under OPPS.</p> <ul style="list-style-type: none"> ● May be paid by Intermediaries when submitted on a different bill type, e.g., 75x (CORF), but not paid under OPPS. ● An alternate code that is recognized by OPPS when submitted on an Outpatient Hospital Part B bill type (12x, 13x, and 14x) may be available. |
| C | <p>Inpatient Procedures</p> | <p>Not Paid under OPPS. Admit patient; Bill as inpatient.</p> |
| D | <p>Discontinued Codes</p> | <p>Not paid under OPPS. Not paid under Medicare.</p> |
| E | <p>Items, Codes, and Services:</p> <ul style="list-style-type: none"> ● That are not covered by Medicare based on Statutory Exclusion. ● That are not recognized by Medicare but for which an alternate code for the same item or service may be available. ● For which separate payment is not provided by Medicare. | <p>Not Covered under OPPS.</p> |

| Indicator | Item/code/service | Status |
|-----------|--|---|
| F | Corneal Tissue Acquisition; Certain CRNA Services | Not paid under OPSS. Paid at reasonable cost. |
| G | <u>Pass-through Drugs, Biologicals, and Radiopharmaceutical Agents</u> | Paid under OPSS; Separate APC payment includes Pass-Through amount. |
| H | Pass-through Device Category; Brachytherapy Sources Paid at Cost | Paid under OPSS; (a) Separate cost-based Pass-Through payment; (b) Separate cost-based NonPass-Through payment. |
| K | NonPass-Through Drugs, Biologicals, and Radiopharmaceuticals Agents | Paid under OPSS; Separate APC payment. |
| L | Influenza Vaccine; Pneumococcal Pneumonia Vaccine | Not paid under OPSS. Paid at reasonable cost; Not subject to deductible or coinsurance. |
| N | Items and Services packaged into APC Rates | Paid under OPSS. However, payment is packaged into payment for other services, including Outliers. Therefore, there is no separate APC payment. |
| P | Partial Hospitalization | Paid under OPSS; Per diem APC payment. |
| S | Significant Procedure, Not Discounted when Multiple | Paid under OPSS; Separate APC payment. |
| T | Significant Procedure, Multiple Reduction Applies | Paid under OPSS; Separate APC payment. |
| V | Clinic or Emergency Department Visit | Paid under OPSS; Separate APC payment. |
| Y | Non-Implantable Durable Medical Equipment | Not paid under OPSS. All institutional providers other than Home Health Agencies bill to DMERC. |
| X | Ancillary Service | Paid under OPSS; Separate APC payment. |

ADDENDUM D2.--COMMENT INDICATORS

| Comment Indicator | Descriptor |
|-------------------|--|
| NF | New code, final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment. |
| NI | New code, 7/12/2004 interim APC assignment; Comments will be accepted on the interim APC assignment for the new code. |

Addendum E.--CPT Codes that Are Only Paid as Inpatient Procedures

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 0001T | C | Endovas repr abdo ao aneurys |
| 0005T | C | Perc cath stent/brain cv art |
| 0006T | C | Perc cath stent/brain cv art |
| 0007T | C | Perc cath stent/brain cv art |
| 00176 | C | Anesth, pharyngeal surgery |
| 00192 | C | Anesth, facial bone surgery |
| 00214 | C | Anesth, skull drainage |
| 00215 | C | Anesth, skull repair/fract |
| 0021T | C | Fetal oximetry, trnsvag/cerv |
| 0024T | C | Transcath cardiac reduction |
| 0033T | C | Endovasc taa repr incl subcl |
| 0034T | C | Endovasc taa repr w/o subcl |
| 0035T | C | Insert endovasc prosth, taa |
| 0036T | C | Endovasc prosth, taa, add-on |
| 0037T | C | Artery transpose/endovas taa |
| 0038T | C | Rad endovasc taa rpr w/cover |
| 0039T | C | Rad s/i, endovasc taa repair |
| 00404 | C | Anesth, surgery of breast |
| 00406 | C | Anesth, surgery of breast |
| 0040T | C | Rad s/i, endovasc taa prosth |
| 00452 | C | Anesth, surgery of shoulder |
| 00474 | C | Anesth, surgery of rib(s) |
| 0048T | C | Implant ventricular device |
| 0049T | C | External circulation assist |
| 0050T | C | Removal circulation assist |
| 0051T | C | Implant total heart system |
| 00524 | C | Anesth, chest drainage |
| 0052T | C | Replace component heart syst |
| 0053T | C | Replace component heart syst |
| 00540 | C | Anesth, chest surgery |
| 00542 | C | Anesth, release of lung |
| 00546 | C | Anesth, lung,chest wall surg |
| 00560 | C | Anesth, open heart surgery |
| 00562 | C | Anesth, open heart surgery |
| 00580 | C | Anesth, heart/lung transplnt |
| 00604 | C | Anesth, sitting procedure |
| 00622 | C | Anesth, removal of nerves |
| 00632 | C | Anesth, removal of nerves |
| 00634 | C | Anesth for chemonucleolysis |
| 00670 | C | Anesth, spine, cord surgery |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 00792 | C | Anesth, hemorr/excise liver |
| 00794 | C | Anesth, pancreas removal |
| 00796 | C | Anesth, for liver transplant |
| 00802 | C | Anesth, fat layer removal |
| 00844 | C | Anesth, pelvis surgery |
| 00846 | C | Anesth, hysterectomy |
| 00848 | C | Anesth, pelvic organ surg |
| 00864 | C | Anesth, removal of bladder |
| 00865 | C | Anesth, removal of prostate |
| 00866 | C | Anesth, removal of adrenal |
| 00868 | C | Anesth, kidney transplant |
| 00882 | C | Anesth, major vein ligation |
| 00904 | C | Anesth, perineal surgery |
| 00908 | C | Anesth, removal of prostate |
| 00932 | C | Anesth, amputation of penis |
| 00934 | C | Anesth, penis, nodes removal |
| 00936 | C | Anesth, penis, nodes removal |
| 00944 | C | Anesth, vaginal hysterectomy |
| 01140 | C | Anesth, amputation at pelvis |
| 01150 | C | Anesth, pelvic tumor surgery |
| 01190 | C | Anesth, pelvis nerve removal |
| 01212 | C | Anesth, hip disarticulation |
| 01214 | C | Anesth, hip arthroplasty |
| 01232 | C | Anesth, amputation of femur |
| 01234 | C | Anesth, radical femur surg |
| 01272 | C | Anesth, femoral artery surg |
| 01274 | C | Anesth, femoral embolectomy |
| 01402 | C | Anesth, knee arthroplasty |
| 01404 | C | Anesth, amputation at knee |
| 01442 | C | Anesth, knee artery surg |
| 01444 | C | Anesth, knee artery repair |
| 01486 | C | Anesth, ankle replacement |
| 01502 | C | Anesth, lwr leg embolectomy |
| 01632 | C | Anesth, surgery of shoulder |
| 01634 | C | Anesth, shoulder joint amput |
| 01636 | C | Anesth, forequarter amput |
| 01638 | C | Anesth, shoulder replacement |
| 01652 | C | Anesth, shoulder vessel surg |
| 01654 | C | Anesth, shoulder vessel surg |
| 01656 | C | Anesth, arm-leg vessel surg |
| 01756 | C | Anesth, radical humerus surg |
| 01990 | C | Support for organ donor |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 15756 | C | Free muscle flap, microvasc |
| 15757 | C | Free skin flap, microvasc |
| 15758 | C | Free fascial flap, microvasc |
| 16035 | C | Incision of burn scab, initi |
| 16036 | C | Escharotomy; add'l incision |
| 19200 | C | Removal of breast |
| 19220 | C | Removal of breast |
| 19271 | C | Revision of chest wall |
| 19272 | C | Extensive chest wall surgery |
| 19361 | C | Breast reconstruction |
| 19364 | C | Breast reconstruction |
| 19367 | C | Breast reconstruction |
| 19368 | C | Breast reconstruction |
| 19369 | C | Breast reconstruction |
| 20660 | C | Apply, rem fixation device |
| 20661 | C | Application of head brace |
| 20662 | C | Application of pelvis brace |
| 20663 | C | Application of thigh brace |
| 20664 | C | Halo brace application |
| 20802 | C | Replantation, arm, complete |
| 20805 | C | Replant forearm, complete |
| 20808 | C | Replantation hand, complete |
| 20816 | C | Replantation digit, complete |
| 20822 | C | Replantation digit, complete |
| 20824 | C | Replantation thumb, complete |
| 20827 | C | Replantation thumb, complete |
| 20838 | C | Replantation foot, complete |
| 20930 | C | Spinal bone allograft |
| 20931 | C | Spinal bone allograft |
| 20936 | C | Spinal bone autograft |
| 20937 | C | Spinal bone autograft |
| 20938 | C | Spinal bone autograft |
| 20955 | C | Fibula bone graft, microvasc |
| 20956 | C | Iliac bone graft, microvasc |
| 20957 | C | Mt bone graft, microvasc |
| 20962 | C | Other bone graft, microvasc |
| 20969 | C | Bone/skin graft, microvasc |
| 20970 | C | Bone/skin graft, iliac crest |
| 20972 | C | Bone/skin graft, metatarsal |
| 20973 | C | Bone/skin graft, great toe |
| 21045 | C | Extensive jaw surgery |
| 21141 | C | Reconstruct midface, lefort |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 21142 | C | Reconstruct midface, lefort |
| 21143 | C | Reconstruct midface, lefort |
| 21145 | C | Reconstruct midface, lefort |
| 21146 | C | Reconstruct midface, lefort |
| 21147 | C | Reconstruct midface, lefort |
| 21150 | C | Reconstruct midface, lefort |
| 21151 | C | Reconstruct midface, lefort |
| 21154 | C | Reconstruct midface, lefort |
| 21155 | C | Reconstruct midface, lefort |
| 21159 | C | Reconstruct midface, lefort |
| 21160 | C | Reconstruct midface, lefort |
| 21172 | C | Reconstruct orbit/forehead |
| 21175 | C | Reconstruct orbit/forehead |
| 21179 | C | Reconstruct entire forehead |
| 21180 | C | Reconstruct entire forehead |
| 21182 | C | Reconstruct cranial bone |
| 21183 | C | Reconstruct cranial bone |
| 21184 | C | Reconstruct cranial bone |
| 21188 | C | Reconstruction of midface |
| 21193 | C | Reconst lwr jaw w/o graft |
| 21194 | C | Reconst lwr jaw w/graft |
| 21195 | C | Reconst lwr jaw w/o fixation |
| 21196 | C | Reconst lwr jaw w/fixation |
| 21247 | C | Reconstruct lower jaw bone |
| 21255 | C | Reconstruct lower jaw bone |
| 21256 | C | Reconstruction of orbit |
| 21268 | C | Revise eye sockets |
| 21343 | C | Treatment of sinus fracture |
| 21344 | C | Treatment of sinus fracture |
| 21346 | C | Treat nose/jaw fracture |
| 21347 | C | Treat nose/jaw fracture |
| 21348 | C | Treat nose/jaw fracture |
| 21360 | C | Treat cheek bone fracture |
| 21365 | C | Treat cheek bone fracture |
| 21366 | C | Treat cheek bone fracture |
| 21385 | C | Treat eye socket fracture |
| 21386 | C | Treat eye socket fracture |
| 21387 | C | Treat eye socket fracture |
| 21395 | C | Treat eye socket fracture |
| 21408 | C | Treat eye socket fracture |
| 21422 | C | Treat mouth roof fracture |
| 21423 | C | Treat mouth roof fracture |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 21431 | C | Treat craniofacial fracture |
| 21432 | C | Treat craniofacial fracture |
| 21433 | C | Treat craniofacial fracture |
| 21435 | C | Treat craniofacial fracture |
| 21436 | C | Treat craniofacial fracture |
| 21495 | C | Treat hyoid bone fracture |
| 21510 | C | Drainage of bone lesion |
| 21615 | C | Removal of rib |
| 21616 | C | Removal of rib and nerves |
| 21620 | C | Partial removal of sternum |
| 21627 | C | Sternal debridement |
| 21630 | C | Extensive sternum surgery |
| 21632 | C | Extensive sternum surgery |
| 21705 | C | Revision of neck muscle/rib |
| 21740 | C | Reconstruction of sternum |
| 21750 | C | Repair of sternum separation |
| 21810 | C | Treatment of rib fracture(s) |
| 21825 | C | Treat sternum fracture |
| 22110 | C | Remove part of neck vertebra |
| 22112 | C | Remove part, thorax vertebra |
| 22114 | C | Remove part, lumbar vertebra |
| 22116 | C | Remove extra spine segment |
| 22210 | C | Revision of neck spine |
| 22212 | C | Revision of thorax spine |
| 22214 | C | Revision of lumbar spine |
| 22216 | C | Revise, extra spine segment |
| 22220 | C | Revision of neck spine |
| 22224 | C | Revision of lumbar spine |
| 22226 | C | Revise, extra spine segment |
| 22318 | C | Treat odontoid fx w/o graft |
| 22319 | C | Treat odontoid fx w/graft |
| 22325 | C | Treat spine fracture |
| 22326 | C | Treat neck spine fracture |
| 22327 | C | Treat thorax spine fracture |
| 22328 | C | Treat each add spine fx |
| 22532 | C | Lat thorax spine fusion |
| 22533 | C | Lat lumbar spine fusion |
| 22534 | C | Lat thor/lumb, add'l seg |
| 22548 | C | Neck spine fusion |
| 22554 | C | Neck spine fusion |
| 22556 | C | Thorax spine fusion |
| 22558 | C | Lumbar spine fusion |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|---------------|--|------------------------------|
| 22585 | C | Additional spinal fusion |
| 22590 | C | Spine & skull spinal fusion |
| 22595 | C | Neck spinal fusion |
| 22600 | C | Neck spine fusion |
| 22610 | C | Thorax spine fusion |
| 22630 | C | Lumbar spine fusion |
| 22632 | C | Spine fusion, extra segment |
| 22800 | C | Fusion of spine |
| 22802 | C | Fusion of spine |
| 22804 | C | Fusion of spine |
| 22808 | C | Fusion of spine |
| 22810 | C | Fusion of spine |
| 22812 | C | Fusion of spine |
| 22818 | C | Kyphectomy, 1-2 segments |
| 22819 | C | Kyphectomy, 3 or more |
| 22830 | C | Exploration of spinal fusion |
| 22840 | C | Insert spine fixation device |
| 22841 | C | Insert spine fixation device |
| 22842 | C | Insert spine fixation device |
| 22843 | C | Insert spine fixation device |
| 22844 | C | Insert spine fixation device |
| 22845 | C | Insert spine fixation device |
| 22846 | C | Insert spine fixation device |
| 22847 | C | Insert spine fixation device |
| 22848 | C | Insert pelv fixation device |
| 22849 | C | Reinsert spinal fixation |
| 22850 | C | Remove spine fixation device |
| 22851 | C | Apply spine prosth device |
| 22852 | C | Remove spine fixation device |
| 22855 | C | Remove spine fixation device |
| 23200 | C | Removal of collar bone |
| 23210 | C | Removal of shoulder blade |
| 23220 | C | Partial removal of humerus |
| 23221 | C | Partial removal of humerus |
| 23222 | C | Partial removal of humerus |
| 23332 | C | Remove shoulder foreign body |
| 23472 | C | Reconstruct shoulder joint |
| 23900 | C | Amputation of arm & girdle |
| 23920 | C | Amputation at shoulder joint |
| 24900 | C | Amputation of upper arm |
| 24920 | C | Amputation of upper arm |
| 24930 | C | Amputation follow-up surgery |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 24931 | C | Amputate upper arm & implant |
| 24940 | C | Revision of upper arm |
| 25900 | C | Amputation of forearm |
| 25905 | C | Amputation of forearm |
| 25909 | C | Amputation follow-up surgery |
| 25915 | C | Amputation of forearm |
| 25920 | C | Amputate hand at wrist |
| 25924 | C | Amputation follow-up surgery |
| 25927 | C | Amputation of hand |
| 25931 | C | Amputation follow-up surgery |
| 26551 | C | Great toe-hand transfer |
| 26553 | C | Single transfer, toe-hand |
| 26554 | C | Double transfer, toe-hand |
| 26556 | C | Toe joint transfer |
| 26992 | C | Drainage of bone lesion |
| 27005 | C | Incision of hip tendon |
| 27006 | C | Incision of hip tendons |
| 27025 | C | Incision of hip/thigh fascia |
| 27030 | C | Drainage of hip joint |
| 27036 | C | Excision of hip joint/muscle |
| 27054 | C | Removal of hip joint lining |
| 27070 | C | Partial removal of hip bone |
| 27071 | C | Partial removal of hip bone |
| 27075 | C | Extensive hip surgery |
| 27076 | C | Extensive hip surgery |
| 27077 | C | Extensive hip surgery |
| 27078 | C | Extensive hip surgery |
| 27079 | C | Extensive hip surgery |
| 27090 | C | Removal of hip prosthesis |
| 27091 | C | Removal of hip prosthesis |
| 27120 | C | Reconstruction of hip socket |
| 27122 | C | Reconstruction of hip socket |
| 27125 | C | Partial hip replacement |
| 27130 | C | Total hip arthroplasty |
| 27132 | C | Total hip arthroplasty |
| 27134 | C | Revise hip joint replacement |
| 27137 | C | Revise hip joint replacement |
| 27138 | C | Revise hip joint replacement |
| 27140 | C | Transplant femur ridge |
| 27146 | C | Incision of hip bone |
| 27147 | C | Revision of hip bone |
| 27151 | C | Incision of hip bones |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 27156 | C | Revision of hip bones |
| 27158 | C | Revision of pelvis |
| 27161 | C | Incision of neck of femur |
| 27165 | C | Incision/fixation of femur |
| 27170 | C | Repair/graft femur head/neck |
| 27175 | C | Treat slipped epiphysis |
| 27176 | C | Treat slipped epiphysis |
| 27177 | C | Treat slipped epiphysis |
| 27178 | C | Treat slipped epiphysis |
| 27179 | C | Revise head/neck of femur |
| 27181 | C | Treat slipped epiphysis |
| 27185 | C | Revision of femur epiphysis |
| 27187 | C | Reinforce hip bones |
| 27215 | C | Treat pelvic fracture(s) |
| 27217 | C | Treat pelvic ring fracture |
| 27218 | C | Treat pelvic ring fracture |
| 27222 | C | Treat hip socket fracture |
| 27226 | C | Treat hip wall fracture |
| 27227 | C | Treat hip fracture(s) |
| 27228 | C | Treat hip fracture(s) |
| 27232 | C | Treat thigh fracture |
| 27236 | C | Treat thigh fracture |
| 27240 | C | Treat thigh fracture |
| 27244 | C | Treat thigh fracture |
| 27245 | C | Treat thigh fracture |
| 27248 | C | Treat thigh fracture |
| 27253 | C | Treat hip dislocation |
| 27254 | C | Treat hip dislocation |
| 27258 | C | Treat hip dislocation |
| 27259 | C | Treat hip dislocation |
| 27280 | C | Fusion of sacroiliac joint |
| 27282 | C | Fusion of pubic bones |
| 27284 | C | Fusion of hip joint |
| 27286 | C | Fusion of hip joint |
| 27290 | C | Amputation of leg at hip |
| 27295 | C | Amputation of leg at hip |
| 27303 | C | Drainage of bone lesion |
| 27365 | C | Extensive leg surgery |
| 27445 | C | Revision of knee joint |
| 27447 | C | Total knee arthroplasty |
| 27448 | C | Incision of thigh |
| 27450 | C | Incision of thigh |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 27454 | C | Realignment of thigh bone |
| 27455 | C | Realignment of knee |
| 27457 | C | Realignment of knee |
| 27465 | C | Shortening of thigh bone |
| 27466 | C | Lengthening of thigh bone |
| 27468 | C | Shorten/lengthen thighs |
| 27470 | C | Repair of thigh |
| 27472 | C | Repair/graft of thigh |
| 27475 | C | Surgery to stop leg growth |
| 27477 | C | Surgery to stop leg growth |
| 27479 | C | Surgery to stop leg growth |
| 27485 | C | Surgery to stop leg growth |
| 27486 | C | Revise/replace knee joint |
| 27487 | C | Revise/replace knee joint |
| 27488 | C | Removal of knee prosthesis |
| 27495 | C | Reinforce thigh |
| 27506 | C | Treatment of thigh fracture |
| 27507 | C | Treatment of thigh fracture |
| 27511 | C | Treatment of thigh fracture |
| 27513 | C | Treatment of thigh fracture |
| 27514 | C | Treatment of thigh fracture |
| 27519 | C | Treat thigh fx growth plate |
| 27535 | C | Treat knee fracture |
| 27536 | C | Treat knee fracture |
| 27540 | C | Treat knee fracture |
| 27556 | C | Treat knee dislocation |
| 27557 | C | Treat knee dislocation |
| 27558 | C | Treat knee dislocation |
| 27580 | C | Fusion of knee |
| 27590 | C | Amputate leg at thigh |
| 27591 | C | Amputate leg at thigh |
| 27592 | C | Amputate leg at thigh |
| 27596 | C | Amputation follow-up surgery |
| 27598 | C | Amputate lower leg at knee |
| 27645 | C | Extensive lower leg surgery |
| 27646 | C | Extensive lower leg surgery |
| 27702 | C | Reconstruct ankle joint |
| 27703 | C | Reconstruction, ankle joint |
| 27712 | C | Realignment of lower leg |
| 27715 | C | Revision of lower leg |
| 27720 | C | Repair of tibia |
| 27722 | C | Repair/graft of tibia |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 27724 | C | Repair/graft of tibia |
| 27725 | C | Repair of lower leg |
| 27727 | C | Repair of lower leg |
| 27880 | C | Amputation of lower leg |
| 27881 | C | Amputation of lower leg |
| 27882 | C | Amputation of lower leg |
| 27886 | C | Amputation follow-up surgery |
| 27888 | C | Amputation of foot at ankle |
| 28800 | C | Amputation of midfoot |
| 28805 | C | Amputation thru metatarsal |
| 31225 | C | Removal of upper jaw |
| 31230 | C | Removal of upper jaw |
| 31290 | C | Nasal/sinus endoscopy, surg |
| 31291 | C | Nasal/sinus endoscopy, surg |
| 31293 | C | Nasal/sinus endoscopy, surg |
| 31294 | C | Nasal/sinus endoscopy, surg |
| 31360 | C | Removal of larynx |
| 31365 | C | Removal of larynx |
| 31367 | C | Partial removal of larynx |
| 31368 | C | Partial removal of larynx |
| 31370 | C | Partial removal of larynx |
| 31375 | C | Partial removal of larynx |
| 31380 | C | Partial removal of larynx |
| 31382 | C | Partial removal of larynx |
| 31390 | C | Removal of larynx & pharynx |
| 31395 | C | Reconstruct larynx & pharynx |
| 31584 | C | Treat larynx fracture |
| 31587 | C | Revision of larynx |
| 31725 | C | Clearance of airways |
| 31760 | C | Repair of windpipe |
| 31766 | C | Reconstruction of windpipe |
| 31770 | C | Repair/graft of bronchus |
| 31775 | C | Reconstruct bronchus |
| 31780 | C | Reconstruct windpipe |
| 31781 | C | Reconstruct windpipe |
| 31786 | C | Remove windpipe lesion |
| 31800 | C | Repair of windpipe injury |
| 31805 | C | Repair of windpipe injury |
| 32035 | C | Exploration of chest |
| 32036 | C | Exploration of chest |
| 32095 | C | Biopsy through chest wall |
| 32100 | C | Exploration/biopsy of chest |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 32110 | C | Explore/repair chest |
| 32120 | C | Re-exploration of chest |
| 32124 | C | Explore chest free adhesions |
| 32140 | C | Removal of lung lesion(s) |
| 32141 | C | Remove/treat lung lesions |
| 32150 | C | Removal of lung lesion(s) |
| 32151 | C | Remove lung foreign body |
| 32160 | C | Open chest heart massage |
| 32200 | C | Drain, open, lung lesion |
| 32215 | C | Treat chest lining |
| 32220 | C | Release of lung |
| 32225 | C | Partial release of lung |
| 32310 | C | Removal of chest lining |
| 32320 | C | Free/remove chest lining |
| 32402 | C | Open biopsy chest lining |
| 32440 | C | Removal of lung |
| 32442 | C | Sleeve pneumonectomy |
| 32445 | C | Removal of lung |
| 32480 | C | Partial removal of lung |
| 32482 | C | Bilobectomy |
| 32484 | C | Segmentectomy |
| 32486 | C | Sleeve lobectomy |
| 32488 | C | Completion pneumonectomy |
| 32491 | C | Lung volume reduction |
| 32500 | C | Partial removal of lung |
| 32501 | C | Repair bronchus add-on |
| 32520 | C | Remove lung & revise chest |
| 32522 | C | Remove lung & revise chest |
| 32525 | C | Remove lung & revise chest |
| 32540 | C | Removal of lung lesion |
| 32650 | C | Thoracoscopy, surgical |
| 32651 | C | Thoracoscopy, surgical |
| 32652 | C | Thoracoscopy, surgical |
| 32653 | C | Thoracoscopy, surgical |
| 32654 | C | Thoracoscopy, surgical |
| 32655 | C | Thoracoscopy, surgical |
| 32656 | C | Thoracoscopy, surgical |
| 32657 | C | Thoracoscopy, surgical |
| 32658 | C | Thoracoscopy, surgical |
| 32659 | C | Thoracoscopy, surgical |
| 32660 | C | Thoracoscopy, surgical |
| 32661 | C | Thoracoscopy, surgical |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 32662 | C | Thoracoscopy, surgical |
| 32663 | C | Thoracoscopy, surgical |
| 32664 | C | Thoracoscopy, surgical |
| 32665 | C | Thoracoscopy, surgical |
| 32800 | C | Repair lung hernia |
| 32810 | C | Close chest after drainage |
| 32815 | C | Close bronchial fistula |
| 32820 | C | Reconstruct injured chest |
| 32850 | C | Donor pneumonectomy |
| 32851 | C | Lung transplant, single |
| 32852 | C | Lung transplant with bypass |
| 32853 | C | Lung transplant, double |
| 32854 | C | Lung transplant with bypass |
| 32900 | C | Removal of rib(s) |
| 32905 | C | Revise & repair chest wall |
| 32906 | C | Revise & repair chest wall |
| 32940 | C | Revision of lung |
| 32997 | C | Total lung lavage |
| 33015 | C | Incision of heart sac |
| 33020 | C | Incision of heart sac |
| 33025 | C | Incision of heart sac |
| 33030 | C | Partial removal of heart sac |
| 33031 | C | Partial removal of heart sac |
| 33050 | C | Removal of heart sac lesion |
| 33120 | C | Removal of heart lesion |
| 33130 | C | Removal of heart lesion |
| 33140 | C | Heart revascularize (tmr) |
| 33141 | C | Heart tmr w/other procedure |
| 33200 | C | Insertion of heart pacemaker |
| 33201 | C | Insertion of heart pacemaker |
| 33236 | C | Remove electrode/thoracotomy |
| 33237 | C | Remove electrode/thoracotomy |
| 33238 | C | Remove electrode/thoracotomy |
| 33243 | C | Remove eltrd/thoracotomy |
| 33245 | C | Insert epic eltrd pace-defib |
| 33246 | C | Insert epic eltrd/generator |
| 33250 | C | Ablate heart dysrhythm focus |
| 33251 | C | Ablate heart dysrhythm focus |
| 33253 | C | Reconstruct atria |
| 33261 | C | Ablate heart dysrhythm focus |
| 33300 | C | Repair of heart wound |
| 33305 | C | Repair of heart wound |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 33310 | C | Exploratory heart surgery |
| 33315 | C | Exploratory heart surgery |
| 33320 | C | Repair major blood vessel(s) |
| 33321 | C | Repair major vessel |
| 33322 | C | Repair major blood vessel(s) |
| 33330 | C | Insert major vessel graft |
| 33332 | C | Insert major vessel graft |
| 33335 | C | Insert major vessel graft |
| 33400 | C | Repair of aortic valve |
| 33401 | C | Valvuloplasty, open |
| 33403 | C | Valvuloplasty, w/cp bypass |
| 33404 | C | Prepare heart-aorta conduit |
| 33405 | C | Replacement of aortic valve |
| 33406 | C | Replacement of aortic valve |
| 33410 | C | Replacement of aortic valve |
| 33411 | C | Replacement of aortic valve |
| 33412 | C | Replacement of aortic valve |
| 33413 | C | Replacement of aortic valve |
| 33414 | C | Repair of aortic valve |
| 33415 | C | Revision, subvalvular tissue |
| 33416 | C | Revise ventricle muscle |
| 33417 | C | Repair of aortic valve |
| 33420 | C | Revision of mitral valve |
| 33422 | C | Revision of mitral valve |
| 33425 | C | Repair of mitral valve |
| 33426 | C | Repair of mitral valve |
| 33427 | C | Repair of mitral valve |
| 33430 | C | Replacement of mitral valve |
| 33460 | C | Revision of tricuspid valve |
| 33463 | C | Valvuloplasty, tricuspid |
| 33464 | C | Valvuloplasty, tricuspid |
| 33465 | C | Replace tricuspid valve |
| 33468 | C | Revision of tricuspid valve |
| 33470 | C | Revision of pulmonary valve |
| 33471 | C | Valvotomy, pulmonary valve |
| 33472 | C | Revision of pulmonary valve |
| 33474 | C | Revision of pulmonary valve |
| 33475 | C | Replacement, pulmonary valve |
| 33476 | C | Revision of heart chamber |
| 33478 | C | Revision of heart chamber |
| 33496 | C | Repair, prosth valve clot |
| 33500 | C | Repair heart vessel fistula |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 33501 | C | Repair heart vessel fistula |
| 33502 | C | Coronary artery correction |
| 33503 | C | Coronary artery graft |
| 33504 | C | Coronary artery graft |
| 33505 | C | Repair artery w/tunnel |
| 33506 | C | Repair artery, translocation |
| 33510 | C | CABG, vein, single |
| 33511 | C | CABG, vein, two |
| 33512 | C | CABG, vein, three |
| 33513 | C | CABG, vein, four |
| 33514 | C | CABG, vein, five |
| 33516 | C | Cabg, vein, six or more |
| 33517 | C | CABG, artery-vein, single |
| 33518 | C | CABG, artery-vein, two |
| 33519 | C | CABG, artery-vein, three |
| 33521 | C | CABG, artery-vein, four |
| 33522 | C | CABG, artery-vein, five |
| 33523 | C | Cabg, art-vein, six or more |
| 33530 | C | Coronary artery, bypass/reop |
| 33533 | C | CABG, arterial, single |
| 33534 | C | CABG, arterial, two |
| 33535 | C | CABG, arterial, three |
| 33536 | C | Cabg, arterial, four or more |
| 33542 | C | Removal of heart lesion |
| 33545 | C | Repair of heart damage |
| 33572 | C | Open coronary endarterectomy |
| 33600 | C | Closure of valve |
| 33602 | C | Closure of valve |
| 33606 | C | Anastomosis/artery-aorta |
| 33608 | C | Repair anomaly w/conduit |
| 33610 | C | Repair by enlargement |
| 33611 | C | Repair double ventricle |
| 33612 | C | Repair double ventricle |
| 33615 | C | Repair, modified fontan |
| 33617 | C | Repair single ventricle |
| 33619 | C | Repair single ventricle |
| 33641 | C | Repair heart septum defect |
| 33645 | C | Revision of heart veins |
| 33647 | C | Repair heart septum defects |
| 33660 | C | Repair of heart defects |
| 33665 | C | Repair of heart defects |
| 33670 | C | Repair of heart chambers |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 33681 | C | Repair heart septum defect |
| 33684 | C | Repair heart septum defect |
| 33688 | C | Repair heart septum defect |
| 33690 | C | Reinforce pulmonary artery |
| 33692 | C | Repair of heart defects |
| 33694 | C | Repair of heart defects |
| 33697 | C | Repair of heart defects |
| 33702 | C | Repair of heart defects |
| 33710 | C | Repair of heart defects |
| 33720 | C | Repair of heart defect |
| 33722 | C | Repair of heart defect |
| 33730 | C | Repair heart-vein defect(s) |
| 33732 | C | Repair heart-vein defect |
| 33735 | C | Revision of heart chamber |
| 33736 | C | Revision of heart chamber |
| 33737 | C | Revision of heart chamber |
| 33750 | C | Major vessel shunt |
| 33755 | C | Major vessel shunt |
| 33762 | C | Major vessel shunt |
| 33764 | C | Major vessel shunt & graft |
| 33766 | C | Major vessel shunt |
| 33767 | C | Major vessel shunt |
| 33770 | C | Repair great vessels defect |
| 33771 | C | Repair great vessels defect |
| 33774 | C | Repair great vessels defect |
| 33775 | C | Repair great vessels defect |
| 33776 | C | Repair great vessels defect |
| 33777 | C | Repair great vessels defect |
| 33778 | C | Repair great vessels defect |
| 33779 | C | Repair great vessels defect |
| 33780 | C | Repair great vessels defect |
| 33781 | C | Repair great vessels defect |
| 33786 | C | Repair arterial trunk |
| 33788 | C | Revision of pulmonary artery |
| 33800 | C | Aortic suspension |
| 33802 | C | Repair vessel defect |
| 33803 | C | Repair vessel defect |
| 33813 | C | Repair septal defect |
| 33814 | C | Repair septal defect |
| 33820 | C | Revise major vessel |
| 33822 | C | Revise major vessel |
| 33824 | C | Revise major vessel |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 33840 | C | Remove aorta constriction |
| 33845 | C | Remove aorta constriction |
| 33851 | C | Remove aorta constriction |
| 33852 | C | Repair septal defect |
| 33853 | C | Repair septal defect |
| 33860 | C | Ascending aortic graft |
| 33861 | C | Ascending aortic graft |
| 33863 | C | Ascending aortic graft |
| 33870 | C | Transverse aortic arch graft |
| 33875 | C | Thoracic aortic graft |
| 33877 | C | Thoracoabdominal graft |
| 33910 | C | Remove lung artery emboli |
| 33915 | C | Remove lung artery emboli |
| 33916 | C | Surgery of great vessel |
| 33917 | C | Repair pulmonary artery |
| 33918 | C | Repair pulmonary atresia |
| 33919 | C | Repair pulmonary atresia |
| 33920 | C | Repair pulmonary atresia |
| 33922 | C | Transect pulmonary artery |
| 33924 | C | Remove pulmonary shunt |
| 33930 | C | Removal of donor heart/lung |
| 33935 | C | Transplantation, heart/lung |
| 33940 | C | Removal of donor heart |
| 33945 | C | Transplantation of heart |
| 33960 | C | External circulation assist |
| 33961 | C | External circulation assist |
| 33967 | C | Insert ia percut device |
| 33968 | C | Remove aortic assist device |
| 33970 | C | Aortic circulation assist |
| 33971 | C | Aortic circulation assist |
| 33973 | C | Insert balloon device |
| 33974 | C | Remove intra-aortic balloon |
| 33975 | C | Implant ventricular device |
| 33976 | C | Implant ventricular device |
| 33977 | C | Remove ventricular device |
| 33978 | C | Remove ventricular device |
| 33979 | C | Insert intracorporeal device |
| 33980 | C | Remove intracorporeal device |
| 34001 | C | Removal of artery clot |
| 34051 | C | Removal of artery clot |
| 34151 | C | Removal of artery clot |
| 34401 | C | Removal of vein clot |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|-------------------------------|
| 34451 | C | Removal of vein clot |
| 34502 | C | Reconstruct vena cava |
| 34800 | C | Endovasc abdo repair w/tube |
| 34802 | C | Endovasc abdo repr w/device |
| 34804 | C | Endovasc abdo repr w/device |
| 34805 | C | Endovasc abdo repair w/pros |
| 34808 | C | Endovasc abdo occlud device |
| 34812 | C | Xpose for endoprosth, aortic |
| 34813 | C | Femoral endovas graft add-on |
| 34820 | C | Xpose for endoprosth, iliac |
| 34825 | C | Endovasc extend prosth, init |
| 34826 | C | Endovasc exten prosth, add'l |
| 34830 | C | Open aortic tube prosth repr |
| 34831 | C | Open aortoiliac prosth repr |
| 34832 | C | Open aortofemor prosth repr |
| 34833 | C | Xpose for endoprosth, iliac |
| 34834 | C | Xpose, endoprosth, brachial |
| 34900 | C | Endovasc iliac repr w/graft |
| 35001 | C | Repair defect of artery |
| 35002 | C | Repair artery rupture, neck |
| 35005 | C | Repair defect of artery |
| 35013 | C | Repair artery rupture, arm |
| 35021 | C | Repair defect of artery |
| 35022 | C | Repair artery rupture, chest |
| 35045 | C | Repair defect of arm artery |
| 35081 | C | Repair defect of artery |
| 35082 | C | Repair artery rupture, aorta |
| 35091 | C | Repair defect of artery |
| 35092 | C | Repair artery rupture, aorta |
| 35102 | C | Repair defect of artery |
| 35103 | C | Repair artery rupture, groin |
| 35111 | C | Repair defect of artery |
| 35112 | C | Repair artery rupture, spleen |
| 35121 | C | Repair defect of artery |
| 35122 | C | Repair artery rupture, belly |
| 35131 | C | Repair defect of artery |
| 35132 | C | Repair artery rupture, groin |
| 35141 | C | Repair defect of artery |
| 35142 | C | Repair artery rupture, thigh |
| 35151 | C | Repair defect of artery |
| 35152 | C | Repair artery rupture, knee |
| 35161 | C | Repair defect of artery |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|-----------------------------|
| 35162 | C | Repair artery rupture |
| 35182 | C | Repair blood vessel lesion |
| 35189 | C | Repair blood vessel lesion |
| 35211 | C | Repair blood vessel lesion |
| 35216 | C | Repair blood vessel lesion |
| 35221 | C | Repair blood vessel lesion |
| 35241 | C | Repair blood vessel lesion |
| 35246 | C | Repair blood vessel lesion |
| 35251 | C | Repair blood vessel lesion |
| 35271 | C | Repair blood vessel lesion |
| 35276 | C | Repair blood vessel lesion |
| 35281 | C | Repair blood vessel lesion |
| 35301 | C | Rechanneling of artery |
| 35311 | C | Rechanneling of artery |
| 35331 | C | Rechanneling of artery |
| 35341 | C | Rechanneling of artery |
| 35351 | C | Rechanneling of artery |
| 35355 | C | Rechanneling of artery |
| 35361 | C | Rechanneling of artery |
| 35363 | C | Rechanneling of artery |
| 35371 | C | Rechanneling of artery |
| 35372 | C | Rechanneling of artery |
| 35381 | C | Rechanneling of artery |
| 35390 | C | Reoperation, carotid add-on |
| 35400 | C | Angioscopy |
| 35450 | C | Repair arterial blockage |
| 35452 | C | Repair arterial blockage |
| 35454 | C | Repair arterial blockage |
| 35456 | C | Repair arterial blockage |
| 35480 | C | Atherectomy, open |
| 35481 | C | Atherectomy, open |
| 35482 | C | Atherectomy, open |
| 35483 | C | Atherectomy, open |
| 35501 | C | Artery bypass graft |
| 35506 | C | Artery bypass graft |
| 35507 | C | Artery bypass graft |
| 35508 | C | Artery bypass graft |
| 35509 | C | Artery bypass graft |
| 35510 | C | Artery bypass graft |
| 35511 | C | Artery bypass graft |
| 35512 | C | Artery bypass graft |
| 35515 | C | Artery bypass graft |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|-------------------------|
| 35516 | C | Artery bypass graft |
| 35518 | C | Artery bypass graft |
| 35521 | C | Artery bypass graft |
| 35522 | C | Artery bypass graft |
| 35525 | C | Artery bypass graft |
| 35526 | C | Artery bypass graft |
| 35531 | C | Artery bypass graft |
| 35533 | C | Artery bypass graft |
| 35536 | C | Artery bypass graft |
| 35541 | C | Artery bypass graft |
| 35546 | C | Artery bypass graft |
| 35548 | C | Artery bypass graft |
| 35549 | C | Artery bypass graft |
| 35551 | C | Artery bypass graft |
| 35556 | C | Artery bypass graft |
| 35558 | C | Artery bypass graft |
| 35560 | C | Artery bypass graft |
| 35563 | C | Artery bypass graft |
| 35565 | C | Artery bypass graft |
| 35566 | C | Artery bypass graft |
| 35571 | C | Artery bypass graft |
| 35582 | C | Vein bypass graft |
| 35583 | C | Vein bypass graft |
| 35585 | C | Vein bypass graft |
| 35587 | C | Vein bypass graft |
| 35600 | C | Harvest artery for cabg |
| 35601 | C | Artery bypass graft |
| 35606 | C | Artery bypass graft |
| 35612 | C | Artery bypass graft |
| 35616 | C | Artery bypass graft |
| 35621 | C | Artery bypass graft |
| 35623 | C | Bypass graft, not vein |
| 35626 | C | Artery bypass graft |
| 35631 | C | Artery bypass graft |
| 35636 | C | Artery bypass graft |
| 35641 | C | Artery bypass graft |
| 35642 | C | Artery bypass graft |
| 35645 | C | Artery bypass graft |
| 35646 | C | Artery bypass graft |
| 35647 | C | Artery bypass graft |
| 35650 | C | Artery bypass graft |
| 35651 | C | Artery bypass graft |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 35654 | C | Artery bypass graft |
| 35656 | C | Artery bypass graft |
| 35661 | C | Artery bypass graft |
| 35663 | C | Artery bypass graft |
| 35665 | C | Artery bypass graft |
| 35666 | C | Artery bypass graft |
| 35671 | C | Artery bypass graft |
| 35681 | C | Composite bypass graft |
| 35682 | C | Composite bypass graft |
| 35683 | C | Composite bypass graft |
| 35691 | C | Arterial transposition |
| 35693 | C | Arterial transposition |
| 35694 | C | Arterial transposition |
| 35695 | C | Arterial transposition |
| 35697 | C | Reimplant artery each |
| 35700 | C | Reoperation, bypass graft |
| 35701 | C | Exploration, carotid artery |
| 35721 | C | Exploration, femoral artery |
| 35741 | C | Exploration popliteal artery |
| 35800 | C | Explore neck vessels |
| 35820 | C | Explore chest vessels |
| 35840 | C | Explore abdominal vessels |
| 35870 | C | Repair vessel graft defect |
| 35901 | C | Excision, graft, neck |
| 35905 | C | Excision, graft, thorax |
| 35907 | C | Excision, graft, abdomen |
| 36510 | C | Insertion of catheter, vein |
| 36660 | C | Insertion catheter, artery |
| 36822 | C | Insertion of cannula(s) |
| 36823 | C | Insertion of cannula(s) |
| 37140 | C | Revision of circulation |
| 37145 | C | Revision of circulation |
| 37160 | C | Revision of circulation |
| 37180 | C | Revision of circulation |
| 37181 | C | Splice spleen/kidney veins |
| 37182 | C | Insert hepatic shunt (tips) |
| 37183 | C | Remove hepatic shunt (tips) |
| 37195 | C | Thrombolytic therapy, stroke |
| 37616 | C | Ligation of chest artery |
| 37617 | C | Ligation of abdomen artery |
| 37618 | C | Ligation of extremity artery |
| 37660 | C | Revision of major vein |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 37788 | C | Revascularization, penis |
| 38100 | C | Removal of spleen, total |
| 38101 | C | Removal of spleen, partial |
| 38102 | C | Removal of spleen, total |
| 38115 | C | Repair of ruptured spleen |
| 38380 | C | Thoracic duct procedure |
| 38381 | C | Thoracic duct procedure |
| 38382 | C | Thoracic duct procedure |
| 38562 | C | Removal, pelvic lymph nodes |
| 38564 | C | Removal, abdomen lymph nodes |
| 38724 | C | Removal of lymph nodes, neck |
| 38746 | C | Remove thoracic lymph nodes |
| 38747 | C | Remove abdominal lymph nodes |
| 38765 | C | Remove groin lymph nodes |
| 38770 | C | Remove pelvis lymph nodes |
| 38780 | C | Remove abdomen lymph nodes |
| 39000 | C | Exploration of chest |
| 39010 | C | Exploration of chest |
| 39200 | C | Removal chest lesion |
| 39220 | C | Removal chest lesion |
| 39499 | C | Chest procedure |
| 39501 | C | Repair diaphragm laceration |
| 39502 | C | Repair paraesophageal hernia |
| 39503 | C | Repair of diaphragm hernia |
| 39520 | C | Repair of diaphragm hernia |
| 39530 | C | Repair of diaphragm hernia |
| 39531 | C | Repair of diaphragm hernia |
| 39540 | C | Repair of diaphragm hernia |
| 39541 | C | Repair of diaphragm hernia |
| 39545 | C | Revision of diaphragm |
| 39560 | C | Resect diaphragm, simple |
| 39561 | C | Resect diaphragm, complex |
| 39599 | C | Diaphragm surgery procedure |
| 41130 | C | Partial removal of tongue |
| 41135 | C | Tongue and neck surgery |
| 41140 | C | Removal of tongue |
| 41145 | C | Tongue removal, neck surgery |
| 41150 | C | Tongue, mouth, jaw surgery |
| 41153 | C | Tongue, mouth, neck surgery |
| 41155 | C | Tongue, jaw, & neck surgery |
| 42426 | C | Excise parotid gland/lesion |
| 42845 | C | Extensive surgery of throat |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 42894 | C | Revision of pharyngeal walls |
| 42953 | C | Repair throat, esophagus |
| 42961 | C | Control throat bleeding |
| 42971 | C | Control nose/throat bleeding |
| 43045 | C | Incision of esophagus |
| 43100 | C | Excision of esophagus lesion |
| 43101 | C | Excision of esophagus lesion |
| 43107 | C | Removal of esophagus |
| 43108 | C | Removal of esophagus |
| 43112 | C | Removal of esophagus |
| 43113 | C | Removal of esophagus |
| 43116 | C | Partial removal of esophagus |
| 43117 | C | Partial removal of esophagus |
| 43118 | C | Partial removal of esophagus |
| 43121 | C | Partial removal of esophagus |
| 43122 | C | Partial removal of esophagus |
| 43123 | C | Partial removal of esophagus |
| 43124 | C | Removal of esophagus |
| 43135 | C | Removal of esophagus pouch |
| 43300 | C | Repair of esophagus |
| 43305 | C | Repair esophagus and fistula |
| 43310 | C | Repair of esophagus |
| 43312 | C | Repair esophagus and fistula |
| 43313 | C | Esophagoplasty congenital |
| 43314 | C | Tracheo-esophagoplasty cong |
| 43320 | C | Fuse esophagus & stomach |
| 43324 | C | Revise esophagus & stomach |
| 43325 | C | Revise esophagus & stomach |
| 43326 | C | Revise esophagus & stomach |
| 43330 | C | Repair of esophagus |
| 43331 | C | Repair of esophagus |
| 43340 | C | Fuse esophagus & intestine |
| 43341 | C | Fuse esophagus & intestine |
| 43350 | C | Surgical opening, esophagus |
| 43351 | C | Surgical opening, esophagus |
| 43352 | C | Surgical opening, esophagus |
| 43360 | C | Gastrointestinal repair |
| 43361 | C | Gastrointestinal repair |
| 43400 | C | Ligate esophagus veins |
| 43401 | C | Esophagus surgery for veins |
| 43405 | C | Ligate/staple esophagus |
| 43410 | C | Repair esophagus wound |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 43415 | C | Repair esophagus wound |
| 43420 | C | Repair esophagus opening |
| 43425 | C | Repair esophagus opening |
| 43460 | C | Pressure treatment esophagus |
| 43496 | C | Free jejunum flap, microvasc |
| 43500 | C | Surgical opening of stomach |
| 43501 | C | Surgical repair of stomach |
| 43502 | C | Surgical repair of stomach |
| 43520 | C | Incision of pyloric muscle |
| 43605 | C | Biopsy of stomach |
| 43610 | C | Excision of stomach lesion |
| 43611 | C | Excision of stomach lesion |
| 43620 | C | Removal of stomach |
| 43621 | C | Removal of stomach |
| 43622 | C | Removal of stomach |
| 43631 | C | Removal of stomach, partial |
| 43632 | C | Removal of stomach, partial |
| 43633 | C | Removal of stomach, partial |
| 43634 | C | Removal of stomach, partial |
| 43635 | C | Removal of stomach, partial |
| 43638 | C | Removal of stomach, partial |
| 43639 | C | Removal of stomach, partial |
| 43640 | C | Vagotomy & pylorus repair |
| 43641 | C | Vagotomy & pylorus repair |
| 43800 | C | Reconstruction of pylorus |
| 43810 | C | Fusion of stomach and bowel |
| 43820 | C | Fusion of stomach and bowel |
| 43825 | C | Fusion of stomach and bowel |
| 43832 | C | Place gastrostomy tube |
| 43840 | C | Repair of stomach lesion |
| 43842 | C | Gastroplasty for obesity |
| 43843 | C | Gastroplasty for obesity |
| 43846 | C | Gastric bypass for obesity |
| 43847 | C | Gastric bypass for obesity |
| 43848 | C | Revision gastroplasty |
| 43850 | C | Revise stomach-bowel fusion |
| 43855 | C | Revise stomach-bowel fusion |
| 43860 | C | Revise stomach-bowel fusion |
| 43865 | C | Revise stomach-bowel fusion |
| 43880 | C | Repair stomach-bowel fistula |
| 44005 | C | Freeing of bowel adhesion |
| 44010 | C | Incision of small bowel |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 44015 | C | Insert needle cath bowel |
| 44020 | C | Explore small intestine |
| 44021 | C | Decompress small bowel |
| 44025 | C | Incision of large bowel |
| 44050 | C | Reduce bowel obstruction |
| 44055 | C | Correct malrotation of bowel |
| 44110 | C | Excise intestine lesion(s) |
| 44111 | C | Excision of bowel lesion(s) |
| 44120 | C | Removal of small intestine |
| 44121 | C | Removal of small intestine |
| 44125 | C | Removal of small intestine |
| 44126 | C | Enterectomy w/o taper, cong |
| 44127 | C | Enterectomy w/taper, cong |
| 44128 | C | Enterectomy cong, add-on |
| 44130 | C | Bowel to bowel fusion |
| 44132 | C | Enterectomy, cadaver donor |
| 44133 | C | Enterectomy, live donor |
| 44135 | C | Intestine transplnt, cadaver |
| 44136 | C | Intestine transplant, live |
| 44139 | C | Mobilization of colon |
| 44140 | C | Partial removal of colon |
| 44141 | C | Partial removal of colon |
| 44143 | C | Partial removal of colon |
| 44144 | C | Partial removal of colon |
| 44145 | C | Partial removal of colon |
| 44146 | C | Partial removal of colon |
| 44147 | C | Partial removal of colon |
| 44150 | C | Removal of colon |
| 44151 | C | Removal of colon/ileostomy |
| 44152 | C | Removal of colon/ileostomy |
| 44153 | C | Removal of colon/ileostomy |
| 44155 | C | Removal of colon/ileostomy |
| 44156 | C | Removal of colon/ileostomy |
| 44160 | C | Removal of colon |
| 44202 | C | Lap resect s/intestine singl |
| 44203 | C | Lap resect s/intestine, addl |
| 44204 | C | Laparo partial colectomy |
| 44205 | C | Lap colectomy part w/ileum |
| 44210 | C | Laparo total proctocolectomy |
| 44211 | C | Laparo total proctocolectomy |
| 44212 | C | Laparo total proctocolectomy |
| 44300 | C | Open bowel to skin |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 44310 | C | Ileostomy/jejunostomy |
| 44314 | C | Revision of ileostomy |
| 44316 | C | Devise bowel pouch |
| 44320 | C | Colostomy |
| 44322 | C | Colostomy with biopsies |
| 44345 | C | Revision of colostomy |
| 44346 | C | Revision of colostomy |
| 44602 | C | Suture, small intestine |
| 44603 | C | Suture, small intestine |
| 44604 | C | Suture, large intestine |
| 44605 | C | Repair of bowel lesion |
| 44615 | C | Intestinal stricturoplasty |
| 44620 | C | Repair bowel opening |
| 44625 | C | Repair bowel opening |
| 44626 | C | Repair bowel opening |
| 44640 | C | Repair bowel-skin fistula |
| 44650 | C | Repair bowel fistula |
| 44660 | C | Repair bowel-bladder fistula |
| 44661 | C | Repair bowel-bladder fistula |
| 44680 | C | Surgical revision, intestine |
| 44700 | C | Suspend bowel w/prosthesis |
| 44800 | C | Excision of bowel pouch |
| 44820 | C | Excision of mesentery lesion |
| 44850 | C | Repair of mesentery |
| 44899 | C | Bowel surgery procedure |
| 44900 | C | Drain app abscess, open |
| 44950 | C | Appendectomy |
| 44955 | C | Appendectomy add-on |
| 44960 | C | Appendectomy |
| 45110 | C | Removal of rectum |
| 45111 | C | Partial removal of rectum |
| 45112 | C | Removal of rectum |
| 45113 | C | Partial proctectomy |
| 45114 | C | Partial removal of rectum |
| 45116 | C | Partial removal of rectum |
| 45119 | C | Remove rectum w/reservoir |
| 45120 | C | Removal of rectum |
| 45121 | C | Removal of rectum and colon |
| 45123 | C | Partial proctectomy |
| 45126 | C | Pelvic exenteration |
| 45130 | C | Excision of rectal prolapse |
| 45135 | C | Excision of rectal prolapse |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|---------------|--|------------------------------|
| 45136 | C | Excise ileoanal reservoir |
| 45540 | C | Correct rectal prolapse |
| 45550 | C | Repair rectum/remove sigmoid |
| 45562 | C | Exploration/repair of rectum |
| 45563 | C | Exploration/repair of rectum |
| 45800 | C | Repair rect/bladder fistula |
| 45805 | C | Repair fistula w/colostomy |
| 45820 | C | Repair rectourethral fistula |
| 45825 | C | Repair fistula w/colostomy |
| 46705 | C | Repair of anal stricture |
| 46715 | C | Repair of anovaginal fistula |
| 46716 | C | Repair of anovaginal fistula |
| 46730 | C | Construction of absent anus |
| 46735 | C | Construction of absent anus |
| 46740 | C | Construction of absent anus |
| 46742 | C | Repair of imperforated anus |
| 46744 | C | Repair of cloacal anomaly |
| 46746 | C | Repair of cloacal anomaly |
| 46748 | C | Repair of cloacal anomaly |
| 46751 | C | Repair of anal sphincter |
| 47010 | C | Open drainage, liver lesion |
| 47015 | C | Inject/aspirate liver cyst |
| 47100 | C | Wedge biopsy of liver |
| 47120 | C | Partial removal of liver |
| 47122 | C | Extensive removal of liver |
| 47125 | C | Partial removal of liver |
| 47130 | C | Partial removal of liver |
| 47133 | C | Removal of donor liver |
| 47135 | C | Transplantation of liver |
| 47136 | C | Transplantation of liver |
| 47140 | C | Partial removal, donor liver |
| 47141 | C | Partial removal, donor liver |
| 47142 | C | Partial removal, donor liver |
| 47300 | C | Surgery for liver lesion |
| 47350 | C | Repair liver wound |
| 47360 | C | Repair liver wound |
| 47361 | C | Repair liver wound |
| 47362 | C | Repair liver wound |
| 47380 | C | Open ablate liver tumor rf |
| 47381 | C | Open ablate liver tumor cryo |
| 47400 | C | Incision of liver duct |
| 47420 | C | Incision of bile duct |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 47425 | C | Incision of bile duct |
| 47460 | C | Incise bile duct sphincter |
| 47480 | C | Incision of gallbladder |
| 47550 | C | Bile duct endoscopy add-on |
| 47570 | C | Laparo cholecystoenterostomy |
| 47600 | C | Removal of gallbladder |
| 47605 | C | Removal of gallbladder |
| 47610 | C | Removal of gallbladder |
| 47612 | C | Removal of gallbladder |
| 47620 | C | Removal of gallbladder |
| 47700 | C | Exploration of bile ducts |
| 47701 | C | Bile duct revision |
| 47711 | C | Excision of bile duct tumor |
| 47712 | C | Excision of bile duct tumor |
| 47715 | C | Excision of bile duct cyst |
| 47716 | C | Fusion of bile duct cyst |
| 47720 | C | Fuse gallbladder & bowel |
| 47721 | C | Fuse upper gi structures |
| 47740 | C | Fuse gallbladder & bowel |
| 47741 | C | Fuse gallbladder & bowel |
| 47760 | C | Fuse bile ducts and bowel |
| 47765 | C | Fuse liver ducts & bowel |
| 47780 | C | Fuse bile ducts and bowel |
| 47785 | C | Fuse bile ducts and bowel |
| 47800 | C | Reconstruction of bile ducts |
| 47801 | C | Placement, bile duct support |
| 47802 | C | Fuse liver duct & intestine |
| 47900 | C | Suture bile duct injury |
| 48000 | C | Drainage of abdomen |
| 48001 | C | Placement of drain, pancreas |
| 48005 | C | Resect/debride pancreas |
| 48020 | C | Removal of pancreatic stone |
| 48100 | C | Biopsy of pancreas, open |
| 48120 | C | Removal of pancreas lesion |
| 48140 | C | Partial removal of pancreas |
| 48145 | C | Partial removal of pancreas |
| 48146 | C | Pancreatectomy |
| 48148 | C | Removal of pancreatic duct |
| 48150 | C | Partial removal of pancreas |
| 48152 | C | Pancreatectomy |
| 48153 | C | Pancreatectomy |
| 48154 | C | Pancreatectomy |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 48155 | C | Removal of pancreas |
| 48180 | C | Fuse pancreas and bowel |
| 48400 | C | Injection, intraop add-on |
| 48500 | C | Surgery of pancreatic cyst |
| 48510 | C | Drain pancreatic pseudocyst |
| 48520 | C | Fuse pancreas cyst and bowel |
| 48540 | C | Fuse pancreas cyst and bowel |
| 48545 | C | Pancreatorrhaphy |
| 48547 | C | Duodenal exclusion |
| 48556 | C | Removal, allograft pancreas |
| 49000 | C | Exploration of abdomen |
| 49002 | C | Reopening of abdomen |
| 49010 | C | Exploration behind abdomen |
| 49020 | C | Drain abdominal abscess |
| 49040 | C | Drain, open, abdom abscess |
| 49060 | C | Drain, open, retro abscess |
| 49062 | C | Drain to peritoneal cavity |
| 49201 | C | Remove abdom lesion, complex |
| 49215 | C | Excise sacral spine tumor |
| 49220 | C | Multiple surgery, abdomen |
| 49255 | C | Removal of omentum |
| 49425 | C | Insert abdomen-venous drain |
| 49428 | C | Ligation of shunt |
| 49605 | C | Repair umbilical lesion |
| 49606 | C | Repair umbilical lesion |
| 49610 | C | Repair umbilical lesion |
| 49611 | C | Repair umbilical lesion |
| 49900 | C | Repair of abdominal wall |
| 49904 | C | Omental flap, extra-abdom |
| 49905 | C | Omental flap |
| 49906 | C | Free omental flap, microvasc |
| 50010 | C | Exploration of kidney |
| 50040 | C | Drainage of kidney |
| 50045 | C | Exploration of kidney |
| 50060 | C | Removal of kidney stone |
| 50065 | C | Incision of kidney |
| 50070 | C | Incision of kidney |
| 50075 | C | Removal of kidney stone |
| 50100 | C | Revise kidney blood vessels |
| 50120 | C | Exploration of kidney |
| 50125 | C | Explore and drain kidney |
| 50130 | C | Removal of kidney stone |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 50135 | C | Exploration of kidney |
| 50205 | C | Biopsy of kidney |
| 50220 | C | Remove kidney, open |
| 50225 | C | Removal kidney open, complex |
| 50230 | C | Removal kidney open, radical |
| 50234 | C | Removal of kidney & ureter |
| 50236 | C | Removal of kidney & ureter |
| 50240 | C | Partial removal of kidney |
| 50280 | C | Removal of kidney lesion |
| 50290 | C | Removal of kidney lesion |
| 50300 | C | Removal of donor kidney |
| 50320 | C | Removal of donor kidney |
| 50340 | C | Removal of kidney |
| 50360 | C | Transplantation of kidney |
| 50365 | C | Transplantation of kidney |
| 50370 | C | Remove transplanted kidney |
| 50380 | C | Reimplantation of kidney |
| 50400 | C | Revision of kidney/ureter |
| 50405 | C | Revision of kidney/ureter |
| 50500 | C | Repair of kidney wound |
| 50520 | C | Close kidney-skin fistula |
| 50525 | C | Repair renal-abdomen fistula |
| 50526 | C | Repair renal-abdomen fistula |
| 50540 | C | Revision of horseshoe kidney |
| 50545 | C | Laparo radical nephrectomy |
| 50546 | C | Laparoscopic nephrectomy |
| 50547 | C | Laparo removal donor kidney |
| 50548 | C | Laparo remove w/ ureter |
| 50580 | C | Kidney endoscopy & treatment |
| 50600 | C | Exploration of ureter |
| 50605 | C | Insert ureteral support |
| 50610 | C | Removal of ureter stone |
| 50620 | C | Removal of ureter stone |
| 50630 | C | Removal of ureter stone |
| 50650 | C | Removal of ureter |
| 50660 | C | Removal of ureter |
| 50700 | C | Revision of ureter |
| 50715 | C | Release of ureter |
| 50722 | C | Release of ureter |
| 50725 | C | Release/revise ureter |
| 50727 | C | Revise ureter |
| 50728 | C | Revise ureter |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 50740 | C | Fusion of ureter & kidney |
| 50750 | C | Fusion of ureter & kidney |
| 50760 | C | Fusion of ureters |
| 50770 | C | Splicing of ureters |
| 50780 | C | Reimplant ureter in bladder |
| 50782 | C | Reimplant ureter in bladder |
| 50783 | C | Reimplant ureter in bladder |
| 50785 | C | Reimplant ureter in bladder |
| 50800 | C | Implant ureter in bowel |
| 50810 | C | Fusion of ureter & bowel |
| 50815 | C | Urine shunt to intestine |
| 50820 | C | Construct bowel bladder |
| 50825 | C | Construct bowel bladder |
| 50830 | C | Revise urine flow |
| 50840 | C | Replace ureter by bowel |
| 50845 | C | Appendico-vesicostomy |
| 50860 | C | Transplant ureter to skin |
| 50900 | C | Repair of ureter |
| 50920 | C | Closure ureter/skin fistula |
| 50930 | C | Closure ureter/bowel fistula |
| 50940 | C | Release of ureter |
| 51060 | C | Removal of ureter stone |
| 51525 | C | Removal of bladder lesion |
| 51530 | C | Removal of bladder lesion |
| 51535 | C | Repair of ureter lesion |
| 51550 | C | Partial removal of bladder |
| 51555 | C | Partial removal of bladder |
| 51565 | C | Revise bladder & ureter(s) |
| 51570 | C | Removal of bladder |
| 51575 | C | Removal of bladder & nodes |
| 51580 | C | Remove bladder/revise tract |
| 51585 | C | Removal of bladder & nodes |
| 51590 | C | Remove bladder/revise tract |
| 51595 | C | Remove bladder/revise tract |
| 51596 | C | Remove bladder/create pouch |
| 51597 | C | Removal of pelvic structures |
| 51800 | C | Revision of bladder/urethra |
| 51820 | C | Revision of urinary tract |
| 51840 | C | Attach bladder/urethra |
| 51841 | C | Attach bladder/urethra |
| 51845 | C | Repair bladder neck |
| 51860 | C | Repair of bladder wound |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 51865 | C | Repair of bladder wound |
| 51900 | C | Repair bladder/vagina lesion |
| 51920 | C | Close bladder-uterus fistula |
| 51925 | C | Hysterectomy/bladder repair |
| 51940 | C | Correction of bladder defect |
| 51960 | C | Revision of bladder & bowel |
| 51980 | C | Construct bladder opening |
| 53415 | C | Reconstruction of urethra |
| 53448 | C | Remov/replc ur sphinctr comp |
| 54125 | C | Removal of penis |
| 54130 | C | Remove penis & nodes |
| 54135 | C | Remove penis & nodes |
| 54332 | C | Revise penis/urethra |
| 54336 | C | Revise penis/urethra |
| 54390 | C | Repair penis and bladder |
| 54411 | C | Remov/replc penis pros, comp |
| 54417 | C | Remv/replc penis pros, compl |
| 54430 | C | Revision of penis |
| 54535 | C | Extensive testis surgery |
| 54560 | C | Exploration for testis |
| 54650 | C | Orchiopexy (Fowler-Stephens) |
| 55600 | C | Incise sperm duct pouch |
| 55605 | C | Incise sperm duct pouch |
| 55650 | C | Remove sperm duct pouch |
| 55801 | C | Removal of prostate |
| 55810 | C | Extensive prostate surgery |
| 55812 | C | Extensive prostate surgery |
| 55815 | C | Extensive prostate surgery |
| 55821 | C | Removal of prostate |
| 55831 | C | Removal of prostate |
| 55840 | C | Extensive prostate surgery |
| 55842 | C | Extensive prostate surgery |
| 55845 | C | Extensive prostate surgery |
| 55862 | C | Extensive prostate surgery |
| 55865 | C | Extensive prostate surgery |
| 55866 | C | Laparo radical prostatectomy |
| 56630 | C | Extensive vulva surgery |
| 56631 | C | Extensive vulva surgery |
| 56632 | C | Extensive vulva surgery |
| 56633 | C | Extensive vulva surgery |
| 56634 | C | Extensive vulva surgery |
| 56637 | C | Extensive vulva surgery |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 56640 | C | Extensive vulva surgery |
| 57110 | C | Remove vagina wall, complete |
| 57111 | C | Remove vagina tissue, compl |
| 57112 | C | Vaginectomy w/nodes, compl |
| 57270 | C | Repair of bowel pouch |
| 57280 | C | Suspension of vagina |
| 57282 | C | Repair of vaginal prolapse |
| 57292 | C | Construct vagina with graft |
| 57305 | C | Repair rectum-vagina fistula |
| 57307 | C | Fistula repair & colostomy |
| 57308 | C | Fistula repair, transperine |
| 57311 | C | Repair urethrovaginal lesion |
| 57335 | C | Repair vagina |
| 57531 | C | Removal of cervix, radical |
| 57540 | C | Removal of residual cervix |
| 57545 | C | Remove cervix/repair pelvis |
| 58140 | C | Removal of uterus lesion |
| 58146 | C | Myomectomy abdom complex |
| 58150 | C | Total hysterectomy |
| 58152 | C | Total hysterectomy |
| 58180 | C | Partial hysterectomy |
| 58200 | C | Extensive hysterectomy |
| 58210 | C | Extensive hysterectomy |
| 58240 | C | Removal of pelvis contents |
| 58260 | C | Vaginal hysterectomy |
| 58262 | C | Vag hyst including t/o |
| 58263 | C | Vag hyst w/t/o & vag repair |
| 58267 | C | Vag hyst w/urinary repair |
| 58270 | C | Vag hyst w/enterocele repair |
| 58275 | C | Hysterectomy/revise vagina |
| 58280 | C | Hysterectomy/revise vagina |
| 58285 | C | Extensive hysterectomy |
| 58290 | C | Vag hyst complex |
| 58291 | C | Vag hyst incl t/o, complex |
| 58292 | C | Vag hyst t/o & repair, compl |
| 58293 | C | Vag hyst w/uro repair, compl |
| 58294 | C | Vag hyst w/enterocele, compl |
| 58400 | C | Suspension of uterus |
| 58410 | C | Suspension of uterus |
| 58520 | C | Repair of ruptured uterus |
| 58540 | C | Revision of uterus |
| 58605 | C | Division of fallopian tube |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 58611 | C | Ligate oviduct(s) add-on |
| 58700 | C | Removal of fallopian tube |
| 58720 | C | Removal of ovary/tube(s) |
| 58740 | C | Revise fallopian tube(s) |
| 58750 | C | Repair oviduct |
| 58752 | C | Revise ovarian tube(s) |
| 58760 | C | Remove tubal obstruction |
| 58805 | C | Drainage of ovarian cyst(s) |
| 58822 | C | Drain ovary abscess, percut |
| 58825 | C | Transposition, ovary(s) |
| 58940 | C | Removal of ovary(s) |
| 58943 | C | Removal of ovary(s) |
| 58950 | C | Resect ovarian malignancy |
| 58951 | C | Resect ovarian malignancy |
| 58952 | C | Resect ovarian malignancy |
| 58953 | C | Tah, rad dissect for debulk |
| 58954 | C | Tah rad debulk/lymph remove |
| 58960 | C | Exploration of abdomen |
| 59100 | C | Remove uterus lesion |
| 59120 | C | Treat ectopic pregnancy |
| 59121 | C | Treat ectopic pregnancy |
| 59130 | C | Treat ectopic pregnancy |
| 59135 | C | Treat ectopic pregnancy |
| 59136 | C | Treat ectopic pregnancy |
| 59140 | C | Treat ectopic pregnancy |
| 59325 | C | Revision of cervix |
| 59350 | C | Repair of uterus |
| 59514 | C | Cesarean delivery only |
| 59525 | C | Remove uterus after cesarean |
| 59620 | C | Attempted vbac delivery only |
| 59830 | C | Treat uterus infection |
| 59850 | C | Abortion |
| 59851 | C | Abortion |
| 59852 | C | Abortion |
| 59855 | C | Abortion |
| 59856 | C | Abortion |
| 59857 | C | Abortion |
| 60254 | C | Extensive thyroid surgery |
| 60270 | C | Removal of thyroid |
| 60271 | C | Removal of thyroid |
| 60502 | C | Re-explore parathyroids |
| 60505 | C | Explore parathyroid glands |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 60520 | C | Removal of thymus gland |
| 60521 | C | Removal of thymus gland |
| 60522 | C | Removal of thymus gland |
| 60540 | C | Explore adrenal gland |
| 60545 | C | Explore adrenal gland |
| 60600 | C | Remove carotid body lesion |
| 60605 | C | Remove carotid body lesion |
| 60650 | C | Laparoscopy adrenalectomy |
| 61105 | C | Twist drill hole |
| 61107 | C | Drill skull for implantation |
| 61108 | C | Drill skull for drainage |
| 61120 | C | Burr hole for puncture |
| 61140 | C | Pierce skull for biopsy |
| 61150 | C | Pierce skull for drainage |
| 61151 | C | Pierce skull for drainage |
| 61154 | C | Pierce skull & remove clot |
| 61156 | C | Pierce skull for drainage |
| 61210 | C | Pierce skull, implant device |
| 61250 | C | Pierce skull & explore |
| 61253 | C | Pierce skull & explore |
| 61304 | C | Open skull for exploration |
| 61305 | C | Open skull for exploration |
| 61312 | C | Open skull for drainage |
| 61313 | C | Open skull for drainage |
| 61314 | C | Open skull for drainage |
| 61315 | C | Open skull for drainage |
| 61316 | C | Impit cran bone flap to abdo |
| 61320 | C | Open skull for drainage |
| 61321 | C | Open skull for drainage |
| 61322 | C | Decompressive craniotomy |
| 61323 | C | Decompressive lobectomy |
| 61332 | C | Explore/biopsy eye socket |
| 61333 | C | Explore orbit/remove lesion |
| 61334 | C | Explore orbit/remove object |
| 61340 | C | Relieve cranial pressure |
| 61343 | C | Incise skull (press relief) |
| 61345 | C | Relieve cranial pressure |
| 61440 | C | Incise skull for surgery |
| 61450 | C | Incise skull for surgery |
| 61458 | C | Incise skull for brain wound |
| 61460 | C | Incise skull for surgery |
| 61470 | C | Incise skull for surgery |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|-----------------------------|
| 61480 | C | Incise skull for surgery |
| 61490 | C | Incise skull for surgery |
| 61500 | C | Removal of skull lesion |
| 61501 | C | Remove infected skull bone |
| 61510 | C | Removal of brain lesion |
| 61512 | C | Remove brain lining lesion |
| 61514 | C | Removal of brain abscess |
| 61516 | C | Removal of brain lesion |
| 61517 | C | Implt brain chemotx add-on |
| 61518 | C | Removal of brain lesion |
| 61519 | C | Remove brain lining lesion |
| 61520 | C | Removal of brain lesion |
| 61521 | C | Removal of brain lesion |
| 61522 | C | Removal of brain abscess |
| 61524 | C | Removal of brain lesion |
| 61526 | C | Removal of brain lesion |
| 61530 | C | Removal of brain lesion |
| 61531 | C | Implant brain electrodes |
| 61533 | C | Implant brain electrodes |
| 61534 | C | Removal of brain lesion |
| 61535 | C | Remove brain electrodes |
| 61536 | C | Removal of brain lesion |
| 61537 | C | Removal of brain tissue |
| 61538 | C | Removal of brain tissue |
| 61539 | C | Removal of brain tissue |
| 61540 | C | Removal of brain tissue |
| 61541 | C | Incision of brain tissue |
| 61542 | C | Removal of brain tissue |
| 61543 | C | Removal of brain tissue |
| 61544 | C | Remove & treat brain lesion |
| 61545 | C | Excision of brain tumor |
| 61546 | C | Removal of pituitary gland |
| 61548 | C | Removal of pituitary gland |
| 61550 | C | Release of skull seams |
| 61552 | C | Release of skull seams |
| 61556 | C | Incise skull/sutures |
| 61557 | C | Incise skull/sutures |
| 61558 | C | Excision of skull/sutures |
| 61559 | C | Excision of skull/sutures |
| 61563 | C | Excision of skull tumor |
| 61564 | C | Excision of skull tumor |
| 61566 | C | Removal of brain tissue |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 61567 | C | Incision of brain tissue |
| 61570 | C | Remove foreign body, brain |
| 61571 | C | Incise skull for brain wound |
| 61575 | C | Skull base/brainstem surgery |
| 61576 | C | Skull base/brainstem surgery |
| 61580 | C | Craniofacial approach, skull |
| 61581 | C | Craniofacial approach, skull |
| 61582 | C | Craniofacial approach, skull |
| 61583 | C | Craniofacial approach, skull |
| 61584 | C | Orbitocranial approach/skull |
| 61585 | C | Orbitocranial approach/skull |
| 61586 | C | Resect nasopharynx, skull |
| 61590 | C | Infratemporal approach/skull |
| 61591 | C | Infratemporal approach/skull |
| 61592 | C | Orbitocranial approach/skull |
| 61595 | C | Transtemporal approach/skull |
| 61596 | C | Transcochlear approach/skull |
| 61597 | C | Transcondylar approach/skull |
| 61598 | C | Transpetrosal approach/skull |
| 61600 | C | Resect/excise cranial lesion |
| 61601 | C | Resect/excise cranial lesion |
| 61605 | C | Resect/excise cranial lesion |
| 61606 | C | Resect/excise cranial lesion |
| 61607 | C | Resect/excise cranial lesion |
| 61608 | C | Resect/excise cranial lesion |
| 61609 | C | Transect artery, sinus |
| 61610 | C | Transect artery, sinus |
| 61611 | C | Transect artery, sinus |
| 61612 | C | Transect artery, sinus |
| 61613 | C | Remove aneurysm, sinus |
| 61615 | C | Resect/excise lesion, skull |
| 61616 | C | Resect/excise lesion, skull |
| 61618 | C | Repair dura |
| 61619 | C | Repair dura |
| 61624 | C | Occlusion/embolization cath |
| 61680 | C | Intracranial vessel surgery |
| 61682 | C | Intracranial vessel surgery |
| 61684 | C | Intracranial vessel surgery |
| 61686 | C | Intracranial vessel surgery |
| 61690 | C | Intracranial vessel surgery |
| 61692 | C | Intracranial vessel surgery |
| 61697 | C | Brain aneurysm repr, complx |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|---------------|--|------------------------------|
| 61698 | C | Brain aneurysm repr, complx |
| 61700 | C | Brain aneurysm repr, simple |
| 61702 | C | Inner skull vessel surgery |
| 61703 | C | Clamp neck artery |
| 61705 | C | Revise circulation to head |
| 61708 | C | Revise circulation to head |
| 61710 | C | Revise circulation to head |
| 61711 | C | Fusion of skull arteries |
| 61720 | C | Incise skull/brain surgery |
| 61735 | C | Incise skull/brain surgery |
| 61750 | C | Incise skull/brain biopsy |
| 61751 | C | Brain biopsy w/ ct/mr guide |
| 61760 | C | Implant brain electrodes |
| 61770 | C | Incise skull for treatment |
| 61850 | C | Implant neuroelectrodes |
| 61860 | C | Implant neuroelectrodes |
| 61863 | C | Implant neuroelectrode |
| 61864 | C | Implant neuroelectrde, add'l |
| 61867 | C | Implant neuroelectrode |
| 61868 | C | Implant neuroelectrde, add'l |
| 61870 | C | Implant neuroelectrodes |
| 61875 | C | Implant neuroelectrodes |
| 62000 | C | Treat skull fracture |
| 62005 | C | Treat skull fracture |
| 62010 | C | Treatment of head injury |
| 62100 | C | Repair brain fluid leakage |
| 62115 | C | Reduction of skull defect |
| 62116 | C | Reduction of skull defect |
| 62117 | C | Reduction of skull defect |
| 62120 | C | Repair skull cavity lesion |
| 62121 | C | Incise skull repair |
| 62140 | C | Repair of skull defect |
| 62141 | C | Repair of skull defect |
| 62142 | C | Remove skull plate/flap |
| 62143 | C | Replace skull plate/flap |
| 62145 | C | Repair of skull & brain |
| 62146 | C | Repair of skull with graft |
| 62147 | C | Repair of skull with graft |
| 62148 | C | Retr bone flap to fix skull |
| 62160 | C | Neuroendoscopy add-on |
| 62161 | C | Dissect brain w/scope |
| 62162 | C | Remove colloid cyst w/scope |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|---------------|--|------------------------------|
| 62163 | C | Neuroendoscopy w/fb removal |
| 62164 | C | Remove brain tumor w/scope |
| 62165 | C | Remove pituit tumor w/scope |
| 62180 | C | Establish brain cavity shunt |
| 62190 | C | Establish brain cavity shunt |
| 62192 | C | Establish brain cavity shunt |
| 62200 | C | Establish brain cavity shunt |
| 62201 | C | Establish brain cavity shunt |
| 62220 | C | Establish brain cavity shunt |
| 62223 | C | Establish brain cavity shunt |
| 62256 | C | Remove brain cavity shunt |
| 62258 | C | Replace brain cavity shunt |
| 63043 | C | Laminotomy, add'l cervical |
| 63044 | C | Laminotomy, add'l lumbar |
| 63075 | C | Neck spine disk surgery |
| 63076 | C | Neck spine disk surgery |
| 63077 | C | Spine disk surgery, thorax |
| 63078 | C | Spine disk surgery, thorax |
| 63081 | C | Removal of vertebral body |
| 63082 | C | Remove vertebral body add-on |
| 63085 | C | Removal of vertebral body |
| 63086 | C | Remove vertebral body add-on |
| 63087 | C | Removal of vertebral body |
| 63088 | C | Remove vertebral body add-on |
| 63090 | C | Removal of vertebral body |
| 63091 | C | Remove vertebral body add-on |
| 63101 | C | Removal of vertebral body |
| 63102 | C | Removal of vertebral body |
| 63103 | C | Remove vertebral body add-on |
| 63170 | C | Incise spinal cord tract(s) |
| 63172 | C | Drainage of spinal cyst |
| 63173 | C | Drainage of spinal cyst |
| 63180 | C | Revise spinal cord ligaments |
| 63182 | C | Revise spinal cord ligaments |
| 63185 | C | Incise spinal column/nerves |
| 63190 | C | Incise spinal column/nerves |
| 63191 | C | Incise spinal column/nerves |
| 63194 | C | Incise spinal column & cord |
| 63195 | C | Incise spinal column & cord |
| 63196 | C | Incise spinal column & cord |
| 63197 | C | Incise spinal column & cord |
| 63198 | C | Incise spinal column & cord |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 63199 | C | Incise spinal column & cord |
| 63200 | C | Release of spinal cord |
| 63250 | C | Revise spinal cord vessels |
| 63251 | C | Revise spinal cord vessels |
| 63252 | C | Revise spinal cord vessels |
| 63265 | C | Excise intraspinal lesion |
| 63266 | C | Excise intraspinal lesion |
| 63267 | C | Excise intraspinal lesion |
| 63268 | C | Excise intraspinal lesion |
| 63270 | C | Excise intraspinal lesion |
| 63271 | C | Excise intraspinal lesion |
| 63272 | C | Excise intraspinal lesion |
| 63273 | C | Excise intraspinal lesion |
| 63275 | C | Biopsy/excise spinal tumor |
| 63276 | C | Biopsy/excise spinal tumor |
| 63277 | C | Biopsy/excise spinal tumor |
| 63278 | C | Biopsy/excise spinal tumor |
| 63280 | C | Biopsy/excise spinal tumor |
| 63281 | C | Biopsy/excise spinal tumor |
| 63282 | C | Biopsy/excise spinal tumor |
| 63283 | C | Biopsy/excise spinal tumor |
| 63285 | C | Biopsy/excise spinal tumor |
| 63286 | C | Biopsy/excise spinal tumor |
| 63287 | C | Biopsy/excise spinal tumor |
| 63290 | C | Biopsy/excise spinal tumor |
| 63300 | C | Removal of vertebral body |
| 63301 | C | Removal of vertebral body |
| 63302 | C | Removal of vertebral body |
| 63303 | C | Removal of vertebral body |
| 63304 | C | Removal of vertebral body |
| 63305 | C | Removal of vertebral body |
| 63306 | C | Removal of vertebral body |
| 63307 | C | Removal of vertebral body |
| 63308 | C | Remove vertebral body add-on |
| 63700 | C | Repair of spinal herniation |
| 63702 | C | Repair of spinal herniation |
| 63704 | C | Repair of spinal herniation |
| 63706 | C | Repair of spinal herniation |
| 63707 | C | Repair spinal fluid leakage |
| 63709 | C | Repair spinal fluid leakage |
| 63710 | C | Graft repair of spine defect |
| 63740 | C | Install spinal shunt |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 64752 | C | Incision of vagus nerve |
| 64755 | C | Incision of stomach nerves |
| 64760 | C | Incision of vagus nerve |
| 64763 | C | Incise hip/thigh nerve |
| 64766 | C | Incise hip/thigh nerve |
| 64804 | C | Remove sympathetic nerves |
| 64809 | C | Remove sympathetic nerves |
| 64818 | C | Remove sympathetic nerves |
| 64866 | C | Fusion of facial/other nerve |
| 64868 | C | Fusion of facial/other nerve |
| 65273 | C | Repair of eye wound |
| 69155 | C | Extensive ear/neck surgery |
| 69535 | C | Remove part of temporal bone |
| 69554 | C | Remove ear lesion |
| 69950 | C | Incise inner ear nerve |
| 69970 | C | Remove inner ear lesion |
| 75900 | C | Arterial catheter exchange |
| 75952 | C | Endovasc repair abdom aorta |
| 75953 | C | Abdom aneurysm endovas rpr |
| 75954 | C | Iliac aneurysm endovas rpr |
| 92970 | C | Cardioassist, internal |
| 92971 | C | Cardioassist, external |
| 92975 | C | Dissolve clot, heart vessel |
| 92992 | C | Revision of heart chamber |
| 92993 | C | Revision of heart chamber |
| 99190 | C | Special pump services |
| 99191 | C | Special pump services |
| 99192 | C | Special pump services |
| 99251 | C | Initial inpatient consult |
| 99252 | C | Initial inpatient consult |
| 99253 | C | Initial inpatient consult |
| 99254 | C | Initial inpatient consult |
| 99255 | C | Initial inpatient consult |
| 99261 | C | Follow-up inpatient consult |
| 99262 | C | Follow-up inpatient consult |
| 99263 | C | Follow-up inpatient consult |
| 99293 | C | Ped critical care, initial |
| 99294 | C | Ped critical care, subseq |
| 99295 | C | Neonatal critical care |
| 99296 | C | Neonatal critical care |
| 99298 | C | Neonatal critical care |
| 99299 | C | lc, lbw infant 1500-2500 gm |

| CPT/ HCPCS | CY 2005 Proposed Status Indicator | Description |
|-----------------------|--|------------------------------|
| 99356 | C | Prolonged service, inpatient |
| 99357 | C | Prolonged service, inpatient |
| 99433 | C | Normal newborn care/hospital |

ADDENDUM H.—WAGE INDEX FOR URBAN AREAS

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 10180 | Abilene, TX Callahan County, TX Jones County, TX Taylor County, TX | 0.8011 |
| 10380 | Aguadilla-Isabela-San Sebastián, PR Aguada Municipio, PR Aguadilla Municipio, PR Añasco Municipio, PR Isabela Municipio, PR Lares Municipio, PR Moca Municipio, PR Rincón Municipio, PR San Sebastián Municipio, PR | 0.4285 |
| 10420 | Akron, OH Portage County, OH Summit County, OH | 0.9065 |
| 10500 | Albany, GA Baker County, GA Dougherty County, GA Lee County, GA Terrell County, GA Worth County, GA | 1.1306 |
| 10580 | Albany-Schenectady-Troy, NY Albany County, NY Rensselaer County, NY Saratoga County, NY Schenectady County, NY Schoharie County, NY | 0.8685 |
| 10740 | Albuquerque, NM Bernalillo County, NM Sandoval County, NM Torrance County, NM Valencia County, NM | 1.0167 |
| 10780 | Alexandria, LA Grant Parish, LA Rapides Parish, LA | 0.8198 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 10900 | Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ Carbon County, PA Lehigh County, PA Northampton County, PA | 0.9539 |
| 11020 | Altoona, PA Blair County, PA | 0.8472 |
| 11100 | Amarillo, TX Armstrong County, TX Carson County, TX Potter County, TX Randall County, TX | 0.9209 |
| 11180 | Ames, IA Story County, IA | 0.9503 |
| 11260 | Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK | 1.2195 |
| 11300 | Anderson, IN Madison County, IN | 0.8790 |
| 11340 | Anderson, SC Anderson County, SC | 0.8689 |
| 11460 | Ann Arbor, MI Washtenaw County, MI | 1.1065 |
| 11500 | Anniston-Oxford, AL Calhoun County, AL | 0.7967 |
| 11540 | ² Appleton, WI Calumet County, WI Outagamie County, WI | 0.9485 |
| 11700 | Asheville, NC Buncombe County, NC Haywood County, NC Henderson County, NC Madison County, NC | 0.9217 |
| 12020 | Athens-Clarke County, GA Clarke County, GA Madison County, GA Oconee County, GA Oglethorpe County, GA | 1.0010 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 12060 | Atlanta-Sandy Springs-Marietta, GA Barrow County, GA Bartow County, GA Butts County, GA Carroll County, GA Cherokee County, GA Clayton County, GA Cobb County, GA Coweta County, GA Dawson County, GA DeKalb County, GA Douglas County, GA Fayette County, GA Forsyth County, GA Fulton County, GA Gwinnett County, GA Haralson County, GA Heard County, GA Henry County, GA Jasper County, GA Lamar County, GA Meriwether County, GA Newton County, GA Paulding County, GA Pickens County, GA Pike County, GA Rockdale County, GA Spalding County, GA Walton County, GA | 0.9926 |
| 12100 | Atlantic City, NJ Atlantic County, NJ | 1.0723 |
| 12220 | Auburn-Opelika, AL Lee County, AL | 0.8231 |
| 12260 | Augusta-Richmond County, GA-SC Burke County, GA Columbia County, GA McDuffie County, GA Richmond County, GA Aiken County, SC Edgefield County, SC | 0.9169 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 12420 | ¹ Austin-Round Rock, TX Bastrop County, TX Caldwell County, TX Hays County, TX Travis County, TX Williamson County, TX | 0.9619 |
| 12540 | ² Bakersfield, CA Kern County, CA | 1.0440 |
| 12580 | ¹ Baltimore-Towson, MD Anne Arundel County, MD Baltimore County, MD Carroll County, MD Harford County, MD Howard County, MD Queen Anne's County, MD Baltimore City, MD | 0.9904 |
| 12620 | Bangor, ME Penobscot County, ME | 0.9960 |
| 12700 | Barnstable Town, MA Barnstable County, MA | 1.1965 |
| 12940 | Baton Rouge, LA Ascension Parish, LA East Baton Rouge Parish, LA East Feliciana Parish, LA Iberville Parish, LA Livingston Parish, LA Pointe Coupee Parish, LA St. Helena Parish, LA West Baton Rouge Parish, LA West Feliciana Parish, LA | 0.8344 |
| 12980 | Battle Creek, MI Calhoun County, MI | 0.9132 |
| 13020 | Bay City, MI Bay County, MI | 0.9601 |
| 13140 | Beaumont-Port Arthur, TX Hardin County, TX Jefferson County, TX Orange County, TX | 0.8564 |
| 13380 | Bellingham, WA Whatcom County, WA | 1.1695 |
| 13460 | Bend, OR Deschutes County, OR | 1.0623 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 13644 | ¹ Bethesda-Frederick-Gaithersburg, MD Frederick County, MD Montgomery County, MD | 1.0993 |
| 13740 | Billings, MT Carbon County, MT Yellowstone County, MT | 0.8993 |
| 13780 | Binghamton, NY Broome County, NY Tioga County, NY | 0.8484 |
| 13820 | ¹ Birmingham-Hoover, AL Bibb County, AL Blount County, AL Chilton County, AL Jefferson County, AL St. Clair County, AL Shelby County, AL Walker County, AL | 0.9111 |
| 13900 | ² Bismarck, ND Burleigh County, ND Morton County, ND | 0.7741 |
| 13980 | ² Blacksburg-Christiansburg-Radford, VA Giles County, VA Montgomery County, VA Pulaski County, VA Radford City, VA | 0.8065 |
| 14020 | ² Bloomington, IN Greene County, IN Monroe County, IN Owen County, IN | 0.8675 |
| 14060 | Bloomington-Normal, IL McLean County, IL | 0.9099 |
| 14260 | Boise City-Nampa, ID Ada County, ID Boise County, ID Canyon County, ID Gem County, ID Owyhee County, ID | 0.9360 |
| 14484 | ¹ Boston-Quincy, MA Norfolk County, MA Plymouth County, MA Suffolk County, MA | 1.1649 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 14500 | Boulder, CO Boulder County, CO | 1.0072 |
| 14540 | Bowling Green, KY Edmonson County, KY Warren County, KY | 0.8162 |
| 14740 | Bremerton-Silverdale, WA Kitsap County, WA | 1.0636 |
| 14860 | Bridgeport-Stamford-Norwalk, CT Fairfield County, CT | 1.2876 |
| 14980 | ² Bristol, VA Washington County, VA Bristol City, VA | 0.8065 |
| 15180 | Brownsville-Harlingen, TX Cameron County, TX | 1.0178 |
| 15260 | Brunswick, GA Brantley County, GA Glynn County, GA McIntosh County, GA | 1.1988 |
| 15380 | ¹ Buffalo-Niagara Falls, NY Erie County, NY Niagara County, NY | 0.9351 |
| 15500 | Burlington, NC Alamance County, NC | 0.8881 |
| 15540 | ² Burlington-South Burlington, VT Chittenden County, VT Franklin County, VT Grand Isle County, VT | 0.9469 |
| 15764 | ¹ Cambridge-Newton-Framingham, MA Middlesex County, MA | 1.1199 |
| 15804 | ¹ Camden, NJ Burlington County, NJ Camden County, NJ Gloucester County, NJ | 1.0683 |
| 15940 | Canton-Massillon, OH Carroll County, OH Stark County, OH | 0.8917 |
| 15980 | Cape Coral-Fort Myers, FL Lee County, FL | 0.9380 |
| 16180 | Carson City, NV Carson City, NV | 1.0362 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 16220 | Casper, WY Natrona County, WY | 0.9367 |
| 16300 | Cedar Rapids, IA Benton County, IA Jones County, IA Linn County, IA | 0.8987 |
| 16580 | Champaign-Urbana, IL Champaign County, IL Ford County, IL Piatt County, IL | 0.9597 |
| 16620 | Charleston, WV Boone County, WV Clay County, WV Kanawha County, WV Lincoln County, WV Putnam County, WV | 0.8875 |
| 16700 | Charleston-North Charleston, SC Berkeley County, SC Charleston County, SC Dorchester County, SC | 0.9379 |
| 16740 | Charlotte-Gastonia-Concord, NC-SC Anson County, NC Cabarrus County, NC Gaston County, NC Mecklenburg County, NC Union County, NC York County, SC | 0.9750 |
| 16820 | Charlottesville, VA Albemarle County, VA Fluvanna County, VA Greene County, VA Nelson County, VA Charlottesville City, VA | 1.0317 |
| 16860 | Chattanooga, TN-GA Catoosa County, GA Dade County, GA Walker County, GA Hamilton County, TN Marion County, TN Sequatchie County, TN | 0.9233 |
| 16940 | ² Cheyenne, WY Laramie County, WY | 0.9190 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 16974 | ¹ Chicago-Naperville-Joliet, IL Cook County, IL DeKalb County, IL DuPage County, IL Grundy County, IL Kane County, IL Kendall County, IL McHenry County, IL Will County, IL | 1.0819 |
| 17020 | Chico, CA Butte County, CA | 1.0575 |
| 17140 | ¹ Cincinnati-Middletown, OH-KY-IN Dearborn County, IN Franklin County, IN Ohio County, IN Boone County, KY Bracken County, KY Campbell County, KY Gallatin County, KY Grant County, KY Kenton County, KY Pendleton County, KY Brown County, OH Butler County, OH Clermont County, OH Hamilton County, OH Warren County, OH | 0.9533 |
| 17300 | Clarksville, TN-KY Christian County, KY Trigg County, KY Montgomery County, TN Stewart County, TN | 0.8131 |
| 17420 | ² Cleveland, TN Bradley County, TN Polk County, TN | 0.7911 |
| 17460 | ¹ Cleveland-Elyria-Mentor, OH Cuyahoga County, OH Geauga County, OH Lake County, OH Lorain County, OH Medina County, OH | 0.9667 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 17660 | Coeur d'Alene, ID Kootenai County, ID | 0.9346 |
| 17780 | College Station-Bryan, TX Brazos County, TX Burleson County, TX Robertson County, TX | 0.8505 |
| 17820 | Colorado Springs, CO El Paso County, CO Teller County, CO | 0.9799 |
| 17860 | Columbia, MO Boone County, MO Howard County, MO | 0.8352 |
| 17900 | Columbia, SC Calhoun County, SC Fairfield County, SC Kershaw County, SC Lexington County, SC Richland County, SC Saluda County, SC | 0.9071 |
| 17980 | Columbus, GA-AL Russell County, AL Chattahoochee County, GA Harris County, GA Marion County, GA Muscogee County, GA | 0.8711 |
| 18020 | Columbus, IN Bartholomew County, IN | 0.9472 |
| 18140 | Columbus, OH Delaware County, OH Fairfield County, OH Franklin County, OH Licking County, OH Madison County, OH Morrow County, OH Pickaway County, OH Union County, OH | 0.9757 |
| 18580 | Corpus Christi, TX Aransas County, TX Nueces County, TX San Patricio County, TX | 0.8665 |
| 18700 | Corvallis, OR Benton County, OR | 1.0547 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 19060 | ² Cumberland, MD-WV (MD Hospitals) Allegany County, MD Mineral County, WV | 0.9248 |
| 19060 | Cumberland, MD-WV (WV Hospitals) Allegany County, MD Mineral County, WV | 0.8668 |
| 19124 | Dallas-Plano-Irving, TX Collin County, TX Dallas County, TX Delta County, TX Denton County, TX Ellis County, TX Hunt County, TX Kaufman County, TX Rockwall County, TX | 1.0092 |
| 19140 | Dalton, GA Murray County, GA Whitfield County, GA | 0.9320 |
| 19180 | Danville, IL Vermilion County, IL | 0.8418 |
| 19260 | Danville, VA Pittsylvania County, VA Danville City, VA | 0.8792 |
| 19340 | Davenport-Moline-Rock Island, IA-IL Henry County, IL Mercer County, IL Rock Island County, IL Scott County, IA | 0.8776 |
| 19380 | Dayton, OH Greene County, OH Miami County, OH Montgomery County, OH Preble County, OH | 0.9322 |
| 19460 | Decatur, AL Lawrence County, AL Morgan County, AL | 0.8915 |
| 19500 | ² Decatur, IL Macon County, IL | 0.8364 |
| 19660 | Deltona-Daytona Beach-Ormond Beach, FL Volusia County, FL | 0.8685 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 19740 | ¹ Denver-Aurora, CO Adams County, CO Arapahoe County, CO Broomfield County, CO Clear Creek County, CO Denver County, CO Douglas County, CO Elbert County, CO Gilpin County, CO Jefferson County, CO Park County, CO | 1.0911 |
| 19780 | Des Moines, IA Dallas County, IA Guthrie County, IA Madison County, IA Polk County, IA Warren County, IA | 0.9288 |
| 19804 | ¹ Detroit-Livonia-Dearborn, MI Wayne County, MI | 1.0379 |
| 20020 | ² Dothan, AL Geneva County, AL Henry County, AL Houston County, AL | 0.7675 |
| 20100 | ² Dover, DE Kent County, DE | 0.9651 |
| 20220 | Dubuque, IA Dubuque County, IA | 0.8748 |
| 20260 | Duluth, MN-WI Carlton County, MN St. Louis County, MN Douglas County, WI | 1.0449 |
| 20500 | Durham, NC Chatham County, NC Durham County, NC Orange County, NC Person County, NC | 1.0312 |
| 20740 | ² Eau Claire, WI Chippewa County, WI Eau Claire County, WI | 0.9485 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 20764 | ¹ Edison, NJ Middlesex County, NJ Monmouth County, NJ Ocean County, NJ Somerset County, NJ | 1.1160 |
| 20940 | ² El Centro, CA Imperial County, CA | 1.0440 |
| 21060 | Elizabethtown, KY Hardin County, KY Larue County, KY | 0.8713 |
| 21140 | Elkhart-Goshen, IN Elkhart County, IN | 0.9286 |
| 21300 | Elmira, NY Chemung County, NY | 0.8488 |
| 21340 | El Paso, TX El Paso County, TX | 0.9210 |
| 21420 | Enid, OK Garfield County, OK | 0.9034 |
| 21500 | Erie, PA Erie County, PA | 0.8708 |
| 21604 | Essex County, MA Essex County, MA | 1.0666 |
| 21660 | Eugene-Springfield, OR Lane County, OR | 1.0951 |
| 21780 | ² Evansville, IN-KY (IN Hospitals) Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY | 0.8675 |
| 21780 | Evansville, IN-KY (KY Hospitals) Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY | 0.8406 |
| 21820 | ² Fairbanks, AK Fairbanks North Star Borough, AK | 1.1761 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 21940 | Fajardo, PR Ceiba Municipio, PR Fajardo Municipio, PR Luquillo Municipio, PR | 0.4014 |
| 22020 | ² Fargo, ND-MN Clay County, MN Cass County, ND | 0.9340 |
| 22140 | ² Farmington, NM San Juan County, NM | 0.8592 |
| 22180 | Fayetteville, NC Cumberland County, NC Hoke County, NC | 0.9387 |
| 22220 | Fayetteville-Springdale-Rogers, AR-MO Benton County, AR Madison County, AR Washington County, AR McDonald County, MO | 0.8687 |
| 22380 | Flagstaff, AZ Coconino County, AZ | 1.0804 |
| 22420 | Flint, MI Genesee County, MI | 1.1187 |
| 22460 | Florence-Muscle Shoals, AL Colbert County, AL Lauderdale County, AL | 0.7917 |
| 22500 | Florence, SC Darlington County, SC Florence County, SC | 0.8540 |
| 22540 | Fond du Lac, WI Fond du Lac County, WI | 0.9921 |
| 22660 | Fort Collins-Loveland, CO Larimer County, CO | 1.0214 |
| 22744 | ¹ Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward County, FL | 1.0408 |
| 22900 | Fort Smith, AR-OK Crawford County, AR Franklin County, AR Sebastian County, AR Le Flore County, OK Sequoyah County, OK | 0.8311 |
| 23020 | Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL | 0.8805 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 23060 | Fort Wayne, IN Allen County, IN Wells County, IN Whitley County, IN | 0.9825 |
| 23104 | ¹ Fort Worth-Arlington, TX Johnson County, TX Parker County, TX Tarrant County, TX Wise County, TX | 0.9515 |
| 23420 | Fresno, CA Fresno County, CA | 1.0656 |
| 23460 | Gadsden, AL Etowah County, AL | 0.8182 |
| 23540 | ² Gainesville, FL Alachua County, FL Gilchrist County, FL | 0.8581 |
| 23580 | Gainesville, GA Hall County, GA | 0.9584 |
| 23844 | Gary, IN Jasper County, IN Lake County, IN Newton County, IN Porter County, IN | 0.9328 |
| 24020 | Glens Falls, NY Warren County, NY Washington County, NY | 0.8508 |
| 24140 | Goldsboro, NC Wayne County, NC | 0.8796 |
| 24220 | ² Grand Forks, ND-MN (MN Hospitals) Polk County, MN Grand Forks County, ND | 0.9340 |
| 24220 | Grand Forks, ND-MN (ND Hospitals) Polk County, MN Grand Forks County, ND | 0.9169 |
| 24300 | Grand Junction, CO Mesa County, CO | 0.9949 |
| 24340 | Grand Rapids-Wyoming, MI Barry County, MI Ionia County, MI Kent County, MI Newaygo County, MI | 0.9457 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 24500 | Great Falls, MT Cascade County, MT | 0.8908 |
| 24540 | Greeley, CO Weld County, CO | 0.9758 |
| 24580 | Green Bay, WI Brown County, WI Kewaunee County, WI Oconto County, WI | 0.9602 |
| 24660 | Greensboro-High Point, NC Guilford County, NC Randolph County, NC Rockingham County, NC | 0.9228 |
| 24780 | Greenville, NC Greene County, NC Pitt County, NC | 0.9200 |
| 24860 | Greenville, SC Greenville County, SC Laurens County, SC Pickens County, SC | 0.9287 |
| 25020 | Guayama, PR Arroyo Municipio, PR Guayama Municipio, PR Patillas Municipio, PR | 0.4015 |
| 25060 | Gulfport-Biloxi, MS Hancock County, MS Harrison County, MS Stone County, MS | 0.8954 |
| 25180 | Hagerstown-Martinsburg, MD-WV Washington County, MD Berkeley County, WV Morgan County, WV | 0.9765 |
| 25260 | Hanford-Corcoran, CA Kings County, CA | 1.0440 |
| 25420 | Harrisburg-Carlisle, PA Cumberland County, PA Dauphin County, PA Perry County, PA | 0.9377 |
| 25500 | Harrisonburg, VA Rockingham County, VA Harrisonburg City, VA | 0.9300 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 25620 | ² Hattiesburg, MS Forrest County, MS Lamar County, MS Perry County, MS | 0.7665 |
| 25860 | Hickory-Lenoir-Morganton, NC Alexander County, NC Burke County, NC Caldwell County, NC Catawba County, NC | 0.9508 |
| 25980 | ² Hinesville-Fort Stewart, GA Liberty County, GA Long County, GA | 0.7774 |
| 26100 | Holland-Grand Haven, MI Ottawa County, MI | 0.9482 |
| 26180 | Honolulu, HI Honolulu County, HI | 1.1018 |
| 26300 | Hot Springs, AR Garland County, AR | 0.9286 |
| 26380 | Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA Terrebonne Parish, LA | 0.7779 |
| 26420 | ¹ Houston-Baytown-Sugar Land, TX Austin County, TX Brazoria County, TX Chambers County, TX Fort Bend County, TX Galveston County, TX Harris County, TX Liberty County, TX Montgomery County, TX San Jacinto County, TX Waller County, TX | 0.9995 |
| 26580 | Huntington-Ashland, WV-KY-OH Boyd County, KY Greenup County, KY Lawrence County, OH Cabell County, WV Wayne County, WV | 0.9585 |
| 26620 | Huntsville, AL Limestone County, AL Madison County, AL | 0.8861 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 26820 | Idaho Falls, ID Bonnevile County, ID Jefferson County, ID | 0.9062 |
| 26900 | ¹ Indianapolis, IN Boone County, IN Brown County, IN Hamilton County, IN Hancock County, IN Hendricks County, IN Johnson County, IN Marion County, IN Morgan County, IN Putnam County, IN Shelby County, IN | 1.0102 |
| 26980 | Iowa City, IA Johnson County, IA Washington County, IA | 0.9663 |
| 27060 | Ithaca, NY Tompkins County, NY | 0.9795 |
| 27100 | Jackson, MI Jackson County, MI | 0.9152 |
| 27140 | Jackson, MS Copiah County, MS Hinds County, MS Madison County, MS Rankin County, MS Simpson County, MS | 0.8305 |
| 27180 | Jackson, TN Chester County, TN Madison County, TN | 0.8912 |
| 27260 | ¹ Jacksonville, FL Baker County, FL Clay County, FL Duval County, FL Nassau County, FL St. Johns County, FL | 0.9574 |
| 27340 | ² Jacksonville, NC Onslow County, NC | 0.8587 |
| 27460 | Jamestown, NY Chautauqua County, NY | 0.8180 |
| 27500 | Janesville, WI Rock County, WI | 0.9618 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 27620 | Jefferson City, MO Callaway County, MO Cole County, MO Moniteau County, MO Osage County, MO | 0.8352 |
| 27740 | Johnson City, TN Carter County, TN Unicoi County, TN Washington County, TN | 0.7991 |
| 27780 | Johnstown, PA Cambria County, PA | 0.8397 |
| 27860 | Jonesboro, AR Craighead County, AR Poinsett County, AR | 0.8078 |
| 27900 | Joplin, MO Jasper County, MO Newton County, MO | 0.8746 |
| 28020 | Kalamazoo-Portage, MI Kalamazoo County, MI Van Buren County, MI | 1.0714 |
| 28100 | Kankakee-Bradley, IL Kankakee County, IL | 1.0551 |
| 28140 | Kansas City, MO-KS Franklin County, KS Johnson County, KS Leavenworth County, KS Linn County, KS Miami County, KS Wyandotte County, KS Bates County, MO Caldwell County, MO Cass County, MO Clay County, MO Clinton County, MO Jackson County, MO Lafayette County, MO Platte County, MO Ray County, MO | 0.9625 |
| 28420 | Kennewick-Richland-Pasco, WA Benton County, WA Franklin County, WA | 1.0530 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 28660 | Killeen-Temple-Fort Hood, TX Bell County, TX Coryell County, TX Lampasas County, TX | 0.9301 |
| 28700 | Kingsport-Bristol-Bristol, TN-VA Hawkins County, TN Sullivan County, TN Scott County, VA | 0.8257 |
| 28740 | Kingston, NY Ulster County, NY | 0.8874 |
| 28940 | Knoxville, TN Anderson County, TN Blount County, TN Knox County, TN Loudon County, TN Union County, TN | 0.8585 |
| 29020 | Kokomo, IN Howard County, IN Tipton County, IN | 0.9038 |
| 29100 | ² La Crosse, WI-MN (MN Hospitals) Houston County, MN La Crosse County, WI | 0.9340 |
| 29100 | ² La Crosse, WI-MN (WI Hospitals) Houston County, MN La Crosse County, WI | 0.9485 |
| 29140 | Lafayette, IN Benton County, IN Carroll County, IN Tippecanoe County, IN | 0.9073 |
| 29180 | Lafayette, LA Lafayette Parish, LA St. Martin Parish, LA | 0.8319 |
| 29340 | Lake Charles, LA Calcasieu Parish, LA Cameron Parish, LA | 0.7921 |
| 29404 | Lake County-Kenosha County, IL-WI Lake County, IL Kenosha County, WI | 1.0342 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 29460 | Lakeland, FL Polk County, FL | 0.8964 |
| 29540 | Lancaster, PA Lancaster County, PA | 0.9919 |
| 29620 | Lansing-East Lansing, MI Clinton County, MI Eaton County, MI Ingham County, MI | 0.9675 |
| 29700 | Laredo, TX Webb County, TX | 0.8293 |
| 29740 | Las Cruces, NM Dona Ana County, NM | 0.8783 |
| 29820 | ¹ Las Vegas-Paradise, NV Clark County, NV | 1.1380 |
| 29940 | ² Lawrence, KS Douglas County, KS | 0.8132 |
| 30020 | Lawton, OK Comanche County, OK | 0.8264 |
| 30140 | Lebanon, PA Lebanon County, PA | 0.8592 |
| 30300 | ² Lewiston, ID-WA (ID Hospitals) Nez Perce County, ID Asotin County, WA | 0.9325 |
| 30300 | Lewiston, ID-WA (WA Hospitals) Nez Perce County, ID Asotin County, WA | 1.0340 |
| 30340 | Lewiston-Auburn, ME Androscoggin County, ME | 0.9613 |
| 30460 | Lexington-Fayette, KY Bourbon County, KY Clark County, KY Fayette County, KY Jessamine County, KY Scott County, KY Woodford County, KY | 0.9074 |
| 30620 | Lima, OH Allen County, OH | 0.9330 |
| 30700 | Lincoln, NE Lancaster County, NE Seward County, NE | 1.0206 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 30780 | Little Rock-North Little Rock, AR Faulkner County, AR Grant County, AR Lonoke County, AR Perry County, AR Pulaski County, AR Saline County, AR | 0.9032 |
| 30860 | Logan, UT-ID Franklin County, ID Cache County, UT | 0.9102 |
| 30980 | Longview, TX Gregg County, TX Rusk County, TX Upshur County, TX | 0.8823 |
| 31020 | ² Longview, WA Cowlitz County, WA | 1.0340 |
| 31084 | ¹ Los Angeles-Long Beach-Glendale, CA Los Angeles County, CA | 1.1730 |
| 31140 | ¹ Louisville, KY-IN Clark County, IN Floyd County, IN Harrison County, IN Washington County, IN Bullitt County, KY Henry County, KY Jefferson County, KY Meade County, KY Nelson County, KY Oldham County, KY Shelby County, KY Spencer County, KY Trimble County, KY | 0.9146 |
| 31180 | Lubbock, TX Crosby County, TX Lubbock County, TX | 0.8798 |
| 31340 | Lynchburg, VA Amherst County, VA Appomattox County, VA Bedford County, VA Campbell County, VA Bedford City, VA Lynchburg City, VA | 0.9048 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 31420 | Macon, GA Bibb County, GA Crawford County, GA Jones County, GA Monroe County, GA Twiggs County, GA | 0.9934 |
| 31460 | ² Madera, CA Madera County, CA | 1.0440 |
| 31540 | Madison, WI Columbia County, WI Dane County, WI Iowa County, WI | 1.0325 |
| 31700 | Manchester-Nashua, NH Hillsborough County, NH | 1.0573 |
| 31900 | Mansfield, OH Richland County, OH | 0.9224 |
| 32420 | Mayagüez, PR Hormigueros Municipio, PR Mayagüez Municipio, PR | 0.4453 |
| 32580 | McAllen-Edinburg-Pharr, TX Hidalgo County, TX | 0.8624 |
| 32780 | Medford, OR Jackson County, OR | 1.0561 |
| 32820 | ¹ Memphis, TN-MS-AR Crittenden County, AR DeSoto County, MS Marshall County, MS Tate County, MS Tunica County, MS Fayette County, TN Shelby County, TN Tipton County, TN | 0.9250 |
| 32900 | ² Merced, CA Merced County, CA | 1.0440 |
| 33124 | Miami-Miami Beach-Kendall, FL Miami-Dade County, FL | 1.0045 |
| 33140 | Michigan City-La Porte, IN LaPorte County, IN | 0.9351 |
| 33260 | Midland, TX Midland County, TX | 0.9408 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 33340 | ¹ Milwaukee-Waukesha-West Allis, WI Milwaukee County, WI Ozaukee County, WI Washington County, WI Waukesha County, WI | 1.0106 |
| 33460 | Minneapolis-St. Paul-Bloomington, MN-WI Anoka County, MN Carver County, MN Chisago County, MN Dakota County, MN Hennepin County, MN Isanti County, MN Ramsey County, MN Scott County, MN Sherburne County, MN Washington County, MN Wright County, MN Pierce County, WI St. Croix County, WI | 1.1074 |
| 33540 | Missoula, MT Missoula County, MT | 0.9657 |
| 33660 | Mobile, AL Mobile County, AL | 0.8017 |
| 33700 | Modesto, CA Stanislaus County, CA | 1.2007 |
| 33740 | Monroe, LA Ouachita Parish, LA Union Parish, LA | 0.7928 |
| 33780 | Monroe, MI Monroe County, MI | 0.9517 |
| 33860 | Montgomery, AL Autauga County, AL Elmore County, AL Lowndes County, AL Montgomery County, AL | 0.8312 |
| 34060 | Morgantown, WV Monongalia County, WV Preston County, WV | 0.8720 |
| 34100 | ² Morristown, TN Grainger County, TN Hamblen County, TN Jefferson County, TN | 0.7911 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 34580 | Mount Vernon-Anacortes, WA Skagit County, WA | 1.0581 |
| 34620 | ² Muncie, IN Delaware County, IN | 0.8675 |
| 34740 | Muskegon-Norton Shores, MI Muskegon County, MI | 0.9770 |
| 34820 | Myrtle Beach-Conway-North Myrtle Beach, SC Horry County, SC | 0.8592 |
| 34900 | Napa, CA Napa County, CA | 1.3537 |
| 34940 | Naples-Marco Island, FL Collier County, FL | 1.0593 |
| 34980 | Nashville-Davidson--Murfreesboro, TN Cannon County, TN Cheatham County, TN Davidson County, TN Dickson County, TN Hickman County, TN Macon County, TN Robertson County, TN Rutherford County, TN Smith County, TN Sumner County, TN Trousdale County, TN Williamson County, TN Wilson County, TN | 1.0115 |
| 35084 | ¹ Newark-Union, NJ-PA Essex County, NJ Hunterdon County, NJ Morris County, NJ Sussex County, NJ Union County, NJ Pike County, PA | 1.1708 |
| 35300 | New Haven-Milford, CT New Haven County, CT | 1.1828 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 35380 | New Orleans-Metairie-Kenner, LA Jefferson Parish, LA Orleans Parish, LA Plaquemines Parish, LA St. Bernard Parish, LA St. Charles Parish, LA St. John the Baptist Parish, LA St. Tammany Parish, LA | 0.9118 |
| 35644 | New York-Wayne-White Plains, NY-NJ Bergen County, NJ Hudson County, NJ Passaic County, NJ Bronx County, NY Kings County, NY New York County, NY Putnam County, NY Queens County, NY Richmond County, NY Rockland County, NY Westchester County, NY | 1.3324 |
| 35660 | Niles-Benton Harbor, MI Berrien County, MI | 0.8922 |
| 35980 | Norwich-New London, CT New London County, CT | 1.1625 |
| 36084 | Oakland-Fremont-Hayward, CA Alameda County, CA Contra Costa County, CA | 1.5387 |
| 36100 | Ocala, FL Marion County, FL | 0.9194 |
| 36140 | Ocean City, NJ Cape May County, NJ | 1.0841 |
| 36220 | Odessa, TX Ector County, TX | 0.9822 |
| 36260 | Ogden-Clearfield, UT Davis County, UT Morgan County, UT Weber County, UT | 0.9303 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 36420 | ¹ Oklahoma City, OK Canadian County, OK Cleveland County, OK Grady County, OK Lincoln County, OK Logan County, OK McClain County, OK Oklahoma County, OK | 0.9005 |
| 36500 | Olympia, WA Thurston County, WA | 1.1034 |
| 36540 | Omaha-Council Bluffs, NE-IA Harrison County, IA Mills County, IA Pottawattamie County, IA Cass County, NE Douglas County, NE Sarpy County, NE Saunders County, NE Washington County, NE | 0.9765 |
| 36740 | ¹ Orlando, FL Lake County, FL Orange County, FL Osceola County, FL Seminole County, FL | 0.9779 |
| 36780 | ² Oshkosh-Neenah, WI Winnebago County, WI | 0.9485 |
| 36980 | Owensboro, KY Daviness County, KY Hancock County, KY McLean County, KY | 0.8470 |
| 37100 | Oxnard-Thousand Oaks-Ventura, CA Ventura County, CA | 1.1130 |
| 37340 | Palm Bay-Melbourne-Titusville, FL Brevard County, FL | 0.9630 |
| 37460 | ² Panama City-Lynn Haven, FL Bay County, FL | 0.8581 |
| 37620 | ² Parkersburg-Marietta, WV-OH (OH Hospitals) Washington County, OH Pleasants County, WV Wirt County, WV Wood County, WV | 0.8708 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 37620 | Parkersburg-Marietta, WV-OH (WV Hospitals) Washington County, OH Pleasants County, WV Wirt County, WV Wood County, WV | 0.8388 |
| 37700 | Pascagoula, MS George County, MS Jackson County, MS | 0.7993 |
| 37860 | ² Pensacola-Ferry Pass-Brent, FL Escambia County, FL Santa Rosa County, FL | 0.8581 |
| 37900 | Peoria, IL Marshall County, IL Peoria County, IL Stark County, IL Tazewell County, IL Woodford County, IL | 0.8853 |
| 37964 | Philadelphia, PA Bucks County, PA Chester County, PA Delaware County, PA Montgomery County, PA Philadelphia County, PA | 1.0880 |
| 38060 | ¹ Phoenix-Mesa-Scottsdale, AZ Maricopa County, AZ Pinal County, AZ | 1.0009 |
| 38220 | Pine Bluff, AR Cleveland County, AR Jefferson County, AR Lincoln County, AR | 0.8724 |
| 38300 | ¹ Pittsburgh, PA Allegheny County, PA Armstrong County, PA Beaver County, PA Butler County, PA Fayette County, PA Washington County, PA Westmoreland County, PA | 0.8743 |
| 38340 | Pittsfield, MA Berkshire County, MA | 1.0756 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 38540 | Pocatello, ID Bannock County, ID Power County, ID | 0.9615 |
| 38660 | Ponce, PR Juana Díaz Municipio, PR Ponce Municipio, PR Villalba Municipio, PR | 0.5019 |
| 38860 | Portland-South Portland-Biddeford, ME Cumberland County, ME Sagadahoc County, ME York County, ME | 1.0127 |
| 38900 | Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR Columbia County, OR Multnomah County, OR Washington County, OR Yamhill County, OR Clark County, WA Skamania County, WA | 1.1384 |
| 38940 | Port St. Lucie-Fort Pierce, FL Martin County, FL St. Lucie County, FL | 1.0117 |
| 39100 | Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY Orange County, NY | 1.1395 |
| 39140 | Prescott, AZ Yavapai County, AZ | 0.9922 |
| 39300 | Providence-New Bedford-Fall River, RI-MA Bristol County, MA Bristol County, RI Kent County, RI Newport County, RI Providence County, RI Washington County, RI | 1.0941 |
| 39340 | Provo-Orem, UT Juab County, UT Utah County, UT | 0.9762 |
| 39380 | Pueblo, CO Pueblo County, CO | 0.9374 |
| 39460 | Punta Gorda, FL Charlotte County, FL | 0.9473 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 39540 | ² Racine, WI Racine County, WI | 0.9485 |
| 39580 | Raleigh-Cary, NC Franklin County, NC Johnston County, NC Wake County, NC | 1.0060 |
| 39660 | Rapid City, SD Meade County, SD Pennington County, SD | 0.8947 |
| 39740 | Reading, PA Berks County, PA | 0.9173 |
| 39820 | Redding, CA Shasta County, CA | 1.1856 |
| 39900 | Reno-Sparks, NV Storey County, NV Washoe County, NV | 1.0474 |
| 40060 | ¹ Richmond, VA Amelia County, VA Caroline County, VA Charles City County, VA Chesterfield County, VA Cumberland County, VA Dinwiddie County, VA Goochland County, VA Hanover County, VA Henrico County, VA King and Queen County, VA King William County, VA Louisa County, VA New Kent County, VA Powhatan County, VA Prince George County, VA Sussex County, VA Colonial Heights City, VA Hopewell City, VA Petersburg City, VA Richmond City, VA | 0.9422 |
| 40140 | ¹ Riverside-San Bernardino-Ontario, CA Riverside County, CA San Bernardino County, CA | 1.0997 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 40220 | Roanoke, VA Botetourt County, VA Craig County, VA Franklin County, VA Roanoke County, VA Roanoke City, VA Salem City, VA | 0.8390 |
| 40340 | Rochester, MN Dodge County, MN Olmsted County, MN Wabasha County, MN | 1.1511 |
| 40380 | Rochester, NY Livingston County, NY Monroe County, NY Ontario County, NY Orleans County, NY Wayne County, NY | 0.9307 |
| 40420 | Rockford, IL Boone County, IL Winnebago County, IL | 0.9623 |
| 40484 | Rockingham County-Strafford County, NH Rockingham County, NH Strafford County, NH | 1.0232 |
| 40580 | Rocky Mount, NC Edgecombe County, NC Nash County, NC | 0.9016 |
| 40660 | Rome, GA Floyd County, GA | 0.8877 |
| 40900 | Sacramento--Arden-Arcade--Roseville, CA El Dorado County, CA Placer County, CA Sacramento County, CA Yolo County, CA | 1.1709 |
| 40980 | Saginaw-Saginaw Township North, MI Saginaw County, MI | 0.9879 |
| 41060 | St. Cloud, MN Benton County, MN Stearns County, MN | 1.0193 |
| 41100 | St. George, UT Washington County, UT | 0.9495 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 41140 | ² St. Joseph, MO-KS (MO Hospitals) Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO | 0.8011 |
| 41140 | ² St. Joseph, MO-KS (KS Hospitals) Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO | 0.8132 |
| 41180 | St. Louis, MO-IL Bond County, IL Calhoun County, IL Clinton County, IL Jersey County, IL Macoupin County, IL Madison County, IL Monroe County, IL St. Clair County, IL Crawford County, MO Franklin County, MO Jefferson County, MO Lincoln County, MO St. Charles County, MO St. Louis County, MO Warren County, MO Washington County, MO St. Louis City, MO | 0.9067 |
| 41420 | Salem, OR Marion County, OR Polk County, OR | 1.0572 |
| 41500 | Salinas, CA Monterey County, CA | 1.3946 |
| 41540 | ² Salisbury, MD Somerset County, MD Wicomico County, MD | 0.9248 |
| 41620 | Salt Lake City, UT Salt Lake County, UT Summit County, UT Tooele County, UT | 0.9588 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 41660 | San Angelo, TX Irion County, TX Tom Green County, TX | 0.8194 |
| 41700 | San Antonio, TX Atascosa County, TX Bandera County, TX Bexar County, TX Comal County, TX Guadalupe County, TX Kendall County, TX Medina County, TX Wilson County, TX | 0.9021 |
| 41740 | San Diego-Carlsbad-San Marcos, CA San Diego County, CA | 1.1265 |
| 41780 | Sandusky, OH Erie County, OH | 0.9045 |
| 41884 | San Francisco-San Mateo-Redwood City, CA Marin County, CA San Francisco County, CA San Mateo County, CA | 1.4403 |
| 41900 | San Germán-Cabo Rojo, PR Cabo Rojo Municipio, PR Lajas Municipio, PR Sabana Grande Municipio, PR San Germán Municipio, PR | 0.5254 |
| 41940 | San Jose-Sunnyvale-Santa Clara, CA San Benito County, CA Santa Clara County, CA | 1.4543 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 41980 | San Juan-Caguas-Guaynabo, PR Aguas Buenas Municipio, PR Aibonito Municipio, PR Arecibo Municipio, PR Barceloneta Municipio, PR Barranquitas Municipio, PR Bayamón Municipio, PR Caguas Municipio, PR Camuy Municipio, PR Canóvanas Municipio, PR Carolina Municipio, PR Cataño Municipio, PR Cayey Municipio, PR Ciales Municipio, PR Cidra Municipio, PR Comerío Municipio, PR Corozal Municipio, PR Dorado Municipio, PR Florida Municipio, PR Guaynabo Municipio, PR Gurabo Municipio, PR Hatillo Municipio, PR Humacao Municipio, PR Juncos Municipio, PR Las Piedras Municipio, PR Loíza Municipio, PR Manatí Municipio, PR Maunabo Municipio, PR Morovis Municipio, PR Naguabo Municipio, PR Naranjito Municipio, PR Orocovis Municipio, PR Quebradillas Municipio, PR Río Grande Municipio, PR San Juan Municipio, PR San Lorenzo Municipio, PR Toa Alta Municipio, PR Toa Baja Municipio, PR Trujillo Alto Municipio, PR Vega Alta Municipio, PR Vega Baja Municipio, PR Yabucoa Municipio, PR | 0.4646 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 42020 | San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA | 1.1140 |
| 42044 | ¹ Santa Ana-Anaheim-Irvine, CA Orange County, CA | 1.1728 |
| 42060 | Santa Barbara-Santa Maria-Goleta, CA Santa Barbara County, CA | 1.0731 |
| 42100 | Santa Cruz-Watsonville, CA Santa Cruz County, CA | 1.4786 |
| 42140 | Santa Fe, NM Santa Fe County, NM | 1.0913 |
| 42220 | Santa Rosa-Petaluma, CA Sonoma County, CA | 1.2958 |
| 42260 | Sarasota-Bradenton-Venice, FL Manatee County, FL Sarasota County, FL | 0.9635 |
| 42340 | Savannah, GA Bryan County, GA Chatham County, GA Effingham County, GA | 0.9470 |
| 42540 | Scranton--Wilkes-Barre, PA Lackawanna County, PA Luzerne County, PA Wyoming County, PA | 0.8529 |
| 42644 | ¹ Seattle-Bellevue-Everett, WA King County, WA Snohomish County, WA | 1.1497 |
| 43100 | ² Sheboygan, WI Sheboygan County, WI | 0.9485 |
| 43300 | Sherman-Denison, TX Grayson County, TX | 0.9645 |
| 43340 | Shreveport-Bossier City, LA Bossier Parish, LA Caddo Parish, LA De Soto Parish, LA | 0.9153 |
| 43580 | Sioux City, IA-NE-SD Woodbury County, IA Dakota County, NE Dixon County, NE Union County, SD | 0.9077 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 43620 | Sioux Falls, SD Lincoln County, SD McCook County, SD Minnehaha County, SD Turner County, SD | 0.9438 |
| 43780 | South Bend-Mishawaka, IN-MI St. Joseph County, IN Cass County, MI | 0.9458 |
| 43900 | Spartanburg, SC Spartanburg County, SC | 0.9035 |
| 44060 | Spokane, WA Spokane County, WA | 1.0674 |
| 44100 | Springfield, IL Menard County, IL Sangamon County, IL | 0.8754 |
| 44140 | ² Springfield, MA Franklin County, MA Hampden County, MA Hampshire County, MA | 1.0432 |
| 44180 | Springfield, MO Christian County, MO Dallas County, MO Greene County, MO Polk County, MO Webster County, MO | 0.8458 |
| 44220 | Springfield, OH Clark County, OH | 0.8763 |
| 44300 | State College, PA Centre County, PA | 0.8486 |
| 44700 | Stockton, CA San Joaquin County, CA | 1.0605 |
| 44844 | ¹ Suffolk-Nassau, NY Nassau County, NY Suffolk County, NY | 1.2966 |
| 44940 | ² Sumter, SC Sumter County, SC | 0.8449 |
| 45060 | Syracuse, NY Madison County, NY Onondaga County, NY Oswego County, NY | 0.9504 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 45104 | Tacoma, WA Pierce County, WA | 1.1105 |
| 45220 | Tallahassee, FL Gadsden County, FL Jefferson County, FL Leon County, FL Wakulla County, FL | 0.8690 |
| 45300 | ¹ Tampa-St. Petersburg-Clearwater, FL Hernando County, FL Hillsborough County, FL Pasco County, FL Pinellas County, FL | 0.9087 |
| 45460 | ² Terre Haute, IN Clay County, IN Sullivan County, IN Vermillion County, IN Vigo County, IN | 0.8675 |
| 45500 | Texarkana, TX-Texarkana, AR Miller County, AR Bowie County, TX | 0.8457 |
| 45780 | Toledo, OH Fulton County, OH Lucas County, OH Ottawa County, OH Wood County, OH | 0.9536 |
| 45820 | Topeka, KS Jackson County, KS Jefferson County, KS Osage County, KS Shawnee County, KS Wabaunsee County, KS | 0.8915 |
| 45940 | Trenton-Ewing, NJ Mercer County, NJ | 1.0294 |
| 46060 | Tucson, AZ Pima County, AZ | 0.8971 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 46140 | Tulsa, OK Creek County, OK Okmulgee County, OK Osage County, OK Pawnee County, OK Rogers County, OK Tulsa County, OK Wagoner County, OK | 0.8709 |
| 46220 | Tuscaloosa, AL Greene County, AL Hale County, AL Tuscaloosa County, AL | 0.8358 |
| 46340 | Tyler, TX Smith County, TX | 0.9534 |
| 46540 | Utica-Rome, NY Herkimer County, NY Oneida County, NY | 0.8339 |
| 46660 | Valdosta, GA Brooks County, GA Echols County, GA Lanier County, GA Lowndes County, GA | 0.8355 |
| 46700 | Vallejo-Fairfield, CA Solano County, CA | 1.4275 |
| 46940 | Vero Beach, FL Indian River County, FL | 0.9513 |
| 47020 | Victoria, TX Calhoun County, TX Goliad County, TX Victoria County, TX | 0.8491 |
| 47220 | Vineland-Millville-Bridgeton, NJ Cumberland County, NJ | 1.0604 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 47260 | ¹ Virginia Beach-Norfolk-Newport News, VA-NC Currituck County, NC Gloucester County, VA Isle of Wight County, VA James City County, VA Mathews County, VA Surry County, VA York County, VA Chesapeake City, VA Hampton City, VA Newport News City, VA Norfolk City, VA Poquoson City, VA Portsmouth City, VA Suffolk City, VA Virginia Beach City, VA Williamsburg City, VA | 0.8941 |
| 47300 | ² Visalia-Porterville, CA Tulare County, CA | 1.0440 |
| 47380 | Waco, TX McLennan County, TX | 0.8167 |
| 47580 | Warner Robins, GA Houston County, GA | 0.8513 |
| 47644 | ¹ Warren-Farmington Hills-Troy, MI Lapeer County, MI Livingston County, MI Macomb County, MI Oakland County, MI St. Clair County, MI | 1.0131 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 47894 | ¹ Washington-Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert County, MD Charles County, MD Prince George's County, MD Arlington County, VA Clarke County, VA Fairfax County, VA Fauquier County, VA Loudoun County, VA Prince William County, VA Spotsylvania County, VA Stafford County, VA Warren County, VA Alexandria City, VA Fairfax City, VA Falls Church City, VA Fredericksburg City, VA Manassas City, VA Manassas Park City, VA Jefferson County, WV | 1.1063 |
| 47940 | Waterloo-Cedar Falls, IA Black Hawk County, IA Bremer County, IA Grundy County, IA | 0.8652 |
| 48140 | Wausau, WI Marathon County, WI | 1.0121 |
| 48260 | ² Weirton-Steubenville, WV-OH (OH Hospitals) Jefferson County, OH Brooke County, WV Hancock County, WV | 0.8708 |
| 48260 | Weirton-Steubenville, WV-OH (WV Hospitals) Jefferson County, OH Brooke County, WV Hancock County, WV | 0.8292 |
| 48300 | ² Wenatchee, WA Chelan County, WA Douglas County, WA | 1.0340 |
| 48424 | ¹ West Palm Beach-Boca Raton-Boynton Beach, FL Palm Beach County, FL | 1.0074 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 48540 | ² Wheeling, WV-OH (OH Hospitals) Belmont County, OH Marshall County, WV Ohio County, WV | 0.8708 |
| 48540 | ² Wheeling, WV-OH (WV Hospitals) Belmont County, OH Marshall County, WV Ohio County, WV | 0.7903 |
| 48620 | Wichita, KS Butler County, KS Harvey County, KS Sedgwick County, KS Sumner County, KS | 0.9476 |
| 48660 | Wichita Falls, TX Archer County, TX Clay County, TX Wichita County, TX | 0.8379 |
| 48700 | Williamsport, PA Lycoming County, PA | 0.8432 |
| 48864 | Wilmington, DE-MD-NJ New Castle County, DE Cecil County, MD Salem County, NJ | 1.1110 |
| 48900 | Wilmington, NC Brunswick County, NC New Hanover County, NC Pender County, NC | 0.9248 |
| 49020 | Winchester, VA-WV Frederick County, VA Winchester City, VA Hampshire County, WV | 1.0513 |
| 49180 | Winston-Salem, NC Davie County, NC Forsyth County, NC Stokes County, NC Yadkin County, NC | 0.9430 |
| 49340 | Worcester, MA Worcester County, MA | 1.1034 |
| 49420 | Yakima, WA Yakima County, WA | 1.0343 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 49500 | Yauco, PR Guánica Municipio, PR Guayanilla Municipio, PR Peñuelas Municipio, PR Yauco Municipio, PR | 0.4505 |
| 49620 | York-Hanover, PA York County, PA | 0.8916 |
| 49660 | Youngstown-Warren-Boardman, OH-PA Mahoning County, OH Trumbull County, OH Mercer County, PA | 0.9257 |
| 49700 | ² Yuba City, CA Sutter County, CA Yuba County, CA | 1.0440 |
| 49740 | ² Yuma, AZ Yuma County, AZ | 0.8967 |

¹Large urban area

²Hospitals geographically located in the area are assigned the statewide rural wage index for FY 2005.

ADDENDUM I.--WAGE INDEX FOR RURAL AREAS

| Nonurban Area | Wage index |
|----------------------------|-------------------|
| Alabama | 0.7675 |
| Alaska | 1.1761 |
| Arizona | 0.8967 |
| Arkansas | 0.7453 |
| California | 1.0440 |
| Colorado | 0.9374 |
| Connecticut | 1.1312 |
| Delaware | 0.9651 |
| Florida | 0.8581 |
| Georgia | 0.7774 |
| Hawaii | 1.0549 |
| Idaho | 0.8249 |
| Illinois | 0.8364 |
| Indiana | 0.8675 |
| Iowa | 0.8496 |
| Kansas | 0.8132 |
| Kentucky | 0.7806 |
| Louisiana | 0.7399 |
| Maine | 0.9058 |
| Maryland | 0.9248 |
| Massachusetts ¹ | 1.0432 |
| Michigan | 0.8792 |
| Minnesota | 0.9340 |
| Mississippi | 0.7665 |
| Missouri | 0.8011 |
| Montana | 0.8778 |

| Nonurban Area | Wage index |
|---------------------------|-------------------|
| Nebraska | 0.9058 |
| Nevada | 0.9311 |
| New Hampshire | 1.0116 |
| New Jersey ¹ | ----- |
| New Mexico | 0.8592 |
| New York | 0.8192 |
| North Carolina | 0.8587 |
| North Dakota | 0.7741 |
| Ohio | 0.8708 |
| Oklahoma | 0.7721 |
| Oregon | 1.0182 |
| Pennsylvania | 0.8335 |
| Puerto Rico ¹ | ----- |
| Rhode Island ¹ | ----- |
| South Carolina | 0.8449 |
| South Dakota | 0.8409 |
| Tennessee | 0.7911 |
| Texas | 0.8011 |
| Utah | 0.8314 |
| Vermont | 0.9469 |
| Virginia | 0.8065 |
| Washington | 1.0340 |
| West Virginia | 0.7903 |
| Wisconsin | 0.9485 |
| Wyoming | 0.9190 |

¹All counties within the State are classified as urban.

**ADDENDUM J.--WAGE INDEX FOR HOSPITALS THAT
ARE RECLASSIFIED**

| Area | Wage Index |
|-------------------------------------|---------------|
| Abilene, TX | 0.8011 |
| Akron, OH | 0.9065 |
| Albany-Schenectady-Troy, NY | 0.8685 |
| Albuquerque, NM | 0.9936 |
| Alexandria, LA | 0.8198 |
| Allentown-Bethlehem-Easton, PA | 0.9539 |
| Altoona, PA | 0.8472 |
| Amarillo, TX | 0.9209 |
| Anchorage, AK | 1.2195 |
| Anderson, IN | 0.8790 |
| Ann Arbor, MI | 1.0777 |
| Anniston-Oxford, AL | 0.7967 |
| Asheville, NC | 0.9217 |
| Athens-Clarke County, GA | 0.9835 |
| Atlanta-Sandy Springs-Marietta, GA | 0.9819 |
| Auburn-Opelika, AL | 0.8080 |
| Augusta-Richmond County, GA-SC | 0.8977 |
| Austin-Round Rock, TX | 0.9619 |
| Bangor, ME | 0.9960 |
| Barnstable Town, MA | 1.1965 |
| Baton Rouge, LA | 0.8344 |
| Bay City, MI | 0.9601 |
| Bethesda-Frederick-Gaithersburg, MD | 1.0613 |
| Binghamton, NY | 0.8484 |
| Birmingham-Hoover, AL | 0.9111 |
| Bloomington-Normal, IL | 0.9099 |
| Bowling Green, KY | 0.8162 |
| Buffalo-Niagra Falls, NY | 0.9351 |
| Burlington, NC | 0.9124 |
| Cambridge-Newton-Framingham, MA | 1.1199 |
| Carson City, NV | 0.9927 |
| Casper, WY | 0.9367 |
| Champaign-Urbana, IL | 0.9597 |
| Charleston, WV (OH Hospitals) | 0.8708 |
| Charleston, WV (WV Hospitals) | 0.8581 |
| Charleston-North Charleston, S | 0.9379 |
| Charlotte-Gastonia-Concord, NC-SC | 0.9620 |
| Charlottesville, VA | 0.9955 |

| Area | Wage Index |
|---|------------|
| Chattanooga, TN-GA | 0.9233 |
| Chicago-Naperville-Joliet, IL | 1.0688 |
| Cincinnati-Middletown, OH-KY-IN | 0.9533 |
| Clarksville, TN-KY | 0.8131 |
| Cleveland-Elyria-Mentor, OH | 0.9667 |
| College Station-Bryan, TX | 0.8505 |
| Columbia, MO | 0.8352 |
| Columbia, SC | 0.8952 |
| Columbus, GA-AL | 0.8373 |
| Columbus, OH | 0.9627 |
| Corvallis, OR | 1.0360 |
| Dallas-Plano-Irving, TX | 1.0092 |
| Davenport-Moline-Rock Island, IA-IL | 0.8624 |
| Dayton, OH | 0.9322 |
| Decatur, AL | 0.8915 |
| Deltona-Daytona Beach-Ormond Beach, FL | 0.8685 |
| Denver-Aurora, CO | 1.0709 |
| Des Moines, IA | 0.9160 |
| Duluth, MN-WI | 1.0449 |
| Durham, NC | 1.0204 |
| Elkhart-Goshen, IN | 0.9161 |
| Erie, PA | 0.8512 |
| Eugene-Springfield, OR | 1.0565 |
| Evansville, IN-KY | 0.8229 |
| Fargo, ND-MN (MN Hospitals) | 0.9340 |
| Fargo, ND-MN (ND, SD Hospitals) | 0.9217 |
| Fayetteville, NC | 0.9025 |
| Fayetteville-Springdale-Rogers, AR-MO | 0.8687 |
| Flagstaff, AZ | 1.0591 |
| Fond du Lac, WI | 0.9485 |
| Fort Collins-Loveland, CO | 1.0214 |
| Fort Lauderdale-Pompano Beach-Deerfield Beach, FL | 1.0408 |
| Fort Smith, AR-OK | 0.8076 |
| Fort Walton Beach-Crestview-Destin, FL | 0.8621 |
| Fort Worth-Arlington, TX | 0.9515 |
| Gadsden, AL | 0.8182 |
| Gainesville, FL | 0.8581 |
| Grand Rapids-Wyoming, MI | 0.9457 |
| Great Falls, MT | 0.8908 |
| Greeley, CO | 0.9758 |
| Green Bay, WI | 0.9602 |

| Area | Wage Index |
|---|------------|
| Greenville, NC | 0.9200 |
| Greenville, SC | 0.9287 |
| Gulfport-Biloxi, MS | 0.8783 |
| Harrisburg-Carlisle, PA | 0.9221 |
| Hartford-West Hartford-East Hartford, CT (CT Hospitals) | 1.1312 |
| Hartford-West Hartford-East Hartford, CT (MA Hospitals) | 1.0981 |
| Hickory-Morganton-Lenoir, NC | 0.9346 |
| Holland-Grand Haven, MI | 0.9482 |
| Honolulu, HI | 1.1018 |
| Houston-Baytown-Sugar Land, TX | 0.9995 |
| Huntington-Ashland, WV-KY-OH | 0.9032 |
| Huntsville, AL | 0.8861 |
| Idaho Falls, ID | 0.9062 |
| Indianapolis, IN | 1.0102 |
| Iowa City, IA | 0.9492 |
| Ithaca, NY | 0.9383 |
| Jackson, MS | 0.8305 |
| Jackson, TN | 0.8727 |
| Jacksonville, FL | 0.9574 |
| Jonesboro, AR | 0.8078 |
| Joplin, MO | 0.8571 |
| Kalamazoo-Portage, MI | 1.0714 |
| Kankakee-Bradley, IL | 1.0075 |
| Kansas City, MO-KS | 0.9625 |
| Kennewick-Richland-Pasco, WA (OR Hospitals) | 1.0276 |
| Kennewick-Richland-Pasco, WA (WA Hospitals) | 1.0340 |
| Kingsport-Bristol-Bristol, TN-VA | 0.8257 |
| Knoxville, TN | 0.8585 |
| Lafayette, IN | 0.9073 |
| Lafayette, LA | 0.8319 |
| Lakeland, FL | 0.8964 |
| Lansing-East Lansing, MI | 0.9675 |
| Las Vegas-Paradise, NV | 1.1227 |
| Lexington-Fayette, KY | 0.8755 |
| Lima, OH | 0.9330 |
| Lincoln, NE | 0.9743 |
| Little Rock-North Little Rock, AR | 0.9032 |
| Longview, TX | 0.8589 |
| Los Angeles-Long Beach-Glendale, CA | 1.1730 |
| Louisville, KY-IN | 0.9146 |
| Lubbock, TX | 0.8798 |

| Area | Wage Index |
|---|------------|
| Lynchburg, VA | 0.8906 |
| Macon, GA | 0.9826 |
| Madison, WI | 1.0217 |
| Manchester-Nashua, NH | 1.0573 |
| Medford, OR | 1.0274 |
| Memphis, TN-MS-AR | 0.8895 |
| Miami-Miami Beach-Kendall, FL | 1.0045 |
| Midland, TX | 0.9225 |
| Milwaukee-Waukesha-West Allis, WI | 0.9976 |
| Minneapolis-St. Paul-Bloomington, MN-WI | 1.1074 |
| Missoula, MT | 0.9657 |
| Mobile, AL | 0.8017 |
| Modesto, CA | 1.2007 |
| Montgomery, AL | 0.8312 |
| Muskegon-Norton Shores, MI | 0.9770 |
| Napa, CA | 1.3537 |
| Nashville-Davidson--Murfreesboro, TN | 0.9823 |
| Newark-Union, NJ-PA | 1.1708 |
| New Orleans-Metairie-Kenner, LA | 0.9118 |
| New York-Wayne-White Plains, NY-NJ | 1.3324 |
| San Francisco-Oakland-Fremont, | 1.5387 |
| Ocala, FL | 0.8981 |
| Ocean City, NJ | 1.0049 |
| Odessa, TX | 0.9322 |
| Ogden-Clearfield, UT | 0.9303 |
| Oklahoma City, OK | 0.9005 |
| Olympia, WA | 1.1034 |
| Omaha-Council Bluffs, NE-IA | 0.9765 |
| Orlando, FL | 0.9779 |
| Peoria, IL | 0.8853 |
| Phoenix-Mesa-Scottsdale, AZ | 1.0009 |
| Pine Bluff, AR | 0.8402 |
| Pittsburgh, PA | 0.8743 |
| Pittsfield, MA | 1.0231 |
| Pocatello, ID | 0.9235 |
| Portland-South Portland-Biddeford, ME | 0.9842 |
| Portland-Vancouver-Beaverton, OR-WA) | 1.1384 |
| Port St. Lucie-Fort Pierce, FL | 1.0117 |
| Poughkeepsie-Newburgh-Middleton, NY | 1.1063 |
| Provo-Orem, UT | 0.9762 |
| Raleigh-Cary, NC | 0.9690 |

| Area | Wage Index |
|--|------------|
| Reading, PA | 0.9036 |
| Redding, CA | 1.1719 |
| Reno-Sparks, NV | 1.0474 |
| Roanoke, VA | 0.8390 |
| Rochester, MN | 1.1511 |
| Rochester, NY | 0.9307 |
| Rockford, IL | 0.9500 |
| Rockingham County-Strafford County, NH | 1.0232 |
| Sacramento--Arden-Arcade--Roseville, CA | 1.1709 |
| Saginaw-Saginaw Township North, MI | 0.9403 |
| St. Cloud, MN | 1.0060 |
| St. Louis, MO-IL | 0.8965 |
| San Antonio, TX | 0.9021 |
| Santa Ana-Anaheim-Irvine, CA | 1.1728 |
| Santa Fe, NM | 1.0090 |
| Santa Rosa-Petaluma, CA | 1.2958 |
| Savannah, GA | 0.9470 |
| Seattle-Bellevue-Everett, WA | 1.1497 |
| Sherman-Denison, TX | 0.9129 |
| Shreveport-Bossier City, LA | 0.8977 |
| Sioux City, IA-NE-SD | 0.9058 |
| Sioux Falls, SD | 0.9438 |
| South Bend-Mishawaka, IN-MI | 0.9458 |
| Spartanburg, SC | 0.9035 |
| Spokane, WA | 1.0489 |
| Springfield, IL | 0.8754 |
| Springfield, MO | 0.8188 |
| Springfield, OH | 0.8763 |
| State College, PA | 0.8335 |
| Sumter, SC | 0.8449 |
| Syracuse, NY | 0.9290 |
| Texarkana, TX-Texarkana, AR | 0.8457 |
| Toledo, OH | 0.9536 |
| Topeka, KS | 0.8915 |
| Tulsa, OK | 0.8709 |
| Tuscaloosa, AL | 0.8358 |
| Tyler, TX | 0.9349 |
| Virginia Beach-Norfolk-Newport News, VA-NC | 0.8941 |
| Waco, TX | 0.8167 |
| Warren-Farmington Hills-Troy, MI | 1.0131 |
| Washington-Arlington-Alexandria, DC-VA-MD-WV | 1.1063 |

| Area | Wage Index |
|--------------------------------|-------------------|
| Waterloo-Cedar Falls, IA | 0.8652 |
| Wausau, WI | 1.0121 |
| Wichita, KS | 0.9189 |
| Williamsport, PA | 0.8432 |
| Wilmington, DE | 1.0817 |
| Wilmington, NC | 0.9092 |
| Winchester, VA-WV | 1.0034 |
| Winston-Salem, NC | 0.9271 |
| Worcester, MA | 1.1034 |
| Youngstown-Warren-Boardman, OH | 0.9088 |
| Rural Florida | 0.8449 |
| Rural Illinois | 0.8364 |
| Rural Indiana | 0.8675 |
| Rural Massachusetts | 0.8921 |
| Rural Minnesota | 0.9340 |
| Rural Missouri | 0.8011 |
| Rural Nebraska | 0.9058 |
| Rural Nevada | 0.8801 |
| Rural New Hampshire | 1.0116 |
| Rural New York | 0.8192 |
| Rural Texas | 0.8011 |
| Rural Washington | 1.0233 |
| Rural Wyoming | 0.9190 |

ADDENDUM K.--WAGE INDEX ADJUSTMENT FOR COMMUTING HOSPITAL EMPLOYEES

The following hospitals are located in qualifying counties and thus are eligible to have their wage indices adjusted by the increases listed in this table. Hospitals that have not been reclassified will automatically receive this adjustment unless they choose to waive the application of this adjustment. Reclassified hospitals will not automatically receive this adjustment, unless they terminate their reclassification status with the MGCRB.

| Provider Number | Wage Index Increase | Qualifying County Name |
|--------------------|------------------------|---------------------------|
| 010005 | 0.0258 | MARSHALL |
| 010008 | 0.0203 | CRENSHAW |
| 010010 | 0.0258 | MARSHALL |
| 010012 | 0.0204 | DE KALB |
| 010022 | 0.0700 | CHEROKEE |
| 010025 | 0.0196 | CHAMBERS |
| 010029 | 0.0143 | LEE |
| 010035 | 0.0364 | CULLMAN |
| 010045 | 0.0158 | FAYETTE |
| 010072 | 0.0295 | TALLADEGA |
| 010101 | 0.0295 | TALLADEGA |
| 010143 | 0.0364 | CULLMAN |
| 040014 | 0.0178 | WHITE |
| 040019 | 0.0700 | ST. FRANCIS |
| 040047 | 0.0065 | RANDOLPH |
| 040066 | 0.0382 | CLARK |
| 040069 | 0.0130 | MISSISSIPPI |
| 040070 | 0.0130 | MISSISSIPPI |
| 040071 | 0.0057 | JEFFERSON |
| 040076 | 0.1127 | HOT SPRING |
| 040100 | 0.0178 | WHITE |
| 050008 | 0.0058 | SAN FRANCISCO |
| 050014 | 0.0137 | AMADOR |
| 050042 | 0.0228 | TEHAMA |
| 050047 | 0.0058 | SAN FRANCISCO |
| 050055 | 0.0058 | SAN FRANCISCO |
| 050065 | 0.0022 | ORANGE |
| 050069 | 0.0022 | ORANGE |
| 050076 | 0.0058 | SAN FRANCISCO |
| 050084 | 0.0553 | SAN JOAQUIN |
| 050090 | 0.0264 | SONOMA |
| 050117 | 0.0472 | MERCED |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 050118 | 0.0553 | SAN JOAQUIN |
| 050122 | 0.0553 | SAN JOAQUIN |
| 050133 | 0.0177 | YUBA |
| 050136 | 0.0264 | SONOMA |
| 050150 | 0.0328 | NEVADA |
| 050152 | 0.0058 | SAN FRANCISCO |
| 050167 | 0.0553 | SAN JOAQUIN |
| 050168 | 0.0022 | ORANGE |
| 050173 | 0.0022 | ORANGE |
| 050174 | 0.0264 | SONOMA |
| 050193 | 0.0022 | ORANGE |
| 050224 | 0.0022 | ORANGE |
| 050226 | 0.0022 | ORANGE |
| 050228 | 0.0058 | SAN FRANCISCO |
| 050230 | 0.0022 | ORANGE |
| 050253 | 0.0022 | ORANGE |
| 050291 | 0.0264 | SONOMA |
| 050313 | 0.0553 | SAN JOAQUIN |
| 050325 | 0.0179 | TUOLUMNE |
| 050331 | 0.0264 | SONOMA |
| 050335 | 0.0179 | TUOLUMNE |
| 050336 | 0.0553 | SAN JOAQUIN |
| 050348 | 0.0022 | ORANGE |
| 050377 | 0.00669 | MADERA |
| 050385 | 0.0264 | SONOMA |
| 050407 | 0.0058 | SAN FRANCISCO |
| 050426 | 0.0022 | ORANGE |
| 050444 | 0.0472 | MERCED |
| 050454 | 0.0058 | SAN FRANCISCO |
| 050457 | 0.0058 | SAN FRANCISCO |
| 050476 | 0.0262 | LAKE |
| 050491 | 0.0022 | ORANGE |
| 050494 | 0.0328 | NEVADA |
| 050497 | 0.0472 | MERCED |
| 050526 | 0.0022 | ORANGE |
| 050528 | 0.0472 | MERCED |
| 050535 | 0.0022 | ORANGE |
| 050539 | 0.0262 | LAKE |
| 050543 | 0.0022 | ORANGE |
| 050547 | 0.0264 | SONOMA |
| 050548 | 0.0022 | ORANGE |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 050550 | 0.0022 | ORANGE |
| 050551 | 0.0022 | ORANGE |
| 050567 | 0.0022 | ORANGE |
| 050568 | 0.0067 | MADERA |
| 050570 | 0.0022 | ORANGE |
| 050580 | 0.0022 | ORANGE |
| 050585 | 0.0022 | ORANGE |
| 050589 | 0.0022 | ORANGE |
| 050592 | 0.0022 | ORANGE |
| 050594 | 0.0022 | ORANGE |
| 050603 | 0.0022 | ORANGE |
| 050609 | 0.0022 | ORANGE |
| 050668 | 0.0058 | SAN FRANCISCO |
| 050678 | 0.0022 | ORANGE |
| 050690 | 0.0264 | SONOMA |
| 050693 | 0.0022 | ORANGE |
| 050695 | 0.0553 | SAN JOAQUIN |
| 050720 | 0.0022 | ORANGE |
| 050728 | 0.0264 | SONOMA |
| 052035 | 0.00215 | ORANGE |
| 052039 | 0.00215 | ORANGE |
| 053034 | 0.00215 | ORANGE |
| 053304 | 0.00215 | ORANGE |
| 054123 | 0.05534 | SAN JOAQUIN |
| 060001 | 0.0288 | WELD |
| 060003 | 0.0203 | BOULDER |
| 060027 | 0.0203 | BOULDER |
| 060103 | 0.0203 | BOULDER |
| 070003 | 0.0055 | WINDHAM |
| 070006 | 0.0045 | FAIRFIELD |
| 070010 | 0.0045 | FAIRFIELD |
| 070018 | 0.0045 | FAIRFIELD |
| 070020 | 0.0150 | MIDDLESEX |
| 070021 | 0.0055 | WINDHAM |
| 070028 | 0.0045 | FAIRFIELD |
| 070033 | 0.0045 | FAIRFIELD |
| 070034 | 0.0045 | FAIRFIELD |
| 074000 | 0.00446 | FAIRFIELD |
| 074007 | 0.01505 | MIDDLESEX |
| 074008 | 0.00546 | WINDHAM |
| 074014 | 0.00446 | FAIRFIELD |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 100014 | 0.0157 | VOLUSIA |
| 100017 | 0.0157 | VOLUSIA |
| 100045 | 0.0157 | VOLUSIA |
| 100047 | 0.0021 | CHARLOTTE |
| 100068 | 0.0157 | VOLUSIA |
| 100072 | 0.0157 | VOLUSIA |
| 100077 | 0.0021 | CHARLOTTE |
| 100118 | 0.0251 | FLAGLER |
| 100232 | 0.0131 | PUTNAM |
| 100236 | 0.0021 | CHARLOTTE |
| 100252 | 0.0210 | OKEECHOBEE |
| 110023 | 0.0464 | GORDON |
| 110027 | 0.0357 | FRANKLIN |
| 110029 | 0.0054 | HALL |
| 110041 | 0.0772 | HABERSHAM |
| 110063 | 0.0287 | LIBERTY |
| 110069 | 0.0472 | HOUSTON |
| 110124 | 0.0429 | WAYNE |
| 110136 | 0.0260 | BALDWIN |
| 110150 | 0.0260 | BALDWIN |
| 110153 | 0.0472 | HOUSTON |
| 110187 | 0.1157 | LUMPKIN |
| 110189 | 0.0029 | FANNIN |
| 110190 | 0.0181 | MACON |
| 110205 | 0.0743 | GILMER |
| 130003 | 0.0179 | NEZ PERCE |
| 130011 | 0.0334 | LATAH |
| 130024 | 0.0527 | BONNER |
| 130049 | 0.0352 | KOOTENAI |
| 140012 | 0.0215 | LEE |
| 140026 | 0.0337 | LA SALLE |
| 140033 | 0.0136 | LAKE |
| 140043 | 0.0046 | WHITESIDE |
| 140084 | 0.0136 | LAKE |
| 140100 | 0.0136 | LAKE |
| 140110 | 0.0337 | LA SALLE |
| 140130 | 0.0136 | LAKE |
| 140160 | 0.0284 | STEPHENSON |
| 140161 | 0.0142 | LIVINGSTON |
| 140173 | 0.0046 | WHITESIDE |
| 140202 | 0.0136 | LAKE |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 140234 | 0.0337 | LA SALLE |
| 140291 | 0.0136 | LAKE |
| 150002 | 0.0242 | LAKE |
| 150004 | 0.0242 | LAKE |
| 150008 | 0.0242 | LAKE |
| 150030 | 0.0198 | HENRY |
| 150034 | 0.0242 | LAKE |
| 150035 | 0.0079 | PORTER |
| 150062 | 0.0160 | DECATUR |
| 150065 | 0.0156 | JACKSON |
| 150076 | 0.0191 | MARSHALL |
| 150090 | 0.0242 | LAKE |
| 150122 | 0.0203 | RIPLEY |
| 150125 | 0.0242 | LAKE |
| 150126 | 0.0242 | LAKE |
| 150132 | 0.0242 | LAKE |
| 150147 | 0.0242 | LAKE |
| 152012 | 0.02423 | LAKE |
| 160013 | 0.0218 | MUSCATINE |
| 160026 | 0.0499 | BOONE |
| 160080 | 0.0049 | CLINTON |
| 160140 | 0.0367 | PLYMOUTH |
| 170137 | 0.0560 | DOUGLAS |
| 180012 | 0.0083 | HARDIN |
| 180066 | 0.0562 | LOGAN |
| 180127 | 0.0285 | FRANKLIN |
| 180128 | 0.0280 | LAWRENCE |
| 183028 | 0.00827 | HARDIN |
| 190001 | 0.0641 | WASHINGTON |
| 190003 | 0.0106 | IBERIA |
| 190010 | 0.0398 | TANGIPAOA |
| 190015 | 0.0398 | TANGIPAOA |
| 190049 | 0.0641 | WASHINGTON |
| 190054 | 0.0106 | IBERIA |
| 190095 | 0.0641 | WASHINGTON |
| 190099 | 0.0448 | AVOUELLES |
| 190147 | 0.0398 | TANGIPAOA |
| 190148 | 0.0448 | AVOUELLES |
| 193044 | 0.03984 | TANGIPAOA |
| 200002 | 0.0128 | LINCOLN |
| 200013 | 0.0185 | WALDO |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 200016 | 0.0341 | OXFORD |
| 200024 | 0.0066 | ANDROSCOGGIN |
| 200032 | 0.0341 | OXFORD |
| 200034 | 0.0066 | ANDROSCOGGIN |
| 200050 | 0.0139 | HANCOCK |
| 210001 | 0.0133 | WASHINGTON |
| 210004 | 0.0031 | MONTGOMERY |
| 210016 | 0.0031 | MONTGOMERY |
| 210018 | 0.0031 | MONTGOMERY |
| 210022 | 0.0031 | MONTGOMERY |
| 210023 | 0.0214 | ANNE ARUNDEL |
| 210043 | 0.0214 | ANNE ARUNDEL |
| 210048 | 0.0296 | HOWARD |
| 210057 | 0.0031 | MONTGOMERY |
| 230003 | 0.0031 | OTTAWA |
| 230015 | 0.0359 | ST. JOSEPH |
| 230037 | 0.0371 | HILLSDALE |
| 230041 | 0.0125 | BAY |
| 230072 | 0.0031 | OTTAWA |
| 230093 | 0.0083 | MECOSTA |
| 230096 | 0.0359 | ST. JOSEPH |
| 230099 | 0.0360 | MONROE |
| 230106 | 0.0029 | NEWAYGO |
| 230121 | 0.0697 | SHIAWASSEE |
| 230174 | 0.0031 | OTTAWA |
| 240011 | 0.0512 | MC LEOD |
| 240013 | 0.0205 | MORRISON |
| 240014 | 0.0459 | RICE |
| 240018 | 0.1212 | GOODHUE |
| 240064 | 0.0154 | ITASCA |
| 240069 | 0.0422 | STEELE |
| 240071 | 0.0459 | RICE |
| 240089 | 0.1212 | GOODHUE |
| 240133 | 0.0306 | MEEKER |
| 240152 | 0.0743 | KANABEC |
| 240154 | 0.0154 | ITASCA |
| 240187 | 0.0512 | MC LEOD |
| 240205 | 0.0154 | ITASCA |
| 240211 | 0.0742 | PINE |
| 250040 | 0.0294 | JACKSON |
| 250045 | 0.0041 | HANCOCK |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 260074 | 0.0143 | RANDOLPH |
| 260097 | 0.0427 | JOHNSON |
| 260127 | 0.0156 | PIKE |
| 280054 | 0.0137 | GAGE |
| 280077 | 0.0090 | DODGE |
| 280123 | 0.0137 | GAGE |
| 290019 | 0.0026 | CARSON CITY |
| 293029 | 0.00263 | CARSON CITY |
| 300017 | 0.0327 | ROCKINGHAM |
| 300023 | 0.0327 | ROCKINGHAM |
| 300029 | 0.0327 | ROCKINGHAM |
| 303026 | 0.03272 | ROCKINGHAM |
| 310010 | 0.0278 | MERCER |
| 310014 | 0.0070 | CAMDEN |
| 310021 | 0.0278 | MERCER |
| 310022 | 0.0070 | CAMDEN |
| 310029 | 0.0070 | CAMDEN |
| 310032 | 0.0078 | CUMBERLAND |
| 310038 | 0.0396 | MIDDLESEX |
| 310039 | 0.0396 | MIDDLESEX |
| 310044 | 0.0278 | MERCER |
| 310070 | 0.0396 | MIDDLESEX |
| 310086 | 0.0070 | CAMDEN |
| 310092 | 0.0278 | MERCER |
| 310108 | 0.0396 | MIDDLESEX |
| 310110 | 0.0278 | MERCER |
| 313027 | 0.02784 | MERCER |
| 314011 | 0.03957 | MIDDLESEX |
| 314018 | 0.00701 | CAMDEN |
| 320018 | 0.0059 | DONA ANA |
| 320085 | 0.0059 | DONA ANA |
| 330004 | 0.1014 | ULSTER |
| 330008 | 0.1161 | WYOMING |
| 330094 | 0.0795 | COLUMBIA |
| 330191 | 0.0025 | WARREN |
| 330224 | 0.1014 | ULSTER |
| 330276 | 0.0226 | FULTON |
| 330386 | 0.1140 | SULLIVAN |
| 330402 | 0.1014 | ULSTER |
| 340020 | 0.0240 | LEE |
| 340039 | 0.0175 | IREDELL |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 340069 | 0.0047 | WAKE |
| 340070 | 0.0475 | ALAMANCE |
| 340073 | 0.0047 | WAKE |
| 340088 | 0.0114 | TRANSYLVANIA |
| 340114 | 0.0047 | WAKE |
| 340126 | 0.0162 | WILSON |
| 340127 | 0.0948 | GRANVILLE |
| 340129 | 0.0175 | IREDELL |
| 340138 | 0.0047 | WAKE |
| 340144 | 0.0175 | IREDELL |
| 340173 | 0.0047 | WAKE |
| 344014 | 0.00470 | WAKE |
| 360013 | 0.0202 | SHELBY |
| 360019 | 0.0107 | SUMMIT |
| 360020 | 0.0107 | SUMMIT |
| 360024 | 0.0087 | ERIE |
| 360025 | 0.0087 | ERIE |
| 360027 | 0.0107 | SUMMIT |
| 360034 | 0.0265 | WAYNE |
| 360036 | 0.0265 | WAYNE |
| 360063 | 0.0142 | HURON |
| 360065 | 0.0142 | HURON |
| 360078 | 0.0159 | PORTAGE |
| 360086 | 0.0167 | CLARK |
| 360093 | 0.0142 | DEFIANCE |
| 360095 | 0.0087 | HANCOCK |
| 360099 | 0.0087 | HANCOCK |
| 360107 | 0.0215 | SANDUSKY |
| 360150 | 0.0107 | SUMMIT |
| 360156 | 0.0215 | SANDUSKY |
| 360175 | 0.0162 | CLINTON |
| 360187 | 0.0167 | CLARK |
| 360197 | 0.0093 | LOGAN |
| 360241 | 0.0107 | SUMMIT |
| 360260 | 0.0107 | SUMMIT |
| 362007 | 0.02146 | SANDUSKY |
| 362016 | 0.01074 | SUMMIT |
| 363303 | 0.01074 | SUMMIT |
| 370004 | 0.0195 | OTTAWA |
| 370014 | 0.0838 | BRYAN |
| 370015 | 0.0455 | MAYES |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 370023 | 0.0084 | STEPHENS |
| 370043 | 0.0296 | MARSHALL |
| 370065 | 0.0119 | CRAIG |
| 370113 | 0.0205 | DELAWARE |
| 370179 | 0.0446 | OKFUSKEE |
| 380002 | 0.0137 | JOSEPHINE |
| 380008 | 0.0211 | LINN |
| 380022 | 0.0211 | LINN |
| 390044 | 0.0213 | BERKS |
| 390052 | 0.0031 | CLEARFIELD |
| 390065 | 0.0426 | ADAMS |
| 390066 | 0.0339 | LEBANON |
| 390086 | 0.0031 | CLEARFIELD |
| 390096 | 0.0213 | BERKS |
| 390138 | 0.0324 | FRANKLIN |
| 390146 | 0.0051 | WARREN |
| 390150 | 0.0188 | GREENE |
| 390151 | 0.0324 | FRANKLIN |
| 390201 | 0.1056 | MONROE |
| 393026 | 0.02125 | BERKS |
| 394020 | 0.03391 | LEBANON |
| 420007 | 0.0028 | SPARTANBURG |
| 420020 | 0.0017 | GEORGETOWN |
| 420027 | 0.0151 | ANDERSON |
| 420030 | 0.0135 | COLLETON |
| 420054 | 0.0027 | MARLBORO |
| 420068 | 0.0097 | ORANGEBURG |
| 420070 | 0.0089 | SUMTER |
| 420083 | 0.0028 | SPARTANBURG |
| 420093 | 0.0028 | SPARTANBURG |
| 440008 | 0.0667 | HENDERSON |
| 440024 | 0.0389 | BRADLEY |
| 440025 | 0.0026 | GREENE |
| 440030 | 0.0077 | HAMBLLEN |
| 440035 | 0.0445 | MONTGOMERY |
| 440047 | 0.0502 | GIBSON |
| 440050 | 0.0026 | GREENE |
| 440056 | 0.0350 | JEFFERSON |
| 440060 | 0.0502 | GIBSON |
| 440063 | 0.0040 | WASHINGTON |
| 440067 | 0.0077 | HAMBLLEN |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 440073 | 0.0520 | MAURY |
| 440105 | 0.0040 | WASHINGTON |
| 440114 | 0.0527 | LAUDERDALE |
| 440115 | 0.0502 | GIBSON |
| 440143 | 0.0454 | MARSHALL |
| 440148 | 0.0575 | DE KALB |
| 440174 | 0.0375 | HAYWOOD |
| 440181 | 0.0411 | HARDEMAN |
| 440184 | 0.0040 | WASHINGTON |
| 440185 | 0.0389 | BRADLEY |
| 450039 | 0.0094 | TARRANT |
| 450050 | 0.0755 | WARD |
| 450059 | 0.0074 | COMAL |
| 450064 | 0.0094 | TARRANT |
| 450087 | 0.0094 | TARRANT |
| 450099 | 0.0182 | GRAY |
| 450113 | 0.0329 | ANDERSON |
| 450121 | 0.0094 | TARRANT |
| 450135 | 0.0094 | TARRANT |
| 450137 | 0.0094 | TARRANT |
| 450144 | 0.0576 | ANDREWS |
| 450163 | 0.0136 | KLEBERG |
| 450187 | 0.0265 | WASHINGTON |
| 450194 | 0.0329 | CHEROKEE |
| 450214 | 0.0370 | WHARTON |
| 450224 | 0.0413 | WOOD |
| 450246 | 0.0436 | MATAGORDA |
| 450347 | 0.0428 | WALKER |
| 450362 | 0.0488 | BURNET |
| 450370 | 0.0259 | COLORADO |
| 450395 | 0.0486 | POLK |
| 450419 | 0.0094 | TARRANT |
| 450438 | 0.0259 | COLORADO |
| 450447 | 0.0359 | NAVARRO |
| 450451 | 0.0624 | SOMERVELL |
| 450465 | 0.0436 | MATAGORDA |
| 450547 | 0.0413 | WOOD |
| 450563 | 0.0094 | TARRANT |
| 450597 | 0.0080 | DE WITT |
| 450623 | 0.0495 | FANNIN |
| 450626 | 0.0307 | JACKSON |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 450639 | 0.0094 | TARRANT |
| 450672 | 0.0094 | TARRANT |
| 450675 | 0.0094 | TARRANT |
| 450677 | 0.0094 | TARRANT |
| 450694 | 0.0370 | WHARTON |
| 450747 | 0.0329 | ANDERSON |
| 450763 | 0.0240 | HUTCHINSON |
| 450779 | 0.0094 | TARRANT |
| 450813 | 0.0329 | ANDERSON |
| 450840 | 0.0094 | TARRANT |
| 452018 | 0.00941 | TARRANT |
| 452019 | 0.00941 | TARRANT |
| 452028 | 0.00941 | TARRANT |
| 453040 | 0.00941 | TARRANT |
| 453041 | 0.00941 | TARRANT |
| 453042 | 0.00941 | TARRANT |
| 453300 | 0.00941 | TARRANT |
| 454012 | 0.00941 | TARRANT |
| 460017 | 0.0391 | BOX ELDER |
| 460036 | 0.0704 | WASATCH |
| 460039 | 0.0391 | BOX ELDER |
| 470015 | 0.0368 | WINDSOR |
| 470018 | 0.0368 | WINDSOR |
| 470023 | 0.0151 | CALEDONIA |
| 490047 | 0.0201 | PAGE |
| 490053 | 0.0050 | WASHINGTON |
| 490084 | 0.0173 | ESSEX |
| 490110 | 0.0064 | MONTGOMERY |
| 500039 | 0.0173 | KITSAP |
| 500041 | 0.0106 | COWLITZ |
| 500118 | 0.0289 | MASON |
| 510018 | 0.0207 | JACKSON |
| 510028 | 0.0138 | FAYETTE |
| 510047 | 0.0262 | MARION |
| 510088 | 0.0138 | FAYETTE |
| 520028 | 0.0164 | GREEN |
| 520059 | 0.0206 | RACINE |
| 520071 | 0.0250 | JEFFERSON |
| 520094 | 0.0206 | RACINE |
| 520096 | 0.0206 | RACINE |
| 520102 | 0.0302 | WALWORTH |

| Provider Number | Wage Index Increase | Qualifying County Name |
|------------------------|----------------------------|-------------------------------|
| 520116 | 0.0250 | JEFFERSON |
| 522005 | 0.02061 | RACINE |

ADDENDUM L.—PRE-RECLASSIFIED WAGE INDEX FOR URBAN AREAS

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-------------------|
| 10180 | Abilene, TX Callahan County, TX Jones County, TX Taylor County, TX | 0.8011 |
| 10380 | Aguadilla-Isabela-San Sebastián, PR Aguada Municipio, PR Aguadilla Municipio, PR Añasco Municipio, PR Isabela Municipio, PR Lares Municipio, PR Moca Municipio, PR Rincón Municipio, PR San Sebastián Municipio, PR | 0.4285 |
| 10420 | Akron, OH Portage County, OH Summit County, OH | 0.9065 |
| 10500 | Albany, GA Baker County, GA Dougherty County, GA Lee County, GA Terrell County, GA Worth County, GA | 1.1306 |
| 10580 | Albany-Schenectady-Troy, NY Albany County, NY Rensselaer County, NY Saratoga County, NY Schenectady County, NY Schoharie County, NY | 0.8685 |
| 10740 | Albuquerque, NM Bernalillo County, NM Sandoval County, NM Torrance County, NM Valencia County, NM | 1.0167 |
| 10780 | Alexandria, LA Grant Parish, LA Rapides Parish, LA | 0.8198 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 10900 | Allentown-Bethlehem-Easton, PA-NJ Warren County, NJ Carbon County, PA Lehigh County, PA Northampton County, PA | 0.9539 |
| 11020 | Altoona, PA Blair County, PA | 0.8472 |
| 11100 | Amarillo, TX Armstrong County, TX Carson County, TX Potter County, TX Randall County, TX | 0.9209 |
| 11180 | Ames, IA Story County, IA | 0.9503 |
| 11260 | Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK | 1.2195 |
| 11300 | Anderson, IN Madison County, IN | 0.8769 |
| 11340 | Anderson, SC Anderson County, SC | 0.8689 |
| 11460 | Ann Arbor, MI Washtenaw County, MI | 1.1065 |
| 11500 | Anniston-Oxford, AL Calhoun County, AL | 0.7916 |
| 11540 | Appleton, WI Calumet County, WI Outagamie County, WI | 0.9485 |
| 11700 | Asheville, NC Buncombe County, NC Haywood County, NC Henderson County, NC Madison County, NC | 0.9217 |
| 12020 | Athens-Clarke County, GA Clarke County, GA Madison County, GA Oconee County, GA Oglethorpe County, GA | 1.0010 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 12060 | Atlanta-Sandy Springs-Marietta, GA Barrow County, GA Bartow County, GA Butts County, GA Carroll County, GA Cherokee County, GA Clayton County, GA Cobb County, GA Coweta County, GA Dawson County, GA DeKalb County, GA Douglas County, GA Fayette County, GA Forsyth County, GA Fulton County, GA Gwinnett County, GA Haralson County, GA Heard County, GA Henry County, GA Jasper County, GA Lamar County, GA Meriwether County, GA Newton County, GA Paulding County, GA Pickens County, GA Pike County, GA Rockdale County, GA Spalding County, GA Walton County, GA | 0.9926 |
| 12100 | Atlantic City, NJ Atlantic County, NJ | 1.0723 |
| 12220 | Auburn-Opelika, AL Lee County, AL | 0.8231 |
| 12260 | Augusta-Richmond County, GA-SC Burke County, GA Columbia County, GA McDuffie County, GA Richmond County, GA Aiken County, SC Edgefield County, SC | 0.9169 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 12420 | Austin-Round Rock, TX Bastrop County, TX Caldwell County, TX Hays County, TX Travis County, TX Williamson County, TX | 0.9619 |
| 12540 | Bakersfield, CA Kern County, CA | 1.0440 |
| 12580 | Baltimore-Towson, MD Anne Arundel County, MD Baltimore County, MD Carroll County, MD Harford County, MD Howard County, MD Queen Anne's County, MD Baltimore City, MD | 0.9904 |
| 12620 | Bangor, ME Penobscot County, ME | 0.9960 |
| 12700 | Barnstable Town, MA Barnstable County, MA | 1.1965 |
| 12940 | Baton Rouge, LA Ascension Parish, LA East Baton Rouge Parish, LA East Feliciana Parish, LA Iberville Parish, LA Livingston Parish, LA Pointe Coupee Parish, LA St. Helena Parish, LA West Baton Rouge Parish, LA West Feliciana Parish, LA | 0.8344 |
| 12980 | Battle Creek, MI Calhoun County, MI | 0.9132 |
| 13020 | Bay City, MI Bay County, MI | 0.9601 |
| 13140 | Beaumont-Port Arthur, TX Hardin County, TX Jefferson County, TX Orange County, TX | 0.8564 |
| 13380 | Bellingham, WA Whatcom County, WA | 1.1695 |
| 13460 | Bend, OR Deschutes County, OR | 1.0623 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 13644 | Bethesda-Frederick-Gaithersburg, MD Frederick County, MD Montgomery County, MD | 1.0993 |
| 13740 | Billings, MT Carbon County, MT Yellowstone County, MT | 0.8993 |
| 13780 | Binghamton, NY Broome County, NY Tioga County, NY | 0.8484 |
| 13820 | Birmingham-Hoover, AL Bibb County, AL Blount County, AL Chilton County, AL Jefferson County, AL St. Clair County, AL Shelby County, AL Walker County, AL | 0.9111 |
| 13900 | Bismarck, ND Burleigh County, ND Morton County, ND | 0.7741 |
| 13980 | Blacksburg-Christiansburg-Radford, VA Giles County, VA Montgomery County, VA Pulaski County, VA Radford City, VA | 0.8065 |
| 14020 | Bloomington, IN Greene County, IN Monroe County, IN Owen County, IN | 0.8675 |
| 14060 | Bloomington-Normal, IL McLean County, IL | 0.9099 |
| 14260 | Boise City-Nampa, ID Ada County, ID Boise County, ID Canyon County, ID Gem County, ID Owyhee County, ID | 0.9360 |
| 14484 | Boston-Quincy, MA Norfolk County, MA Plymouth County, MA Suffolk County, MA | 1.1649 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 14500 | Boulder, CO Boulder County, CO | 1.0072 |
| 14540 | Bowling Green, KY Edmonson County, KY Warren County, KY | 0.8162 |
| 14740 | Bremerton-Silverdale, WA Kitsap County, WA | 1.0636 |
| 14860 | Bridgeport-Stamford-Norwalk, CT Fairfield County, CT | 1.2876 |
| 14980 | Bristol, VA Washington County, VA Bristol City, VA | 0.8065 |
| 15180 | Brownsville-Harlingen, TX Cameron County, TX | 1.0178 |
| 15260 | Brunswick, GA Brantley County, GA Glynn County, GA McIntosh County, GA | 1.1988 |
| 15380 | Buffalo-Niagara Falls, NY Erie County, NY Niagara County, NY | 0.9351 |
| 15500 | Burlington, NC Alamance County, NC | 0.8881 |
| 15540 | Burlington-South Burlington, VT Chittenden County, VT Franklin County, VT Grand Isle County, VT | 0.9378 |
| 15764 | Cambridge-Newton-Framingham, MA Middlesex County, MA | 1.1199 |
| 15804 | Camden, NJ Burlington County, NJ Camden County, NJ Gloucester County, NJ | 1.0683 |
| 15940 | Canton-Massillon, OH Carroll County, OH Stark County, OH | 0.8917 |
| 15980 | Cape Coral-Fort Myers, FL Lee County, FL | 0.9380 |
| 16180 | Carson City, NV Carson City, NV | 1.0362 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 16220 | Casper, WY Natrona County, WY | 0.9301 |
| 16300 | Cedar Rapids, IA Benton County, IA Jones County, IA Linn County, IA | 0.8987 |
| 16580 | Champaign-Urbana, IL Champaign County, IL Ford County, IL Piatt County, IL | 0.9539 |
| 16620 | Charleston, WV Boone County, WV Clay County, WV Kanawha County, WV Lincoln County, WV Putnam County, WV | 0.8875 |
| 16700 | Charleston-North Charleston, SC Berkeley County, SC Charleston County, SC Dorchester County, SC | 0.9379 |
| 16740 | Charlotte-Gastonia-Concord, NC-SC Anson County, NC Cabarrus County, NC Gaston County, NC Mecklenburg County, NC Union County, NC York County, SC | 0.9750 |
| 16820 | Charlottesville, VA Albemarle County, VA Fluvanna County, VA Greene County, VA Nelson County, VA Charlottesville City, VA | 1.0317 |
| 16860 | Chattanooga, TN-GA Catoosa County, GA Dade County, GA Walker County, GA Hamilton County, TN Marion County, TN Sequatchie County, TN | 0.9233 |
| 16940 | Cheyenne, WY Laramie County, WY | 0.9190 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 16974 | Chicago-Naperville-Joliet, IL Cook County, IL DeKalb County, IL DuPage County, IL Grundy County, IL Kane County, IL Kendall County, IL McHenry County, IL Will County, IL | 1.0819 |
| 17020 | Chico, CA Butte County, CA | 1.0575 |
| 17140 | Cincinnati-Middletown, OH-KY-IN Dearborn County, IN Franklin County, IN Ohio County, IN Boone County, KY Bracken County, KY Campbell County, KY Gallatin County, KY Grant County, KY Kenton County, KY Pendleton County, KY Brown County, OH Butler County, OH Clermont County, OH Hamilton County, OH Warren County, OH | 0.9532 |
| 17300 | Clarksville, TN-KY Christian County, KY Trigg County, KY Montgomery County, TN Stewart County, TN | 0.8027 |
| 17420 | Cleveland, TN Bradley County, TN Polk County, TN | 0.7911 |
| 17460 | Cleveland-Elyria-Mentor, OH Cuyahoga County, OH Geauga County, OH Lake County, OH Lorain County, OH Medina County, OH | 0.9667 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 17660 | Coeur d'Alene, ID Kootenai County, ID | 0.9346 |
| 17780 | College Station-Bryan, TX Brazos County, TX Burleson County, TX Robertson County, TX | 0.8505 |
| 17820 | Colorado Springs, CO El Paso County, CO Teller County, CO | 0.9799 |
| 17860 | Columbia, MO Boone County, MO Howard County, MO | 0.8352 |
| 17900 | Columbia, SC Calhoun County, SC Fairfield County, SC Kershaw County, SC Lexington County, SC Richland County, SC Saluda County, SC | 0.9071 |
| 17980 | Columbus, GA-AL Russell County, AL Chattahoochee County, GA Harris County, GA Marion County, GA Muscogee County, GA | 0.8711 |
| 18020 | Columbus, IN Bartholomew County, IN | 0.9472 |
| 18140 | Columbus, OH Delaware County, OH Fairfield County, OH Franklin County, OH Licking County, OH Madison County, OH Morrow County, OH Pickaway County, OH Union County, OH | 0.9757 |
| 18580 | Corpus Christi, TX Aransas County, TX Nueces County, TX San Patricio County, TX | 0.8665 |
| 18700 | Corvallis, OR Benton County, OR | 1.0547 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 19060 | Cumberland, MD-WV Allegany County, MD Mineral County, WV | 0.9248 |
| 19124 | Dallas-Plano-Irving, TX Collin County, TX Dallas County, TX Delta County, TX Denton County, TX Ellis County, TX Hunt County, TX Kaufman County, TX Rockwall County, TX | 1.0092 |
| 19140 | Dalton, GA Murray County, GA Whitfield County, GA | 0.9320 |
| 19180 | Danville, IL Vermilion County, IL | 0.8418 |
| 19260 | Danville, VA Pittsylvania County, VA Danville City, VA | 0.8792 |
| 19340 | Davenport-Moline-Rock Island, IA-IL Henry County, IL Mercer County, IL Rock Island County, IL Scott County, IA | 0.8776 |
| 19380 | Dayton, OH Greene County, OH Miami County, OH Montgomery County, OH Preble County, OH | 0.9320 |
| 19460 | Decatur, AL Lawrence County, AL Morgan County, AL | 0.8915 |
| 19500 | Decatur, IL Macon County, IL | 0.8364 |
| 19660 | Deltona-Daytona Beach-Ormond Beach, FL Volusia County, FL | 0.8668 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 19740 | Denver-Aurora, CO Adams County, CO Arapahoe County, CO Broomfield County, CO Clear Creek County, CO Denver County, CO Douglas County, CO Elbert County, CO Gilpin County, CO Jefferson County, CO Park County, CO | 1.0911 |
| 19780 | Des Moines, IA Dallas County, IA Guthrie County, IA Madison County, IA Polk County, IA Warren County, IA | 0.9288 |
| 19804 | Detroit-Livonia-Dearborn, MI Wayne County, MI | 1.0379 |
| 20020 | Dothan, AL Geneva County, AL Henry County, AL Houston County, AL | 0.7675 |
| 20100 | Dover, DE Kent County, DE | 0.9579 |
| 20220 | Dubuque, IA Dubuque County, IA | 0.8748 |
| 20260 | Duluth, MN-WI Carlton County, MN St. Louis County, MN Douglas County, WI | 1.0449 |
| 20500 | Durham, NC Chatham County, NC Durham County, NC Orange County, NC Person County, NC | 1.0312 |
| 20740 | Eau Claire, WI Chippewa County, WI Eau Claire County, WI | 0.9485 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 20764 | Edison, NJ Middlesex County, NJ Monmouth County, NJ Ocean County, NJ Somerset County, NJ | 1.1160 |
| 20940 | El Centro, CA Imperial County, CA | 1.0440 |
| 21060 | Elizabethtown, KY Hardin County, KY Larue County, KY | 0.8713 |
| 21140 | Elkhart-Goshen, IN Elkhart County, IN | 0.9286 |
| 21300 | Elmira, NY Chemung County, NY | 0.8488 |
| 21340 | El Paso, TX El Paso County, TX | 0.9210 |
| 21420 | Enid, OK Garfield County, OK | 0.9034 |
| 21500 | Erie, PA Erie County, PA | 0.8708 |
| 21604 | Essex County, MA Essex County, MA | 1.0666 |
| 21660 | Eugene-Springfield, OR Lane County, OR | 1.0951 |
| 21780 | Evansville, IN-KY Gibson County, IN Posey County, IN Vanderburgh County, IN Warrick County, IN Henderson County, KY Webster County, KY | 0.8675 |
| 21820 | Fairbanks, AK Fairbanks North Star Borough, AK | 1.1761 |
| 21940 | Fajardo, PR Ceiba Municipio, PR Fajardo Municipio, PR Luquillo Municipio, PR | 0.4014 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 22020 | Fargo, ND-MN Clay County, MN Cass County, ND | 0.9340 |
| 22140 | Farmington, NM San Juan County, NM | 0.8592 |
| 22180 | Fayetteville, NC Cumberland County, NC Hoke County, NC | 0.9387 |
| 22220 | Fayetteville-Springdale-Rogers, AR-MO Benton County, AR Madison County, AR Washington County, AR McDonald County, MO | 0.8674 |
| 22380 | Flagstaff, AZ Coconino County, AZ | 1.0804 |
| 22420 | Flint, MI Genesee County, MI | 1.1187 |
| 22460 | Florence-Muscle Shoals, AL Colbert County, AL Lauderdale County, AL | 0.7917 |
| 22500 | Florence, SC Darlington County, SC Florence County, SC | 0.8540 |
| 22540 | Fond du Lac, WI Fond du Lac County, WI | 0.9921 |
| 22660 | Fort Collins-Loveland, CO Larimer County, CO | 1.0142 |
| 22744 | Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward County, FL | 1.0180 |
| 22900 | Fort Smith, AR-OK Crawford County, AR Franklin County, AR Sebastian County, AR Le Flore County, OK Sequoyah County, OK | 0.8311 |
| 23020 | Fort Walton Beach-Crestview-Destin, FL Okaloosa County, FL | 0.8805 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 23060 | Fort Wayne, IN Allen County, IN Wells County, IN Whitley County, IN | 0.9825 |
| 23104 | Fort Worth-Arlington, TX Johnson County, TX Parker County, TX Tarrant County, TX Wise County, TX | 0.9515 |
| 23420 | Fresno, CA Fresno County, CA | 1.0656 |
| 23460 | Gadsden, AL Etowah County, AL | 0.8090 |
| 23540 | Gainesville, FL Alachua County, FL Gilchrist County, FL | 0.8581 |
| 23580 | Gainesville, GA Hall County, GA | 0.9584 |
| 23844 | Gary, IN Jasper County, IN Lake County, IN Newton County, IN Porter County, IN | 0.9328 |
| 24020 | Glens Falls, NY Warren County, NY Washington County, NY | 0.8508 |
| 24140 | Goldsboro, NC Wayne County, NC | 0.8796 |
| 24220 | Grand Forks, ND-MN Polk County, MN Grand Forks County, ND | 0.9340 |
| 24300 | Grand Junction, CO Mesa County, CO | 0.9949 |
| 24340 | Grand Rapids-Wyoming, MI Barry County, MI Ionia County, MI Kent County, MI Newaygo County, MI | 0.9457 |
| 24500 | Great Falls, MT Cascade County, MT | 0.8894 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 24540 | Greeley, CO Weld County, CO | 0.9486 |
| 24580 | Green Bay, WI Brown County, WI Kewaunee County, WI Oconto County, WI | 0.9602 |
| 24660 | Greensboro-High Point, NC Guilford County, NC Randolph County, NC Rockingham County, NC | 0.9228 |
| 24780 | Greenville, NC Greene County, NC Pitt County, NC | 0.9183 |
| 24860 | Greenville, SC Greenville County, SC Laurens County, SC Pickens County, SC | 0.9287 |
| 25020 | Guayama, PR Arroyo Municipio, PR Guayama Municipio, PR Patillas Municipio, PR | 0.4015 |
| 25060 | Gulfport-Biloxi, MS Hancock County, MS Harrison County, MS Stone County, MS | 0.8954 |
| 25180 | Hagerstown-Martinsburg, MD-WV Washington County, MD Berkeley County, WV Morgan County, WV | 0.9765 |
| 25260 | Hanford-Corcoran, CA Kings County, CA | 1.0440 |
| 25420 | Harrisburg-Carlisle, PA Cumberland County, PA Dauphin County, PA Perry County, PA | 0.9377 |
| 25500 | Harrisonburg, VA Rockingham County, VA Harrisonburg City, VA | 0.9300 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 25540 | Hartford-West Hartford-East Hartford, CT Hartford County, CT Middlesex County, CT Tolland County, CT | 1.1312 |
| 25620 | Hattiesburg, MS Forrest County, MS Lamar County, MS Perry County, MS | 0.7665 |
| 25860 | Hickory-Lenoir-Morganton, NC Alexander County, NC Burke County, NC Caldwell County, NC Catawba County, NC | 0.9508 |
| 25980 | Hinesville-Fort Stewart, GA Liberty County, GA Long County, GA | 0.7774 |
| 26100 | Holland-Grand Haven, MI Ottawa County, MI | 0.9482 |
| 26180 | Honolulu, HI Honolulu County, HI | 1.0997 |
| 26300 | Hot Springs, AR Garland County, AR | 0.9286 |
| 26380 | Houma-Bayou Cane-Thibodaux, LA Lafourche Parish, LA Terrebonne Parish, LA | 0.7779 |
| 26420 | Houston-Baytown-Sugar Land, TX Austin County, TX Brazoria County, TX Chambers County, TX Fort Bend County, TX Galveston County, TX Harris County, TX Liberty County, TX Montgomery County, TX San Jacinto County, TX Waller County, TX | 0.9995 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 26580 | Huntington-Ashland, WV-KY-OH Boyd County, KY Greenup County, KY Lawrence County, OH Cabell County, WV Wayne County, WV | 0.9585 |
| 26620 | Huntsville, AL Limestone County, AL Madison County, AL | 0.8850 |
| 26820 | Idaho Falls, ID Bonneville County, ID Jefferson County, ID | 0.9062 |
| 26900 | Indianapolis, IN Boone County, IN Brown County, IN Hamilton County, IN Hancock County, IN Hendricks County, IN Johnson County, IN Marion County, IN Morgan County, IN Putnam County, IN Shelby County, IN | 1.0102 |
| 26980 | Iowa City, IA Johnson County, IA Washington County, IA | 0.9663 |
| 27060 | Ithaca, NY Tompkins County, NY | 0.9795 |
| 27100 | Jackson, MI Jackson County, MI | 0.9152 |
| 27140 | Jackson, MS Copiah County, MS Hinds County, MS Madison County, MS Rankin County, MS Simpson County, MS | 0.8305 |
| 27180 | Jackson, TN Chester County, TN Madison County, TN | 0.8912 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 27260 | Jacksonville, FL Baker County, FL Clay County, FL Duval County, FL Nassau County, FL St. Johns County, FL | 0.9561 |
| 27340 | Jacksonville, NC Onslow County, NC | 0.8587 |
| 27460 | Jamestown-Dunkirk-Fredonia, NY Chautauqua County, NY | 0.8180 |
| 27500 | Janesville, WI Rock County, WI | 0.9618 |
| 27620 | Jefferson City, MO Callaway County, MO Cole County, MO Moniteau County, MO Osage County, MO | 0.8352 |
| 27740 | Johnson City, TN Carter County, TN Unicoi County, TN Washington County, TN | 0.7991 |
| 27780 | Johnstown, PA Cambria County, PA | 0.8397 |
| 27860 | Jonesboro, AR Craighead County, AR Poinsett County, AR | 0.8000 |
| 27900 | Joplin, MO Jasper County, MO Newton County, MO | 0.8746 |
| 28020 | Kalamazoo-Portage, MI Kalamazoo County, MI Van Buren County, MI | 1.0714 |
| 28100 | Kankakee-Bradley, IL Kankakee County, IL | 1.0551 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 28140 | Kansas City, MO-KS Franklin County, KS Johnson County, KS Leavenworth County, KS Linn County, KS Miami County, KS Wyandotte County, KS Bates County, MO Caldwell County, MO Cass County, MO Clay County, MO Clinton County, MO Jackson County, MO Lafayette County, MO Platte County, MO Ray County, MO | 0.9625 |
| 28420 | Kennewick-Richland-Pasco, WA Benton County, WA Franklin County, WA | 1.0530 |
| 28660 | Killeen-Temple-Fort Hood, TX Bell County, TX Coryell County, TX Lampasas County, TX | 0.9301 |
| 28700 | Kingsport-Bristol-Bristol, TN-VA Hawkins County, TN Sullivan County, TN Scott County, VA | 0.8257 |
| 28740 | Kingston, NY Ulster County, NY | 0.8874 |
| 28940 | Knoxville, TN Anderson County, TN Blount County, TN Knox County, TN Loudon County, TN Union County, TN | 0.8585 |
| 29020 | Kokomo, IN Howard County, IN Tipton County, IN | 0.9038 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 29100 | La Crosse, WI-MN Houston County, MN La Crosse County, WI | 0.9340 |
| 29140 | Lafayette, IN Benton County, IN Carroll County, IN Tippecanoe County, IN | 0.9073 |
| 29180 | Lafayette, LA Lafayette Parish, LA St. Martin Parish, LA | 0.8319 |
| 29340 | Lake Charles, LA Calcasieu Parish, LA Cameron Parish, LA | 0.7921 |
| 29404 | Lake County-Kenosha County, IL-WI Lake County, IL Kenosha County, WI | 1.0342 |
| 29460 | Lakeland, FL Polk County, FL | 0.8964 |
| 29540 | Lancaster, PA Lancaster County, PA | 0.9919 |
| 29620 | Lansing-East Lansing, MI Clinton County, MI Eaton County, MI Ingham County, MI | 0.9675 |
| 29700 | Laredo, TX Webb County, TX | 0.8293 |
| 29740 | Las Cruces, NM Dona Ana County, NM | 0.8783 |
| 29820 | Las Vegas-Paradise, NV Clark County, NV | 1.1380 |
| 29940 | Lawrence, KS Douglas County, KS | 0.8132 |
| 30020 | Lawton, OK Comanche County, OK | 0.8264 |
| 30140 | Lebanon, PA Lebanon County, PA | 0.8592 |
| 30300 | Lewiston, ID-WA Nez Perce County, ID Asotin County, WA | 0.9325 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 30340 | Lewiston-Auburn, ME Androscoggin County, ME | 0.9613 |
| 30460 | Lexington-Fayette, KY Bourbon County, KY Clark County, KY Fayette County, KY Jessamine County, KY Scott County, KY Woodford County, KY | 0.9074 |
| 30620 | Lima, OH Allen County, OH | 0.9330 |
| 30700 | Lincoln, NE Lancaster County, NE Seward County, NE | 1.0206 |
| 30780 | Little Rock-North Little Rock, AR Faulkner County, AR Grant County, AR Lonoke County, AR Perry County, AR Pulaski County, AR Saline County, AR | 0.9032 |
| 30860 | Logan, UT-ID Franklin County, ID Cache County, UT | 0.9102 |
| 30980 | Longview, TX Gregg County, TX Rusk County, TX Upshur County, TX | 0.8823 |
| 31020 | Longview, WA Cowlitz County, WA | 1.0340 |
| 31084 | Los Angeles-Long Beach-Glendale, CA Los Angeles County, CA | 1.1730 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 31140 | Louisville, KY-IN Clark County, IN Floyd County, IN Harrison County, IN Washington County, IN Bullitt County, KY Henry County, KY Jefferson County, KY Meade County, KY Nelson County, KY Oldham County, KY Shelby County, KY Spencer County, KY Trimble County, KY | 0.9146 |
| 31180 | Lubbock, TX Crosby County, TX Lubbock County, TX | 0.8798 |
| 31340 | Lynchburg, VA Amherst County, VA Appomattox County, VA Bedford County, VA Campbell County, VA Bedford City, VA Lynchburg City, VA | 0.9048 |
| 31420 | Macon, GA Bibb County, GA Crawford County, GA Jones County, GA Monroe County, GA Twiggs County, GA | 0.9934 |
| 31460 | Madera, CA Madera County, CA | 1.0440 |
| 31540 | Madison, WI Columbia County, WI Dane County, WI Iowa County, WI | 1.0325 |
| 31700 | Manchester-Nashua, NH Hillsborough County, NH | 1.0573 |
| 31900 | Mansfield, OH Richland County, OH | 0.9224 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 32420 | Mayagüez, PR Hormigueros Municipio, PR Mayagüez Municipio, PR | 0.4453 |
| 32580 | McAllen-Edinburg-Pharr, TX Hidalgo County, TX | 0.8624 |
| 32780 | Medford, OR Jackson County, OR | 1.0561 |
| 32820 | Memphis, TN-MS-AR Crittenden County, AR DeSoto County, MS Marshall County, MS Tate County, MS Tunica County, MS Fayette County, TN Shelby County, TN Tipton County, TN | 0.9250 |
| 32900 | Merced, CA Merced County, CA | 1.0440 |
| 33124 | Miami-Miami Beach-Kendall, FL Miami-Dade County, FL | 1.0045 |
| 33140 | Michigan City-La Porte, IN LaPorte County, IN | 0.9351 |
| 33260 | Midland, TX Midland County, TX | 0.9408 |
| 33340 | Milwaukee-Waukesha-West Allis, WI Milwaukee County, WI Ozaukee County, WI Washington County, WI Waukesha County, WI | 1.0106 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 33460 | Minneapolis-St. Paul-Bloomington, MN-WI Anoka County, MN Carver County, MN Chisago County, MN Dakota County, MN Hennepin County, MN Isanti County, MN Ramsey County, MN Scott County, MN Sherburne County, MN Washington County, MN Wright County, MN Pierce County, WI St. Croix County, WI | 1.1074 |
| 33540 | Missoula, MT Missoula County, MT | 0.9610 |
| 33660 | Mobile, AL Mobile County, AL | 0.8017 |
| 33700 | Modesto, CA Stanislaus County, CA | 1.2007 |
| 33740 | Monroe, LA Ouachita Parish, LA Union Parish, LA | 0.7928 |
| 33780 | Monroe, MI Monroe County, MI | 0.9517 |
| 33860 | Montgomery, AL Autauga County, AL Elmore County, AL Lowndes County, AL Montgomery County, AL | 0.8312 |
| 34060 | Morgantown, WV Monongalia County, WV Preston County, WV | 0.8720 |
| 34100 | Morristown, TN Grainger County, TN Hamblen County, TN Jefferson County, TN | 0.7911 |
| 34580 | Mount Vernon-Anacortes, WA Skagit County, WA | 1.0581 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 34620 | Muncie, IN Delaware County, IN | 0.8675 |
| 34740 | Muskegon-Norton Shores, MI Muskegon County, MI | 0.9770 |
| 34820 | Myrtle Beach-Conway-North Myrtle Beach, SC Horry County, SC | 0.8592 |
| 34900 | Napa, CA Napa County, CA | 1.2550 |
| 34940 | Naples-Marco Island, FL Collier County, FL | 1.0593 |
| 34980 | Nashville-Davidson--Murfreesboro, TN Cannon County, TN Cheatham County, TN Davidson County, TN Dickson County, TN Hickman County, TN Macon County, TN Robertson County, TN Rutherford County, TN Smith County, TN Sumner County, TN Trousdale County, TN Williamson County, TN Wilson County, TN | 1.0115 |
| 35084 | Newark-Union, NJ-PA Essex County, NJ Hunterdon County, NJ Morris County, NJ Sussex County, NJ Union County, NJ Pike County, PA | 1.1708 |
| 35300 | New Haven-Milford, CT New Haven County, CT | 1.1828 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 35380 | New Orleans-Metairie-Kenner, LA Jefferson Parish, LA Orleans Parish, LA Plaquemines Parish, LA St. Bernard Parish, LA St. Charles Parish, LA St. John the Baptist Parish, LA St. Tammany Parish, LA | 0.9118 |
| 35644 | New York-Wayne-White Plains, NY-NJ Bergen County, NJ Hudson County, NJ Passaic County, NJ Bronx County, NY Kings County, NY New York County, NY Putnam County, NY Queens County, NY Richmond County, NY Rockland County, NY Westchester County, NY | 1.3324 |
| 35660 | Niles-Benton Harbor, MI Berrien County, MI | 0.8922 |
| 35980 | Norwich-New London, CT New London County, CT | 1.1625 |
| 36084 | Oakland-Fremont-Hayward, CA Alameda County, CA Contra Costa County, CA | 1.5251 |
| 36100 | Ocala, FL Marion County, FL | 0.9194 |
| 36140 | Ocean City, NJ Cape May County, NJ | 1.0841 |
| 36220 | Odessa, TX Ector County, TX | 0.9822 |
| 36260 | Ogden-Clearfield, UT Davis County, UT Morgan County, UT Weber County, UT | 0.9235 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 36420 | Oklahoma City, OK Canadian County, OK Cleveland County, OK Grady County, OK Lincoln County, OK Logan County, OK McClain County, OK Oklahoma County, OK | 0.9005 |
| 36500 | Olympia, WA Thurston County, WA | 1.1034 |
| 36540 | Omaha-Council Bluffs, NE-IA Harrison County, IA Mills County, IA Pottawattamie County, IA Cass County, NE Douglas County, NE Sarpy County, NE Saunders County, NE Washington County, NE | 0.9765 |
| 36740 | Orlando, FL Lake County, FL Orange County, FL Osceola County, FL Seminole County, FL | 0.9779 |
| 36780 | Oshkosh-Neenah, WI Winnebago County, WI | 0.9485 |
| 36980 | Owensboro, KY Daviess County, KY Hancock County, KY McLean County, KY | 0.8470 |
| 37100 | Oxnard-Thousand Oaks-Ventura, CA Ventura County, CA | 1.1130 |
| 37340 | Palm Bay-Melbourne-Titusville, FL Brevard County, FL | 0.9630 |
| 37460 | Panama City-Lynn Haven, FL Bay County, FL | 0.8581 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 37620 | Parkersburg-Marietta, WV-OH Washington County, OH Pleasants County, WV Wirt County, WV Wood County, WV | 0.8708 |
| 37700 | Pascagoula, MS George County, MS Jackson County, MS | 0.7993 |
| 37860 | Pensacola-Ferry Pass-Brent, FL Escambia County, FL Santa Rosa County, FL | 0.8581 |
| 37900 | Peoria, IL Marshall County, IL Peoria County, IL Stark County, IL Tazewell County, IL Woodford County, IL | 0.8792 |
| 37964 | Philadelphia, PA Bucks County, PA Chester County, PA Delaware County, PA Montgomery County, PA Philadelphia County, PA | 1.0880 |
| 38060 | Phoenix-Mesa-Scottsdale, AZ Maricopa County, AZ Pinal County, AZ | 1.0009 |
| 38220 | Pine Bluff, AR Cleveland County, AR Jefferson County, AR Lincoln County, AR | 0.8724 |
| 38300 | Pittsburgh, PA Allegheny County, PA Armstrong County, PA Beaver County, PA Butler County, PA Fayette County, PA Washington County, PA Westmoreland County, PA | 0.8743 |
| 38340 | Pittsfield, MA Berkshire County, MA | 1.0756 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 38540 | Pocatello, ID Bannock County, ID Power County, ID | 0.9615 |
| 38660 | Ponce, PR Juana Díaz Municipio, PR Ponce Municipio, PR Villalba Municipio, PR | 0.5019 |
| 38860 | Portland-South Portland-Biddeford, ME Cumberland County, ME Sagadahoc County, ME York County, ME | 1.0127 |
| 38900 | Portland-Vancouver-Beaverton, OR-WA Clackamas County, OR Columbia County, OR Multnomah County, OR Washington County, OR Yamhill County, OR Clark County, WA Skamania County, WA | 1.1384 |
| 38940 | Port St. Lucie-Fort Pierce, FL Martin County, FL St. Lucie County, FL | 1.0077 |
| 39100 | Poughkeepsie-Newburgh-Middletown, NY Dutchess County, NY Orange County, NY | 1.1395 |
| 39140 | Prescott, AZ Yavapai County, AZ | 0.9922 |
| 39300 | Providence-New Bedford-Fall River, RI-MA Bristol County, MA Bristol County, RI Kent County, RI Newport County, RI Providence County, RI Washington County, RI | 1.0941 |
| 39340 | Provo-Orem, UT Juab County, UT Utah County, UT | 0.9596 |
| 39380 | Pueblo, CO Pueblo County, CO | 0.9374 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 39460 | Punta Gorda, FL Charlotte County, FL | 0.9473 |
| 39540 | Racine, WI Racine County, WI | 0.9485 |
| 39580 | Raleigh-Cary, NC Franklin County, NC Johnston County, NC Wake County, NC | 1.0060 |
| 39660 | Rapid City, SD Meade County, SD Pennington County, SD | 0.8947 |
| 39740 | Reading, PA Berks County, PA | 0.9173 |
| 39820 | Redding, CA Shasta County, CA | 1.1856 |
| 39900 | Reno-Sparks, NV Storey County, NV Washoe County, NV | 1.0474 |
| 40060 | Richmond, VA Amelia County, VA Caroline County, VA Charles City County, VA Chesterfield County, VA Cumberland County, VA Dinwiddie County, VA Goochland County, VA Hanover County, VA Henrico County, VA King and Queen County, VA King William County, VA Louisa County, VA New Kent County, VA Powhatan County, VA Prince George County, VA Sussex County, VA Colonial Heights City, VA Hopewell City, VA Petersburg City, VA Richmond City, VA | 0.9422 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 40140 | Riverside-San Bernardino-Ontario, CA Riverside County, CA San Bernardino County, CA | 1.0997 |
| 40220 | Roanoke, VA Botetourt County, VA Craig County, VA Franklin County, VA Roanoke County, VA Roanoke City, VA Salem City, VA | 0.8352 |
| 40340 | Rochester, MN Dodge County, MN Olmsted County, MN Wabasha County, MN | 1.1511 |
| 40380 | Rochester, NY Livingston County, NY Monroe County, NY Ontario County, NY Orleans County, NY Wayne County, NY | 0.9307 |
| 40420 | Rockford, IL Boone County, IL Winnebago County, IL | 0.9623 |
| 40484 | Rockingham County-Strafford County, NH Rockingham County, NH Strafford County, NH | 1.0232 |
| 40580 | Rocky Mount, NC Edgecombe County, NC Nash County, NC | 0.9016 |
| 40660 | Rome, GA Floyd County, GA | 0.8877 |
| 40900 | Sacramento--Arden-Arcade--Roseville, CA El Dorado County, CA Placer County, CA Sacramento County, CA Yolo County, CA | 1.1707 |
| 40980 | Saginaw-Saginaw Township North, MI Saginaw County, MI | 0.9879 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 41060 | St. Cloud, MN Benton County, MN Stearns County, MN | 1.0193 |
| 41100 | St. George, UT Washington County, UT | 0.9495 |
| 41140 | St. Joseph, MO-KS Doniphan County, KS Andrew County, MO Buchanan County, MO DeKalb County, MO Hospitals located in Missouri Hospitals located in Kansas | 0.8010 0.8132 |
| 41180 | St. Louis, MO-IL Bond County, IL Calhoun County, IL Clinton County, IL Jersey County, IL Macoupin County, IL Madison County, IL Monroe County, IL St. Clair County, IL Crawford County, MO Franklin County, MO Jefferson County, MO Lincoln County, MO St. Charles County, MO St. Louis County, MO Warren County, MO Washington County, MO St. Louis City, MO | 0.9067 |
| 41420 | Salem, OR Marion County, OR Polk County, OR | 1.0572 |
| 41500 | Salinas, CA Monterey County, CA | 1.3946 |
| 41540 | Salisbury, MD Somerset County, MD Wicomico County, MD | 0.9248 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 41620 | Salt Lake City, UT Salt Lake County, UT Summit County, UT Tooele County, UT | 0.9588 |
| 41660 | San Angelo, TX Irion County, TX Tom Green County, TX | 0.8194 |
| 41700 | San Antonio, TX Atascosa County, TX Bandera County, TX Bexar County, TX Comal County, TX Guadalupe County, TX Kendall County, TX Medina County, TX Wilson County, TX | 0.9021 |
| 41740 | San Diego-Carlsbad-San Marcos, CA San Diego County, CA | 1.1265 |
| 41780 | Sandusky, OH Erie County, OH | 0.9045 |
| 41884 | San Francisco-San Mateo-Redwood City, CA Marin County, CA San Francisco County, CA San Mateo County, CA | 1.4403 |
| 41900 | San Germán-Cabo Rojo, PR Cabo Rojo Municipio, PR Lajas Municipio, PR Sabana Grande Municipio, PR San Germán Municipio, PR | 0.5254 |
| 41940 | San Jose-Sunnyvale-Santa Clara, CA San Benito County, CA Santa Clara County, CA | 1.4543 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 41980 | San Juan-Caguas-Guaynabo, PR Aguas Buenas Municipio, PR Aibonito Municipio, PR Arecibo Municipio, PR Barceloneta Municipio, PR Barranquitas Municipio, PR Bayamón Municipio, PR Caguas Municipio, PR Camuy Municipio, PR Canóvanas Municipio, PR Carolina Municipio, PR Cataño Municipio, PR Cayey Municipio, PR Ciales Municipio, PR Cidra Municipio, PR Comerío Municipio, PR Corozal Municipio, PR Dorado Municipio, PR Florida Municipio, PR Guaynabo Municipio, PR Gurabo Municipio, PR Hatillo Municipio, PR Humacao Municipio, PR Juncos Municipio, PR Las Piedras Municipio, PR Loíza Municipio, PR Manatí Municipio, PR Maunabo Municipio, PR Morovis Municipio, PR Naguabo Municipio, PR Naranjito Municipio, PR Orocovis Municipio, PR Quebradillas Municipio, PR Río Grande Municipio, PR San Juan Municipio, PR San Lorenzo Municipio, PR Toa Alta Municipio, PR Toa Baja Municipio, PR Trujillo Alto Municipio, PR Vega Alta Municipio, PR Vega Baja Municipio, PR Yabucoa Municipio, PR | 0.4646 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 42020 | San Luis Obispo-Paso Robles, CA San Luis Obispo County, CA | 1.1140 |
| 42044 | Santa Ana-Anaheim-Irvine, CA Orange County, CA | 1.1628 |
| 42060 | Santa Barbara-Santa Maria-Goleta, CA Santa Barbara County, CA | 1.0731 |
| 42100 | Santa Cruz-Watsonville, CA Santa Cruz County, CA | 1.4786 |
| 42140 | Santa Fe, NM Santa Fe County, NM | 1.0913 |
| 42220 | Santa Rosa-Petaluma, CA Sonoma County, CA | 1.2958 |
| 42260 | Sarasota-Bradenton-Venice, FL Manatee County, FL Sarasota County, FL | 0.9635 |
| 42340 | Savannah, GA Bryan County, GA Chatham County, GA Effingham County, GA | 0.9470 |
| 42540 | Scranton--Wilkes-Barre, PA Lackawanna County, PA Luzerne County, PA Wyoming County, PA | 0.8529 |
| 42644 | Seattle-Bellevue-Everett, WA King County, WA Snohomish County, WA | 1.1497 |
| 43100 | Sheboygan, WI Sheboygan County, WI | 0.9485 |
| 43300 | Sherman-Denison, TX Grayson County, TX | 0.9645 |
| 43340 | Shreveport-Bossier City, LA Bossier Parish, LA Caddo Parish, LA De Soto Parish, LA | 0.9153 |
| 43580 | Sioux City, IA-NE-SD Woodbury County, IA Dakota County, NE Dixon County, NE Union County, SD | 0.9077 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 43620 | Sioux Falls, SD Lincoln County, SD McCook County, SD Minnehaha County, SD Turner County, SD | 0.9438 |
| 43780 | South Bend-Mishawaka, IN-MI St. Joseph County, IN Cass County, MI | 0.9458 |
| 43900 | Spartanburg, SC Spartanburg County, SC | 0.9035 |
| 44060 | Spokane, WA Spokane County, WA | 1.0674 |
| 44100 | Springfield, IL Menard County, IL Sangamon County, IL | 0.8754 |
| 44140 | Springfield, MA Franklin County, MA Hampden County, MA Hampshire County, MA | 1.0432 |
| 44180 | Springfield, MO Christian County, MO Dallas County, MO Greene County, MO Polk County, MO Webster County, MO | 0.8458 |
| 44220 | Springfield, OH Clark County, OH | 0.8763 |
| 44300 | State College, PA Centre County, PA | 0.8486 |
| 44700 | Stockton, CA San Joaquin County, CA | 1.0605 |
| 44844 | Suffolk-Nassau, NY Nassau County, NY Suffolk County, NY | 1.2966 |
| 44940 | Sumter, SC Sumter County, SC | 0.8449 |
| 45060 | Syracuse, NY Madison County, NY Onondaga County, NY Oswego County, NY | 0.9504 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 45104 | Tacoma, WA Pierce County, WA | 1.1105 |
| 45220 | Tallahassee, FL Gadsden County, FL Jefferson County, FL Leon County, FL Wakulla County, FL | 0.8690 |
| 45300 | Tampa-St. Petersburg-Clearwater, FL Hernando County, FL Hillsborough County, FL Pasco County, FL Pinellas County, FL | 0.9087 |
| 45460 | Terre Haute, IN Clay County, IN Sullivan County, IN Vermillion County, IN Vigo County, IN | 0.8675 |
| 45500 | Texarkana, TX-Texarkana, AR Miller County, AR Bowie County, TX | 0.8432 |
| 45780 | Toledo, OH Fulton County, OH Lucas County, OH Ottawa County, OH Wood County, OH | 0.9536 |
| 45820 | Topeka, KS Jackson County, KS Jefferson County, KS Osage County, KS Shawnee County, KS Wabaunsee County, KS | 0.8915 |
| 45940 | Trenton-Ewing, NJ Mercer County, NJ | 1.0294 |
| 46060 | Tucson, AZ Pima County, AZ | 0.8971 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 46140 | Tulsa, OK Creek County, OK Okmulgee County, OK Osage County, OK Pawnee County, OK Rogers County, OK Tulsa County, OK Wagoner County, OK | 0.8709 |
| 46220 | Tuscaloosa, AL Greene County, AL Hale County, AL Tuscaloosa County, AL | 0.8358 |
| 46340 | Tyler, TX Smith County, TX | 0.9534 |
| 46540 | Utica-Rome, NY Herkimer County, NY Oneida County, NY | 0.8339 |
| 46660 | Valdosta, GA Brooks County, GA Echols County, GA Lanier County, GA Lowndes County, GA | 0.8355 |
| 46700 | Vallejo-Fairfield, CA Solano County, CA | 1.4275 |
| 46940 | Vero Beach, FL Indian River County, FL | 0.9513 |
| 47020 | Victoria, TX Calhoun County, TX Goliad County, TX Victoria County, TX | 0.8491 |
| 47220 | Vineland-Millville-Bridgeton, NJ Cumberland County, NJ | 1.0604 |

| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|---|---------------|
| 47260 | Virginia Beach-Norfolk-Newport News, VA-NC Currituck County, NC Gloucester County, VA Isle of Wight County, VA James City County, VA Mathews County, VA Surry County, VA York County, VA Chesapeake City, VA Hampton City, VA Newport News City, VA Norfolk City, VA Poquoson City, VA Portsmouth City, VA Suffolk City, VA Virginia Beach City, VA Williamsburg City, VA | 0.8941 |
| 47300 | Visalia-Porterville, CA Tulare County, CA | 1.0440 |
| 47380 | Waco, TX McLennan County, TX | 0.8167 |
| 47580 | Warner Robins, GA Houston County, GA | 0.8513 |
| 47644 | Warren-Farmington Hills-Troy, MI Lapeer County, MI Livingston County, MI Macomb County, MI Oakland County, MI St. Clair County, MI | 1.0131 |

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| CBSA code | Urban area (Constituent counties) | Wage index |
|-----------|--|---------------|
| 47894 | Washington-Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert County, MD Charles County, MD Prince George's County, MD Arlington County, VA Clarke County, VA Fairfax County, VA Fauquier County, VA Loudoun County, VA Prince William County, VA Spotsylvania County, VA Stafford County, VA Warren County, VA Alexandria City, VA Fairfax City, VA Falls Church City, VA Fredericksburg City, VA Manassas City, VA Manassas Park City, VA Jefferson County, WV | 1.1063 |
| 47940 | Waterloo-Cedar Falls, IA Black Hawk County, IA Bremer County, IA Grundy County, IA | 0.8652 |
| 48140 | Wausau, WI Marathon County, WI | 0.9645 |
| 48260 | Weirton-Steubenville, WV-OH Jefferson County, OH Brooke County, WV Hancock County, WV | 0.8708 |
| 48300 | Wenatchee, WA Chelan County, WA Douglas County, WA | 1.0340 |
| 48424 | West Palm Beach-Boca Raton-Boynton Beach, FL Palm Beach County, FL | 1.0074 |
| 48540 | Wheeling, WV-OH Belmont County, OH Marshall County, WV Ohio County, WV | 0.8708 |

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| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|---|-----------------------|
| 48620 | Wichita, KS Butler County, KS Harvey County, KS Sedgwick County, KS Sumner County, KS | 0.9476 |
| 48660 | Wichita Falls, TX Archer County, TX Clay County, TX Wichita County, TX | 0.8379 |
| 48700 | Williamsport, PA Lycoming County, PA | 0.8432 |
| 48864 | Wilmington, DE-MD-NJ New Castle County, DE Cecil County, MD Salem County, NJ | 1.1110 |
| 48900 | Wilmington, NC Brunswick County, NC New Hanover County, NC Pender County, NC | 0.9248 |
| 49020 | Winchester, VA-WV Frederick County, VA Winchester City, VA Hampshire County, WV | 1.0513 |
| 49180 | Winston-Salem, NC Davie County, NC Forsyth County, NC Stokes County, NC Yadkin County, NC | 0.9430 |
| 49340 | Worcester, MA Worcester County, MA | 1.1034 |
| 49420 | Yakima, WA Yakima County, WA | 1.0343 |
| 49500 | Yauco, PR Guánica Municipio, PR Guayanilla Municipio, PR Peñuelas Municipio, PR Yauco Municipio, PR | 0.4505 |
| 49620 | York-Hanover, PA York County, PA | 0.8916 |

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| CBSA code | Urban area (Constituent counties) | Wage index |
|------------------|--|-----------------------|
| 49660 | Youngstown-Warren-Boardman, OH-PA Mahoning County, OH Trumbull County, OH Mercer County, PA | 0.9257 |
| 49700 | Yuba City, CA Sutter County, CA Yuba County, CA | 1.0440 |
| 49740 | Yuma, AZ Yuma County, AZ | 0.8967 |

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**ADDENDUM M.—PRE-RECLASSIFIED WAGE INDEX
FOR RURAL AREAS**

| Nonurban Area | Wage Index |
|----------------------|-------------------|
| Alabama | 0.7675 |
| Alaska | 1.1761 |
| Arizona | 0.8967 |
| Arkansas | 0.7453 |
| California | 1.0440 |
| Colorado | 0.9374 |
| Connecticut | 1.1312 |
| Delaware | 0.9524 |
| Florida | 0.8581 |
| Georgia | 0.7774 |
| Hawaii | 1.0549 |
| Idaho | 0.8249 |
| Illinois | 0.8364 |
| Indiana | 0.8675 |
| Iowa | 0.8496 |
| Kansas | 0.8132 |
| Kentucky | 0.7806 |
| Louisiana | 0.7399 |
| Maine | 0.9058 |
| Maryland | 0.9248 |
| Massachusetts | 1.0432 |
| Michigan | 0.8792 |
| Minnesota | 0.9340 |
| Mississippi | 0.7665 |
| Missouri | 0.8010 |
| Montana | 0.8778 |

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| Nonurban Area | Wage Index |
|---------------------------|-------------------|
| Nebraska | 0.9058 |
| Nevada | 0.9311 |
| New Hampshire | 1.0116 |
| New Jersey ¹ | ----- |
| New Mexico | 0.8592 |
| New York | 0.8180 |
| North Carolina | 0.8587 |
| North Dakota | 0.7741 |
| Ohio | 0.8708 |
| Oklahoma | 0.7721 |
| Oregon | 0.9926 |
| Pennsylvania | 0.8335 |
| Puerto Rico ¹ | ----- |
| Rhode Island ¹ | ----- |
| South Carolina | 0.8449 |
| South Dakota | 0.8409 |
| Tennessee | 0.7911 |
| Texas | 0.8011 |
| Utah | 0.8314 |
| Vermont | 0.9378 |
| Virginia | 0.8065 |
| Washington | 1.0340 |
| West Virginia | 0.7903 |
| Wisconsin | 0.9485 |
| Wyoming | 0.9190 |

¹All counties within the State are classified as urban.

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HCDI

**ADDENDUM N.—HOSPITAL RECLASSIFICATIONS AND
REDESIGNATIONS BY INDIVIDUAL HOSPITAL UNDER
SECTION 508 of PUB. L. 108-173**

| Provider Number | Actual MSA or rural area | Wage index MSA 508 Reclassification | Actual CBSA or rural area | Wage index CBSA 508 Reclassification | Nearest County | Own Wage Index |
|-----------------|--------------------------|-------------------------------------|---------------------------|--------------------------------------|----------------|----------------|
| 020008 | | | 02 | | | 1.3157 |
| 060075 | | | 06 | | | 1.1681 |
| 070036 | | | 25540 | | | 1.2954 |
| 160064 | | | 16 | | | 1.0504 |
| 330106 | | | 44844 | | | 1.5152 |
| 380090 | | | 38 | | | 1.2808 |
| 410010 | | | 39300 | | | 1.1702 |
| 530015 | | | 53 | | | 1.0064 |
| 010150 | 01 | 1800 | 01 | 17980 | | |
| 050494 | 05 | 7500 | 05 | 42220 | | |
| 050549 | 8735 | 7500 | 37100 | 42220 | | |
| 060057 | 06 | 2080 | 06 | 19740 | | |
| 070001 | 5483 | 5380 | 35300 | 44844 | | |
| 070005 | 5483 | 5380 | 35300 | 44844 | | |
| 070010 | 5483 | 5600 | 14860 | 35644 | | |
| 070016 | 5483 | 5380 | 35300 | 44844 | | |
| 070017 | 5483 | 5380 | 35300 | 44844 | | |
| 070019 | 5483 | 5380 | 35300 | 44844 | | |
| 070022 | 5483 | 5380 | 35300 | 44844 | | |
| 070028 | 5483 | 5600 | 14860 | 35644 | | |
| 070031 | 5483 | 5380 | 35300 | 44844 | | |
| 070039 | 5483 | 5380 | 35300 | 44844 | | |
| 120025 | 12 | 3320 | 12 | 26180 | | |
| 150034 | 2960 | 1600 | 23844 | 16974 | Cook | |
| 160040 | 8920 | 1360 | 47940 | 16300 | | |
| 160067 | 8920 | 1360 | 47940 | 16300 | | |
| 160110 | 8920 | 1360 | 47940 | 16300 | | |
| 190218 | 19 | 7680 | 19 | 43340 | Caddo | |
| 220046 | 6323 | 1123 | 38340 | 49340 | Worcester | |
| 230003 | 3000 | 3720 | 26100 | 28020 | Van Buren | |
| 230004 | 3000 | 3720 | 34740 | 28020 | Van Buren | |
| 230013 | 2160 | 2640 | 47644 | 22420 | | |
| 230019 | 2160 | 2640 | 47644 | 22420 | | |
| 230020 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230024 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230029 | 2160 | 2640 | 47644 | 22420 | | |
| 230036 | 23 | 2640 | 23 | 22420 | | |

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| Provider Number | Actual MSA or rural area | Wage index MSA 508 Reclassification | Actual CBSA or rural area | Wage index CBSA 508 Reclassification | Nearest County | Own Wage Index |
|-----------------|--------------------------|-------------------------------------|---------------------------|--------------------------------------|----------------|----------------|
| 230038 | 3000 | 3720 | 24340 | 28020 | Kalamazoo | |
| 230053 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230059 | 3000 | 3720 | 24340 | 28020 | Kalamazoo | |
| 230066 | 3000 | 3720 | 34740 | 28020 | Van Buren | |
| 230071 | 2160 | 2640 | 47644 | 22420 | | |
| 230072 | 3000 | 3720 | 26100 | 28020 | Van Buren | |
| 230089 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230092 | 3520 | 3000 | 27100 | 24340 | Kent | |
| 230097 | 23 | 3720 | 23 | 28020 | Kalamazoo | |
| 230104 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230106 | 23 | 3720 | 24340 | 28020 | Van Buren | |
| 230119 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230130 | 2160 | 2640 | 47644 | 22420 | | |
| 230135 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230146 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230151 | 2160 | 2640 | 47644 | 22420 | | |
| 230165 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230174 | 3000 | 3720 | 26100 | 28020 | Van Buren | |
| 230176 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230207 | 2160 | 2640 | 47644 | 22420 | | |
| 230223 | 2160 | 2640 | 47644 | 22420 | | |
| 230236 | 3000 | 3720 | 24340 | 28020 | Kalamazoo | |
| 230254 | 2160 | 2640 | 47644 | 22420 | | |
| 230269 | 2160 | 2640 | 47644 | 22420 | | |
| 230270 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230273 | 2160 | 0440 | 19804 | 11460 | Washtenaw | |
| 230277 | 2160 | 2640 | 47644 | 22420 | | |
| 250002 | 25 | 0920 | 25 | 37700 | Jackson | |
| 250122 | 25 | 0920 | 25 | 25060 | Hancock | |
| 270014 | 27 | 0880 | 33540 | 13740 | | |
| 270021 | 27 | 0880 | 27 | 13740 | | |
| 270023 | 5140 | 0880 | 33540 | 13740 | | |
| 270032 | 27 | 0880 | 27 | 13740 | | |
| 270050 | 27 | 0880 | 27 | 13740 | | |
| 270057 | 27 | 0880 | 27 | 13740 | | |
| 310021 | 8480 | 0875 | 45940 | 35644 | | |
| 310028 | 5640 | 5600 | 35084 | 35644 | | |
| 310050 | 5640 | 5600 | 35084 | 35644 | | |
| 310051 | 5640 | 5600 | 35084 | 35644 | | |
| 310060 | 5640 | 5600 | 10900 | 35644 | | |
| 310115 | 5640 | 5600 | 10900 | 35644 | | |
| 310120 | 5640 | 5600 | 35084 | 35644 | | |

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| Provider Number | Actual MSA or rural area | Wage index MSA 508 Reclassification | Actual CBSA or rural area | Wage index CBSA 508 Reclassification | Nearest County | Own Wage Index |
|-----------------|--------------------------|-------------------------------------|---------------------------|--------------------------------------|----------------|----------------|
| 330049 | 2281 | 5600 | 39100 | 35644 | | |
| 330067 | 2281 | 5600 | 39100 | 35644 | | |
| 330126 | 5660 | 5600 | 39100 | 35644 | | |
| 330135 | 5660 | 5600 | 39100 | 35644 | | |
| 330205 | 5660 | 5600 | 39100 | 35644 | | |
| 330264 | 5660 | 5380 | 39100 | 44844 | | |
| 340002 | 0480 | 1520 | 11700 | 16740 | Gaston | |
| 350002 | 1010 | 2520 | 13900 | 22020 | | |
| 350003 | 1010 | 2520 | 35 | 22020 | | |
| 350006 | 1010 | 2520 | 35 | 22020 | | |
| 350010 | 1010 | 2520 | 35 | 22020 | | |
| 350014 | 1010 | 2520 | 35 | 22020 | | |
| 350015 | 1010 | 2520 | 13900 | 22020 | | |
| 350017 | 1010 | 2520 | 35 | 22020 | | |
| 350030 | 1010 | 2520 | 35 | 22020 | | |
| 350061 | 1010 | 2520 | 35 | 22020 | | |
| 390001 | 7560 | 0240 | 42540 | 10900 | | |
| 390003 | 7560 | 0240 | 39 | 10900 | | |
| 390054 | 7560 | 4000 | 42540 | 29540 | | |
| 390072 | 7560 | 0240 | 39 | 10900 | | |
| 390095 | 7560 | 0240 | 42540 | 10900 | | |
| 390109 | 7560 | 0240 | 42540 | 10900 | | |
| 390119 | 7560 | 0240 | 42540 | 10900 | | |
| 390137 | 7560 | 0240 | 42540 | 10900 | | |
| 390169 | 7560 | 0240 | 42540 | 10900 | | |
| 390185 | 7560 | 0240 | 42540 | 10900 | | |
| 390192 | 7560 | 0240 | 42540 | 10900 | | |
| 390237 | 7560 | 0240 | 42540 | 10900 | | |
| 390270 | 7560 | 4000 | 42540 | 29540 | | |
| 430003 | 43 | 6660 | | 39660 | | |
| 430015 | 43 | 7760 | 43 | 43620 | | |
| 430048 | 43 | 7760 | 43 | 43620 | | |
| 430060 | 43 | 7760 | 43 | 43620 | | |
| 430064 | 43 | 7760 | 43 | 43620 | | |
| 430077 | 6660 | 7760 | 39660 | 43620 | | |
| 430091 | 6660 | 7760 | 39660 | 43620 | | |
| 450010 | 9080 | 4880 | 48660 | 32580 | | |
| 450072 | 1145 | 3360 | 26420 | 26420 | | |
| 450591 | 1145 | 3360 | 26420 | 26420 | | |
| 470003 | 1303 | 1123 | 15540 | 40484 | Strafford | |
| 490001 | 49 | 4640 | 49 | 31340 | | |
| 490024 | 6800 | 1950 | 40220 | 19260 | | |