DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 419

[HCFA–1005–IFC]

RIN 0938–A156

Medicare Program; Prospective Payment System for Hospital Outpatient Services

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

ACTION: Interim final rule with comment period.

SUMMARY: This interim final rule with comment period provides for the annual update to the Medicare hospital outpatient prospective payment system conversion factor that is used to calculate the payment amount for each payment group, effective January 1, 2001. It also updates the wage index values and incorporates the year 2001 changes in the procedure codes that are used to make payments under this system. In this rule, we are also responding to public comments received on those portions of the April 7, 2000 final rule with comment period (which established the hospital outpatient prospective payment system) that implemented related provisions of the Balanced Budget Refinement Act (BBRA) of 1999. In addition, we are responding to public comments on the August 3, 2000 interim final rule with comment period that modified the April 7, 2000 final rule with comment period by revising the criteria used to define new or innovative medical devices, drugs, and biologicals eligible for transitional pass-through payments and correcting the criteria for grandfathering provider-based Federally Qualified Health Centers (FQHC) into the prospective payment system.

DATES:

Effective Date: These regulations are effective on January 1, 2001.

Comment Period: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 12, 2001.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address:

Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1005–IFC, P.O. Box 8013, Baltimore, MD 21244–8013.

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

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

Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Comments mailed to the above addresses may be delayed and received too late for us to consider them. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1005–IFC. of the received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443–G of the Department's office at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 to 5 p.m. (phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT:

Janet Wellham (410) 786–4510, Chuck Braver, (410) 786–6719, or Jana Petze (410) 786–9374, (for general information).

Kity Ahern, (410) 786–4515 (for information related to ambulatory payment classification groups and transitional pass-through payments related to drugs and biologicals).

Majorie Baldo, (410) 786–4617 or Barry Levi, (410) 786–4529 (for information related to transitional pass-through payments for medical devices).

George Morey (410) 786–4653 (for information related to the criteria for grandfathering provider-based FQHCs into the prospective payment system).

SUPPLEMENTARY INFORMATION:

Availability of Copies and Electronic Access

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 or by faxing to (202) 512–2250. The cost for each copy is $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

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

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

Table of Contents

I. Background

A. General Summary of April 7, 2000 Final Rule With Comment Period that Implemented Amendments Enacted by the Balanced Budget Act of 1997 and the Balanced Budget Refinement Act of 1999

B. June 30, 2000 Notice of Delay of Effective Date for the April 7, 2000 Final Rule with Comment Period

C. August 3, 2000 Interim Final Rule with Comment Period

D. Summary of This Interim Final Rule with Comment Period

II. Analysis of, and Responses to, Public Comments on the BBRA 1999 Provisions and the August 3, 2000 Interim Final Rule with Comment Period

A. April 7, 2000 BBRA 1999 Provisions

1. Outlier Adjustment
2. Transitional Pass-Through for Additional Costs of Innovative Medical Devices, Drugs, and Biologicals
   a. Definition of a device
   b. Eligibility criteria
   c. Investigational device exemption (IDE) device
   d. Removing cost of predicate item
   e. Excluded costs
   f. Effect on conversion factor
   g. Cost significance tests
   h. Brand-specific versus categorization approaches
   i. Issues pertaining to specific items
   j. Pass-through applications process
   k. Payment for pass-through items
   l. Focus medical review
3. Budget Neutrality Applied to New Adjustments
4. Limitation on Judicial Review
5. Inclusion in the Hospital Outpatient Prospective Payment System of Certain Implantable Items
6. Payment Weights Based on Median or Mean Hospital Costs
7. Limitation on Variation of Costs of Services Classified Within a Group
8. Annual Review of the Components of the Hospital Outpatient Prospective Payment System
9. Copayment Amounts Not Affected by Pass-Throughs
10. Extension of Cost Reductions
11. Clarification of Congressional Intent Regarding Base Amounts Used in Determining the Hospital Outpatient Prospective Payment System

12. Transitional Corridors for Application of Outpatient Prospective Payment System
a. Interim payment versus final settlement
b. Payment-to-cost ratios
c. Cost-to-charge ratios
d. Interim payments limited to 85 percent of the estimated transitional corridor payment
e. Providers having more than one 1996 cost report
f. Providers having no 1996 cost report
g. Prospective payment system delay and transitional corridor payments
h. Rural hold-harmless provision
i. Covered charges
j. Cancer hospitals and transitional corridor payments
k. Teaching hospitals and transitional corridor payments
13. Limitation on Coinsurance for a Procedure
14. Reclassification of Certain Hospitals
B. August 3, 2000 Interim Final Rule With Comment Period
1. Transitional Pass-Through Provisions
a. ''Not insignificant'' cost criteria
b. Definition of medical device
2. Revision to Grandfather Provision for Certain FQHCs and ''Look-Alikes''
3. Clarification of Notice of Beneficiary Cost-Sharing Liability
4. Clarification of Protocols for Off-Campus Departments
5. Typographical Errors in the Provider-Based Regulations
III. Provisions of This Interim Final Rule With Comment Period
A. Changes Relating to the BBRA 1999 Public Comments
B. Annual Updates to Components of the Hospital Outpatient Prospective Payment System
1. APC Groups
a. New codes
b. Deleted codes
c. Revisions to correct errors or inconsistencies
d. Device-related codes
e. Inpatient codes moved to the outpatient setting
f. ''Two-times'' rule
g. Inpatient codes moved to outpatient and affected by device
h. Newly covered codes
i. Pass-through requests for drugs
2. Inpatient Procedures List Update
3. Wage Index Adjustment
4. Conversion Factor Update
IV. Waiver of Notice of Proposed Rulemaking
V. Collection of Information Requirements
VI. Regulatory Impact
A. General
B. Analysis for Changes in this Interim Final Rule with Comment Period
C. Federalism
D. Executive Order 12866 and 5 U.S.C. 804(2) Regulation Text
Addenda
Note to the Addenda
Addendum A—List of Hospital Outpatient Ambulatory Payment Classifications with Status Indicators, Relative Weights, Payment Rates, and Coinsurance Amounts—Calendar Year 2001
Addendum B—Hospital Outpatient Department (HOPD) Payment Status by HCPCS Code and Related Information—Calendar Year 2001
Addendum C—[Reserved]
Addendum D—Status Indicators: How Various Services Are Treated under the Hospital Outpatient Prospective Payment System
Addendum E—CPT Codes Which Will Be Paid Only As Inpatient Procedures—Calendar Year 2001
Addendum F—Wage Index for Urban Areas
Addendum G—Wage Index for Rural Areas
Addendum H—Wage Index for Hospitals That Are Reclassified

Alphabetical List of Acronyms Appearing in the Interim Final Rule With Comment Period

APC Ambulatory payment classification
APG Ambulatory patient group
ASC Ambulatory surgical center
AWP Average wholesale price
BBA 1997 Balanced Budget Act of 1997
BBRA 1999 Balanced Budget Refinement Act of 1999
CAT Computerized axial tomography
CCI [HCFA's] Correct Coding Initiative
CCR Cost center specific cost-to-charge ratio
CMHC Community mental health center
CORF Comprehensive outpatient rehabilitation facility
CPI Consumer Price Index
CPT [Physicians'] Current Procedural Terminology, 4th Edition, 2000, copyrighted by the American Medical Association
DME Durable medical equipment
DMEPOS DME, prosthetics (which include prosthetic devices and implants) orthotics, and supplies
DRG Diagnosis-related group
FDA Food and Drug Administration
FQHC Federally qualified health center
HCPCS HCFA Common Procedure Coding System
HHA Home health agency
ICD–9–CM International Classification of Diseases, Ninth Edition, Clinical Modification
IME Indirect medical education
JCAHO Joint Commission on Accreditation of Healthcare Organizations
MRI Magnetic resonance imaging
MSA Metropolitan statistical area
NECMA New England County Metropolitan Area
PPS Prospective payment system
RFA Regulatory Flexibility Act
RHC Rural health clinic
RRC Rural referral center
SCH Sole community hospital
SNF Skilled nursing facility

I. Background

A. General Summary of April 7, 2000 Final Rule With Comment Period That Implemented Amendments Enacted by the Balanced Budget Act of 1997 and the Balanced Budget Refinement Act of 1999

On April 7, 2000, we published in the FEDERAL REGISTER (65 FR 18434) a final rule with comment period to implement a new prospective payment system for hospital outpatient services. This new system establishes prospective payment rates for covered outpatient hospital services using ambulatory payment classification (APC) groups. The April 7, 2000 final rule with comment period implemented section 4523 of the Balanced Budget Act of 1997 (the BBA 1997), Public Law 105–33, and related sections of the Balanced Budget Refinement Act of 1999 (the BBRA 1999), Public Law 106–113. Section 4523 of the BBA 1997 amended section 1833 of the Social Security Act (the Act) by adding subsection (t) to provide for implementation of a prospective payment system for hospital outpatient services furnished to Medicare beneficiaries. Section 1833(t) of the Act, as added by the BBA 1997—

- Authorizes the Secretary to designate the hospital outpatient services that would be paid under the prospective payment system and requires that the hospital outpatient prospective payment system include hospital inpatient services designated by the Secretary that are covered under Medicare Part B for beneficiaries who are entitled to Part A benefits but who have exhausted them or are otherwise entitled to them.
- Sets forth certain requirements for the hospital outpatient prospective payment system, including the requirement that a classification system for covered outpatient services be developed that may consist of groups arranged so that the services within each group are comparable clinically and with respect to the use of resources.
- Specifies data requirements for establishing relative payment weights. The weights are to be based on the median hospital costs determined by 1996 claims data and data from the most recent available cost reports. (This provision has subsequently been changed by the BBRA 1999, as discussed later in this preamble.)
- Requires that the portion of the Medicare payment and the beneficiary coinsurance that are attributable to labor and labor-related costs be adjusted for geographic wage differences in a budget neutral manner.
- Authorizes the Secretary under section 1833(t)(2)(E) of the Act to establish, in a budget neutral manner, other adjustments, such as outlier adjustments or adjustments for certain classes of hospitals, that the Secretary determines to be necessary to ensure equitable payments.
- Requires the Secretary to develop a method for controlling unnecessary

increases in the volume of covered outpatient services.

• Specifies how beneficiary deductibles are to be treated when calculating the Medicare payment and beneficiary coinsurance amounts and requires that rules be established regarding determination of coinsurance amounts for covered services that were not furnished in 1996. The statute freezes beneficiary coinsurance at 20 percent of the national median charges for covered services (or a group of covered services) furnished during 1996 and updated to 1999 using the Secretary's estimated charge growth from 1996 to 1999.

• Prescribes the formula for calculating the initial conversion factor used to determine 1999 Medicare payment amounts and the method for updating the conversion factor in subsequent years.

• Describes the method for determining the Medicare payment amount and the beneficiary coinsurance amount for services covered under the outpatient prospective payment system. (This section was amended by the BBRA 1999, as discussed later in this preamble.)

• Requires the Secretary to establish a procedure whereby hospitals may voluntarily elect to reduce beneficiary copayment for some or all covered services to an amount no less than 20 percent of the Medicare payment amount. Hospitals are further allowed to disseminate information on any such reductions of copayment amounts. Section 4451 of the BBA 1997 added section 1861(v)(1)(T) to the Act, which provides that any reduction in copayment, must not be treated as a bad debt.

• Authorizes periodic review and revision of the payment groups, relative payment weights, wage index, and conversion factor. (This section was amended by the BBRA 1999, as discussed later in this preamble.)

• Describes how payment is to be made for ambulance services, which are specifically excluded from the hospital outpatient prospective payment system under section 1833(t)(1)(B) of the Act.

• Provides that the Secretary may establish a separate conversion factor for services furnished by cancer hospitals that are excluded from the hospital inpatient prospective payment system.

• Prohibits administrative or judicial review of the hospital outpatient prospective payment system classification system, the payment groups, relative payment weights, wage adjustment factors, other adjustments, calculation of base amounts, periodic adjustments, and the establishment of a separate conversion factor for those cancer hospitals excluded from hospital inpatient prospective payment system. (This section was expanded by the BBRA 1999, as discussed later in this preamble.)

Section 4523(d) of the BBA 1997 made a conforming amendment to section 1833(a)(2)(B) of the Act to provide for payment under the hospital outpatient prospective payment system for some services described in section 1832(a)(2) of the Act that are currently paid on a cost basis and furnished by providers of services, such as comprehensive outpatient rehabilitation facilities (CORFs), home health agencies (HHAs), hospices, and community mental health centers (CMHCs). This amendment provides that partial hospitalization services furnished by CMHCs be paid under the hospital outpatient prospective payment system.

Before enactment of section 4521(b) of the BBA 1997, the blended payment formulas for ambulatory surgery centers (ASC) procedures, radiology, and other diagnostic services, the ASC or physician fee schedule portion were calculated as if the beneficiary paid 20 percent of the ASC rate or physician fee schedule amount instead of the actual amount paid, which was 20 percent of the hospital's billed charges. Section 4521(b) of the BBA 1997, which amended sections 1833(i)(3)(B)(i)(II) and 1833(n)(1)(B)(i) of the Act, corrected this anomaly by changing the blended calculations so that all amounts paid by the beneficiary are subtracted from the total payment in the calculation to determine the amount due from the program. Effective for services furnished on or after October 1, 1997, payment for ASC surgery, radiology, and other diagnostic services calculated by blended payment methods is now calculated by subtracting the full amount of coinsurance due from the beneficiary (based on 20 percent of the hospital's billed charges).

Section 1861(v)(1)(S)(ii) of the Act was amended by section 4522 of the BBA 1997 to require that the amounts otherwise payable for hospital outpatient operating costs and capital costs be reduced by 5.8 percent and 10 percent, respectively, through December 31, 1999. (This section was further amended by the BBRA 1999.)

(Refer to the April 7, 2000 hospital outpatient prospective payment system final rule with comment period for a more in-depth description of how the changes made by the BBA 1997 and the BBRA 1999 were implemented.)

On November 29, 1999, after we had published a proposed rule to implement section 4253 of the BBA 1997, the BBRA 1999 was enacted. The BBRA 1999 made major changes that affected the hospital outpatient prospective payment system that was established by the BBA 1997 and implemented in the April 7, 2000 final rule with comment period. Therefore, in the April 7, 2000 final rule with comment period, we also implemented 14 provisions of the BBRA 1999 that affected the hospital outpatient prospective payment system and solicited public comments on those provisions. The BBRA 1999 provisions on which we solicited comments included the following:

1. Outlier Adjustment

Section 201(a) of the BBRA 1999 amended section 1833(t) of the Act by adding a new paragraph (5) to provide that the Secretary must make payment adjustments (that is, an outlier payment) for covered services whose costs exceed a threshold determined by the Secretary. This section describes how the additional payments are to be calculated and caps the projected outlier payments at no more than 2.5 percent of the total projected payments (sum of both Medicare and beneficiary payments to the hospital) made under the hospital outpatient prospective payment system for years before 2004 and 3.0 percent of the total projected payments for 2004 and subsequent years.

2. Transitional Pass-Through for Additional Costs of Innovative Medical Devices, Drugs, and Biologicals

Section 201(b) of the BBRA 1999 added new section 1833(t)(6) to the Act, establishing transitional pass-through payments for certain medical devices, drugs, and biologicals. This provision specifies the types of items for which additional payments must be made; describes the amount of the additional payments; limits these payments to at least 2, but not more than 3 years; and caps the projected payment adjustments annually at 2.5 percent of the total projected payments for hospital outpatient services each year before 2004 and no more than 2.0 percent in subsequent years. Under this provision, the Secretary must reduce pro rata the amount of the additional payments if, before the beginning of a year, he or she estimates that these payments would otherwise exceed the caps.

3. Budget Neutrality Applied to New Adjustments

Section 201(c) of the BBRA 1999 amended section 1833(t)(2)(E) of the Act to require that the establishment of outlier and transitional pass-through payment adjustments be made in a budget neutral manner.

4. Limitation on Judicial Review

Section 201(d) of the BBRA 1999 amended redesignated section 1833(t)(11) of the Act by extending the prohibition of administrative or judicial review to include the factors for determining outlier payments (that is, the fixed multiple, or a fixed dollar cutoff amount, the marginal cost of care, or applicable total payment percentage), and the determination of additional payments for certain medical devices, drugs, and biologicals, the insignificant cost determination for these items, the duration of the additional payment or portion of the prospective payment system payment amount associated with particular devices, drugs, or biologicals, and any pro rata reduction.

5. Inclusion in the Hospital Outpatient Prospective Payment System of Certain Implantable Items

Section 201(e) of the BBRA 1999 amended section 1833(t)(1)(B) of the Act to include as covered hospital outpatient services implantable prosthetics, durable medical equipment (DME), diagnostic x-ray, laboratory, and other tests associated with those implantable items.

6. Payment Weights Based on Median or Mean Hospital Costs

Section 201(f) of the BBRA 1999 amended section 1833(t)(2)(C) of the Act, which specifies data requirements for establishing relative payment weights, to allow the Secretary the discretion to base the weights on either the median or mean hospital costs determined by data from the most recent available cost reports.

7. Limitation on Variation of Costs of Services Classified Within a Group

Section 201(g) of the BBRA 1999 amended section 1833(t)(2) of the Act to limit the variation of costs of services within each payment classification group by providing that the highest median cost (or mean cost, if elected by the Secretary) for an item or service within the group cannot be more than 2 times greater than the lowest median (or mean) cost for an item or service within the group. The provision allows the Secretary to make exceptions in unusual cases, such as for low volume items and services.

8. Annual Review of the Hospital Outpatient Prospective Payment System Components

Section 201(h) of the BBRA 1999 amended redesignated section 1833(t)(8) of the Act to require at least an annual review of the payment groups, relative payment weights, and the wage and other adjustments made by the Secretary to take into account changes in medical practice, the addition of new services, new cost data, and other relevant information and factors. Section 201(h)(2) provides that the first annual review must be conducted in 2001 for application in 2002. The section was further amended to require the Secretary to consult with an expert outside advisory panel composed of an appropriate selection of provider representatives who will review the clinical integrity of the groups and weights and advise the Secretary accordingly. The panel may use data other than those collected or developed by the Department of Health and Human Services (HHS) for review and advisory purposes.

9. Coinsurance Not Affected by Pass-Throughs

Section 201(i) of the BBRA 1999 amended redesignated section 1833(t)(7) of the Act to provide that the beneficiary coinsurance amount will be calculated as if the outlier and transitional pass-throughs had not occurred; that is, there will be no additional coinsurance collected from beneficiaries for the additional payments made to hospitals by Medicare for these adjustments.

10. Extension of Cost Reductions

Section 201(k) of the BBRA 1999 amended section 1861(v)(1)(S)(ii) of the Act to extend, until the first date that the hospital outpatient prospective payment system is implemented, the 5.8 and 10 percent reductions for hospital operating and capital costs, respectively.

11. Clarification of Congressional Intent Regarding Base Amounts Used in Determining the Hospital Outpatient Prospective Payment System

Section 201(l) of the BBRA 1999 provided that, ''With respect to determining the amount of copayments described in paragraph (3)(A)(ii) of section 1833(t) of the Social Security Act, as added by section 4523(a) of BBA, Congress finds that such amount should be determined without regard to such section, in a budget neutral manner with respect to aggregate payments to hospitals, and that the Secretary of Health and Human Services has the authority to determine such amount without regard to such section.''

12. Transitional Corridors for Application of Outpatient Prospective Payment System

Section 202 of the BBRA 1999 amended section 1833(t) of the Act by redesignating paragraphs (7) through (11) as paragraphs (8) through (12), respectively, and adding a new paragraph (7), which provides for a transitional adjustment to limit payment reductions under the hospital outpatient prospective payment system. More specifically, from the date the prospective payment system is implemented through 2003, a provider, including a CMHC, will receive an adjustment if its prospective payment system payments for outpatient services furnished during the year is less than a set percentage of its ''pre-BBA'' amount for that year. The pre-BBA amount is the product of the reasonable costs the hospital incurs for prospective payment system services during the year and the payment-to-cost ratio for covered prospective payment system services furnished during the cost report period ending during 1996. Two categories of hospitals, rural hospitals with 100 or fewer beds and cancer hospitals, will be held harmless under this provision. Small rural hospitals will be held harmless for services furnished before January 1, 2004. The hold-harmless provision applies permanently to cancer centers. Section 202 also requires the Secretary to make interim payments to affected hospitals subject to retrospective adjustments and requires that the provisions of this section do not affect beneficiary coinsurance. Finally, this provision is not subject to budget neutrality.

13. Limitation on Coinsurance for a Procedure

Section 204 of the BBRA 1999 amended redesignated section 1833(t)(8) of the Act to provide that the copayment amount for a procedure performed in a year cannot exceed the hospital inpatient deductible for that year.

14. Reclassification of Certain Hospitals

Section 401 of the BBRA 1999 added section 1886(d)(8)(E) to the Act to permit reclassification of certain urban hospitals as rural hospitals for purposes of section 1886(d) of the Act. Section 401 added section 1833(t)(13) to the Act to provide that a hospital being treated as a rural hospital under section 1886(d)(8)(E) is also to be treated as a rural hospital under the hospital outpatient prospective payment system.

A discussion of how each of these BBRA 1999 provisions was implemented in the April 7, 2000 final rule with comment period appears in section II of this preamble preceding our summary of the public comments received and our responses to those comments.

B. June 30, 2000 Notice of Delay of Effective Date for the April 7, 2000 Final Rule With Comment Period

On June 30, 2000, we published a notice in the **Federal Register** (65 FR 40535) announcing a delay in the effective date of the April 7, 2000 hospital outpatient prospective payment system final rule with comment period from July 1, 2000 to August 1, 2000. This delay was based on our determination that the appropriate claims processing changes could not feasibly be made to our computer systems and properly tested in time to ensure that proper payments would be made for Medicare hospital outpatient services under the new prospective payment system by the original July 1, 2000 effective date.

C. August 3, 2000 Interim Final Rule With Comment Period

On August 3, 2000, we published an interim final rule with comment period in the **Federal Register** (65 FR 47670) that changed one criterion and postponed the effective date for two other criteria that a new device, drug, or biological must meet in order for its cost to be considered ''not insignificant'' for purposes of determining its eligibility for transitional pass-through payments from the hospital outpatient prospective payment system. It also changed the transitional pass-through payment policy to include new single use medical devices that come in contact with human tissue and are surgically implanted or inserted into patients, whether or not the devices remain with the patients following their release. These policies were a departure from those presented in the April 7, 2000 final rule with comment period.

The August 3, 2000 rule also corrected a trigger date for grandfathering of provider-based FQHCs to conform with the intent not to disrupt existing FQHCs with longstanding provider-based treatment that we discussed in the April 7, 2000 rule. Under the criteria in the April 7, 2000 final rule with comment period, FQHCs would have been treated as departments of a provider without regard to the criteria for provider-based status if they continued to qualify as FQHCs and were designated as FQHCs before 1995. In accordance with the August 3, 2000 interim final rule with comment period and this interim final rule with comment period, facilities that continue to qualify as FQHCs and were designated as FQHCs or ''look-alikes'' on or before April 7, 2000 would continue to be treated as provider-based facilities. In addition, we clarified how the requirement for prior notices to beneficiaries is to be applied in emergency situations. We also clarified the protocols for off-campus departments in emergency situations.

D. Summary of This Interim Final Rule With Comment Period

In section II of this preamble, we—

- Respond to public comments received timely on the 14 BBRA 1999 provisions that were included in the April 7, 2000 final rule with comment period. (We received numerous public comments on other aspects of the April 7, 2000 final rule with comment period that were not open for comment. We will not address those comments in this rule.)
- Respond to public comments on the August 3, 2000 interim final rule with comment period that revised the criteria for defining new or innovative medical devices, drugs, and biologicals eligible for pass-through payments and corrected the criteria for the grandfathering provision for certain FQHCs as provider-based.

In section III of this preamble, we are updating, for services furnished during calendar year 2001, the wage index values and the conversion factor, and revising the APCs to reflect new codes for 2001 effective January 1, 2001. As required under section 1833(t)(8)(A) of the Act, in 2001, we will begin our annual review process of the APC groups, relative weights, and the wage and other adjustments for the prospective payment systems payments that will become effective on January 1, 2002. The statute requires the Secretary to consult with an expert outside advisory panel composed of an appropriate selection of representatives of providers to review (and advise the Secretary concerning) the clinical integrity of the groups and weights. This provision allows these experts to use data other than those collected or developed by us during our review of the APC groups and weights.

II. Analysis of, and Responses to, Public Comments on the BBRA 1999 Provisions and the August 3, 2000 Interim Final Rule With Comment Period

We received a total of 747 pieces of timely correspondence containing public comments on the April 7, 2000 final rule with comment period. In addition to receiving comments from various organizations throughout the hospital industry, we also received comments from beneficiaries and their families, physicians, health care workers, individual hospitals, professional associations and societies, legal and nonlegal representatives and spokespersons for beneficiaries and hospitals, members of the Congress, and other interested citizens. The majority of the comments addressed the BBRA 1999 provisions relating to the limitation on variation of costs of services classified within a group, the transitional pass-through provision for devices, drugs, and biologicals, and the inclusion of implantable items.

We received 13 comments in response to the August 3, 2000 interim final rule with comment period. These comments were submitted by major associations, drug and device manufacturers, providers, a private citizen, and a law firm. More than half of the comments addressed issues for which we did not solicit comments in the August 3, 2000 interim final rule with comment period. Those comments specifically addressed payment policy and typographical errors present in the April 7, 2000 final rule with comment period. The remaining commenters addressed the revisions to the criteria to define new or innovative medical devices, drugs, and biologicals eligible for pass-through payments and corrections to the criteria for the grandfathering provision for certain FQHCs. These commenters took issue with some of the provisions and raised additional concerns regarding our actions. A summary of the public comments and our responses to them appears following the discussion of the April 7, 2000 final rule with comment period.

We have carefully reviewed and considered all comments received timely. The modifications that we are making in response to commenters' suggestions and recommendations are summarized in section III.A of this preamble and, as appropriate, reflected in the regulation text.

A. April 7, 2000 BBRA 1999 Provisions

Below we discuss the implementation of the BBRA 1999 provisions addressed in the April 7, 2000 final rule with comment period and modified in the August 3, 2000 interim final rule with comment period, the public comments received on each provision, and our response to those comments.

1. Outlier Adjustment

Section 1833(t)(5) of the Act, as added by section 201(a) of the BBRA 1999, required that the Secretary make an additional payment (that is, an outlier adjustment) for outpatient services for which a hospital's charges, adjusted to cost, exceed a fixed multiple of the sum of the outpatient prospective payment system payment and the transitional pass-through payments. The Secretary is

authorized to determine the amount of this fixed multiple and the percent of costs above the threshold that is to be paid under this outlier provision. Under the statute, projected outlier payments may not exceed an ''applicable percentage'' of projected total program payments. The applicable percentage means a percentage specified by the Secretary (projected percentage of outlier payments relative to total payments), subject to the following limits: For years before 2004, the projected percentage that the Secretary specifies cannot exceed 2.5 percent; for 2004 and later, the projected percentage cannot exceed 3.0 percent. Section 1833(t)(2)(E) of the Act requires that these payments be budget neutral.

Section 1833(t)(5)(D) of the Act grants the Secretary authority until 2002 to identify outliers on a bill basis rather than on a specific service basis and to use an overall hospital cost-to-charge ratio (CCR) to calculate costs on the bill rather than using department-specific CCRs for each hospital.

In the April 7, 2000 final rule with comment period, in accordance with the statute, we presented how the additional outlier payments are to be calculated.

To set the threshold or fixed multiple and the payment percentage of costs above that multiple for which an outlier payment would be made, we first had to determine what specified percentage of total program payment, up to 2.5 percent, we should select. We decided to set the outlier target at 2.0 percent. In order to set the fixed multiple outlier threshold and payment percentage, we simulated the prospective payment system payments. We calibrated the threshold and the payment percentage applying an iterative process so that the simulated outlier payments were 2.5 percent of simulated total payments. For purposes of the simulation, we set a ''target'' of 2.5 percent (rather than 2.0 percent), because we believed that a given set of numerical criteria would result in a higher percentage of outlier payments under the simulation using 1996 data than under the prospective payment system. This is because we believe that the 1996 data reflects undercoding of services, which means simulated total payments would likely be understated and, in turn, the percentage of outlier payments would be overstated. In addition, we were not able to fully estimate the amount and distribution of pass-through payments using the 1996 data. Our inability to make these estimates further understated the total payments under the simulation. We believe that a set of numerical criteria that results in simulated outlier payments of 2.5 percent using the 1996 data would result in outlier payments of 2.0 percent under the prospective payment system. The difference arises from the effect of undercoding in the historical data and the payment of pass-throughs under prospective payment system. We set the outlier threshold at 2.5 times the prospective payment system payments.

Comment: Several commenters asked us to clarify how series bills for services such as chemotherapy that are billed monthly for multiple sessions are treated in determining outlier payments. They also asked that we clarify how bills for multiple clinic visits on the same day are treated in calculating the outlier payment.

Response: In accordance with section 1833(t)(5)(D) of the Act, until 2002, outliers will be determined on a bill basis rather than on a specific service basis. Therefore, the charges (converted to costs) associated with all services under the hospital outpatient prospective payment system reported on series bills or all payable multiple clinic visits billed on a single claim would be used to determine whether the outlier threshold is exceeded and to calculate the outlier payment.

Comment: One commenter suggested that we prospectively adjust the conversion factor if we determine that the actual outlier expenditures are less than estimated in a given year.

Response: Consistent with our outlier policies in other prospective payment systems, we will not adjust the conversion factor for a given year to account for an underestimation (or overestimation) of outlier payments in a previous year. The statute does not provide for such an adjustment to the conversion factor. We set outlier policies prospectively, using the best available data. Outlier payments, like many aspects of a prospective payment system, reflect estimates, and we believe it would be inappropriate to adjust the conversion factor (upward or downward) for a given year simply because an estimate for a previous year ultimately turned out to be inaccurate. If we underestimate or overestimate the percentage of outlier payments, the divergence of our estimate from actual experience might provide information that might help us improve estimates in the future, but it would have no direct effect on the conversion factor for any following year.

Comment: One commenter urged us to provide additional information about the cost-to-charge ratios that will be used to determine whether a claim exceeds the outlier threshold for payment. The commenter stated that the preamble language on page 18498 of our April 7, 2000 final rule with comment period conflicts with statements contained in Program Memorandum Transmittal No. A–00–23 regarding which cost-to-charge ratio would be used to determine whether a claim meets the outlier threshold requirements for payment. According to the commenter, we stated in the final rule with comment period that we will use a hospital's overall cost-to-charge ratio to make this determination, but stated in the program memorandum that we will use an outpatient cost-to-charge ratio. The commenter asked us to clarify the conflicting statements.

Response: On September 8, 2000, we issued Program Memorandum Transmittal No. A–00–63, titled ''Cost-to-Charge Ratios (CCRs) for Calculating Certain Payments Under the Hospital Outpatient Prospective Payment System'' which describes how we calculated the cost-to-charge ratios that are used to determine payments for outliers, interim transitional corridors, and device pass-throughs for calendar year 2000. That program memorandum defined the cost-to-charge ratio that is used to calculate these payments as the overall hospital outpatient cost-to-charge ratio. This is consistent with what we stated in our April 7, 2000 final rule with comment period. The September program memorandum contains the latest and most complete information available on cost-to-charge ratio calculation for the hospital outpatient prospective payment system.

Comment: One commenter assumed that we will use department level cost-to-charge ratios after 2002 to determine if a particular outpatient service qualifies for outlier payment. The commenter asked if we will use a ''national cost-to-charge mapping procedure'' to determine the appropriate department cost-to-charge ratios to use. The commenter expressed concern about the appropriateness of that approach because of the variability among providers in assigning costs to departments. For this reason, the commenter recommended, if we use a national cost-to-charge mapping procedure, we permit providers to request outlier payments if they can demonstrate that the actual department cost-to-charge ratio to which they assign costs for a service results in a cost calculation that meets the outlier threshold.

Response: We plan to address this issue and seek comments on it in the rulemaking process for the annual update for 2002.

Comment: One commenter urged us to publish annually the ''cost reporting

year'' used to determine the cost-to-charge ratios that will be used in determining outlier payments. The commenter also asked that we explain how we computed cost-to-charge ratios for hospitals that have merged or been acquired.

Response: On September 8, 2000, we issued Program Memorandum Transmittal No. A–00–63 that describes the specific criteria we used and provides detailed instructions for calculating the cost-to-charge ratios for hospitals that have merged or been acquired. It also identifies the specific cost reporting year end that was used to calculate each provider's cost-to-charge ratio.

Comment: One commenter asked that we lower the outlier threshold from 2.5 to 2.0. The commenter strongly recommended that we permanently retain the lowered threshold to ensure appropriate patient care and adequate provider reimbursement.

Response: We oppose lowering the outlier threshold to 2.0. As discussed in our April 7, 2000 final rule with comment period, we set the outlier threshold at 2.5 by simulating total prospective payment system payments (using 1996 hospital outpatient data) and using an iterative process to calculate a threshold under which outlier payments are projected to equal 2.0 percent of total payments. If we lowered the threshold as the commenter suggests, then the projected percentage of outlier payments would increase and we would have to reduce the conversion factor correspondingly (thus reducing the payment for all non-outlier cases.)

2. Transitional Pass-Through for Additional Costs of Innovative Medical Devices, Drugs, and Biologicals

Section 1833(t)(6) of the Act, as added by section 201(b) of the BBRA 1999, requires the Secretary to make additional payments to hospitals, outside the hospital outpatient prospective payment system for a period of 2 to 3 years for specific items. The items designated by the law are the following: Current orphan drugs, as designated under section 526 of the Federal Food, Drug, and Cosmetic Act; current drugs, biologic agents, and brachytherapy devices used for treatment of cancer; current radiopharmaceutical drugs and biological products; and new medical devices, drugs, and biologic agents, in instances where the item was not being paid as a hospital outpatient service as of December 31, 1996, and where the cost of the item is ''not insignificant'' in relation to the hospital outpatient prospective payment system payment amount. In this context, ''current'' refers to those items for which hospital outpatient payment is being made on the first date the new prospective payment system is implemented.

Section 1833(t)(6)(C)(i) of the Act sets the additional payment amounts for the drugs and biologicals as the amount by which the amount determined under section 1842(o) of the Act (95 percent of the average wholesale price (AWP)) exceeds the portion of the otherwise applicable hospital outpatient department fee schedule amount that the Secretary determines to be associated with the drug or biological. Section 1833(t)(6)(C)(ii) of the Act provides that the additional payment for medical devices be the amount by which the hospital's charges for the device, adjusted to cost, exceed the portion of the otherwise applicable hospital outpatient department fee schedule amount determined by the Secretary to be associated with the device. Under section 1833(t)(6)(D), the total amount of pass-through payments for a given year cannot be projected to exceed an ''applicable percentage'' of total payments. For a year (or a portion of a year) before 2004, the applicable percentage is 2.5 percent; for 2004 and subsequent years, the applicable percentage is 2.0 percent. If the Secretary estimates that total pass-through payments would exceed the caps, the statute requires the Secretary to reduce the additional payments uniformly to ensure the ceiling is not exceeded.

These pass-through payments must be made in a budget neutral manner. In addition, these additional payments do not affect the computation of the beneficiary coinsurance amount.

In the April 7, 2000 final rule with comment period, we specified the types of items for which additional payments would be made; described the amount of the additional payments; announced that these payments would be limited to at least 2 years but not more than 3 years; and announced a cap of the projected payment adjustments annually at 2.5 percent of the total projected payments for hospital outpatient services each year before 2004 and no more than 2.0 percent in subsequent years.

a. Definition of a Device

Comment: Some commenters argued that we have adopted a very narrow definition of a device that restricts pass-through payments to prosthetic devices and excludes valuable new nonprosthetics from pass-through consideration. They asserted that the definition of a device should mirror the definition set forth in the Federal Food, Drug, and Cosmetic Act. They agreed that such a definition should exclude capital equipment, reusable items, and incidental supplies. However, they argued that we should clarify and revise our definition of devices to those that are ''implanted or inserted'' and ''remain with the patient after the patient is released from the hospital outpatient department.''

Response: The definition of a device under the Food, Drug, and Cosmetic Act is extremely broad. In summary, it refers to a device as an instrument, apparatus, implement, machine, contrivance, implant, *in vitro* reagent, or other similar or related article, including any component, part, or accessory, which is—

- Recognized in the official national formulary, or the U.S. Pharmacopeia, or any supplement to them;
- Intended for the use of the diagnosis of conditions other than diseases such as pregnancy;
- Intended to affect the structure or any function of the body of man or other animals; or
- Considered an *in vitro* diagnostic product, including those previously regulated as drugs, and which does not achieve any of its principal intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its principal intended purposes.

This definition is inappropriate for use in the context of the transitional pass-through payments for several reasons: It would include (as the commenters noted) items that are treated as supplies, reusable items, or capital equipment by Medicare payment systems, including the outpatient prospective payment system. It has a number of inappropriate elements, including reference to pharmaceuticals and to use in animals. Further, it is insufficiently specific for Medicare purposes, as it does not mention medical necessity or the test of whether the cost of a device is ''not insignificant'' relative to the associated APC.

We have instead provided a definition of a device specific to the purposes of the transitional pass-through provision. This definition was presented in the preamble to the April 7, 2000 final rule with comment period and revised in the August 3, 2000 interim final rule with comment period, which added § 413.43(e)(4).

In the August 3, 2000 interim final rule with comment period, we revised the criteria that we had set forth in the

April 7, 2000 final rule with comment period to define a device. Among the changes included is a revision of the criterion relating to whether a device must remain with the patient. The new criterion (§ 419.43(e)(4)(iv)) includes devices that are surgically implanted or inserted in a patient ''whether or not they remain with the patient when the patient is released from the hospital outpatient department.'' This change allows pass-through payments for devices that are surgically implanted or inserted even temporarily in a patient providing the devices meet all other requirements for pass-through payments. As a result, nonprosthetic devices, such as cardiac catheters, guidewires, or stents that commenters noted would be excluded, may be eligible for pass-through status.

In § 419.43(e)(4)(iv), we have retained the limitation to devices that are surgically implanted or inserted because we believe this offers the best interpretation of section 201(e) of the BBRA 1999, which indicates that implantable devices are to be included in the APCs. To further clarify how we interpret § 419.43(e)(4)(iv), we consider that a device is surgically implanted or inserted if it is introduced into the human body through a surgically created incision. We do not consider an item used to cut or otherwise create a surgical opening to be a device that is surgically implanted or inserted. We consider items used to create incisions, such as scalpels, electrocautery units, biopsy apparatuses, or other commonly used operating room instruments, to be supplies or capital equipment, and hence, in accordance with § 419.43(e)(4)(vi) or (vii), we consider these items not eligible for transitional pass-through payments. We believe the function of these items is different and distinct from that of devices that are used for surgical implantation or insertion. Generally, we would expect that surgical implantation or insertion of a device occurs after the surgeon uses certain primary tools, supplies, or instruments to create the surgical path or site for implanting the device.

We have discovered some items that do not meet the requirement of being surgically implanted or inserted were erroneously approved for pass-through payments. Consequently, we will eliminate these items from the list of items eligible for pass-through payments, effective January 1, 2001.

Comment: One commenter claimed that it was inappropriate for us to change the definition of devices through letters to manufacturers. The commenter believed that this was done outside the rulemaking process.

Response: We did not make a change to our policy through a letter. As we began to evaluate the hundreds of applications for approval of numerous devices, it was apparent that our definition for new medical devices as published in our April 7, 2000 final rule with comment period would have resulted in denials for items that we believe might warrant pass-through payments. Examples of such potential denials are many types of general and specialty catheters. Based on our experience in reviewing these applications, we decided to change three of the eight specific criteria that a new device must meet in order to be eligible for pass-through payments. We published these changes in our August 3, 2000 interim final rule with comment period.

b. Eligibility Criteria

Comment: Some commenters believed that we should accept and process applications for items while they are undergoing the FDA review process.

Response: We have accepted and begun processing all applications, including those for which items are pending FDA approval or clearance. However, in those instances where the FDA approval or clearance documentation is missing, the application is considered incomplete. In order for an item to be eligible for transitional pass-through payments, it must have been approved or cleared by the FDA for marketing. We will not make a final determination on any applications that are pending FDA approval or clearance until all the required documentation is submitted. Resources permitting, we will commence preliminary processing of the applications when received. The applying party is responsible for providing us with proper evidence of FDA approval or clearance for any item, once approval or clearance has been obtained. Once we receive documentation of FDA approval or clearance and determine the item is determined to be eligible for transitional pass-through payments, payment for the item will commence at the start of the next quarterly update of pass-through items.

Comment: Some commenters asked that we clarify that items must meet Medicare coverage requirements in order to qualify for pass-through status.

Response: As stated in both our April 7, 2000 final rule with comment period and our August 3, 2000 interim final rule with comment, items that qualify for pass-through payments must be covered by Medicare. They must have been determined to be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body part, as required by section 1862(a)(1)(A) of the Act. (See § 419.43(e)(4)(iii).)

c. Investigational Device Exemption (IDE) Devices

Comment: Some commenters recommended that we automatically define as ''new'' any device that receives an investigational device exemption (IDE) from the FDA, with a Category B designation. They believed that we should pay for IDE devices through the pass-through payment methodology rather than limit the payment to no more than what is currently paid for an equivalent device.

Response: As stated in our August 3, 2000 interim final rule with comment period, we have changed the payment methodology for eligible IDE Category B devices so that they will be paid using the transitional pass-through methodology. Since these noninvestigational devices are required to meet the same eligibility criteria as other devices, we determined that they should be paid in a similar manner. However, we do not accept the commenter's recommendation that all IDE Category B devices ''automatically'' be considered as new. The statute defines ''new'' medical device on the basis of a date certain (that is, payment for the device was not being made as an hospital outpatient service as of December 31, 1996) rather than based on a class of devices (such as IDEs).

d. Removing Cost of Predicate Item

Comment: Some commenters stated that we did not have adequate data to ensure appropriate removal of the costs for predecessor items (particularly radiopharmaceuticals and devices) from their relevant APCs. They advocated that we reevaluate this provision as soon as possible after implementation of our new system and make necessary changes.

Response: We will be continuously evaluating our data to remove the costs of predecessor items from the pass-through payments. As of January 1, 2001, a specific dollar amount will be deducted from selected devices (see explanation below). Over time, such deductions will be made, as we are able to make appropriate estimates from the data.

e. Excluded Costs

Comment: A number of commenters stated that the APC construction excluded costs for implantable devices billed with revenue codes 274, 275 and 278. The commenters recommended

that implantable devices associated with these revenue codes be included on the pass-through list until data is collected to adequately reflect the cost of such devices. In addition to claims that revenue codes 274, 275 and 278 were not represented in the data, some commenters alleged that implant procedures were infrequently performed on an outpatient basis prior to 1997 and therefore the costs associated with them were not represented in the data used to develop the APC rates. Some commenters recommended, on that basis, that all implantable devices be included for pass-through payment regardless of FDA approval dates.

Response: Following enactment of the BBRA of 1999, we did not have sufficient time to re-run our data to package the costs of implantable device revenue centers into the APC weights and still be able to publish a final rule in time to implement the prospective payment system by July 1, 2000.

As of January 1, 2001, the APC rates will reflect the inclusion of revenue codes 274, 275 and 278. While the aggregate amount of these revenue centers is small (0.3 percent of total charges in 1996), the costs of certain procedures such as implantation of cardiac pacemakers did increase substantially. As detailed in section III.B.1 of this interim final rule, some APC groups were modified because of the inclusion of these revenue centers, and rates for some procedures will increase to reflect these costs. A reduction in an amount equal to the increase in the APC rates will be deducted from the relevant devices that are either eligible for pass-through payments or that can be billed for additional payment through the new technology APCs.

f. Effect on Conversion Factor

Comment: Some commenters believed that lowering the outpatient prospective payment system conversion factor to reflect the 2.5 percent transitional pass-through adjustment could affect hospitals' financial health. They asserted that any risks to the financial health of hospitals resulting from reducing the conversion factor should be balanced against any benefits that would be gained from higher payments for new drugs and devices. Another commenter advocated that we increase the conversion factor if we find that the transitional pass-through payments do not comprise 2.5 percent of the total outpatient prospective payment system payments.

Response: Section 1833(t)(2)(E), as amended by section 201(c) of the BBRA 1999, requires that transitional pass-through payments be implemented in a budget neutral manner. We set prospective payment system rates prospectively and, consistent with our policies in other aspects of the prospective payment system, we will not adjust (upward or downward) the conversion factor for a given year to account for the difference between 2.5 percent and the actual percentage of pass-through payments in a previous year.

g. Cost Significance Tests

Comment: Some commenters asserted that we could preclude some worthwhile technologies from achieving pass-through status if we set the ''not insignificant'' cost threshold at 25 percent of the APC payment rate for the relevant procedure with which it is used. They contend that technologies associated with higher payment APCs would be more likely to be disqualified.

Response: We have lowered the cost threshold from 25 percent to 10 percent of the applicable fee schedule amount for the service associated with the item. This change is effective for services furnished on or after August 1, 2000.

Comment: A hospital association asked that we clarify how the ''not insignificant'' criteria will be applied when a new device, drug, or biological is associated with more than one APC. The commenter stated that, under the current provisions of the rule, an item could be determined to be eligible for pass-through payment when used in performing a procedure in one APC, but not another. The commenter suggested that an item that meets the criteria for one APC be treated as a pass-through item for all APCs in which it is used.

Response: We agree with the stated approach. This has been the policy that we have applied in processing applications.

Comment: One manufacturer stated that we did not make information available on the ''not insignificant'' rule in sufficient time for applicants to take the criteria into account in preparing applications for payment effective August 1, 2000. The commenter alleged that the term ''not insignificant'' can be interpreted widely and caused manufacturers not to apply for all potentially eligible pass-through items. The commenter recommended that we review applications submitted for the following HCPCS codes to be certain that they meet the published cost criteria and remove them from the pass-through list if they do not. The commenter also advocated that we allow other manufacturers to submit applications retroactive to July 1, 2000, to assure that we are not promoting a competitive disadvantage for some companies.

HCPCS Codes

C1029
C1034
C1061
C1072
C1073
C1074
C1100
C1101
C1155

Response: In order for a device to be included on the pass-through list, it must meet the criteria for transitional pass-through payments. These criteria include a test of whether the cost of a device is ''not insignificant'' relative to the payment for the associated APC. This test was first put forth in the April 7, 2000 final rule with comment period, and subsequently revised in the August 3, 2000 interim final rule with comment period. All the devices denoted by the HCPCS codes listed above were tested and met the 10-percent ''not insignificant'' test as well as the other applicable criteria. The ''not insignificant'' test was applied uniformly to all applications that had been received timely. We believe that permitting retroactive applications is unwarranted (and would be inconsistent with principles of prospectivity); moreover, resource and systems constraints would make it infeasible to give retroactive effect to determinations of eligibility for pass-through payments.

h. Brand-Specific Versus Categorization Approaches

Comment: Many commenters criticized us for implementing a brand-specific approach to items on the pass-through list. Device manufacturers in particular recommended a category scheme to classify pass-through devices. Representatives of the device industry also offered to assist us in creating the categories. They argued that a category system would allow devices to be added immediately upon FDA approval. They stated that under a category approach manufacturers would only approach us to obtain new pass-through categories and codes when items reflect a technological advance and are significantly more costly than existing payment amounts.

Response: We adopted a trade-name specific approach for several reasons. First, such an approach provides better information. Codes that are largely item-specific allow us to track what procedures the items are used with and costs of the items. When the pass-through payments for an item ends, we would expect to have good information

for assigning it to relevant APCs and ensuring appropriate payment for these APCs. Adopting a scheme with a significant degree of categorization would require use of averages in making assignments and setting payment rates. Decisions based on these more limited data would be likely to lead to intensified concerns about the appropriateness of APC assignment and payment.

Second, this approach permits finer discrimination in eligibility decisions. An item-by-item approach allows us to be sure individual items in fact meet the criteria for eligibility. Of major concern in this instance is whether a device is ''new'' using the standard of the statute. Section 1833(t)(6)(A) of the Act limits transitional pass-through payment to those devices for which ''* * * payment for the device * * * as an outpatient hospital service under this part was not being made as of December 31, 1996.'' Adopting categories would in some cases mix ''old'' and ''new'' devices. In these instances, either some old devices would get special treatment that they would not be eligible for if they were examined on an item-specific basis, or an entire category could be considered old, thus depriving some new devices from special treatment they would be eligible for if they were examined on an item-specific basis.

Third, an item-specific scheme avoids issues associated with the design of categories needed for purposes of transitional pass-through payments. It largely avoids concerns about what items should be in what category or whether new categories should be created to accommodate items that may appear to be little different from those in existing categories.

Fourth, an item-specific approach allows us to assure that a newly arriving device can obtain the full period of pass-through status it is arguably eligible for under the statute. A categorization approach would likely lead to latecomers being eligible for pass-through payments for a shorter period. Insofar as revision to APC payment rates reflected the costs of items in the category by the time the category was terminated, the shorter period would be of little consequence. However, if the costs of the late-coming item were significantly higher, this procedure could appear objectionable. A solution in this case would be to create a new code, which could be specific to that item, thus departing from a categorization approach.

We recognize that a category approach would lessen concerns about competitive disadvantages that may have been inadvertently created by an item specific approach and about access to specific items by hospitals and their patients. However, we found no satisfactory way of establishing categories that would not run into difficulty regarding the test of whether a device is ''new'' as described above. Consequently, we are making no change in our approach.

Comment: Many commenters argued that competitive advantages have resulted and will continue to result from using a brand-specific approach to implementing transitional pass-through payments for devices. Some commenters alleged that our use of the FDA approval date as a proxy for determining payment in concert with the brand-specific approach causes further competitive disadvantages. Some hospitals claimed that the brand-specific approach would create winners and losers if a device that one hospital uses obtains pass-through status, but one that another hospital uses does not. A number of commenters asserted that a category approach would decrease the administrative burden on hospitals, manufacturers, and us that a brand-specific approach for application and approval of new devices now incurs.

Response: It was never our intent to competitively disadvantage anyone or any product. To the maximum extent possible, given the limitations under the BBRA 1999 and our resource constraints, we have worked closely with the pharmaceutical and medical device industries to identify and resolve such issues. By October 1, 2000, we had determined that more than 700 devices are eligible for pass-through payments. Therefore, we believe that hospitals will receive additional payments for many of the devices they use.

i. Issues Pertaining to Specific Items

Comment: A medical association advocated pass-through status for the following devices: new pacemakers, implantable cardioverter defibrillators, insertable loop recorders, electrophysiology catheters (ablation and diagnostic), intracardiac echocardiography ultrasound catheters, and advanced three-dimensional mapping system catheters.

Response: All of these items are already on the pass-through list. For a complete list of items approved on the pass-through list, refer to Addendum B of this rule for short descriptions of the items. Refer to Program Memoranda Transmittals Nos. A–00–42, A–00–61 and A–00–72 for the long descriptors for each of the C-codes listed in Addendum B. We are developing an additional program memorandum that we expect to issue shortly. This additional program memorandum will contain a list of additional devices, drugs, and new technology services that will be effective January 1, 2001.

Comment: Several device manufacturers alleged that the following devices were not included on the pass-through list:

PALMAZ Balloon-Expandable Stent
Corinthian IQ Biliary Stent
SMART Cordis Nitinol Stent
CARTO EP Navigation System Catheters
HYDROLYSER Catheter
Indigo Prostate Seeding Needle
Lioresal Intrathecal
SynchroMed and SynchroMed EL infusion pumps

Response: All of these devices have been approved for pass-through payments and assigned C-codes. They have been assigned the following codes: the PALMAZ Balloon-Expandable Stent, C8522; Corinthian IQ Biliary Stent, C5004; SMART Cordis Nitinol Stent, C1372; CARTO EP Navigation System Catheters, C1047; HYDROLYSER Catheter, C1054; Indigo Prostate Seeding Needle, C1706; Lioresal Intrathecal, C9007, C9008, C9009, and C9010; SynchroMed and SynchroMed EL infusion pumps, C8505 and C3800, respectively.

Comment: Another device manufacturer claimed that the following devices were not included on the pass-through list:

Mitek Bone Anchors
Innovasive Bone Anchors
VAPR and VAPR Thermal T Electrode
Gynecare TVT Tension-Free Support for Incontinence System (TVT)
Gynecare Thermachoice Uterine Balloon Therapy System

Response: Many of the items above have been approved for pass-through status and assigned C-codes. The Mitek and Innovasive Bone Anchors have been assigned to C1109; VAPR and VAPR Thermal T Electrode, to C1323; TVT Single-Use Tension-Free Vaginal Tape, to C1370; and the Gynecare Thermachoice II Catheter, to C1056. However, some of the items included in the Gynecare TVT Tension-Free Support for Incontinence System and the Gynecare Thermachoice Uterine Balloon Therapy System did not meet the criteria for pass-through status and, therefore, are ineligible for additional payments. The eligible pass-through items are listed in Addendum B.

Comment: A device manufacturer believed that we should have approved the Targis System, which provides prostatic microwave thermotherapy, for pass-through payments.

Response: We assigned the prostatic microwave thermotherapy procedure to

a new technology APC, that is, APC 0980. In making this assignment, we took into account the costs associated with performing this procedure, including the cost of the Targis system. Therefore, we would not also make a pass-through payment for the system.

Comment: A number of commenters contended that only 39 of the more than 70 eligible radiopharmaceuticals have been given pass-through status. They recommended that we approve the following radiopharmaceuticals for pass-through payments:

Strontium Sr 82 Rubidium Rb 82 Generator
Sodium Chromate Cr-51
Co 57 Cobaltous Chloride
Co 57 Cyanocobalamin
Ferrous Citrate Fe59
Fludeoxyglucose F 18
Intrinsic Factor Concentrate Capsules
In 111 Imciromab (Myoscint)
In 111 Labeled WBCs, Platelets
I 123 and I 131 Hippurate
Iodinated I 131 Albumin (I 131 Albumin)
Iodinated I 125 Albumin (I 125 Albumin)
Iothalamate Sodium I 125 Albumin (I125 Iothalamate)
Technetium Tc 99m Pertechnetate
Technetium Tc 99m Albumin Colloid
Technetium Tc 99m Lidofenin
Technetium Tc 99m Tebroxime
Technetium Tc 99m Nofetumomab (Verluma)
Technetium Tc 99m HMPAO labeled WBCs
Technetium Tc 99m Human Serum Albumin
Technetium Tc 99m Serum Albumin (Tc 99m HSA kit)
Xenon XE 127 Gas

Response: While a number of radiopharmaceuticals are already on the pass-through list, we are unable to add some of the ones listed above because we do not have AWPs for them. The AWPs are the basis for payment for these items and without the AWPs we cannot approve them for pass-through payments. As soon as the AWPs are made available to us, we will complete our review to determine their pass-through status. If eligible, they will be added to the pass-through list during the appropriate quarterly update cycle.

Comment: One commenter stated that our transitional pass-through policy for devices precludes pass-through eligibility for capital equipment and therefore does not provide a mechanism under our new system for recognizing the incremental costs associated with capital equipment. The commenter recommended that we recognize capital-equipment costs through our new technology APCs.

Response: Under our new outpatient prospective payment system, capital costs are not paid separately. Payment for these costs are included in the total APC payment amount for each procedure or medical visit and will be updated through our annual updating process. Therefore, the new technology APCs will not be used to make separate payments for capital related costs.

Comment: A number of commenters claimed that we denied pass-through status for the contrast agents.

Response: As clarified in our August 3, 2000 interim final rule with comment, contrast agents other than radiopharmaceuticals are considered supplies and are not eligible for pass-through payments. (See § 419.43(e)(4)(vii).)

Comment: A medical association claimed that we denied pass-through status requests for high dose rate brachytherapy. Another industry group alleged that many brachytherapy related items that manufacturers applied for were excluded from the pass-through list.

Response: Since publishing our initial list of potentially eligible pass-through items to our website on March 9, 2000, we have added 38 brachytherapy items to our pass-through list. High-dose rate brachytherapy will be eligible for pass-through payment effective for services furnished on or after January 1, 2001.

j. Pass-Through Applications Process

Comment: Some commenters urged that we process transitional pass-through applications in a more timely manner. A few other commenters believed that we should have chosen a date later than July 14, 2000 as the application deadline for the October 1, 2000 quarterly update for pass-through items.

Response: We have committed considerable resources to process pass-through applications in a timely manner. Since publication of our preliminary list of 149 potentially eligible pass-through items on our website on March 9, 2000, we have approved nearly 1000 additional items for pass-through payments. We have instituted a coding strategy that allows us to assign a temporary HCPCS code immediately to an eligible pass-through item if a national HCPCS code has not been assigned. We have committed to making quarterly updates to the pass-through list, a commitment that is unprecedented in Medicare's history. We have reviewed all applications timely submitted for each update cycle. Unfortunately, however, we have had to defer items with significantly unclear applications or for which sufficient information was not included to determine that the item meets the statutory criteria. We have endeavored to work closely with the applicants to obtain this information and respond timely to their questions.

Regarding objections to setting a July 14, 2000 deadline for receipt of pass-through applications for the October 1 update, this deadline was established in order to evaluate the applications and make the necessary systems modifications in time for the October release to our fiscal intermediaries and standard systems maintainers.

Comment: One commenter believed that we should update our transitional pass-through list more frequently than quarterly. Some other commenters were concerned that the quarterly updating process could potentially create systems problems for both HCFA and hospitals that would delay payments. They believed that such a delay would, in turn, create cash flow difficulties for hospitals. They urged that we develop contingency plans to address cash flow problems resulting from the transitional pass-through process.

Response: Because of the complexity of our new system, we cannot institute systems changes more frequently than quarterly for pass-through payments. While we believe that making quarterly updates to the pass-through list will present challenges both for HCFA and the hospital industry, we have not been advised that any hospital is experiencing cash flow problems attributable to the transitional pass-through process.

Comment: One commenter urged us to issue guidelines that detail the planned methodologies, data sources, and associated timelines for updating the pass-through list.

Response: Since March 10, 2000, we have published information on our website which provides detailed instructions and deadlines for submitting transitional pass-through applications. These instructions have been revised as needed in order to clarify and update information and may be found on the following HCFA website: http://www.hcfa.gov /medlearn/refopps.htm.

Comment: One commenter claimed that our method and timing of assigning HCPCS codes to eligible transitional pass-through items would preclude Medicare beneficiaries from receiving appropriate treatment. The commenter also alleged that hospitals will not always be adequately reimbursed for their costs for such items and that they will have an incentive to switch to more invasive treatment options with higher costs.

Response: We have expedited the process of assigning HCPCS codes to pass-through items. When an item is determined eligible for pass-through status, a temporary HCPCS code is assigned immediately in order that hospitals may begin billing the item as soon as it is effective for payment.

In addition, section 1833(t)(6)(C)(i) of the Act requires that the hospital's additional payment for drugs and biologicals be determined as the difference between the amount determined under section 1842(o) of the Act (95 percent of AWP) and the portion of the hospital outpatient department fee schedule amount determined by the Secretary to be associated with those items. For devices, the additional payment is the difference between the hospitals' charges adjusted to costs and the portion of the applicable hospital outpatient department fee schedule amount associated with the device. We believe that this payment method will appropriately reimburse hospitals for eligible pass-through items and that hospitals will act in a prudent manner and not compromise their patients' safety and care.

k. Payment for Pass-Through Items

Comment: Several commenters questioned how payment would be made when a pass-through item is included on an outpatient claim. Another commenter stated that our April 7, 2000 final rule with comment period does not state the actual payment amount that will be made for each pass-through item, or provide a good reason for not updating drug and biological average wholesale prices quarterly, or pledge timely correction of payment amount errors. The latter commenter believed that we should make available the actual APC payment rates for pass-through items and institute quarterly pricing-updates for drug and biological APCs.

Response: Transitional pass-through payments for devices are established by taking the hospital charges for each billed item (on an item-by-item basis), reducing them to cost by use of the hospital's cost-to-charge ratio, and subtracting an amount representing the device cost contained in the APC payments for procedures involving that device. Note that for services furnished prior to January 1, 2001, we have not subtracted an amount for the predicate device that is packaged in the relevant APC. However, we will implement this policy beginning with services furnished on or after January 1, 2001. These calculations are all done in the outpatient prospective payment system pricer. Because there are no predetermined APC payment rates for eligible pass-through devices, we cannot publish them in the same manner as we publish the APC payment rates for other services.

For drugs and biologicals, pass-through payments are determined based on 95 percent of the AWP for the eligible drug or biological. We described in our April 7, 2000 final rule (65 FR 18481) the process we used to subtract the cost of the eligible drug or biological contained in the APC payments for procedures involving that drug, radiopharmaceutical or biological. The year 2000 AWPs for pass-through drugs and biologicals on which payments are currently based will be updated annually at the beginning of the next quarter following publication of the updated values. Due to the complexity of our new system, we cannot update AWPs quarterly as requested.

Comment: A number of commenters stated that the codes for drugs in Addendum K of our April 2000 final rule are specific to the dosage amount dispensed and asked what happens if the dosage dispensed to a patient is not equal to the amount associated with the eligible codes. The commenters requested additional information about how providers should account for these situations. They asked if we would allow providers to bill for the product amount associated with the container opened to treat the patient and round up to the nearest whole billing unit.

Response: The APC payment amount for drugs and biologicals is established at the lowest dosage level for the specific drug or biological. If the dosage required in treating the patient exceeds the lowest level specified in the HCPCS code descriptor for the drug or biological, providers may bill the number of units necessary to treat the patient and round them up to the nearest unit. To determine the payment for the drug or biological, multiply the number of billed units by the APC payment amount.

Comment: One commenter stated that the APC payment amount for Eptifibatide, a drug on the pass-through list, does not equal 95 percent of the average wholesale price ($6.28 per 5-mg. service unit). The commenter claimed that the APC payment is 42 percent lower than 95 percent of the AWP. The commenter asked that we correct the payment immediately.

Response: The correct APC payment amount for Eptifibatide injection, 5 mg. is $12.57, of which $1.68 is the minimum unadjusted coinsurance.

Comment: One commenter stated that the APC payment amount for Quadramet, a pass-through drug, is incorrect. The commenter claimed the AWP for this drug is $2,975 rather than $2,875, which the commenter believed is the basis for our APC payment amount. The commenter stated that the pass-through payment should be $942.08 instead of $910.42.

Response: The correct APC payment amount for Quadramet is $942.09. Of this amount, $134.87 is the minimum unadjusted coinsurance.

Comment: A commenter stated that the APC payment amount for Thyrogen, a pass-through drug, should be $494.00 rather than $404.18 per vial.

Response: The APC payment amount of $404.18 is for 0.9 mg. units of Thyrogen rather than 1.1 mg., which appears to be the standard vial dosage. However, because Thyrogen is not available in a vial dosage less than 1.1 mg., we are eliminating the APC payment for 0.9 mg. units (HCPCS code J3240) effective for outpatient prospective payment system services furnished on or after January 1, 2001. We have established a new code, C9108, for Thyrogen, 1.1 mg. with an APC payment amount of $494.00. This new code is effective for outpatient prospective payment system services furnished on or after January 1, 2001.

Comment: A medical association acknowledged our short lead-time for implementing the transitional pass-through provision and urged that we hold a series of face-to-face meetings with physicians and suppliers to clarify and revise our pass-through policies.

Response: Since publishing our April 7, 2000 final rule with comment period, we have met on numerous occasions with physicians and representatives of hospitals, pharmaceutical companies and device manufacturers. During these meetings, we have discussed our transitional pass-through policies and clarified information regarding the pass-through applications process.

Comment: One commenter stated that the April 7, 2000 final rule with comment period requiring the submittal of applications for national HCPCS codes to bill eligible transitional pass-through was published after the application deadline had passed. The commenter alleged that some manufacturers obtained information about the pass-through provisions prior to publication of the final rule, submitted their applications timely, and thus dominated the hospital outpatient market.

Response: On March 9, 2000, we posted information on our website similar to that contained in the April 7, 2000 final rule with comment period about applying for national HCPCS codes for pass-through items. We also

discussed the coding deadline with representatives of the pharmaceutical and device manufacturers associations as well as with hospital industry representatives through conference calls, meetings, and e-mails. We note that the instructions and deadline for submitting applications for a national HCPCS code are well established and were published on HCFA's website (http://www.hcfa.gov /medicare/ hcpcs.htm) more than a year prior to publication of our April 7, 2000 final rule with comment period. Subsequent to these publications, we adopted a new system for assigning codes exclusively for pass-through items to expedite their availability to the hospital industry and Medicare beneficiaries. Therefore, interested parties applying for pass-through status for items have not been required to obtain national HCPCS codes for these items unless they want to bill other payment systems in addition to the hospital outpatient prospective payment system.

l. Focus Medical Review

Comment: One commenter asked that we clarify why we intend to conduct focused medical review of pass-through eligible drugs, biologicals and medical devices.

Response: Our goal is to identify inappropriate billing for these services and to ensure that payment is not made for noncovered services.

3. Budget Neutrality Applied to New Adjustments

In the April 7, 2000 final rule with comment period, in accordance with section 1833(t)(2)(E) of the Act, as amended by section 201(c) of the BBRA 1999, we made the outlier and transitional pass-through payment adjustments under section 1833(t)(5) and section 1833(t)(6) of the Act, respectively, budget neutral. We did not receive any public comments on this provision.

4. Limitation on Judicial Review

In the April 7, 2000 final rule with comment period (65 FR 18503–18504), in accordance with section 1833(t)(12) of the Act (as amended by section 201(d) of the BBRA 1999 and redesignated by section 202(a) of the BBRA 1999), we implemented the extension of the prohibition of administrative or judicial review to include the factors for determining outlier payments (that is, the fixed multiple, or a fixed dollar cutoff amount, the marginal cost of care, or applicable total payment percentage), and the factors used to determine additional payments for certain medical devices, drugs, and biologicals, the insignificant cost determination for these items, the duration of the additional payment or portion of the prospective payment system payment amount associated with particular devices, drugs, or biologicals, and any pro rata reduction.

We did not receive any public comments on this provision.

5. Inclusion in the Hospital Outpatient Prospective Payment System of Certain Implantable Items

In the April 7, 2000 final rule with comment period, we specified that section 1833(t)(1)(B) of the Act, as amended by section 201(e) of the BBRA 1999, provides that ''covered OPD services'' include implantable items described in section 1861(s)(3), (6), or (8) of the Act.

The conference report accompanying the BBRA 1999, H.R. Rept. No. 479, 106th Cong., 1st Sess. at 869–870, (1999), expresses the belief of the conferees that the current DMEPOS fee schedule is not appropriate for certain implantable medical items such as pacemakers, defibrillators, cardiac sensors, venous grafts, drug pumps, stents, neurostimulators, and orthopedic implants as well as items that come into contact with internal human tissue during invasive medical procedures, but are not permanently implanted. In the conference report agreement, the conferees state their intention that payment for these items be made through the hospital outpatient prospective payment system, regardless of how they might be classified on current HCFA fee schedules.

In the April 7, 2000 final rule with comment period, we included the following in the list of items and services whose costs are included in hospital outpatient prospective payment rates: Prosthetic implants (other than dental) that replace all or part of an internal body organ (including colostomy bags and supplies directly related to colostomy care), and including replacement of these devices; implantable DME; and implantable items used in performing diagnostic x-rays, diagnostic laboratory tests, and other diagnostic tests. In accordance with the BBRA 1999 provision, we require that an implantable item be classified to the group that includes the service to which the item relates. We indicated that we would continue to review the impact of packaging implantables in future updates. For more detailed information on this provision, refer to the April 7, 2000 final rule with comment period (65 FR 18443–18444).

Comment: Two commenters (hospitals) expressed concern that the APC for the Cyberonics-NeuroCybernetic Prosthesis (NCP) System, an implantable device used to treat epilepsy patients with partial-onset seizures, will not adequately reimburse hospitals for the cost of the device and the implantation procedure cost. The hospitals recommended that HCFA create a separate APC group for the NCP System implantation.

Response: The NCP System was approved for pass-through status effective for services furnished on or after August 1, 2000 (see Program Memorandum Transmittal No. A–00–42 issued on July 26, 2000). The two components of this system, the NeuroCybernetic Prosthesis Generator and the NeuroCybernetic Prosthesis Lead, will be paid based on the hospital's charges that are converted to cost using the hospital's assigned cost-to-charge ratio. These devices have been assigned to two separate pass-through APCs (1048 and 1306, respectively) and should be billed using HCPCS code C1048 for the generator and C1306 for each lead.

Comment: Several commenters from physician practices and a device manufacturer raised concerns that the APC payment level for the Contigen Implant procedure is inadequate to cover the facility costs and the Contigen Implant supplies. According to the commenters, the APC reimbursement amount only covers the 2–3 Contigen Implant syringes used per procedure. The commenters recommended that we map the Contigen Implant procedure and the collagen skin test to higher paying completely new APCs, to more adequately reflect reasonable costs for syringes and skin tests used in the procedure, in addition to appropriate facility fees.

Other commenters raised concerns that the separate APC reimbursement for the pre-Contigen Implant procedure testing is inadequate to reimburse for the reasonable cost of the supply. They recommended that we allow payment of Contigen Implant syringes according to the DMEPOS fee schedule.

One commenter recommended that we create a special ancillary APC to cover Contigen Implant syringes and the collagen skin test.

Response: While we understand the commenters' concerns, Contigen Implant syringes do not qualify for transitional pass-through status because they do not meet all of the device criteria set forth in § 419.43(e)(4). Specifically, they are not items that are surgically implanted or inserted in a patient. However, both collagen implant

material and the collagen skin test are paid as APCs (that is, APCs 6012 through 6016 and 343, respectively). We will examine data after the first year of billing under the prospective payment system to determine if we are adequately capturing the cost of performing these procedures.

As stated in our April 7, 2000 final rule with comment period, we will initiate the annual review process for the various components of our system, including the APC groupings, in calendar year 2001 for services furnished on or after January 1, 2002. We expect to publish our proposed rule for 2002 in the spring of 2001.

Comment: A device manufacturer inquired as to what will happen when devices are taken off the transitional pass-through list after 2 to 3 years. The commenter stated that the additional expense of these implantable devices will require that HCFA reassign these CPT codes to an APC that is comparable clinically and in terms of resources used at the close of the transition period. If this does not occur, the commenter indicated that hospitals would be seriously underpaid for the use of these technologies and other technologies in similar circumstances.

Response: As stated above, the BBRA 1999 allows for 2 to 3 years of transitional pass-through payments to be made for new devices, drugs, and biologicals. After the temporary payment period expires for any item, its cost will be packaged with the relative procedure code or medical visit and assigned to the APC group that is clinically related and comparable in resources used. Thus, the APC groupings, weights, and payments will be updated in a subsequent year to include costs associated with former pass-through items.

Comment: A coalition of health care providers and insurers indicated that providers should be allowed to report all DME, orthotics, and prosthetic devices, both implantable and nonimplantable, on the UB–92 to the fiscal intermediary. The fiscal intermediary should be able to either pay for the item via the DMEPOS fee schedule or through the APC. This also would allow a tracking system for future ratesetting, and consolidate the billing into one claim. This would consolidate all charges on one bill per encounter, which simplifies processing and is consistent with other third party payer claims processing as well as Medicare inpatient claims processing.

Response: Section 201(e) of the BBRA 1999 amended section 1833(t)(1)(B) of the Act to require that covered outpatient prospective payment system services include implantable medical items, described in section 1861(s)(3), (6), or (8) of the Act. These items were formerly paid under the DMEPOS fee schedule. The statute is explicit in defining which DME items are payable under the hospital outpatient prospective payment system.

Also, we cannot adopt the suggested billing changes for DME as the commenter suggested. All services that are billed through the fiscal intermediaries, whether they are paid under the hospital outpatient prospective payment system or DMEPOS, may be submitted on the UB–92 (or the equivalent electronic transaction). However, there are numerous, very exacting, specific criteria and rules that govern Medicare coverage and payment for nonimplantable DME and oxygen. The DME regional carriers are exclusively qualified to deal with these issues. Therefore, claims for nonimplantable DME and oxygen cannot be billed to the fiscal intermediaries. Instead, providers must continue to submit claims for nonimplantable DME and oxygen to the DME regional carriers using form HCFA–1500 (or the equivalent electronic transaction).

It should be noted that if a health care provider submits an electronic claim for these services, the transaction must comply with the standards adopted by the Secretary in the August 17, 2000 final rule (65 FR 50312) Standards for Electronic Transactions. The compliance date of that rule is October 16, 2002.

Comment: A device manufacturer expressed concern about how the new system will change the payment mechanism for cochlear implants. Under the DMEPOS fee schedule, payments were fixed and unrelated to hospital charges. Now, under the new system, hospitals must properly establish charges that, when multiplied by the ratio of cost to charges, provide an accurate reflection of cost. This manufacturer was concerned that they will have to collect data to determine the charges hospitals have set for these devices and the applicable ratio of cost to charges. They believe the charges may not have been set appropriately to be consistent with the ratio of cost to charges. If not, pass-through payments might be substantially less than the actual cost for these medical devices.

This manufacturer indicated that it is working to obtain the required charge and cost report data from providers of cochlear implant procedures and will report back to us once it has these data. The manufacturer requested that we agree to work with them in setting any future update to the payment allowance recognizing the short timeframe available to collect the data.

Response: We appreciate the commenter's offer to assist us in collecting cost and charge data on cochlear implants billed by hospitals. However, for purposes of making transitional pass-through payments for new medical devices such as cochlear implants, it is not necessary for manufacturers to obtain cost report data from hospitals to assist us in developing hospital-specific, cost-to-charge ratios to calculate these payments. We have already calculated these ratios and assigned them to providers. Each provider is responsible for accurately reporting its charges in order that we may calculate the appropriate payment for the pass-through device.

6. Payment Weights Based on Median or Mean Hospital Costs

Section 1833(t)(2)(C) of the Act requires the Secretary to establish relative payment weights for covered hospital outpatient services. This section requires that the weights be developed using data on claims from 1996 and data from the most recent available hospital cost reports.

As specified in the April 7, 2000 final rule with comment period (65 FR 18482), section 201(f) of the BBRA 1999 amended section 1833(t)(2)(C) of the Act to authorize the Secretary to base the relative payments weights on median or mean hospital costs. In implementing the BBRA 1999 provision, we decided to adopt as final our previously proposed policy to base the relative payment weights on median (as opposed to mean) costs. We had already used median costs to reconstruct our database for the outpatient prospective payment system group weights and conversion factors in a proposed rule and we believe that this method is still valid, especially considering the time constraints for implementation of the BBRA 1999 provision. We indicated that, among other things, reconstructing our database to evaluate the impact of using mean costs after the BBRA 1999 was enacted would have delayed implementation of the hospital outpatient prospective payment system rule.

Comment: A group of hospitals urged us to adopt a mean-based APC relative weight system to implement section 201(f) of the BBRA 1999, which authorizes, but does not require, the Secretary to use mean (rather than median) costs in determining the APC payment weights. The commenters contend that use of the geometric mean is standard in the industry as the basis

for calculating payment weights for prospective payment systems. They pointed out that the geometric mean is used because costs are not distributed ''normally'' (that is, there are no negative costs) and that for APCs that include low volume, high costs procedures, the geometric mean is preferable for adequately accounting for these costs. The commenters believed that our use of median costs also forced us to select an arbitrary value for relative weight 1.0, because finding the median of medians is meaningless. The commenters believed that, given the Congress' clarification in section 201(f) of the BBRA 1999, we should at least evaluate the impact of a mean-based system in our system review for 2001.

Response: We plan to further evaluate the feasibility of using mean rather than median costs for calculating APC payment weights in future updates. In order to make a decision about whether we should change the basis we are using for determining payment weights, we have to analyze and rerun claims data and conduct extensive impact analyses to assess the impact such a change would have on different types of providers and different types of services.

7. Limitation on Variation of Costs of Services Classified Within a Group

Section 1833(t)(2) of the Act was amended by section 201(g) of the BBRA 1999 to limit the variation in resource use among the procedures or services within an APC group. Specifically, section 1833(t)(2) of the Act provides that the items and services within a group cannot be considered comparable with respect to the use of resources if the highest cost item or service within a group is more than 2 times greater than the lowest cost item or service within the same group. The Secretary is to use either the mean or median cost of the item or service.

Section 1833(t)(2) of the Act, as amended, also allows the Secretary to make exceptions to this limit on the variation of costs within each group in unusual cases such as low volume items and services, although we may not make such an exception 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.

In the April 7, 2000 final rule with comment period, we elected to use the median cost because we have continued to set the relative payment weights for each APC based on median hospital costs. We modified the composition of the APC groups and then made additional changes to the APC in response to public comments on individual or serial APCs.

In determining whether or not to accept changes recommended by commenters, we focused on five criteria that are fundamental to the definition of a group within the APC system. The decision to accept or decline a modification to an APC group was determined based on whether the change enhanced, detracted from, or had no effect on the integrity of an APC group within the context of the following five criteria:

- Resource homogeneity;
- Clinical homogeneity;
- Provider concentration;
- Frequency of services; and
- Minimal opportunity for upcoding and code fragmentation.

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

After we modified the composition of the APC groups based on the recommendations of commenters, we applied the median cost variation limit required by section 201(g) of the BBRA 1999 to the revised APC groups. As a result of our analysis of the array of median costs within the revised APC groups, we had to split some otherwise clinically homogeneous APC groups into smaller groups. We listed the APC groups that we had designated as exceptions to the ''two times'' requirement and our reasons for granting the exception. We based the exceptions on factors such as low procedure volume, suspect or incomplete cost data, concerns about inaccurate or incorrect coding, or compelling clinical arguments. We indicated that we would be examining the extent to which the APC reorganization due to the ''two times'' rule results in upcoding (refer to the April 7, 2000 final rule with comment period (65 FR 18458–18475)).

Comment: We received requests to examine 51 APCs that commenters alleged violated the ''two times'' rule.

Response: We reevaluated the APCs listed below, upon which we received comments, and found that most of them did not warrant revision. We received no new information about these APC groups that would alter our previous decision. These APCs are identified below under numbers 1 and 2.

Our review also revealed that a few APC groups did warrant revision and we have reconfigured these APCs accordingly. We have listed these APCs under number 3. In addition, our review identified some APCs that are additional exceptions to the ''two times'' requirement. These APC groups and our reasons for the exception are listed below under number 4.

In reviewing the APC groups for conformance to the ''two times'' requirement, we exempted from the analysis codes for unlisted services and procedures and those codes that represent less than 2 percent of the claims in the APC (our test for low volume).

1. Taking into account the exemptions mentioned above, the following APC groups that we reviewed based on comments have not been reconfigured:

0005 Level II Needle Biopsy/Aspiration Except Bone Marrow
0076 Endoscopy Lower Airway
0088 Thrombectomy
0090 Level II Implantation/Removal/Revision of Pacemaker, AICD or Vascular Device
0111 Blood Product Exchange
0112 Extracorporeal Photopheresis
0121 Level I Tube changes and Repositioning
0143 Lower GI Endoscopy
0146 Level I Sigmoidoscopy
0149 Level II Anal/Rectal Procedure
0150 Level III Anal/Rectal Procedure
0151 Endoscopic Retrograde Cholangio-Pancreatography (ERCP)
0162 Level III Cystourethroscopy and other Genitourinary Procedures
0260 Level I Plain Film Except Teeth
0262 Plain Film of Teeth
0265 Level I Diagnostic Ultrasound Except Vascular
0268 Guidance Under Ultrasound
0269 Echocardiogram Except Transesophageal
0278 Diagnostic Urography
0280 Level II Diagnostic Angiography and Venography Except Extremity
0282 Level I Computerized Axial Tomography
0283 Level II Computerized Axial Tomography
0284 Magnetic Resonance Imaging
0286 Myocardial Scans
0290 Standard Non-Imaging Nuclear Medicine
0291 Level I Diagnostic Nuclear Medicine Excluding Myocardial Scans
0292 Level II Diagnostic Nuclear Medicine Excluding Myocardial Scans
0294 Level I Therapeutic Nuclear Medicine
0297 Level II Therapeutic Radiologic Procedures
0301 Level II Radiation Therapy
0303 Treatment Device Construction
0304 Level I Therapeutic Radiation Treatment Preparation
0305 Level II Therapeutic Radiation Treatment Preparation

2. The following APC groups were listed in the April 7, 2000 final rule

with comment period as exceptions to the ''two times'' rule and our review found no factual basis for modifying our decision:

0030 Breast Reconstruction/ Mastectomy
0264 Level II Miscellaneous Radiology Procedures
0274 Myelography
0279 Level I Diagnostic Angiography and Venography Except Extremity
0311 Radiation Physics Services
0371 Allergy Injections

3. We have reconstructed the four APCs shown below as a result of adding the cost of certain devices used in performing procedures included in these APCs. We discuss this change in section III.B. of this preamble.

0080 Diagnostic Cardiac Catheterization
0081 Non-Coronary Angioplasty or Atherectomy
0082 Coronary Atherectomy
0083 Athrectomy

4. Following are additional exceptions to the ''two times'' rule and our reasons for the exceptions. We are excepting these APCs from the ''two times limit'' on an interim basis, until we can review data from the first year of billing under the hospital outpatient prospective payment system.

0142 Small Intestine Endoscopy: The codes in APC 0142 are clinically similar and should show a relative progression of cost with slight increases in complexity. This effect does not occur, presumably due to low volume (although exceeding our low volume threshold) or inconsistent coding. Splitting this APC into two, based on current data, would be unjustified.

0145 Therapeutic Anoscopy: The costs of the codes in this APC are aberrant, with several of them exceeding the costs of more extensive procedures such as sigmoidoscopy and colonoscopy.

0152 Percutaneous Biliary Endoscopic Procedures: The codes in this APC have so few occurrences that we cannot justify splitting the group. Several of the codes call for the use of devices such as stents that may be paid for separately.

0161 Level II Cystourethroscopy and other Genitourinary Procedures: The costs of the codes in this APC are aberrant, with more comprehensive codes costing less than the base codes.

0195 Level V Female Reproductive Procedures: This is a low volume APC, with aberrant cost data. In several instances, codes that are more comprehensive cost less than the related, simpler code.

0296 Level I Therapeutic Radiologic Procedures: We believe the codes at the lower end of the median cost in this APC would be underpaid if we were to move them to a lower-paying APC.

0300 Level I Radiation Therapy: We believe we would underpay codes at the lower end of median cost in this APC if we were to move them to a lower-paying APC.

0312 Radioelement Applications: We believe the costs in this very low volume APC are aberrant. However, the group is completely coherent clinically. The radioactive elements related to these codes would receive separate payment.

0313 Brachytherapy: We believe the costs in this very low volume APC are aberrant. The group is coherent clinically. The radioactive elements related to these codes would receive separate payment.

0314 Hyperthermic Therapies: This APC has an extremely low volume, with aberrant costs.

8. Annual Review of the Components of the Hospital Outpatient Prospective Payment System

In the April 7, 2000 final rule with comment period (65 FR 18501–18502), we indicated that, in accordance with section 1833(t)(9) (as redesignated and revised by sections 201(h) and 202(a) of the BBRA 1999), we would review and update annually, for implementation effective January 1 of each year, the APC groups, the relative payment weights, and the wage and other adjustments that are components of the hospital outpatient prospective payment system. In accordance with section 201(h)(2) of the BBRA 1999, an annual review process will begin in calendar year 2001 for the hospital outpatient prospective payments that would take effect for services furnished on or after January 1, 2002. This review process will involve consultation with an expert advisory panel. We will provide notice of the formation of the expert advisory panel in the **Federal Register**. The expert outside advisory panel will review and make recommendations to us on the clinical integrity of the groups and weights and may use data other than those collected or developed by us for their review and advisory functions.

We note that in section III of this preamble, we are updating the wage index values and the conversion factor under the hospital outpatient prospective payment system effective for calendar year 2001. We also are making appropriate changes to the APC groups to reflect additions and deletions of CPT codes and changes to a limited number of APCs to incorporate the cost of certain devices used in performing those procedures that were excluded from our initial ratesetting methodology.

Comment: One commenter stated that the wage index for the Hattiesburg, Mississippi Metropolitan Statistical Area (MSA), .7306, was printed incorrectly in our April 7, 2000 final rule with comment period. The commenter stated that use of this value would result in an underpayment for that area. The commenter further stated that, ''the appropriate wage index for the Hattiesburg, Mississippi MSA for the fiscal year 2000 is .7634.'' The commenter was concerned that we had previously acknowledged this error and promised to correct it via a program memorandum to fiscal intermediaries dated April 2000 (Transmittal Number A–00–17), but had failed to do so in our April 7, 2000 final rule with comment period.

Response: We apologize for the confusion. The fiscal year 2000 hospital inpatient prospective payment system wage index value for the Hattiesburg, Mississippi (MSA) was changed from .7306 to .7634 in accordance with section 153 of the BBRA 1999 that required us to include wage data from Wesley Medical Center in calculating the wage index for this MSA. On August 1, 2000, we published in the **Federal Register** an interim final rule with comment period (65 FR 47026) that included Hattiesburg's new hospital inpatient prospective payment system wage index. For services paid under the hospital outpatient prospective payment system, the new wage index value is effective for services furnished on or after August 1, 2000.

9. Copayment Amounts Not Affected by Pass-Throughs

Section 1833(t) of the Act, as established by the BBA of 1997, includes a mechanism designed to achieve a beneficiary coinsurance level equal to 20 percent of the prospectively determined payment rate established for the service. In the April 7, 2000 final rule with comment period, we specified how a copayment amount is calculated annually for each APC group under the hospital outpatient prospective payment system.

We also explained that sections 201(a) and (b) of the BBRA 1999 amended section 1833(t) of the Act to provide for additional payments to hospitals for outlier cases and for certain medical devices, drugs, and biologicals and that these additional payments to hospitals will not affect copayment amounts. Redesignated section 1833(t)(8)(D) of the Act, as amended by section 201(i) of the BBRA 1999, provides that the copayment amount is to be computed as

if outlier adjustments, adjustments for certain medical devices, drugs, and biologicals, as well as any other adjustments we may establish under section 1833(t)(2)(E) of the Act, had not occurred.

In addition, we specified that section 202 of the BBRA 1999 added a new section 1833(t)(7) to the Act to provide transitional corridor payments to certain hospitals through calendar year 2003 and indefinitely for certain cancer centers. Section 1833(t)(7)(H) of the Act provides that the transitional corridor payment provisions will have no effect on determining copayment amounts.

We specified that copayment from beneficiaries will not be collected for the additional payments made to hospitals (outlier and transitional pass-throughs) by Medicare. Beneficiary copayment amounts will be calculated as if the outlier and transitional pass-throughs had not occurred (65 FR 18487–18488).

When a drug or device pass-through payment is reduced by the otherwise applicable APC payment amount that is associated with the drug or device, it is only the portion of the payment that represents an additional pass-through payment that is not subject to copayment. The portion that does not represent an additional pass-through payment will be subject to copayment.

We did not receive any public comments on this provision.

10. Extension of Cost Reductions

In the April 7, 2000 final rule with comment period (65 FR 18439), we announced that, in accordance with section 1861(v)(1)(S)(ii) of the Act (as amended by section 201(k) of the BBRA 1999), the 5.8 and 10 percent reductions for hospital operating and capital costs, respectively, would extend until the first date that the hospital outpatient prospective payment system is implemented (which was August 1, 2000).

We did not receive any public comments on this provision.

11. Clarification of Congressional Intent Regarding Base Amounts Used in Determining the Hospital Outpatient Prospective Payment System

Section 201(l) of the BBRA 1999 provided that, ''With respect to determining the amount of copayments described in paragraph (3)(A)(ii) of section 1833(t) of the Act, as added by section 4523(a) of BBA, Congress finds that such amount should be determined without regard to such section, in a budget neutral manner with respect to aggregate payments to hospitals, and that the Secretary of Health and Human Services has the authority to determine such amount without regard to such section.'' In accordance with this provision, in the April 7, 2000 final rule with comment period (65 FR 18482–18493), we explained how we determined APC group weights, calculated an outpatient prospective payment system conversion factor, and determined national prospective payment rates, standardized for area wage variations, for the APC groups. We then explained how we calculated the aggregate hospital outpatient prospective payment to hospitals in a budget neutral manner and how we calculated beneficiary coinsurance amounts for each APC group.

We did not receive any public comments on this provision.

12. Transitional Corridors for Application of Outpatient Prospective Payment System

Section 1833(t)(7) of the Act, as added by section 202(a)(3) of the BBRA 1999, provides for payment adjustments during a transition period to limit the decline in payments under the outpatient prospective payment system for hospitals. These additional payments are to be implemented without regard to budget neutrality and are in effect through 2003.

In the April 7, 2000 final rule with comment period (65 FR 18499–18500), we specified that, from the date the prospective payment system is implemented through 2003, a provider, including a CMHC, will receive an adjustment if its prospective payment system payments for outpatient services furnished during the year is less than a set percentage of its pre-BBA amount for that year. The pre-BBA amount is the product of the reasonable cost the hospital incurs for prospective payment system services furnished during the year and the payment-to-cost ratio for covered prospective payment system services furnished during the cost reporting period ending in calendar year 1996. Additionally, we provided that small rural hospitals with 100 or fewer beds and cancer hospitals will be held harmless under this provision. Small rural hospitals will be held harmless for services furnished before January 1, 2004. The hold-harmless provision applies permanently to cancer centers. We announced that we will make interim payments to the affected hospitals subject to retrospective adjustments and that these provisions do not affect beneficiary coinsurance. Finally, we specified that this provision is not subject to budget neutrality.

a. Interim Payment Versus Final Settlement

Comment: One commenter recommended that we make retroactive payments to hospitals in those ''situations where underpayments have been made between the prospective payment system payments as compared to the pre-prospective payment system amounts.'' Another commenter asked that we set forth the process that would be used to determine retroactive payment adjustments if the hospital's interim payments are higher or lower than its actual experience. The commenter further asks that we state whether the interim payments will be compared to outpatient payments shown on settled or audited cost reports.

Response: Final transitional corridor payments are determined based on a provider's settled cost report. At the time the cost report is settled, the reasonable costs incurred by the provider to furnish outpatient prospective payment system services during the calendar year are known and that amount is then multiplied by the provider's 1996 payment-to-cost ratio to calculate the pre-BBA amount. The pre-BBA amount for a calendar year is compared to the actual prospective payment system payments the provider received to determine whether the provider may be entitled to a transitional corridor payment. Although the final transitional corridor payment is based on a settled cost report, beginning in October 2000, we have been making monthly interim payments to providers based on estimates of what their transitional corridor payments should be based on the monthly bills the provider submits. The monthly payments are designed to maintain some additional cash flow to providers that may otherwise realize significant losses on services that are being paid under the prospective payment system.

b. Payment-to-Cost Ratios

Comment: One commenter argued that our formula for calculating the base payment-to-cost ratio for the transitional corridor payments does not comport with the statutory requirements. The commenter stated that we define the denominator of the base payment-to-cost ratio to be ''[the] reasonable cost of these services for the period, without applying the cost reductions under section 1861(v)(1)(S) of the Act.'' The commenter contends that the phrase ''without applying the cost reductions under section 1861(v)(1)(S) of the Act'' is not included in section 1833(t)(7)(F)(ii)(II) of the Act, as

amended by section 212 of the BBRA 1999. The commenter claimed that by defining the denominator in this manner, the payment-to-cost ratio is understated and transitional corridors payments to hospitals would be reduced. The commenter stated that such a reduction is contrary to Congressional intent and urged us to modify our base payment-to-cost denominator set forth in § 419.70(f)(2)(ii) to exclude the phrase ''without applying the cost reduction under section 1861(v)(1)(S) of the Act.''

Response: The phrase ''without applying the cost reductions under section 1861(v)(1)(S) of the Act'' was intended to make clear that a hospital's 1996 ''reasonable costs'' do not include the effects of the reductions in section 1861(v)(1)(S) of the Act. We did not mean to suggest that we were taking the hospital's 1996 ''reasonable costs'' and then adding back the reductions for purposes of determining the denominator of the base payment-to-cost ratio. We view the hospital's 1996 reasonable costs as the unreduced amount; thus, the denominator of the hospital's base payment-to-cost ratio (1996 reasonable costs) does not reflect the reductions. We believe that our policy is consistent with the purpose of the transitional corridor provision. Under this policy, if a hospital incurs the same amount of costs during the transitional corridor as in 1996, then its pre-BBA amount (the amount that estimates what the hospital would have received in the current year if payments were calculated under the pre-prospective payment system) would be the same as the payments the hospital received in 1996. Under the methodology suggested by the commenter, if a hospital incurs the same amount of costs during the transitional corridor as in 1996, then its pre-BBA amount would be *higher* than the payments the hospital received in 1996. The language in § 419.70(f)(2)(ii) as set forth in the April 7, 2000 final rule with comment period was intended to clarify, not revise, the definition of 1996 reasonable costs, but we recognize that the phrase at issue may have inadvertently caused confusion to the extent it is redundant; accordingly, we are revising that section to remove the phrase.

Comment: One commenter asked us to clarify the term ''payment-to-cost ratio'' and the data that will be used to compute the ratio. Several commenters asked why we did not give the 1996 outpatient prospective payment system-specific amounts required to compute the payment-to-cost ratio and the methodology for calculating it.

Response: The statutory definition of base ''payment-to-cost ratio'' is fairly straightforward. Under section 1833(t)(7)(F) of the Act, the base payment-to-cost ratio for a given hospital is the ratio of (1) the hospital's Medicare Part B reimbursement for covered OPD services for the cost reporting period ending during 1996, to (2) the hospital's reasonable costs for that period. We are in the process of developing program instructions for fiscal intermediaries (for notification to providers) to provide detailed information on how payment-to-cost ratios are calculated. These instructions will be made available as soon as possible.

Comment: One hospital association recommended that we revise our regulations to explicitly state that we will adjust the provider's 1996 payment-to-cost ratio ''whenever subsequent developments occur that affect the data used in the calculation.'' The commenter cited final audit adjustments and appeal determinations as examples of adjustments that would warrant changing the 1996 cost data used to calculate the provider's payment-to-cost ratio. The commenter stated that this policy is consistent with similar adjustments made under the prospective payment systems for both inpatient operating and capital-related costs.

Response: We agree with the commenter. In the event final audit adjustments or appeals result in a change in outpatient costs or payments for the provider's 1996 cost report, the provider's payment-to-cost ratio would be recalculated.

Comment: One commenter asked for clarification on the treatment of direct graduate medical education costs and education costs for nursing and allied health programs in calculating the payment-to-cost ratio. The commenter assumed that such costs are excluded from the pre-BBA amount because they will continue to be paid on a cost pass-through basis.

Response: The commenter is correct that direct graduate medical education costs and certain costs of nursing and allied health programs are paid on a cost pass-through basis and will not be included in calculating a provider's pre-BBA amount.

Comment: One commenter asked that we explain our reasons for basing the transitional corridor interim payments on a 0.8 payment-to-cost ratio. The commenter suggested that a provider be allowed to modify its interim transitional corridor payment if it can show that its payment-to-cost ratio is higher or lower than the 0.8 level.

Several commenters questioned why we chose to use a standard 0.8 payment-to-cost ratio for all providers in calculating the interim payment if provider-specific payment-to-cost ratios were available. They stated that 9 of the 10 cancer centers have payment-to-cost ratios that exceed 0.8.

Response: The standard payment-to-cost ratio of 80 percent is an average value that we calculated for payment-to-cost ratios across all hospitals. We decided to use 80 percent for all providers to permit us to make interim payments as soon as possible following the implementation of the outpatient prospective payment system. If we had attempted to calculate individual payment-to-cost ratios for all providers, it would have delayed, perhaps for several months, the introduction of interim payments. Final transitional corridor payments will be calculated using each provider's payment-to-cost ratio for the relevant year at the time of settlement of the cost report. In the future, as we gain more experience with interim payments, we will consider permitting modification of payment-to-cost ratios to reflect particular circumstances.

c. Cost-to-Charge Ratios

Comment: One commenter stated that the April 7, 2000 final rule with comment period did not explain how the transitional corridor payments would be implemented for the 10 cancer hospitals. The commenter noted that while Program Memorandum Transmittal No. A–00–23 issued by us on April 7, 2000, does describe how these payments are to be calculated it does not clarify how we derived the hospital-specific cost-to-charge ratios used to compute the transitional corridor payments.

Several commenters representing the 10 cancer centers stated that the cost-to-charge ratios for their centers that will be used in calculating their transitional corridor, outlier, and transitional pass-through payments are significantly lower than their estimates. They requested that we explain how we determined their ratios and comment on the appropriateness of our methodology. They also asked that we respond to a number of specific questions to allow hospitals to determine whether the cost-to-charge ratios accurately reflect the hospital's cost and provide a fair base for calculating their transitional corridor payments.

Response: On September 8, 2000, we issued a Program Memorandum Transmittal No. A–00–63, which provides a detailed explanation of how hospital cost-to-charge ratios were

calculated. This program memorandum is available on HCFA's internet website at www.hcfa.gov/Medicare.

d. Interim Payments Limited to 85 Percent of the Estimated Transitional Corridor Payment

Comment: One commenter asked why we will only pay 85 percent of the estimated transitional corridor payment as an interim payment. Another commenter recommended that we reconsider our policy to pay providers only 85 percent of their transitional corridor payments on the interim basis. The commenter stated that our policy to withhold 15 percent of each provider's payment until the fiscal intermediary finalizes the provider's cost report is contrary to Congressional intent to preserve hospitals' cash flow and ensure them of an ability to provide outpatient services to beneficiaries, especially those in rural areas. Another commenter stated that retaining 15 percent of each provider's estimated transitional corridor payments until the provider's cost report is settled is contrary to Congressional intent and defers relief provided by statute for several years.

Response: We limited the interim payment to less than 100 percent of the estimated payment in order to minimize the risk of overpayment. If interim payments exceed the final settled amounts, we would need to initiate recoupment procedures that place additional burden both on the agency and on providers. Eighty-five percent was chosen as a reasonable percentage that prudently balances the cash flow needs of some providers with concerns regarding possible difficulties in the recovery of overpayments. We have used comparable figures in other situations in which we make interim or advance payments. One example where we specified 85 percent for advance payments is in the contingency plan that we published to address the possibility that either our contractors or individual providers would be unable to process claims at the initiation of the outpatient prospective payment system. In the future, as cost reports are settled and we are able to determine how well interim transitional corridor payments relate to final transitional corridor payments, we will reevaluate this aspect of our interim payment policy.

e. Providers Having More Than One 1996 Cost Report

Comment: Several commenters stated that we did not discuss in our final rule how we would calculate the 1996 payment-to-cost ratio in cases where a provider has more than one cost report that is less than 12 full months during the fiscal year ending in 1996. The commenters asked which would be the appropriate cost report to use in calculating the transitional corridor payments. One commenter explained that this situation may occur if ownership changed during the provider's fiscal year ending in 1996.

Response: The 1996 cost report that will be used to calculate a payment-to-cost ratio is the cost report period that ends in calendar year 1996. If a provider has two cost reports that end in 1996, we will make a decision about which cost report to use on a case-by-case basis, depending on which appeared to be the most representative of the provider's experience in 1996. For example, if one cost report covers a longer period, we would likely use that one.

f. Providers Having No 1996 Cost Report

Comment: One commenter expressed concern about insufficient guidance from us about how transitional corridor payments would be determined for providers that did not file cost reports during 1996. The commenter believed that because the statute is silent on this issue, we have the discretion to develop such policy. The commenter strongly opposed any decisions by us to preclude providers without 1996 cost reports from being eligible to receive transitional corridor payments.

Another commenter requested that we treat new hospitals that did not file a 1996 cost report the same as rural hospitals. The commenter contended that the pre-BBA payment level for these hospitals should be based on the hospital's first full cost reporting period, and would be guaranteed at that level through December 31, 2003. Another commenter suggested as an option that we assign a regional average payment-to-cost ratio for existing providers to providers without a 1996 cost report.

Response: Under the statute, the amount of transitional payments to providers depends on the provider's reimbursement for the 1996 cost reporting period. We intend to monitor the adequacy of payments to providers not having a 1996 cost report, but we believe that a statutory change is required in order to provide transitional payments to providers that did not have a 1996 cost report.

g. Prospective Payment System Delay and Transitional Corridor Payments

Comment: One commenter expressed concern about the potential effect of delaying implementation of the hospital outpatient prospective payment system on the duration of the transitional corridor payments as provided by law. The commenter stated that our decision to delay implementation of the prospective payment system for 1 month, from July 1, 2000 to August 1, 2000, should not result in a 1-month loss of transitional corridor payments for providers. The commenter believed that the 3½ years of corridor payments required by law for non-cancer hospitals paid under the outpatient prospective payment system should not be reduced due to delayed implementation of the prospective payment system. The commenter urged us to seek a legislative change if we determine the 3½ year period for transitional corridor payments must coincide with the first 3½ years of actual prospective payment system implementation.

Response: For hospitals that do not qualify for the permanent hold-harmless provision applicable to cancer hospitals, the statute provides for transitional corridor payments through the end of calendar year 2003. We will monitor and evaluate prospective payment system payments and will consider whether it would be appropriate to recommend that Congress legislate an extension of transitional corridor payments.

h. Rural Hold-Harmless Provision

Comment: One commenter suggested that we reevaluate the definition of rural outpatient hospitals eligible for the hold-harmless provision and consider including rural hospitals that have 100 to 200 beds, ''but whose outpatient volumes are not sufficient to maintain the facilities' finances.''

Response: The bed size for hospitals to qualify for the rural hospital hold-harmless provision is limited by statute, under section 1833(t)(7)(D)(i) of the Act, to hospitals that have no more than 100 beds.

Comment: One commenter stated that on page 18501 of the April 7, 2000 final rule with comment period, we state that bed size under the rural hospital hold-harmless provision will be determined in the same manner as it is for the hospital inpatient prospective payment system indirect medical education adjustment. The commenter contended that we have not provided these instructions to fiscal intermediaries. The commenter questioned whether the fiscal intermediaries are using the number of beds reported on the hospital cost reports to determine the bed size. Still another commenter stated that we failed to specify how beds are to be counted under the hospital outpatient prospective payment system. The commenter further stated that our impact analysis published in the April 7, 2000 final rule with comment period

suggests that available bed counts shown on the HCFA–2552 cost report S–3 Worksheet are used to determine if a hospital has 100 or fewer beds to qualify for the rural hold-harmless transitional corridor payment provision. The commenter urged us to clarify this issue.

Response: In Program Memorandum Transmittal No. A–00–23, later revised in June 2000 as Program Memorandum Transmittal No. A–00–36, we provided instructions to fiscal intermediaries concerning how to calculate interim transitional corridor payments. As indicated in the April 7, 2000 final rule with comment period, the bed size used for transitional corridor payments will be the same bed size defined in and used to calculate indirect medical education costs and disproportionate share adjustments under the hospital inpatient prospective payment system. Fiscal intermediaries are instructed to obtain certain provider-specific information needed to make the calculation from the outpatient provider-specific file that they maintain. Certain items on the outpatient provider-specific file, including bed size, are taken directly from the provider file used in processing inpatient claims.

Comment: One commenter urged that we revise policy for determining bed size for purposes of defining rural providers eligible for the hold-harmless provision. The commenter advocated that we adjust a provider's count of acute inpatient days to account for observation patients occupying acute inpatient beds.

Response: The commenter did not provide a rationale for their recommendation. We believe that it is appropriate to adopt a policy for purposes of the outpatient prospective payment system that is consistent with the policy for purposes of the inpatient prospective payment system; therefore, we are not making a change at this time.

Comment: A commenter specifically asked that, for purposes of determining bed size for rural providers, we clarify what year is used to determine bed size. The commenter also asked what our policy is regarding providers that changed their inpatient capacity prior to July 1, 2000, and those that may change this capacity during the 3½ year transition period. The commenter suggested that we permit hospitals to downsize capacity without affecting their eligibility for hold-harmless status.

Response: Under § 412.105(b), to determine bed size for the rural hold-harmless provision, we calculated bed size on the basis of the provider's cost reporting period. A rural hospital's bed size and, therefore, its eligibility for hold-harmless treatment may change from one cost reporting period to the next.

Comment: Several commenters asked us to clarify whether a hospital's reclassification for either the wage index area or standardized amount affects its eligibility for the rural hold-harmless payment. The commenter believed that, because the BBRA 1999 statutory provision relevant to the rural hold-harmless provision refers to providers ''located in a rural area'' rather than the provider's payment status, a provider's geographic reclassification for wages or standardized amount has no bearing on its rural hold-harmless status. A few commenters argued that a geographic reclassification under inpatient prospective payment system for the wage index or the standardized amount is not relevant for purposes of the hold-harmless rural payment provision and that these reclassified hospitals should be included in the rural hold-harmless payment.

Response: If a hospital is located in a rural area, it will not lose its eligibility for hold-harmless payments if it obtains a geographic reclassification under the inpatient prospective payment system for purposes of determining its wage index or standardized amount.

Comment: A number of commenters expressed concern about the various aspects of the hold-harmless provision, referring to sections 1886(d)(8)(E) and 1833(t)(13) under section 401 of the BBRA 1999, and asked about a hospital's eligibility for the rural hold-harmless provision.

Response: Under section 1886(d)(8)(E) of the Act, as added by section 401 of the BBRA 1999, if a hospital submits an application and meets certain criteria, the Secretary treats the hospital as being located in a rural area for purposes of section 1886(d) of the Act. Under section 1833(t)(13) of the Act, as added by section 401(b) of the BBRA 1999, if a hospital is treated as being located in a rural area under section 1886(d)(8)(E) of the Act, then the Secretary shall treat the hospital as being located in a rural area for purposes of the outpatient prospective payment system. Therefore, if a hospital is treated as being located in a rural area under section 1886(d)(8)(E) of the Act, then the hospital is treated as a rural hospital for purposes of the hold-harmless provision.

Comment: One commenter stated that the 2-month waiting period for interim transitional payments may adversely affect a large number of small rural hospitals. The commenter also believed these hospitals will require a higher interim payment than planned. The commenter asked that we use a hospital-specific impact analyses to create a process for interim payments for these small rural hospitals that would begin concurrently with the start of the prospective payment system.

Response: In order to calculate interim transitional corridor payments for any hospital, we needed to have some amount of claims that had been processed under the prospective payment system. For this reason, we were not able to begin transitional corridor payments concurrently with the implementation of the prospective payment system. Because of our concerns discussed earlier about having to initiate recoupment procedures in cases of overpayments, we are not increasing interim payments at this time. However, as cost reports are settled and we are able to determine how well interim payments predict final transitional corridor payments, we will be able to reevaluate this policy.

i. Covered Charges

Comment: Several commenters asked that we clarify the definition of ''covered charges'' used to compute the rural hold-harmless transitional corridor payment. One commenter stated that total procedures and thus the hold-harmless payment will be understated should we eliminate from these calculations the charges for incidental procedures or procedures that the Outpatient Code Editor consolidates into the main procedures.

Response: In the preamble and the regulation text of the April 7, 2000 final rule with comment period, we refer to ''covered hospital outpatient services'' to describe the services that are paid under the prospective payment system and, therefore, subject to the transitional corridor provision. To determine a provider's costs for purposes of calculating the pre-BBA amount for both interim payments and for final cost report settlement, we will take into account all costs encompassed under the prospective payment system, including the cost of incidental services that are packaged into the APC rate. These services are identified as those having HCPCS codes with a status indicator of ''N'' (as listed in Addendum B) and incidental services that may not be billed with HCPCS codes, but which are billed under revenue codes that indicate a packaged service such as observation services, recovery room, supplies and many drugs.

Comment: One commenter asked us to clarify how charges for packaged services, for example observation services, should be billed when they are

the only service provided. The commenter stated that inclusion of charges for these packaged services in the total bill charges are necessary to calculate the proper transitional corridor payment.

Response: Packaged services will not be the only items that appear on a bill. Packaged services will appear on a bill with the service to which they are incidental. For example, observation services are properly billed with the clinic visit, emergency room visit, surgery, etc., that results in the need for the incidental observation service.

j. Cancer Hospitals and Transitional Corridor Payments

Comment: Several commenters believed that the process described in Program Memorandum Transmittal No. A–00–23 for calculating the hold-harmless transitional corridor payments should be revised because it does not reflect Congressional intent and will not provide the relief to the 10 cancer centers that the Congress intended. These commenters contended that the method described in the program memorandum for calculating the transitional corridor payments will result in a 22 percent loss in outpatient patient revenues for the cancer centers compared to those received in 1998. The commenters further claimed that their revenue losses under the new outpatient prospective payment system may increase an additional 2 percent, or 24 percent in total, because we will not pay claims for any medical visits that are billed in conjunction with related significant procedures.

In addition, these commenters urged us to:

- Establish an appeal process for providers with cash flow problems that would permit fiscal intermediaries to adjust a provider's cost-to-charge ratio ''to rectify ongoing OPPS losses prior to reconciliation.''
- Reduce interim payments to the 10 cancer centers by only 5 percent rather than 15 percent. (The commenters contended that this approach would be consistent with the method currently used to determine their inpatient interim payments under the TEFRA cost limits system.)
- Pay the 10 cancer centers the balance of the hold-harmless payments due at the time the cost report is subjected to desk review rather than at the time it is settled. (The commenters stated that settlement of the centers' cost reports is completed within 2 to 4 years after a completed cost report is filed, whereas the cost report desk review is generally completed 90 days after it is filed.)

Response: Medical visits may be billed with significant procedures as long as the medical visit is a separate and distinct service from the significant procedure, even though the significant procedure is related to the medical visit. For example, as a result of an examination performed as part of a clinic or emergency room visit, a patient is determined to need a CT scan or MRI, or as a result of a dermatology examination performed as a clinic visit, a patient also has a surgical procedure to remove a mole. In these types of situations, payment will be made for both a medical visit and a significant procedure.

Program Memorandum Transmittal No. A–00–63 provides for adjustment of a provider's cost-to-charge ratio in certain specific situations. In the future, in order to reflect changes in hospital costs and charges, we will allow fiscal intermediaries to make additional updates of a provider's cost-to-charge ratio to ensure that interim payments accurately reflect our best estimates of final transitional corridor payments.

Although we limited the interim payment to 85 percent of the estimated payment in order to minimize the risk of overpayment, in the future, as cost reports are settled and we are able to determine how well interim payments predict final transitional corridor payments, we will be able to reevaluate this aspect of our interim payment policy and we will consider permitting modification of payment-to-cost ratios to reflect particular circumstances.

The statute indicates that interim payments are made subject to retrospective adjustments based on settled cost reports. However, it is current practice that, depending on the provider's specific situation, a fiscal intermediary may make additional payments as part of a tentative settlement action prior to final settlement of the cost report.

k. Teaching Hospitals and Transitional Corridor Payments

Comment: One commenter urged that we retain the transitional corridor payments permanently for major teaching hospitals.

Response: Section 1833(t)(7) of the Act provides permanent transitional corridor payments only for cancer hospitals described in section 1886(d)(1)(B)(v) of the Act. As indicated earlier, we will monitor and evaluate the prospective payment system payments and will consider whether it would be appropriate to recommend that Congress extend transitional corridor payments.

Comment: One commenter stated that while the transitional corridor payments will mitigate some of the losses to teaching hospitals under the prospective payment system compared to the former cost-based payment system, these payments are temporary. The commenter believed that we underestimated the losses that some teaching hospitals will experience. Another commenter urged us to monitor closely the impact of the prospective payment system on major teaching hospitals during the 3½ year transitional corridor payments. The commenter believed that these hospitals will require a payment adjustment after the transitional corridor payment period expires to mitigate their potential financial losses under the prospective payment system.

Response: As we stated in the preamble of the April 7, 2000 final rule with comment period, we will perform further comprehensive analyses of cost and payment differences between different classes of hospitals as soon as there is a sufficient amount of claims data submitted under the prospective payment system. We will use data from the initial years of the prospective payment system to conduct regression and simulation analyses. In addition, we will carefully track and analyze the additional payments made to hospitals under the transitional corridor provision. These analyses will be used to consider and possibly propose adjustments in the system, particularly beginning in 2004 when the transitional corridor provisions expire.

13. Limitation on Coinsurance for a Procedure

In the April 7, 2000 final rule with comment period (65 FR 18488), we specified that, in accordance with section 1833(t)(8) of the Act (as amended by section 204(a) of the BBRA 1999), the coinsurance amount for a procedure performed in a year cannot exceed the hospital inpatient deductible for that year. We specified that we would apply the limitation to the wage-adjusted coinsurance amount (not the unadjusted coinsurance amount) after any Part B deductible amounts are taken into account. Therefore, although the unadjusted coinsurance amount for any APC may be higher or lower than the inpatient hospital deductible, the actual coinsurance amount for an APC, determined after any deductible amounts and adjustments for variations in geographic areas are taken into account, will be limited to the Medicare inpatient hospital deductible. Any reduction in coinsurance that occurs in applying the limitation will be paid to

hospitals as additional program payments.

Comment: One commenter disagreed with our interpretation of the BBRA 1999 provision that amended section 1833(t)(8) of the Act to limit the coinsurance amount for a procedure to the amount of the inpatient hospital deductible. The commenter believed that our interpretation that applies the limitation to coinsurance on an APC by the APC basis is too narrow.

The commenter concluded that, at a minimum, the limitation should be more broadly interpreted to apply to the total coinsurance incurred by a beneficiary in connection with an outpatient visit, that is, from the time the beneficiary walks into an outpatient department until he or she is released. However, to implement the provision as envisioned by the Congress, the commenter suggested that we also consider developing a service period unit for outpatient procedures that is similar to the ''spell of illness'' concept used to define the set of services to which a single inpatient hospital deductible applies. Therefore, when a patient comes to an outpatient department for treatment of a particular condition, his or her coinsurance liability for all the services required for that condition should not exceed the inpatient hospital deductible. The commenter recommended that we apply the limitation regardless of how many or which APCs are billed or the number of visits required for such treatment.

Response: APCs are based on CPT codes. We believe that the most plausible meaning for ''procedure'' in this context is a CPT code or, by extension, an APC. Thus we interpret the limitation of coinsurance for a procedure in section 1833(t)(8)(C) of the Act as added by section 204 of the BBRA 1999 to apply in general to APCs.

We do not believe that it was the intent of the Congress to apply the coinsurance limitation to the beneficiary's aggregate coinsurance amounts for all outpatient services received during the entire service period for a specific condition or even to the services a beneficiary receives in one day. During the Congressional committee deliberations on this provision before it was enacted, we held technical discussions with committee staff. At their request, we identified the specific 10 APCs in the September 1998 proposed rule that would be likely to have a coinsurance that exceeded the inpatient hospital deductible. The Congressional Budget Office also used that information to project the cost of this statutory provision. Therefore, we believe that our interpretation in the April 7, 2000 final rule with comment period of how the coinsurance limitation is to be applied is consistent with the intent of Congress.

Comment: Several commenters pointed out that because APCs for drugs and biologicals are defined based on HCPCS codes for the lowest unit of the drug or biological, if we intend to apply the inpatient deductible limit at the APC level, we might disadvantage beneficiaries who receive multiple units. For example, the coinsurance for a specific drug APC may not exceed the inpatient deductible amount. However, if multiple units of the same drug are administered, the coinsurance based on the multiple APCs may, in fact, exceed the inpatient deductible. The commenters believed that the total coinsurance amount for a drug or biological based on the amount administered should be subjected to the inpatient deductible limit. The commenters believed that constructing APCs for drugs based on the lowest unit of the drug is solely a payment convention and does not mean that each dose is a separate ''procedure.'' Therefore, the commenters contended, a better reading of the statute is that the administration of a drug or biological, regardless of the dose, is one procedure for purposes of applying the hospital outpatient prospective payment system and it would be inappropriate to compare the inpatient deductible limit to anything but the total coinsurance amounts.

Response: In the case of services that involve the administration of drugs and biologicals in separate APCs, we have concluded that we should apply the limitation on coinsurance to include both the drug or biological (in whatever units it is administered) and the service that leads to its administration. We constructed separate APCs for drugs and biologicals, and established pricing on the basis of the lowest dose, not to reflect CPT codes, but solely as a matter of convenience in administering the payment system. Consequently, we think that the interpretation with the most clinical relevance in this instance is to treat a drug or biological and the service that leads to its administration as a single procedure. We had not proposed separate APCs for drugs and biologicals in the proposed rule for the outpatient prospective payment system and the Congress did not know we would segment APCs at the time it passed the BBRA 1997.

Effective for drugs and biologicals furnished on or after January 1, 2001, when multiple units of a drug or biological are furnished to a beneficiary during one day, resulting in multiple APC payments for the same drug, we will aggregate the total coinsurance applicable to the drug or biological, and the aggregated amount cannot exceed the inpatient hospital deductible for the calendar year. In order to accomplish this change in our bill processing systems, we are assigning a new status indicator designated as ''K'' to APCs for nonpass-through drugs and biologicals (as reflected in Addendum D of this interim final rule with comment period). Effective for services furnished on or after July 1, 2001, in the same circumstances, we will aggregate the total coinsurance applicable to the drug or biological and to the service that resulted in the administration of the drug, and the aggregated amount cannot exceed the inpatient hospital deductible for the calendar year. We are unable to make the latter provision effective earlier because of systems constraints.

Comment: One commenter stated that the BBRA 1999 requirement that coinsurance for a procedure cannot exceed the inpatient hospital deductible for that year adds confusion to an already complicated formula for determining coinsurance. The commenter stated that the monitoring of coinsurance needed to ensure the limitation is being applied on a procedure basis will add undue burden and increase a provider's costs. To make the hospital outpatient prospective payment system less complicated, the commenter believed that we should consider eliminating the threshold.

Response: The coinsurance limitation is required by statute. Therefore, a statutory change would be required to eliminate this provision.

14. Reclassification of Certain Hospitals

In the August 1, 2000 **Federal Register** (65 FR 47029), we implemented section 401 of the BBRA 1999 for the hospital inpatient prospective payment system. Section 401(a) of the BBRA 1999, which amended section 1886(d)(8) of the Act by adding a new paragraph (E), directs the Secretary to treat any subsection (d) hospital located in an urban area as being located in the rural area of the State in which the hospital is located if the hospital files an application (in the form and manner determined by the Secretary) and meets certain statutorily specified criteria. Additionally, section 401(a) of the BBRA 1999 includes hospitals ''* * * located in an area designated by any law or regulation of such State as a rural area (or is designated by such State as a rural hospital).'' A hospital also may seek to qualify for reclassification premised on the fact that, had it been located in a

rural area, it would have qualified as a rural referral center or as a sole community hospital.

Section 401(b) of the BBRA 1999 made a conforming change to section 1833(t) of the Act. Specifically, section 401(b) added section 1833(t)(13) to the Act which provides that if a hospital is being treated as being located in a rural area under section 1886(d)(8)(E) of the Act (for purposes of section 1886(d) of the Act), the hospital will also be treated under section 1833(t)(13) of the Act as being located in a rural area.

In the April 7, 2000 final rule with comment period, we explained that we use the same yearly version of the hospital inpatient prospective payment system wage index (which takes effect each October 1) to adjust the portion of the outpatient prospective payment system payment rate and the coinsurance amount that is attributable to labor-related costs for relative differences in labor and labor-related costs across geographic areas (and that will be applied effective each January 1). This wage index reflects the effects of hospital designations under section 1886(d)(8)(B) of the Act and hospital reclassifications under section 1886(d)(10) of the Act.

We did not receive any comments on this conforming change.

B. August 3, 2000 Interim Final Rule With Comment Period

Following are the issues addressed in the August 3, 2000 interim final rule with comment period, the public comments received on each issue, and our response to those comments. In that interim final rule, we—

- Revised the regulation at § 419.43(e)(1)(iv) to change one criterion and postpone the effective date for two other criteria that a new device, drug, or biological must meet in order for its cost to be considered ''not insignificant'' for purposes of determining its eligibility for transitional pass-through payments;
- Changed our interpretation for three of the eight criteria set forth in the April 7, 2000 final rule with comment period for defining a new medical device that would be eligible for transitional pass-through payments and amended § 419.43 by adding new paragraph (e)(4) to include all eight criteria;
- Clarified the assignment of ''C'' codes to eligible pass-through items;
- Corrected a trigger date for grandfathering of provider-based FQHCs; and
- Clarified our intent regarding prior notice of beneficiary cost-sharing liability in emergency situations.

1. Transitional Pass-Through Provisions

a. ''Not Insignificant'' Cost Criteria

Section 1833(t)(6) of the Act, as added by section 201(b) of the BBRA 1999, requires the Secretary to make transitional pass-through payments for post-1996 new drugs, biologicals, and devices for at least 2 but no more than 3 years when the cost of the item is ''not insignificant'' in relation to the hospital outpatient prospective payment system payment amount. In the April 7, 2000 final rule with comment period, we established three criteria that a new device, drug, or biological must meet to determine whether its costs are not insignificant relative to the APC payment with which the item is associated (65 FR 18480–81). We stated that all of the following cost criteria must be satisfied in order for a new device, drug, or biological to be eligible for transitional pass-through payments:

- Its expected reasonable cost exceeds the applicable fee schedule amount determined to be associated with the drug, biological, or device by 25 percent.
- The expected reasonable cost of the new drug, biological, or device exceeds the portion of the fee schedule amount determined to be associated with the drug, biological, or device by 25 percent.
- The difference between the expected, reasonable cost of the item and the portion of the hospital outpatient department fee schedule amount determined to be associated with the item exceeds 10 percent of the applicable hospital outpatient fee schedule amount.

After we published the April 7, 2000 final rule with comment period, we gained considerable experience from reviewing applications for transitional pass-through payments. Based on that experience, we concluded that the 25-percent limitation was too restrictive and could result in limiting Medicare beneficiaries' access to new products. Therefore, in the August 3, 2000 interim final rule with comment period, we changed that criterion to ensure that Medicare beneficiaries would continue to have access to the latest technologies. We now require that the expected reasonable cost of a new drug, biological, or device must exceed 10 percent of the applicable fee schedule amount for the associated service. In addition, we also postponed the effective date of the other two criteria applying to a new device, biologicals, or drugs for which a transitional pass-through payment is first made to on or after January 1, 2003. As stated in the August 3, 2000 interim final rule with comment period, the delay in the effective date for these two criteria is necessary so that we will have sufficient time to gather and analyze data needed to determine the current portion of the fee schedule amounts associated with a device, drug, or biological, which is an essential factor in applying these criteria.

Comment: Several commenters commended us for revising the one ''not insignificant'' criterion and postponing the other two criteria until after December 31, 2002. However, some argued that we created an uneven playing field by changing our policies after we published our April 7, 2000 final rule and announced pass-through application deadlines. They claimed that our untimely lowering of the cost threshold from 25 percent to 10 percent unfairly disadvantaged companies that did not submit pass-through applications by the deadline for our August 1, 2000 payments because they believed that their products would not qualify for payment. One commenter recommended that we rapidly process applications submitted for our January 1, 2001 update and change the effective date of that update to November 1, 2000. Another commenter advocated that we apply the 10-percent cost threshold retroactively to all device pass-through applications to ensure equitable treatment for all manufacturers.

Response: Based on our review of transitional pass-through applications, we believe that we have not applied our policy change inconsistently to applications that we received. The change to the lower cost threshold is effective for services furnished on or after August 1, 2000. If an applicant's product was denied pass-through status because its cost was considered to be ''not insignificant'' and that applicant can show that our decision was not based on the 10-percent criterion, the applicant may request that we reevaluate the application. In addition, we encourage other interested parties who withheld applications because they believed that their products would not qualify for pass-through status to submit them. Further, we cannot update the pass-through payments effective November 1, 2000 as requested. Adding new pass-through items to our outpatient prospective payment system requires changes to our complex Medicare computerized claims processing systems that we can make only at the beginning of a calendar quarter.

Comment: One commenter believed that reducing the cost threshold to 10 percent for new devices may be too low. The commenter stated that the lower

cost threshold would expose hospitals to financial risk created by the use of new and expensive technology furnished in providing patient care. The commenter advocated that we consider as an option ''establishing * * * a floor—or a variable percentage that is higher for low-cost cases and lower for high-cost cases.''

Response: We believe that this option will require time to evaluate its merits, assess its impact on our systems and determine systems changes that would be required to implement it. Therefore, we will consider this request for possible inclusion in our future proposed rule for outpatient prospective payment system updating that we expect to publish in the spring of 2001.

Comment: One commenter urged that we grant the public another opportunity to evaluate and comment on all three ''not insignificant'' cost criteria before implementing them.

Response: Before we implement all three of these criteria, we plan to provide notice and opportunity for public comment. Since we do not expect to implement two of these criteria before January 1, 2003, we would not expect to publish a proposed rulemaking until the spring of 2002.

Comment: One commenter asked how we would apply the three ''not insignificant'' cost criteria in instances when multiple units of a new device are used in performing a procedure. The commenter recommended that we use the ''weighted average cost of the product, based on the average number of unit used in a procedure.''

Response: We plan to fully describe our approach to implementing these three criteria in a future proposed rule. As previously stated, we will not implement two of these criteria before January 1, 2003. Therefore, we do not expect to publish a proposed rulemaking until the spring of 2002.

Comment: One commenter asked that we clarify how transitional pass-through payments will be incorporated into the APC payments at the end of the 2- to 3-year transitional period for a given device. The commenter also asked how we would prevent the cost for the pass-through items from being diluted significantly by the median cost of other procedures grouped in the same APC.

Response: We plan to use a methodology similar to that currently used to construct the APC groups to incorporate payment for pass-through items into the APC payments once their pass-through status expires. That is, we have assigned a unique HCPCS code to each eligible pass-through item that will allow us to track its payments and utilization over the 2 to 3 years that it is eligible for pass-through status. The codes will allow us to match the pass-through items to the specific procedures or medical visits with which they are used. After we gain appropriate information about the actual costs a hospital incurs to provide a pass-through item, we will package the cost for the pass-through with that for the relevant procedure or medical visit with which it is used and assign the packaged service to a clinically related APC group with comparable resources. We will limit the cost variation within each group as required by section 1833(t)(2) of the Act, as amended by section 201(g) of the BBRA 1999. In accordance with this provision, the items and services within a group cannot be considered comparable with respect to the use of resources if the highest median cost item or service within a group is more than two times greater than the lowest median cost item or service within the same group. By law, the Secretary is allowed certain exceptions to this requirement, that is, for low volume items and services.

Comment: One commenter asked if we would provide adequate recognition for multiple devices used in a procedure ''if multiple procedure discounting is allowed to cut the pass-through generated recognition of these costs in half.''

Response: Under the hospital outpatient prospective payment system, devices eligible for pass-through payments are paid separately and not subject to the multiple procedure discounting policy. This policy applies only to the actual surgical procedure that is performed to implant the pass-through device. These procedures are denoted by a status indicator ''T'' and listed in Addendum B of this rule.

Comment: One commenter urged us to correct erroneous APC groupings more frequently than during our scheduled quarterly or annual update cycles until we stabilize the hospital outpatient prospective payment system.

Response: We understand the importance of paying appropriately for services billed under our new outpatient system and are committed to resolving problems that would preclude us from making appropriate payments in a timely manner. However, because of the complexity of our system we cannot commit to making changes other than during the scheduled updating cycles.

b. Definition of Medical Device

In the April 7, 2000 final rule with comment period, we established eight specific criteria that new or innovative medical devices must meet to be considered eligible for pass-through payments under section 1833(t)(6) of the Act. We stated in that rule that new or innovative medical devices must meet all of the following criteria to be considered eligible for transitional pass-through payments:

(1) They were not recognized for payment as a hospital outpatient service prior to 1997.

(2) They have been approved or cleared for use by the FDA.

(3) They are determined to be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body part, as required by section 1862(a)(1)(A) of the Act. We recognize that some investigational devices are refinements of existing technologies or replications of existing technologies and may be considered reasonable and necessary. Therefore, we indicated that we will consider devices for coverage under the hospital outpatient prospective payment system if they have received an FDA investigational device exemption (IDE) and are classified by the FDA as Category B devices. However, in accordance with regulations at § 405.209, payment for a nonexperimental investigation device is based on, and may not exceed, the amount that would have been paid for a currently used device serving the same medical purpose that has been approved or cleared for marketing by the FDA.

(4) They are an integral and subordinate part of the procedure performed, are used for one patient only, are surgically implanted or inserted, and remain with that patient after the patient is released from the hospital outpatient department.

(5) The associated cost is not insignificant in relation to the APC payment for the service in which the innovative medical equipment is packaged.

(6) They are not equipment, instruments, apparatuses, implements, or items for which depreciation and financing expenses are recovered as depreciable assets as defined in Chapter 1 of the Medicare Provider Reimbursement Manual (HCFA Pub. 15–1).

(7) They are not materials and supplies such as sutures, clips, or customized surgical kits furnished incident to a service or procedure.

(8) They are not materials such as biologicals or synthetics that may be used to replace human skin.

In the August 3, 2000 rule, we revised criteria (3), (4), and (7) and amended § 419.43(e)(4) to include all eight criteria. We stated in that rule that our change in policies reflects experience

gained in reviewing and processing transitional pass-through applications for devices since publishing our April 7, 2000 final rule with comment period. With regard to criteria (3), we revised it by removing the cost limitation provision for IDE Category B devices that qualify for transitional pass-through payments. We explained in the August 3, 2000 interim final rule that on review of our policy for such new devices, we believed that it would be more appropriate to remove the cost limitation because they are subjected to the same eligibility requirements as any other device applying for pass-through status and because pass-through payments for a specific device are temporary.

For criteria (4), we modified our interpretation of which devices are eligible for transition pass-through payments to include new medical devices that are used for one patient only, are single use, come in contact with human tissue, and are surgically implanted or inserted in a patient during a procedure but may also be removed during that procedure so that the patient leaves the hospital without the device. Our revised interpretation also includes clips that are used as radiological site or tissue markers.

As explained in the August 3, 2000 interim final rule, it became apparent, based on experience gained in processing a large number of applications for new medical device pass-through status, that our attempt to distinguish implantable devices using the criteria we had outlined in our April 7, 2000 final rule with comment period had some practical limitations. We also explained that, in some instances, the new medical device is implanted temporarily rather than permanently as indicated in our original policy published in the April 7, 2000 final rule with comment period. However, we did not intend for our policy to exclude new medical devices that are implanted or inserted during a procedure but also may be removed during that procedure so that the patient leaves the hospital without the device. Rather, we believed that these devices should be considered for pass-through payments because they also are implantables. We further stated in the August 3, 2000 interim final rule with comment period that it had become apparent that some implantable clips are expensive and function other than as tools or supplies necessary for a surgeon to perform a surgical procedure. We did not intend to exclude such clips from consideration for pass-through payments. Therefore, we revised our interpretation of which devices are eligible for transitional pass-through status to include also new single use medical devices that may be temporarily implanted or inserted in a patient.

Finally, in criterion (7), we became aware of the need, based on our review of pass-through applications, to clarify that supplies include pharmacological imaging and stressing agents, including contrast media but excluding radiopharmaceuticals (for which payment under the transitional pass-through provision is established by section 1833(t)(6)(A) of the Act).

Comment: One commenter urged that we issue detailed guidelines that clarify whether an IDE Category B device with pass-through status will be assigned only one ''C-code'' for both its clinical investigation and commercialization.

Response: Our general policy is to assign only one code to an eligible pass-through item.

Comment: One commenter asked how we would reconcile differences in pass-through payment differences (over 2 to 3 years) that are made for an eligible IDE Category B device during its clinical investigation phase versus those paid once the device is commercialized.

Response: Policy decisions regarding the analytical treatment of costs associated with specific items that will be included in our database for constructing APCs will be made in the context of the methodology that we use to derive updated APC weights and payments. This methodology will be fully described in a subsequent proposed rule prior to incorporating the cost for pass-through devices such as eligible IDE Category B devices into our APC payments.

Comment: One commenter asked that we clarify when the definition of a device includes or excludes all of a device's components. The commenter also asked whether we assigned separate codes for the device's components.

Response: If a device can be separated into distinct components and such components are considered integral to the functioning of that device, we evaluate the device and all its component parts to determine whether any or all would qualify for transitional pass-through payment. For example, we have approved several implantable neurostimulator systems for pass-through payment. These systems usually include at least two or three separate components such as a generator, leads, and receiver/transmitter. In this case, we have assigned separate HCPCS codes to each of the eligible components. However, if an eligible pass-through item is considered a component of a non-eligible item, such as a piece of capital equipment, only the eligible item will receive a HCPCS code to bill for pass-through payments.

Comment: One commenter warned us about medical devices that we have approved for pass-through payments such as electrophysiology catheters that the commenter alleges are not single use items. The commenter stated that hospitals use them more than once. The commenter advocated that we advise hospitals not to request additional payments for any approved pass-through item if they reprocess or reuse them.

Response: In the August 3, 2000 interim final rule with comment period, we revised criterion ''d'' of the eight medical device eligibility criteria to explicitly preclude pass-through payments for new medical devices other than those that are single use. Therefore, additional payments will not be made for devices that are reprocessed or reused. Hospitals that bill these devices might be considered to be engaging in fraudulent billing practices.

Comment: A number of the commenters urged that we abandon the use of an individual or brand-specific approach to approving devices for transitional pass-through payments and adopt an approach that distinguishes devices based on categories. The commenters argued that a category approach is more appropriate and more efficient to implement than an individual, item-specific approach. They alleged that the latter approach creates winners and losers and delays timely approval of new technologies.

Response: As previously stated, we adopted a trade-name specific approach for several reasons. First, such an approach provides better information. Codes that are largely item-specific allow us to track what procedures the items are used with and costs of the items. When the pass-through payments for an item ends, we would expect to have good information for assigning it to relevant APCs and ensuring appropriate payment for these APCs. Adopting a scheme with a significant degree of categorization would require use of averages in making assignments and setting payment rates. Decisions based on these more limited data would likely lead to intensified concerns about the appropriateness of APC assignment and payment.

Second, this approach permits finer discrimination in eligibility decisions. An item-by-item approach allows us to be sure individual items in fact meet the criteria for eligibility. Of major concern in this instance is whether a device is ''new'' using the standard of the statute. Section 1833(t)(6)(A) of the Act limits

transitional pass-through payment to those devices for which '' * * * payment for the device * * * as an outpatient hospital service under this part was not being made as of December 31, 1996.'' Adopting categories would in some cases mix ''old'' and ''new'' devices. In these instances, either some old devices would get special treatment that they would not be eligible for if they were examined on an item-specific basis, or an entire category could be considered old, thus depriving some new devices from special treatment they would be eligible for if they were examined on an item-specific basis.

Third, an item-specific scheme avoids issues associated with the design of categories needed for purposes of transitional pass-through payments. It largely avoids concerns about what items should be in what category or whether new categories should be created to accommodate items that may appear to be little different from those in existing categories.

Fourth, an item-specific approach allows us to assure that a newly arriving device can obtain the full period of pass-through status it is arguably eligible for under the statute. A categorization approach would likely lead to latecomers being eligible for pass-through payments only for a shorter period. Insofar as revision to APC payment rates reflected the costs of items in the category by the time the category was terminated, the shorter period would be of little consequence. However, if the costs of the late-coming item were significantly higher, this procedure could appear objectionable. A solution in this case would be to create a new code, which could be specific to that item, thus departing from a categorization approach.

We recognize that a category approach would lessen concerns about competitive disadvantages that may have been inadvertently created by an item specific approach and about access to specific items by hospitals and their patients. However, we found no satisfactory way of establishing categories that would not run into difficulty regarding the test of whether a device is ''new'' as described above. Consequently, we are making no change in our approach in response to comments.

2. Revision to Grandfather Provision for Certain FQHCs and ''Look-Alikes''

In the April 7, 2000 final rule with comment period, which discussed the provider-based status criteria and requirements, we grandfathered FQHCs or ''look-alikes'' that were designated as such before 1995 in order to assure the continuity of care and access to care for patients of some of these facilities. To meet our original policy intent of helping to ensure that the new criteria do not disrupt the delivery of services to patients of these facilities, in the August 3, 2000 interim final rule with comment period (65 FR 47674), we corrected § 413.65(m) to state that a facility that has since April 7, 1995 furnished only services that were billed as if they had been furnished by a department of a provider will continue to be considered as a department of a provider, without regard to compliance with the provider-based criteria, if the facility—

(1) Received a grant on or before April 7, 2000 under section 330 of the Public Health Service Act and continues to receive funding under such a grant, or is receiving funding from a grant made on or before April 7, 2000 under section 330 of the Public Health Service Act under a contract with recipient of such a grant, and continues to meet the requirements to receive a grant under section 330 of the Public Health Service Act; or

(2) Based on the recommendation of the Public Health Service, was determined by HCFA on or before April 7, 2000 to meet the requirements for receiving a grant under section 330 of the Public Health Service Act, and continues to meet such requirements. We made this change to clarify that grandfathering under § 413.65 is based on continued status as a section 330 of the Public Health Service Act grantee or a ''look-alike'' facility. We received no comments on this change.

3. Clarification of Notice of Beneficiary Cost-Sharing Liability

In the August 3, 2000 interim final rule with comment, we also addressed whether hospitals could reasonably be expected to furnish an exact statement of the patient's financial liability, since the exact scope of services needed may not be known at the time notice must be given. Specifically, we stated that when the extent of care needed is not known before the patient is admitted, the hospital may furnish a written notice to the patient that explains the general fact that the beneficiary will incur a coinsurance liability to the hospital that he or she would not incur if the facility were not provider based. Furthermore, we clarified that the estimate of ''potential financial liability'' in this written notice may be based on typical or average charges for visits to the facility or organization, while stating that the patient's actual liability will depend upon the actual services furnished by the hospital.

Comment: One commenter stated that our clarification regarding the notice of beneficiary cost sharing liability was helpful, but recommended that we amend or modify the regulations at § 413.65(g)(7) to reflect such clarification since the wording of the existing regulations states twice that the notice must be given ''prior to the delivery of services'' without an exclusion for emergency medical conditions. In addition, the regulation states that the hospital has an obligation to notify the beneficiary of the ''potential financial liability'' not just to provide the beneficiary with ''an estimate based upon typical or average charges'' in the event that the exact type and extent of care is not known.

The commenter also recommended that we require hospitals to only notify the beneficiary of the fact that the beneficiary will incur a coinsurance liability for hospital outpatient services without giving a dollar amount of beneficiary copayment. Such a notice could include a statement that the copayment liability will be determined by us and the beneficiary will be notified of the exact amount once the hospital is notified of the amount determined by us. The commenter believes that an estimate based on charges would ''miss the point'' of this provision since beneficiary copayment amounts are now determined by HCFA using an APC grouper, not charges.

Response: We appreciate the commenter's concerns and agree that a change in the regulations is needed to reflect the clarification provided in the August 3, 2000 interim final rule with comment period in a future proposed rule. As we stated in the August 3, 2000 interim final rule with comment period (65 FR 47675), we are developing a proposed rule that will further revise and clarify the notice requirements. We are doing this to allow the public a full opportunity to comment on the changes and to ensure that we have the benefit of all relevant comments.

We disagree with the commenter's statement that an estimate based on charges would ''miss the point'' of this provision since such a notice is required only to give the beneficiary an idea or an example of their ''potential financial liability''. As stated in the August 3, 2000 interim final rule with comment period (65 FR 47675), the estimate should state that the beneficiary's ''actual liability will depend upon actual services furnished by the hospital.'' Also, with the delay in the effective date of the provider-based status regulations until January 10, 2001, hospitals will have at least five months of experience with APC

payments under outpatient prospective payment system and should be able to develop an appropriate estimate of a copayment amount based on APCs rather than charges.

4. Clarification of Protocols for Off-Campus Departments

In the April 7, 2000 final rule, under new § 489.24(i)(2) we require hospitals to establish protocols for handling individuals with potential emergency conditions who arrive at hospital off-campus departments. Section 489.24(i)(2)(ii) further requires that if the off-campus department is a physical therapy, radiology, or other facility not routinely staffed with physicians, RNs, or LPNs, the department personnel must be given protocols that direct them to contact emergency personnel at the main hospital campus.

In the August 3, 2000 interim final rule with comment period, we clarified that § 489.24(i)(2) does not require a delay of an appropriate transfer when the main hospital campus does not have the specialized capability or facilities required by the individual or when the individual's condition is deteriorating so rapidly that the time needed to move the individual to the main hospital campus would significantly jeopardize the individual's life or health. We also stated that the contact with emergency personnel at the main hospital campus should be made either after, or concurrently with, the actions needed to arrange an appropriate transfer under § 489.24(i)(3)(ii), if doing otherwise would significantly jeopardize the individual's life or health. We noted that this clarification does not relieve the off-site department of the responsibility for making this contact, but only clarifies that the contact may be delayed in specific cases when doing otherwise would endanger a patient subject to EMTALA protection. We received no comments on this clarification.

5. Typographical Errors in the Provider-Based Regulations

Comment: One commenter questioned whether the provider-based regulations in §§ 413.65 and 489.24, as they appeared in the April 7, 2000 final rule with comment period (65 FR 18538), contained typographical errors.

Response: We are aware of typographical errors in the provider-based regulations as published in the April 7, 2000 final rule with comment period (65 FR 18538) and will be publishing a correction notice (HCFA–1005–CN) to make these corrections.

III. Provisions of This Interim Final Rule With Comment Period

A. Changes Relating to the BBRA 1999 Public Comments

Except for the changes discussed in the preamble, we are adopting the BBRA 1999 provisions implemented in the April 7, 2000 final rule with comment period and the August 3, 2000 interim final rule with comment period, described in section II of this preamble, as final without modification. We are making the following changes to the regulation text as a result of the public comments received:

We are revising § 419.41(c)(4)(i) to provide that, effective January 1, 2001, when multiple APCs for a single drug or biological are furnished to a beneficiary on the same day, the inpatient hospital deductible limitation on coinsurance will be applied to the aggregate coinsurance for the drug or biological. The section is further revised to provide that, effective July 1, 2001, the coinsurance amount for the procedure or service that resulted in the administration of the drug or biological will be aggregated with the coinsurance for the drug or biological in applying the limit.

We are revising § 419.70(f)(2)(ii) to remove the phrase ''without applying the cost reductions under section 1861(v)(1)(S) of the Act''. We recognize that the phase may have inadvertently caused confusion to the extent it is redundant, as pointed out by a commenter.

B. Annual Updates to Components of the Hospital Outpatient Prospective Payment System

In this interim final rule with comment period, for calendar year 2001, we are updating the wage index and the conversion factor adjustment for covered hospital outpatient services furnished beginning January 1, 2001. We also are updating the existing APC groups to reflect new codes that have been assigned. In accordance with section 1833(t)(9)(A) of the Act and section 201(h)(2) of the BBRA 1999, we will undertake a complete system update in 2001 for hospital outpatient prospective payments. That update will take effect on January 1, 2002. We will consult with an expert outside advisory panel composed of appropriate representatives of providers. This panel will review and advise us concerning the clinical integrity of the APC groups and relative weights. The panel will be allowed to use data other than those we have collected or developed during our review of the APC groups and relative weights.

1. APC Groups

We are updating the existing APC groups effective January 1, 2001 to reflect the addition of new CPT and alpha-numeric codes, the deletion of invalid codes, changes to the list of procedures we pay for only in an inpatient setting (the ''inpatient list''), the creation of a new status indicator, newly covered procedures, reconfigurations due to the inclusion of device costs, and revisions to correct errors and provide consistency in the placement of codes.

a. New Codes

There are 936 new codes, 645 of which are ''C'' codes. ''New'' in this context means new since the April 7, 2000 final rule with comment period was published. Many of the ''C'' codes were published in program memoranda over the intervening months. New codes are shown in Addendum B with an asterisk in the column preceding the code.

b. Deleted Codes

With the exception of ''C'' codes, codes deleted effective January 1 of each year are given a 3-month grace period in which they will still be recognized. ''C'' codes are temporary codes used exclusively to bill pass-through items and new technology services and items paid under the hospital prospective payment system. We will retire these codes prospectively at the start of a new calendar quarter based on specific service dates and are not extending the same 3-month grace period to them. We will drop all non ''C'' codes from APCs effective April l. Deleted codes are shown in Addendum B. They are followed by the letter D. The AMA's CPT books also list deleted codes.

c. Revisions to Correct Errors or Inconsistencies

We are revising the APCs in order to correct errors and to provide greater consistency in the placement of codes. For example, we had assigned various types of cardiovascular diagnostic tests to four APCs, with rates based on data that, on subsequent review, appeared limited. We are recategorizing these APCs. This recategorization results in three APCs with greater clinical coherence.

Medicare covers influenza, pneumococcal, and hepatitis B immunizations routinely, with no copayment or deductible due for flu and pneumonia vaccines or their administration. Other vaccines may be covered in certain circumstances, but are, in fact, given so infrequently that our cost data are limited. We are

rearranging the preventive vaccines and assigning the less frequently furnished vaccines based on their reported costs, but within a smaller range. We expect very few immunizations other than influenza and pneumonia to be billed, but if they are billed, we will update our data.

We also are changing the APCs to which bone density studies are assigned. The codes used in 1996 captured both central and peripheral bone density studies. Coding changes since that time have separated the two types of studies, but this distinction was not reflected in the 1996 data. In order to better reflect these differences, we are separating the various codes and assigning central dual energy x-ray absorptiometry (DEXA) bone density studies to a new technology APC.

We did not include the codes for transfusion laboratory services (for example, typing and crossmatching) in APCs in the April 7, 2000 final rule with comment period. We are now creating three APCs to capture these codes, and an additional APC to capture fertility procedures.

d. Device-Related Codes

As described in the April 7, 2000 final rule with comment period, revenue centers 274, 275, and 278 were not included for purposes of calculating the APC rates because prior to the BBRA 1999, we anticipated paying for durable medical equipment and prosthetics (including implantable devices) outside of the outpatient prospective payment system and it was unfeasible to revise our database to reflect the revenue centers in time to publish a final rule and implement the prospective payment system by July 1, 2000. To reflect the inclusion of implantable devices as required under the BBRA 1999, we have recalculated APC rates with these revenue centers included. As a result, the median cost for certain procedures such as inserting pacemakers, replacing leads, and providing neurostimulators increased significantly.

In order to recognize these cost increases, which are attributable to the devices, and to aid in the assignment of devices to APCs at the end of the pass-through period, we are reconfiguring certain APCs. That is, we are creating APC groups for the insertion of pacemakers, the replacement of pacemaker electrodes, the implantation of a pacemaker and electrodes, and the removal of a pacemaker. These changes reflect our basic criteria that procedures within an APC group be clinically similar and comparable in terms of resources, with the highest cost item or service within a group being no more than 2 times greater than the lowest cost item or service within the same group.

e. Inpatient Codes Moved to the Outpatient Setting

In response to numerous requests, we reviewed the composition of the inpatient list. While we continue to believe that we have the majority of the codes assigned properly, for the reasons discussed in section III.B.2. we are persuaded to move a number of codes to the outpatient setting. We are able to place most codes into closely related APCs.

f. ''Two-times'' Rule

The BBRA 1999 required us to ensure that no APC contains codes such that the highest median cost in the APC exceed twice the lowest median cost. We undertook an analysis of APCs in relation to this requirement as part of the 2001 update. (Note that the law provides for exceptions based on low volume and other reasons. We consider a code that captures fewer than 2 percent of the services within an APC to be low volume, and we disregard codes for unlisted services or procedures, since we do not know what service or procedure was billed.) For example, moving a radical mastectomy code from the inpatient list to a breast procedure APC caused the group to fail the two-times test. In another instance, as described above, we packaged costs associated with implantable devices into the relevant procedure codes. This change would also cause device-related APCs to fail the two-times test. For these situations and others that failed the two-times test, we are reconfiguring the APCs appropriately.

g. Inpatient Codes Moved to Outpatient and Affected by Device

Seven codes related to vascular and neurological procedures were moved from the inpatient list into APCs, that were then split according to device use, in response to comments.

h. Newly Covered Codes

The updated APCs reflect recent HCFA decisions to provide Medicare coverage for an electrical bioimpedance procedure and three magnetic resonance angiography services. The codes for these newly covered services are M0302 and 71555, 73725, and 74185, respectively.

i. Pass-Through Requests for Drugs

Since publication of the April 7, 2000 final rule with comment period, we have received additional requests for pass-through status for a number of drugs. The codes for the additional eligible pass-through drugs are shown in Addendum B.

The following table contains a listing of the changes in the APC groups discussed above.

SUMMARY OF CHANGES TO APCS

New Codes	Changes to APC Placement of Existing Codes						
	Revisions or corrections of errors	Device-related codes	Inpatient moved to outpatient	''Two-times'' rule	Inpatient codes moved to outpatient and affected by device	Newly covered codes	Pass-through requests for drugs
936 codes added, 645 of which are ''C''.	111 codes changed.	87 codes changed.	56 codes changed (12 as of 8/1/2000).	25 codes changed.	7 codes changed.	4 codes changed.	4 codes changed

SUMMARY OF CHANGES TO APCs—Continued

New Codes	Changes to APC Placement of Existing Codes						
	Revisions or corrections of errors	Device-related codes	Inpatient moved to outpatient	''Two-times'' rule	Inpatient codes moved to outpatient and affected by device	Newly covered codes	Pass-through requests for drugs
Denoted by asterisk in Addendum B.	APCs—0004, 0087, 0099, 0100, 0102, 0123, 0282, 0340, 0342, 0346, 0347, 0348, 0349, 0354, 0356, 0602, 0761, 0970, 0971, 0974, 0976, 1044, 1401, 1402, 1403, 1404, 1405, 1406, 1407, and 1409.	APCs—0082, 0083, 0089, 0091, 0093, 0103, 0104, 0105, 0106, 0107, 0108, 0109, 0115, 0119, 0124, 0185, 0224, 0225, 0226, 0227, 0228, 0229, 0256, and 1002.	APCs—0005, 0020, 0021, 0029, 0046, 0050, 0081, 0114, 0115, 0120, 0121, 0162, 0165, 0194, 0195, 0198 , 0216, 0254, 0256, 0263, 0264, 0279, 0280, 0970, 0974, and 0981..	APCs—0028 and 0029.	HCPCS—37620, 35011, 36834, 61880, 61888, 33284, 63741.	HCPCS—71555, 73725, 74185, M0302.	HCPCS—J1650, J2770, J1810, J7315

Addenda A and B reflect changes to the APC groups, effective January 1, 2001. Addendum C, entitled ''Hospital Outpatient Department (HOPD) Payment for Procedures by APC, Calendar Year 2001,'' is not published in this interim final rule with comment period, but will be posted on our website at http://www.hcfa.gov /medlearn/refopps.htm. Addendum C will display data similar to those contained in Addenda A and B, but sorted by APCs with each procedure code listed that is assigned to the APC.

2. Inpatient Procedures List Update

In the preamble to the April 7, 2000 final rule with comment period, we indicated that, as part of our annual update process, we would update the procedures on the inpatient list. The first annual revision of this list is effective on January 1, 2001. We are removing 44 procedures from the list and placing them in APCs. (Several procedures that were inadvertently left on the inpatient list in the April 7, 2000 final rule with comment period were removed from the list and placed in APCs in August 2000.) The revised list is included in Addendum E.

We have attempted to limit the inpatient only list to those procedures that, in current medical practice as understood by our clinical staff, require inpatient care, such as those that are highly invasive, result in major blood loss or temporary deficits of organ systems (such as neurological impairment or respiratory insufficiency), or otherwise require intensive or extensive postoperative care. Insofar as advances in medical practice mitigate concerns about these procedures being performed on an outpatient basis, we will be prepared to remove them from the inpatient list and provide for payment under the hospital outpatient prospective payment system. Since the April 7, 2000 final rule with comment period was published, we have received requests to move a number of procedures from the inpatient list because, based on medical evidence, the procedures can be performed safely in a hospital outpatient setting. These included breast and other cancer procedures, repairs of facial trauma, many orthopedic procedures, several vascular procedures, and some genito-urinary procedures.

Among the procedures we are removing from the inpatient list and placing in APCs as a result of these requests are excision of chest wall tumors, several orthopedic repairs, vascular procedures, and ureteral endoscopies. We are moving overnight pulse oximetry from the inpatient list to packaged status. We also are moving several comparable procedures, for example, related ureteral endoscopies.

At this time, we are not removing from the inpatient list various spinal procedures, including osteotomies and laminectomies. We also are not removing several open abdominal and retroperitoneal procedures from the inpatient list because many of these procedures involve prolonged invasion of the thoracic cavity, the peritoneum, or the retroperitoneal space. Patients undergoing these procedures typically require prolonged postoperative monitoring. Moreover, the information provided to us by requesters did not provide convincing evidence that these procedures are currently being performed or can be safely performed in an outpatient setting. However, we are aware that, with advances in technology and surgical techniques, many of these procedures may eventually be performed safely in a hospital outpatient setting. We will continue to review all the procedures on the inpatient list and will consider additional requests to move specific procedures to the outpatient setting. We ask that these requests contain detailed rationale along with medical evidence that the procedure may be performed safely in an outpatient setting.

We note that, in some instances, requests for removing a particular procedure from the inpatient list may have resulted from a misunderstanding about appropriate coding. Less invasive versions of the procedure on the inpatient list may be in an APC. The presence of certain thoracoscopies on the inpatient list, for example, does not mean that no thoracoscopy will be paid under the outpatient prospective payment system.

We also were asked to move several procedures from APCs to the inpatient list. Because of the rapid advance in technology and surgical techniques mentioned above, we believe that if procedures have been assigned APCs, we should not reverse that status unless it becomes obvious that we have made an error. Thus, we are moving to the inpatient setting only one of the codes for which we received a request (open treatment of a knee dislocation, which requires more than outpatient

postoperative monitoring), and two other codes (for nephrectomy with total ureterectomy and for escharotomy) that had been assigned APCs in error.

Beginning in April 2001, we will, if warranted, revise the inpatient list at least quarterly to better reflect changes in medical practice that permit procedures that were previously performed only in an inpatient setting to be safely and effectively performed in an outpatient setting. In the April 7, 2000 final rule with comment period, we discussed our intent to revise the list as part of the annual update of APCs and asked that interested parties advise us of procedures that can be performed in an outpatient setting. Since we will be making quarterly updates to the outpatient prospective payment system for other purposes, we will also change the inpatient list quarterly, if warranted. Generally, because of systems limitations, 3 months or more are required after a decision is made before we can implement a change.

The inpatient list was not a result of a provision of the BBRA 1999; it was included in the September 1998 proposed rule and we responded to comments and made the provision final in the April 7, 2000 final rule with comment. Accordingly, we did not request comments on our policy on the establishment of the inpatient list at that time. Nonetheless, we received a number of comments concerning the existence of this list, the provisions for updating it, and its implications for other Medicare payment systems. We will consider these comments and expect to discuss the matter further in the proposed rule updating the hospital outpatient prospective payment system for 2002, which we will publish in the spring of 2001.

3. Wage Index Adjustment

Under section 1833(t)(2)(D) of the Act, we are required to determine a wage adjustment factor to adjust, in a budget neutral manner, the portion of the payment rate and the coinsurance amount that is attributable to labor-related costs for relative differences in labor and labor-related costs across geographic regions under the hospital outpatient prospective payment system.

In the April 7, 2000 final rule with comment period, we specified, in regulations at § 419.43(c), that each year we use the hospital inpatient prospective payment system wage index established in accordance with 42 CFR Part 412 to make a wage adjustment for relative differences in labor and labor-related costs across geographic areas under the hospital outpatient prospective payment system. We note that, by statute, we implement the annual update of the hospital inpatient prospective payment system on a fiscal year basis. However, we update the hospital outpatient prospective payment system on a calendar year basis. Therefore, the hospital inpatient prospective payment system wage index values established for urban and rural areas and for reclassified hospitals published in the **Federal Register** on August 1, 2000 (65 FR 47149 through 47157) are being applied for wage adjustments under the hospital outpatient prospective payment system, effective January 1, 2001. The fiscal year 2001 hospital inpatient wage index reflects the effects of hospitals redesignated under section 1886(d)(8)(B) of the Act and hospital reclassifications under section 1886(d)(10) of the Act. After publication of the hospital inpatient wage index values for fiscal year 2001 on August 1, 2000, we discovered several errors in the values for several geographic areas. The correct wage index values for all areas are republished in Addenda F, G, and H of this interim final rule with comment period.

In this interim final rule with comment period, we are establishing the methodology that we will use in making adjustments for area wage differences for services furnished in the Virgin Islands. We note that a hospital inpatient prospective payment system wage index value is not calculated for the Virgin Islands because there are no hospitals located in that area that are paid under the inpatient hospital prospective payment system. Because the wage index that we adopted in our April 7, 2000 final rule with comment period does not include a value for adjusting wage differences for the Virgin Islands, we will use the wage index for the Virgin Islands as calculated for the skilled nursing facilities prospective payment system to make this adjustment. The skilled nursing facilities prospective payment system uses the inpatient hospital wage index data to adjust its prospective payment rates for the same fiscal year (that is effective October 1, 2000) as covered by the hospital inpatient prospective payment system wage index values. As stated in the July 31, 2000 skilled nursing facilities prospective payment system final rule (65 FR 46770), ''The computation of the wage index * * * incorporate[s] the latest data and methodology used to construct the hospital wage index. For these reasons, the wage index adjustment that we will apply to the Virgin Islands for services furnished on or after January 1, 2001 is 0.6306.

Although the wage index for skilled nursing facilities is based on a fiscal year beginning October 1, we will apply the wage index factor for the Virgin Islands that goes into effect on October 1 of each year to the hospital outpatient prospective payment system services furnished during the following calendar year. This is consistent with how we apply the hospital inpatient prospective payment system wage index values to the hospital outpatient prospective payment system services.

Consistent with the methodology applicable for services furnished in 2000 (on or after August 1, 2000), in making adjustments for area wage differences for services furnished in 2001, we will recognize 60 percent of the hospital's costs as labor-related costs that are standardized for geographic wage differences.

4. Conversion Factor Update

Section 1833(t)(3)(C)(ii) of the Act requires us to update annually the conversion factor used to determine APC payment rates. Section 1833(t)(3)(C)(iii) of the Act provides that the update be equal to the hospital inpatient market basket percentage increase applicable to hospital discharges under section 1886(b)(3)(B)(iii) of the Act, reduced by one percentage point for the years 2000, 2001, and 2002. Thus, the update to the outpatient hospital prospective payment system conversion factor for 2001 is 2.4 percent (3.4 percent minus 1 percent).

In accordance with section 1833(t)(9)(B) of the Act, the conversion factor for 2001 also has been adjusted to ensure that the revisions we made to update the wage index are made on a budget-neutral basis. A budget neutrality factor of .9989 was calculated for wage index changes by comparing total payments from our simulation model using the wage index values that will be effective January 1, 2001.

The market basket increase of 2.4 percent for 2001 and the required budget neutrality adjustment calculated to be .9989 result in a conversion factor for 2001 of $49.596.

IV. Waiver of Notice of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite public comments on the proposed rule. The notice of proposed rulemaking includes a reference to the legal authority under which the rule is proposed, and the terms and substance of the proposed rule or a description of the subjects and

issues involved. This procedure can be waived, however, if an agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and its reasons in the rule. For the reasons set forth below, we find that the circumstances surrounding this interim final rule with comment period make it either unnecessary or impracticable to pursue a notice-and-comment procedure before the provisions of this interim final rule with comment period take effect.

As discussed earlier in this interim final rule with comment period, we implemented the hospital outpatient prospective payment system on August 1, 2000 in accordance with the methodology that we set forth in the April 7, 2000 final rule with comment period (65 FR 18434). In section III.I. of the April 7, 2000 final rule with comment period (65 FR 18501), we discuss how we will update the outpatient prospective payment system on an annual basis. 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. Under the regulations, 42 CFR 419.43, the wage adjustment under outpatient prospective payment system is based on the hospital inpatient wage index, and we updated the hospital inpatient wage index after the publication of the April 7, 2000 final rule with comment period. Accordingly, in this interim final rule with comment period, we are updating the conversion factor and the wage index adjustment for covered hospital outpatient services furnished beginning January 1, 2001, using the methodology published in the April 7, 2000 final rule with comment period, for which we had previously received comments. We also are updating the existing APC groups to reflect new and deleted CPT codes for 2001 and reconfiguring certain APC groups using more recent data to ensure clinical integrity and consideration of resource use as required by section 1833(t)(8)(A) of the Act and as described in the April 7, 2000 final rule with comment period (65 FR 18456 and 18501). Because these various adjustments are being made in accordance with existing methodology as set forth in the April 7, 2000 final rule with comment period, we believe it is unnecessary to address them further through the notice-and-comment procedure.

In addition, we find good cause to waive prior notice-and-comment procedures with respect to the Virgin Islands wage index methodology because it would have been impracticable to undertake and complete notice-and-comment procedures on this issue in time for the Virgin Islands outpatient prospective payment system wage index value to be effective at the same time as the updated outpatient prospective payment system wage index values for all other areas.

Accordingly, we find good cause to waive the notice-and-comment procedure with respect to the annual update of the wage index values, conversion factor, and the APC groups. However, we are providing for a 60-day comment period as specified in the ''Dates'' section of this preamble.

II. Collection of Information Requirements

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

VI. Regulatory Impact

A. General

We have examined the impacts of this interim final with comment period rule as required by Executive Order 12866, the Unfunded Mandates Reform Act of 1965, and the Regulatory Flexibility Act (RFA) (Public Law 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, 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 annually).

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in an expenditure in any one year by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. This final rule does not mandate any requirements for State, local, or tribal governments.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations and government agencies. For purposes of the RFA, we consider all hospitals to be small entities. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. With the exception of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA). Section 601(g) of the Social Security Amendments of 1983 (Public Law 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the hospital outpatient prospective payment system, we classify these hospitals as urban hospitals.

B. Analysis for Changes in this Interim Final Rule with Comment Period

We implemented the outpatient prospective payment system on August 1, 2000 in accordance with the methodology published in the April 7, 2000 final rule with comment period. In section III.I. of the April 7, 2000 final rule with comment period (65 FR 18501), we discuss how we will update the outpatient prospective payment system on an annual basis. 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 required under section 1833(t)(8)(A) of the Act to revise not less often than annually the wage and other adjustments. Accordingly, in this interim final rule with comment period, we are updating the conversion factor and the wage index adjustment for covered hospital outpatient services furnished beginning January 1, 2001, using the methodology published in the April 7, 2000 final rule with comment period, for which we had previously received comments.

In section IX.B. of the preamble of the April 7, 2000 final rule with comment period, we gave our Office of the Actuary's projection of the additional benefit expenditures from the Medicare Part B Trust Fund resulting from implementation of the hospital outpatient prospective payment system and the hospital outpatient provisions enacted by the BBRA 1999. The impact of implementing the hospital outpatient prospective payment system on the Medicare program is reflected in the table below, which is republished from the April 7, 2000 final rule with

comment period (65 FR 18530). The calendar year 2001 increase in total payments to hospitals, which results primarily from the updated conversion factor, is already included as part of HCFA's current law baseline expenditures for hospital outpatient services under the outpatient prospective payment system.

Fiscal year	Impact (in millions)
2001	$3,030
2002	3,520
2003	4,230
2004	4,670

We also are updating the existing APC groups to reflect new and deleted CPT codes for 2001 and adjusting the groups to reflect more recent data as we described in the April 7, 2000 final rule with comment period. The provisions of this interim final rule with comment period do not measurably alter the effect of the outpatient prospective payment system on the groups of hospitals or geographic areas as projected in Table 2 of the April 7, 2000 final rule with comment period (65 FR 18533–18534).

C. Federalism

We have examined this interim rule with comment period in accordance with Executive Order 13132, Federalism, and have determined that it will not have any negative impact on the rights, roles, and responsibilities of State, local or Tribal governments.

D. Executive Order 12866 and 5 U.S.C. 804(2)

The statutory effects of the provisions that are being implemented by this interim final rule with comment period result in expenditures exceeding $100 million per year. Therefore, this interim final rule with comment period is an economically significant rule under Executive Order 12866, and a major rule under 5 U.S.C. 804(2).

In accordance with the provisions of Executive Order 12866, this interim final rule with comment period was reviewed by the Office of Management and Budget.

List of Subjects in 42 CFR Part 419

Health facilities, Hospitals, Medicare.

For the reasons set forth in the preamble, 42 CFR Part 419 is amended as set forth below:

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 187l of the Social Security Act (42 U.S.C. 1302, 1395l(t), and 1395hh).

2. Section 419.41 is amended by revising paragraph (c)(4)(i) to read as follows:

§ 419.41 Calculation of national beneficiary coinsurance amounts and national Medicare program payment amounts.

* * * * *

(c) * * *

(4) * * *

(i) The coinsurance amount for an APC cannot exceed the amount of the inpatient hospital deductible, established in accordance with § 409.82 of this chapter, for that year. For purposes of this paragraph (c)—

(A) Effective for drugs and biologicals furnished on or after January 1, 2001, the coinsurance amount for multiple APCs for a single drug or biological furnished on the same day will be aggregated and treated as the coinsurance amount for one APC.

(B) Effective for drugs and biologicals furnished on or after July 1, 2001, the coinsurance amount for the APC or APCs for a drug or biological furnished on the same day will be aggregated with the coinsurance amount for the APC that reflects the administration of the drug or biological furnished on that day and treated as the coinsurance amount for one APC.

* * * * *

3. Section 419.70 is amended by revising paragraph (f)(2)(ii) to read as follows:

§ 419.70 Transitional adjustment to limit decline in payment.

* * * * *

(f) * * *

(2) * * *

(ii) The reasonable cost of these services for this period.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare'Supplementary Medical Insurance Program)

Dated: November 1, 2000.

Michael M. Hash,

Acting Administrator, Health Care Financing Administration.

Approved: November 1, 2000.

Donna E. Shalala,

Secretary.

Note to the Addenda: The following Addenda A through H will not appear in the Code of Federal Regulations.

Addenda A through H provide various data pertaining to the Medicare hospital outpatient prospective payment system. Addendum A contains the APCs with title, status indicators, relative weight, payment rate, national unadjusted coinsurance, and minimum unadjusted coinsurance. Addendum B differs from Addendum A in that the APC titles are not listed and both HCPCS codes and descriptions appear. Addendum C, entitled ''Hospital Outpatient Department (HOPD) Payment for Procedures by APC, Calendar Year 2001,'' is not published in this interim final rule with comment period, but will be posted on our website at (http://www.hcfa.gov /medlearn/ refopps.htm). Addendum C will display data similar to those contained in Addenda A and B, but sorted by APCs with each procedure code listed that is assigned to the APC. Addendum D lists the status indicators for how various services are treated under the hospital outpatient prospective payment system. Addendum E lists the procedures that we pay for only in an inpatient setting. Addendum F lists the wage index for urban areas, Addendum G lists the wage index for rural areas, and Addendum H lists the wage index for hospitals that are reclassified.

Addendum A.—List of Hospital Outpatient Ambulatory Payment Classification Groups with Status Indicators, Relative Weights, Payment Rates, and Coinsurance Amounts

The payment rate (once wage adjusted) is the total payment to the hospital. The coinsurance amount is part of the total payment rate.

Those APCs with status indicators ''G'' or ''J'' denote the inclusion of drugs that are eligible for pass-through payments. The relative weight column for these drug APCs is empty since payment for pass-through drugs/biologicals is calculated using the average wholesale price for the drug/ biological rather than the relative weight. Note also that the only coinsurance column that has been filled is the minimum unadjusted coinsurance column. The coinsurance is applied to the nonpass-through portion of the payment rate for the drug/biological.

Those APCs with status indicator ''H'' denote the inclusion of devices that are eligible for pass-through payments. The relative weight, payment rate, and coinsurance columns are not filled for these APCs. The relative weight and payment rate columns are empty because payment for pass-through devices is determined based on the hospital's submitted charges adjusted to cost using the hospital's cost-to-charge ratio. This calculation is done in the PRICER. The coinsurance columns for these APCs are not filled since the coinsurance is applied to the APC that contains the procedure with which the pass-through device is used rather than to the device APC.

Addendum B.—Hospital Outpatient Department (HOPD) Payment Status by HCPCS Code and Related Information

The codes listed in this addendum include the 2001 CPT codes as published in CPT 2001 by the American Medical Association. Also listed are the codes that have been deleted for 2001. These codes are denoted in the CPT column with the subscript letter ''D''. These codes are billable through March 31, 2001 for services occurring before January 1, 2001. Deleted codes billed after March 31,

2001 will be rejected. CPT codes appearing for the first time in 2001 are denoted in the CPT column with bolded print. These codes are new for 2001 and are billable effective January 1, 2001.

All CPT codes that are paid only as inpatient procedures are denoted by the status indicator ''C''. A number of procedures that appeared on the inpatient list in the April 7, 2000 final rule with comment period are now payable under the hospital outpatient prospective payment system. The status indicators for these codes have been updated to reflect their current payment status.

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
0001	Photochemotherapy	S	0.47	$23.31	$8.49	$4.66
0002	Fine needle Biopsy/Aspiration	T	0.62	$30.75	$17.66	$6.15
0003	Bone Marrow Biopsy/Aspiration	T	0.98	$48.61	$27.99	$9.72
0004	Level I Needle Biopsy/ Aspiration Except Bone Marrow	T	1.84	$91.26	$32.57	$18.25
0005	Level II Needle Biopsy /Aspiration Except Bone Marrow	T	5.41	$268.32	$119.75	$53.66
0006	Level I Incision & Drainage	T	2.00	$99.19	$33.95	$19.84
0007	Level II Incision & Drainage	T	3.68	$182.51	$72.03	$36.50
0008	Level III Incision & Drainage	T	6.15	$305.02	$113.67	$61.00
0009	Nail Procedures	T	0.74	$36.70	$9.63	$7.34
0010	Level I Destruction of Lesion	T	0.55	$27.28	$9.86	$5.46
0011	Level II Destruction of Lesion	T	2.72	$134.90	$50.01	$26.98
0012	Level I Debridement & Destruction	T	0.53	$26.29	$9.18	$5.26
0013	Level II Debridement & Destruction	T	0.91	$45.13	$17.66	$9.03
0014	Level III Debridement & Destruction	T	1.50	$74.39	$24.55	$14.88
0015	Level IV Debridement & Destruction	T	1.77	$87.78	$31.20	$17.56
0016	Level V Debridement & Destruction	T	3.53	$175.07	$74.67	$35.01
0017	Level VI Debridement & Destruction	T	12.45	$617.47	$289.16	$123.49
0018	Biopsy Skin, Subcutaneous Tissue or Mucous Membrane	T	0.94	$46.62	$17.66	$9.32
0019	Level I Excision/ Biopsy	T	4.00	$198.39	$78.91	$39.68
0020	Level II Excision/ Biopsy	T	6.51	$322.87	$130.53	$64.57
0021	Level III Excision/ Biopsy	T	10.49	$520.26	$236.51	$104.05
0022	Level IV Excision/ Biopsy	T	12.49	$619.45	$292.94	$123.89
0023	Exploration Penetrating Wound	T	1.98	$98.20	$40.37	$19.64
0024	Level I Skin Repair	T	2.43	$120.51	$44.50	$24.10
0025	Level II Skin Repair	T	3.74	$185.49	$70.66	$37.10
0026	Level III Skin Repair	T	12.11	$600.61	$277.92	$120.12
0027	Level IV Skin Repair	T	15.80	$783.62	$383.10	$156.72
0028	Level I Incision/Excision Breast	T	12.37	$613.52	$303.74	$122.70
0029	Level II Incision/Excision Breast	T	31.39	$1,557.05	$820.79	$311.41
0030	Breast Reconstruction	T	31.11	$1,543.16	$763.55	$308.63
0032	Placement Transvenous Catheters/Arterial Cutdown	T	5.40	$267.82	$119.52	$53.56
0033	Partial Hospitalization	P	4.17	$206.82	$48.17	$41.36
0040	Arthrocentesis & Ligament/Tendon Injection	T	2.11	$104.65	$40.60	$20.93
0041	Arthroscopy	T	24.57	$1,218.58	$592.08	$243.72
0042	Arthroscopically-Aided Procedures	T	29.22	$1,449.19	$804.74	$289.84
0043	Closed Treatment Fracture Finger/Toe/Trunk	T	1.64	$81.34	$25.46	$16.27
0044	Closed Treatment Fracture/Dislocation Except Finger/Toe/Trunk	T	2.17	$107.63	$38.08	$21.53
0045	Bone/Joint Manipulation Under Anesthesia	T	11.02	$546.55	$277.12	$109.31
0046	Open/Percutaneous Treatment Fracture or Dislocation	T	22.29	$1,105.50	$535.76	$221.10
0047	Arthroplasty without Prosthesis	T	22.09	$1,095.58	$537.03	$219.12
0048	Arthroplasty with Prosthesis	T	29.06	$1,441.26	$725.94	$288.25
0049	Level I Musculoskeletal Procedures Except Hand and Foot	T	15.04	$745.93	$356.95	$149.19
0050	Level II Musculoskeletal Procedures Except Hand and Foot	T	21.13	$1,047.96	$513.86	$209.59
0051	Level III Musculoskeletal Procedures Except Hand and Foot	T	27.76	$1,376.79	$675.24	$275.36
0052	Level IV Musculoskeletal Procedures Except Hand and Foot	T	36.16	$1,793.39	$930.91	$358.68
0053	Level I Hand Musculoskeletal Procedures	T	11.32	$561.42	$253.49	$112.28
0054	Level II Hand Musculoskeletal Procedures	T	19.66	$975.06	$472.33	$195.01
0055	Level I Foot Musculoskeletal Procedures	T	15.47	$767.26	$355.34	$153.45
0056	Level II Foot Musculoskeletal Procedures	T	17.30	$858.02	$405.81	$171.60
0057	Bunion Procedures	T	21.00	$1,041.52	$496.65	$208.30
0058	Level I Strapping and Cast Application	S	1.09	$54.06	$19.27	$10.81
0059	Level II Strapping and Cast Application	S	1.74	$86.30	$29.59	$17.26
0060	Manipulation Therapy	S	0.77	$38.19	$7.80	$7.64
0070	Thoracentesis/Lavage Procedures	T	3.64	$180.53	$79.60	$36.11
0071	Level I Endoscopy Upper Airway	T	0.55	$27.28	$14.22	$5.46
0072	Level II Endoscopy Upper Airway	T	1.26	$62.49	$41.52	$12.50
0073	Level III Endoscopy Upper Airway	T	4.11	$203.84	$91.07	$40.77
0074	Level IV Endoscopy Upper Airway	T	13.61	$675.00	$347.54	$135.00
0075	Level V Endoscopy Upper Airway	T	18.55	$920.01	$467.29	$184.00
0076	Endoscopy Lower Airway	T	8.06	$399.75	$197.05	$79.95
0077	Level I Pulmonary Treatment	S	0.43	$21.33	$12.62	$4.27
0078	Level II Pulmonary Treatment	S	1.34	$66.46	$29.13	$13.29
0079	Ventilation Initiation and Management	S	3.18	$157.72	$107.70	$31.54
0080	Diagnostic Cardiac Catheterization	T	31.55	$1,564.75	$838.92	$312.95
0081	Non-Coronary Angioplasty or Atherectomy	T	28.81	$1,428.86	$710.91	$285.77
0082	Coronary Atherectomy	T	51.01	$2,529.89	$1,351.74	$505.98
0083	Coronary Angioplasty	T	29.70	$1,473.00	$794.30	$294.60
0084	Level I Electrophysiologic Evaluation	S	10.70	$530.68	$177.79	$106.14
0085	Level II Electrophysiologic Evaluation	S	27.06	$1,342.07	$654.48	$268.41
0086	Ablate Heart Dysrhythm Focus	S	47.62	$2,361.76	$1,265.37	$472.35
0087	Cardiac Electrophysiologic Recording/Mapping	S	9.53	$472.65	$214.72	$94.53
0088	Thrombectomy	T	26.49	$1,313.80	$678.68	$262.76

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
0089	Insertion/Replacement of Permanent Pacemaker and Electrodes	T	78.45	$3,890.81	$2,275.19	$778.16
0090	Insertion/Replacement of Pacemaker Pulse Generator	T	78.28	$3,882.37	$2,133.88	$776.47
0091	Level I Vascular Ligation	T	14.79	$733.52	$348.23	$146.70
0092	Level II Vascular Ligation	T	20.21	$1,002.34	$505.37	$200.47
0093	Vascular Repair/Fistula Construction	T	12.82	$635.82	$277.34	$127.16
0094	Resuscitation and Cardioversion	S	4.51	$223.68	$105.29	$44.74
0095	Cardiac Rehabilitation	S	0.64	$31.74	$16.98	$6.35
0096	Non-Invasive Vascular Studies	S	2.06	$102.16	$61.48	$20.43
0097	Cardiac Monitoring for 30 days	X	1.62	$80.35	$62.40	$16.07
0098	Injection of Sclerosing Solution	T	1.19	$59.02	$20.88	$11.80
0099	Electrocardiograms	S	0.38	$18.85	$14.68	$3.77
0100	Stress Tests and Continuous ECG	X	1.70	$84.32	$71.57	$16.86
0101	Tilt Table Evaluation	S	4.47	$221.70	$128.84	$44.34
0102	Electronic Analysis of Pacemakers/other Devices	S	0.45	$22.32	$12.62	$4.46
0103	Miscellaneous Vascular Procedures	T	13.09	$649.21	$295.70	$129.84
0104	Transcatheter Placement of Intracoronary Stents	T	14.94	$740.96	$339.51	$148.19
0105	Revision/Removal of Pacemakers, AICD, or Vascular Device	T	15.06	$746.92	$372.32	$149.38
0106	Insertion/Replacement/Repair of Pacemaker Electrodes	T	18.96	$940.34	$503.07	$188.07
0107	Insertion of Cardioverter-Defibrillator	T	147.51	$7,315.91	$5,086.37	$1,463.18
0108	Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads	T	210.84	$10,456.84	$5,484.72	$2,091.37
0109	Removal of Implanted Devices	T	6.53	$323.86	$133.51	$64.77
0110	Transfusion	S	5.83	$289.15	$122.73	$57.83
0111	Blood Product Exchange	S	14.17	$702.77	$300.74	$140.55
0112	Extracorporeal Photopheresis	S	39.60	$1,964.01	$663.65	$392.80
0113	Excision Lymphatic System	T	13.89	$688.89	$326.55	$137.78
0114	Thyroid/Lymphadenectomy Procedures	T	19.56	$970.10	$493.78	$194.02
0115	Cannula/Access Device Procedures	T	19.34	$959.19	$506.74	$191.84
0116	Chemotherapy Administration by Other Technique Except Infusion	S	2.34	$116.06	$23.21	$23.21
0117	Chemotherapy Administration by Infusion Only	S	1.84	$91.26	$71.80	$18.25
0118	Chemotherapy Administration by Both Infusion and Other Technique	S	2.90	$143.83	$72.03	$28.77
0119	Implantation of Devices	T	9.87	$489.59	$161.50	$97.92
0120	Infusion Therapy Except Chemotherapy	T	1.66	$82.33	$42.67	$16.47
0121	Level I Tube changes and Repositioning	T	2.36	$117.05	$52.53	$23.41
0122	Level II Tube changes and Repositioning	T	5.04	$249.96	$114.93	$49.99
0123	Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant	S	4.13	$204.83	$40.97	$40.97
0124	Revision of Implanted Infusion Pump	T	2.55	$126.64	$81.36	$25.33
0130	Level I Laparoscopy	T	25.36	$1,257.75	$659.53	$251.55
0131	Level II Laparoscopy	T	41.81	$2,073.61	$1,089.88	$414.72
0132	Level III Laparoscopy	T	48.91	$2,425.74	$1,239.22	$485.15
0140	Esophageal Dilation without Endoscopy	T	4.74	$235.09	$107.24	$47.02
0141	Upper GI Procedures	T	7.15	$354.61	$184.67	$70.92
0142	Small Intestine Endoscopy	T	7.45	$369.49	$162.42	$73.90
0143	Lower GI Endoscopy	T	7.98	$395.78	$199.12	$79.16
0144	Diagnostic Anoscopy	T	2.23	$110.60	$49.32	$22.12
0145	Therapeutic Anoscopy	T	7.46	$369.98	$179.39	$74.00
0146	Level I Sigmoidoscopy	T	2.83	$140.36	$65.15	$28.07
0147	Level II Sigmoidoscopy	T	6.26	$310.47	$149.11	$62.09
0148	Level I Anal/Rectal Procedure	T	2.34	$116.06	$43.59	$23.21
0149	Level II Anal/Rectal Procedure	T	12.86	$637.80	$293.06	$127.56
0150	Level III Anal/Rectal Procedure	T	17.68	$876.86	$437.12	$175.37
0151	Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	T	10.53	$522.25	$245.46	$104.45
0152	Percutaneous Biliary Endoscopic Procedures	T	8.22	$407.68	$207.38	$81.54
0153	Peritoneal and Abdominal Procedures	T	19.62	$973.08	$496.31	$194.62
0154	Hernia/Hydrocele Procedures	T	22.43	$1,112.45	$556.98	$222.49
0157	Colorectal Cancer Screening: Barium Enema	S	1.79	$88.78	.....	$22.19
0158	Colorectal Cancer Screening: Colonoscopy	S	7.98	$395.78	.....	$98.94
0159	Colorectal Cancer Screening: Flexible Sigmoidoscopy	S	2.83	$140.36	.....	$35.09
0160	Level I Cystourethroscopy and other Genitourinary Procedures	T	5.43	$269.30	$110.11	$53.86
0161	Level II Cystourethroscopy and other Genitourinary Procedures	T	10.94	$542.58	$249.36	$108.52
0162	Level III Cystourethroscopy and other Genitourinary Procedures	T	17.49	$867.44	$427.49	$173.49
0163	Level IV Cystourethroscopy and other Genitourinary Procedures	T	28.98	$1,437.30	$792.58	$287.46
0164	Level I Urinary and Anal Procedures	T	2.17	$107.64	$33.03	$21.53
0165	Level II Urinary and Anal Procedures	T	3.89	$192.92	$91.76	$38.58
0166	Level I Urethral Procedures	T	10.17	$504.39	$218.73	$100.88
0167	Level II Urethral Procedures	T	21.06	$1,044.50	$555.84	$208.90
0168	Level III Urethral Procedures	T	24.94	$1,236.93	$536.11	$247.39
0169	Lithotripsy	T	46.72	$2,317.13	$1,384.20	$463.43
0170	Dialysis for Other Than ESRD Patients	S	6.68	$331.30	$72.26	$66.26
0180	Circumcision	T	13.62	$675.49	$304.87	$135.10
0181	Penile Procedures	T	32.37	$1,605.43	$906.36	$321.09
0182	Insertion of Penile Prosthesis	T	52.11	$2,584.45	$1,525.05	$516.89
0183	Testes/Epididymis Procedures	T	18.26	$905.62	$448.94	$181.12
0184	Prostate Biopsy	T	4.94	$245.01	$122.96	$49.00
0185	Removal or Repair of Penile Prosthesis	T	32.37	$1,605.43	$906.36	$321.09
0190	Surgical Hysteroscopy	T	17.85	$885.29	$443.89	$177.06
0191	Level I Female Reproductive Procedures	T	1.19	$59.02	$17.43	$11.80
0192	Level II Female Reproductive Procedures	T	2.38	$118.04	$35.33	$23.61
0193	Level III Female Reproductive Procedures	T	8.93	$442.89	$171.13	$88.58

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
0194	Level IV Female Reproductive Procedures	T	16.21	$803.96	$395.94	$160.79
0195	Level V Female Reproductive Procedures	T	18.68	$926.46	$483.80	$185.29
0196	Dilatation & Curettage	T	14.47	$717.66	$357.98	$143.53
0197	Infertility Procedures	T	2.40	$119.03	$49.55	$23.81
0198	Pregnancy and Neonatal Care Procedures	T	1.34	$66.46	$33.03	$13.29
0199	Vaginal Delivery	T	11.20	$555.48	$157.83	$111.10
0200	Therapeutic Abortion	T	13.89	$688.89	$373.23	$137.78
0201	Spontaneous Abortion	T	13.00	$644.75	$329.65	$128.95
0210	Spinal Tap	T	3.00	$148.79	$62.40	$29.76
0211	Level I Nervous System Injections	T	3.32	$164.66	$74.78	$32.93
0212	Level II Nervous System Injections	T	3.64	$180.53	$88.78	$36.11
0213	Extended EEG Studies and Sleep Studies	S	11.15	$553.00	$290.42	$110.60
0214	Electroencephalogram	S	2.32	$115.06	$58.50	$23.01
0215	Level I Nerve and Muscle Tests	S	1.15	$57.04	$30.05	$11.41
0216	Level II Nerve and Muscle Tests	S	2.87	$142.34	$64.69	$28.47
0217	Level III Nerve and Muscle Tests	S	5.87	$291.13	$156.68	$58.23
0220	Level I Nerve Procedures	T	13.96	$692.36	$326.21	$138.47
0221	Level II Nerve Procedures	T	18.36	$910.58	$463.62	$182.12
0222	Implantation of Neurological Device	T	124.43	$6,171.23	$2,955.13	$1,234.25
0223	Implantation of Pain Management Device	T	7.05	$349.65	$154.27	$69.93
0224	Implantation of Reservoir/Pump/Shunt	T	17.89	$887.27	$453.41	$177.45
0225	Implantation of Neurostimulator Electrodes	T	17.72	$878.84	$408.33	$175.77
0226	Implantation of Drug Infusion Reservoir	T	5.62	$278.73	$109.42	$55.75
0227	Implantation of Drug Infusion Device	T	11.17	$553.99	$330.11	$110.80
0228	Creation of Lumbar Subarachnoid Shunt	T	25.06	$1,242.88	$696.46	$248.58
0229	Transcatherter Placement of Intravascular Shunts	T	34.81	$1,726.44	$1,030.12	$345.29
0230	Level I Eye Tests	S	0.98	$48.61	$22.48	$9.72
0231	Level II Eye Tests	S	2.64	$130.94	$59.87	$26.19
0232	Level I Anterior Segment Eye	T	6.04	$299.56	$134.66	$59.91
0233	Level II Anterior Segment Eye	T	13.79	$683.93	$331.60	$136.79
0234	Level III Anterior Segment Eye Procedures	T	20.64	$1,023.66	$502.16	$204.73
0235	Level I Posterior Segment Eye Procedures	T	2.94	$145.81	$78.91	$29.16
0236	Level II Posterior Segment Eye Procedures	T	6.70	$332.29	$147.96	$66.46
0237	Level III Posterior Segment Eye Procedures	T	33.96	$1,684.28	$852.68	$336.86
0238	Level I Repair and Plastic Eye Procedures	T	2.80	$138.87	$58.96	$27.77
0239	Level II Repair and Plastic Eye Procedures	T	6.26	$310.47	$123.42	$62.09
0240	Level III Repair and Plastic Eye Procedures	T	13.47	$668.06	$315.31	$133.61
0241	Level IV Repair and Plastic Eye Procedures	T	16.60	$823.30	$384.47	$164.66
0242	Level V Repair and Plastic Eye Procedures	T	23.70	$1,175.42	$597.36	$235.08
0243	Strabismus/Muscle Procedures	T	17.99	$892.23	$431.39	$178.45
0244	Corneal Transplant	T	32.88	$1,630.72	$851.42	$326.14
0245	Cataract Procedures without IOL Insert	T	26.55	$1,316.77	$623.85	$263.35
0246	Cataract Procedures with IOL Insert	T	26.55	$1,316.77	$623.85	$263.35
0247	Laser Eye Procedures Except Retinal	T	4.89	$242.52	$112.86	$48.50
0248	Laser Retinal Procedures	T	4.19	$207.81	$94.05	$41.56
0250	Nasal Cauterization/Packing	T	2.21	$109.61	$38.54	$21.92
0251	Level I ENT Procedures	T	1.68	$83.32	$27.99	$16.66
0252	Level II ENT Procedures	T	5.18	$256.90	$114.24	$51.38
0253	Level III ENT Procedures	T	12.02	$596.14	$284.00	$119.23
0254	Level IV ENT Procedures	T	12.45	$617.47	$272.41	$123.49
0256	Level V ENT Procedures	T	25.40	$1,259.74	$623.05	$251.95
0258	Tonsil and Adenoid Procedures	T	18.62	$923.48	$462.81	$184.70
0260	Level I Plain Film Except Teeth	X	0.79	$39.18	$22.02	$7.84
0261	Level II Plain Film Except Teeth Including Bone Density Measurement	X	1.38	$68.44	$38.77	$13.69
0262	Plain Film of Teeth	X	0.40	$19.83	$10.90	$3.97
0263	Level I Miscellaneous Radiology Procedures	X	1.68	$83.32	$45.88	$16.66
0264	Level II Miscellaneous Radiology Procedures	X	3.83	$189.96	$108.97	$37.99
0265	Level I Diagnostic Ultrasound Except Vascular	S	1.17	$58.03	$38.08	$11.61
0266	Level II Diagnostic Ultrasound Except Vascular	S	1.79	$88.78	$57.35	$17.76
0267	Vascular Ultrasound	S	2.72	$134.90	$80.06	$26.98
0268	Guidance Under Ultrasound	X	2.23	$110.60	$69.51	$22.12
0269	Echocardiogram Except Transesophageal	S	4.40	$218.22	$114.01	$43.64
0270	Transesophageal Echocardiogram	S	5.55	$275.25	$150.26	$55.05
0271	Mammography	S	0.70	$34.72	$19.50	$6.94
0272	Level I Fluoroscopy	X	1.40	$69.43	$39.00	$13.89
0273	Level II Fluoroscopy	X	2.49	$123.49	$61.02	$24.70
0274	Myelography	S	4.83	$239.55	$128.12	$47.91
0275	Arthrography	S	2.74	$135.89	$72.26	$27.18
0276	Level I Digestive Radiology	S	1.79	$88.78	$49.78	$17.76
0277	Level II Digestive Radiology	S	2.47	$122.50	$69.28	$24.50
0278	Diagnostic Urography	S	2.85	$141.35	$81.67	$28.27
0279	Level I Angiography and Venography except Extremity	S	6.30	$312.46	$174.57	$62.49
0280	Level II Angiography and Venography except Extremity	S	14.98	$742.95	$380.12	$148.59
0281	Venography of Extremity	S	4.40	$218.22	$115.16	$43.64
0282	Level I Computerized Axial Tomography	S	2.38	$118.04	$94.51	$23.61
0283	Level II Computerized Axial Tomography	S	4.89	$242.52	$179.39	$48.50
0284	Magnetic Resonance Imaging	S	8.02	$397.76	$257.39	$79.55
0285	Positron Emission Tomography (PET)	S	15.06	$746.92	$415.21	$149.38

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
0286	Myocardial Scans	S	7.28	$361.06	$200.04	$72.21
0290	Standard Non-Imaging Nuclear Medicine	S	1.94	$96.21	$55.51	$19.24
0291	Level I Diagnostic Nuclear Medicine Excluding Myocardial Scans	S	3.15	$156.22	$93.14	$31.24
0292	Level II Diagnostic Nuclear Medicine Excluding Myocardial Scans	S	4.36	$216.24	$126.63	$43.25
0294	Level I Therapeutic Nuclear Medicine	S	5.13	$254.43	$144.06	$50.89
0295	Level II Therapeutic Nuclear Medicine	S	19.85	$984.48	$609.17	$196.90
0296	Level I Therapeutic Radiologic Procedures	S	3.57	$177.06	$100.25	$35.41
0297	Level II Therapeutic Radiologic Procedures	S	6.13	$304.03	$172.51	$60.81
0300	Level I Radiation Therapy	S	1.98	$98.20	$47.72	$19.64
0301	Level II Radiation Therapy	S	2.21	$109.61	$52.53	$21.92
0302	Level III Radiation Therapy	S	8.21	$407.18	$216.55	$81.44
0303	Treatment Device Construction	X	2.83	$140.36	$69.28	$28.07
0304	Level I Therapeutic Radiation Treatment Preparation	X	1.49	$73.90	$41.52	$14.78
0305	Level II Therapeutic Radiation Treatment Preparation	X	4.06	$201.36	$97.50	$40.27
0310	Level III Therapeutic Radiation Treatment Preparation	X	13.98	$693.35	$339.05	$138.67
0311	Radiation Physics Services	X	1.32	$65.46	$31.66	$13.09
0312	Radioelement Applications	S	4.09	$202.85	$109.65	$40.57
0313	Brachytherapy	S	7.89	$391.31	$164.02	$78.26
0314	Hyperthermic Therapies	S	5.88	$291.62	$150.95	$58.32
0320	Electroconvulsive Therapy	S	3.68	$182.51	$80.06	$36.50
0321	Biofeedback and Other Training	S	1.26	$62.49	$29.25	$12.50
0322	Brief Individual Psychotherapy	S	1.32	$65.46	$14.22	$13.09
0323	Extended Individual Psychotherapy	S	1.85	$91.75	$22.48	$18.35
0324	Family Psychotherapy	S	1.87	$92.74	$20.19	$18.55
0325	Group Psychotherapy	S	1.55	$76.88	$19.96	$15.38
0330	Dental Procedures	S	1.51	$74.89	$14.98	$14.98
0340	Minor Ancillary Procedures	X	1.04	$51.58	$12.85	$10.32
0341	Immunology Tests	X	0.13	$6.44	$3.67	$1.29
0342	Level I Pathology	X	0.26	$12.90	$8.03	$2.58
0343	Level II Pathology	X	0.45	$22.32	$12.16	$4.46
0344	Level III Pathology	X	0.79	$39.18	$23.63	$7.84
0345	Transfusion Laboratory Procedures Level I	X	0.22	$10.92	$5.37	$2.18
0346	Transfusion Laboratory Procedures Level II	X	0.51	$25.49	$12.03	$5.10
0347	Transfusion Laboratory Procedures Level III	X	0.84	$41.90	$20.13	$8.38
0348	Fertility Laboratory Procedures	X	0.52	$25.57	$5.11	$5.11
0349	Miscellaneous Laboratory Procedures	X	0.48	$23.65	$4.73	$4.73
0354	Administration of Influenza/Pneumonia Vaccine	K	0.13	$6.33		
0355	Level I Immunizations	K	0.19	$9.42	$5.05	$1.88
0356	Level II Immunizations	K	0.36	$17.86	$4.82	$3.57
0359	Injections	X	0.96	$47.61	$9.52	$9.52
0360	Level I Alimentary Tests	X	1.38	$68.44	$34.75	$13.69
0361	Level II Alimentary Tests	X	3.53	$175.07	$88.09	$35.01
0362	Fitting of Vision Aids	X	0.51	$25.30	$9.63	$5.06
0363	Otorhinolaryngologic Function Tests	X	2.83	$140.36	$53.22	$28.07
0364	Level I Audiometry	X	0.68	$33.72	$13.31	$6.74
0365	Level II Audiometry	X	1.47	$72.91	$22.48	$14.58
0367	Level I Pulmonary Test	X	0.83	$41.16	$20.65	$8.23
0368	Level II Pulmonary Tests	X	1.66	$82.33	$42.44	$16.47
0369	Level III Pulmonary Tests	X	2.34	$116.06	$58.50	$23.21
0370	Allergy Tests	X	0.57	$28.27	$11.81	$5.65
0371	Allergy Injections	X	0.32	$15.87	$3.67	$3.17
0372	Therapeutic Phlebotomy	X	0.43	$21.33	$10.09	$4.27
0373	Neuropsychological Testing	X	3.21	$159.20	$44.96	$31.84
0374	Monitoring Psychiatric Drugs	X	1.17	$58.03	$13.08	$11.61
0600	Low Level Clinic Visits	V	0.98	$48.61	$9.72	$9.72
0601	Mid Level Clinic Visits	V	1.00	$49.60	$9.92	$9.92
0602	High Level Clinic Visits	V	1.66	$82.33	$16.47	$16.47
0610	Low Level Emergency Visits	V	1.34	$66.46	$20.65	$13.29
0611	Mid Level Emergency Visits	V	2.11	$104.65	$36.47	$20.93
0612	High Level Emergency Visits	V	3.19	$158.21	$54.14	$31.64
0620	Critical Care	S	8.60	$426.53	$152.78	$85.31
0701	SR 89 chloride, per mCi	G		$783.75		$95.62
0702	SM 153 lexidronam, 50 mCi	G		$942.09		$134.87
0704	IN 111 Satumomab pendetide per dose	G		$712.50		$86.93
0705	TC 99M tetrofosmin, per dose	G		$136.80		$16.69
0725	Leucovorin calcium inj, 50 mg	G		$49.73		$6.66
0726	Dexrazoxane hcl injection, 250 mg	G		$161.11		$21.59
0727	Etidronate disodium inj 300 mg	G		$63.65		$8.53
0728	Filgrastim 300 mcg injection	G		$171.38		$22.96
0730	Pamidronate disodium, 30 mg	G		$232.51		$31.16
0731	Sargramostim injection 50 mcg	G		$27.42		$3.67
0732	Mesna injection 200 mg	G		$36.51		$4.89
0733	Non esrd epoetin alpha inj, 1000 u	G		$11.40		$1.53
0750	Dolasetron mesylate, 10 mg	G		$14.81		$1.98
0754	Metoclopramide hcl injection up to 10 mg	G		$2.00		$0.27
0755	Thiethylperazine maleate inj up to 10 mg	G		$5.02		$0.67
0761	Unspecified oral anti-emetic	G		$0.60		$0.08
0762	Dronabinol 2.5mg oral	G		$3.20		$0.48

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
0763	Dolasetron mesylate oral, 100 mg	G		$65.21		$8.74
0764	Granisetron hcl injection 100 mcg	G		$1.85		$0.25
0765	Granisetron hcl 1 mg oral	G		$44.70		$5.99
0768	Ondansetron hcl injection 1 mg	G		$6.09		$0.82
0769	Ondansetron hcl 8mg oral	G		$25.15		$3.37
0800	Leuprolide acetate, 3.75 mg	G		$492.71		$63.27
0801	Cyclophosphamide oral 25 mg	G		$2.12		$0.28
0802	Etoposide oral 50 mg	G		$45.95		$6.16
0803	Melphalan oral 2 mg	G		$2.07		$0.28
0807	Aldesleukin/single use vial	G		$569.76		$76.35
0809	Bcg live intravesical vac	G		$159.39		$19.45
0810	Goserelin acetate implant 3.6 mg	G		$446.49		$59.83
0811	Carboplatin injection 50 mg	G		$98.90		$13.25
0812	Carmus bischl nitro inj 100 mg	G		$103.27		$13.84
0813	Cisplatin 10 mg injection	G		$42.18		$5.65
0814	Asparaginase injection 10,000 u	G		$57.41		$7.69
0815	Cyclophosphamide 100 mg inj	G		$6.13		$0.82
0816	Cyclophosphamide lyophilized 100 mg	G		$6.13		$0.82
0817	Cytarabine hcl 100 mg inj	G		$5.94		$0.80
0818	Dactinomycin 0.5 mg	G		$12.73		$1.71
0819	Dacarbazine 10 mg inj	G		$1.13		$0.15
0820	Daunorubicin 10 mg	G		$80.04		$10.73
0821	Daunorubicin citrate liposom 10 mg	G		$64.60		$8.66
0822	Diethylstilbestrol injection 250 mg	G		$4.20		$0.56
0823	Docetaxel, 20 mg	G		$283.65		$38.01
0824	Etoposide 10 mg inj	G		$4.06		$0.54
0826	Methotrexate Oral 2.5 mg	G		$2.92		$0.39
0827	Floxuridine injection 500 mg	G		$129.56		$17.36
0828	Gemcitabine HCL 200 mg	G		$88.46		$11.85
0830	Irinotecan injection 20 mg	G		$117.81		$15.79
0831	Ifosfomide injection 1 gm	G		$141.50		$18.96
0832	Idarubicin hcl injection 5 mg	G		$341.38		$45.75
0833	Interferon alfacon-1, 1 mcg	G		$3.91		$0.52
0834	Interferon alfa-2a inj recombinant 3 million u	G		$33.22		$4.45
0836	Interferon alfa-2b inj recombinant, 1 million	G		$11.28		$1.51
0838	Interferon gamma 1-b inj, 3 million u	G		$199.50		$26.73
0839	Mechlorethamine hcl inj 10 mg	G		$11.01		$1.48
0840	Melphalan hydrochl 50 mg	G		$363.48		$48.71
0841	Methotrexate sodium inj 5 mg	G		$0.45		$0.06
0842	Fludarabine phosphate inj 50 mg	G		$237.03		$31.76
0843	Pegaspargase, singl dose vial	G		$1,321.65		$177.10
0844	Pentostatin injection, 10 mg	G		$1,562.75		$209.41
0847	Doxorubicin hcl 10 mg vl chemo	G		$15.79		$2.12
0849	Rituximab, 100 mg	G		$420.29		$56.32
0850	Streptozocin injection, 1 gm	G		$65.79		$8.82
0851	Thiotepa injection, 15 mg	G		$100.30		$13.44
0852	Topotecan, 4 mg	G		$573.75		$76.88
0853	Vinblastine sulfate inj, 1 mg	G		$4.11		$0.55
0854	Vincristine sulfate 1 mg inj	G		$30.16		$4.04
0855	Vinorelbine tartrate, 10 mg	G		$75.51		$10.12
0856	Porfimer sodium, 75 mg	G		$2,603.67		$348.89
0857	Bleomycin sulfate injection 15 u	G		$294.48		$39.46
0858	Cladribine, 1mg	G		$53.47		$7.16
0859	Fluorouracil injection 500 mg	G		$2.75		$0.37
0860	Plicamycin (mithramycin) inj 2.5 mg	G		$93.80		$12.57
0861	Leuprolide acetate injection 1 mg	G		$22.90		$3.07
0862	Mitomycin 5 mg inj	G		$121.65		$16.30
0863	Paclitaxel injection, 30 mg	G		$173.50		$23.25
0864	Mitoxantrone hcl, 5 mg	G		$223.02		$29.88
0865	Interferon alfa-n3 inj, human leukocyte derived, 250,000 iu	G		$7.86		$1.05
0884	Rho d immune globulin inj, 1 dose pkg	G		$35.91		$4.38
0886	Azathioprine oral 50mg	G		$1.24		$0.17
0887	Azathioprine parenteral 100 mg	G		$67.88		$9.10
0888	Cyclosporine oral 100 mg	G		$5.80		$0.78
0889	Cyclosporin parenteral 250mg	G		$15.81		$2.12
0890	Lymphocyte immune globulin 250 mg	G		$249.13		$30.39
0891	Tacrolimus oral per 1 mg	G		$2.66		$0.36
0900	Alglucerase injection, per 10 u	G		$37.53		$5.03
0901	Alpha 1 proteinase inhibitor, 10 mg	G		$2.09		$0.28
0902	Botulinum toxin a, per unit	G		$4.39		$0.59
0903	Cytomegalovirus imm IV, vial	G		$370.50		$49.65
0905	Immune globulin 500 mg	G		$27.28		$3.33
0906	RSV-ivig, 50 mg	G		$427.73		$57.32
0907	Ganciclovir Sodium 500 mg injection	K	0.45	$22.26		$4.45
0908	Tetanus immune globulin inj up to 250 u	G		$102.60		$13.75
0909	Interferon beta-1a, 33 mcg	G		$204.73		$27.43
0910	Interferon beta-1b, .25 mg	G		$57.00		$7.64
0911	Streptokinase per 250,000 iu	K	1.76	$87.25		$17.45

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
0913	Ganciclovir long act implant 4.5 mg	G		$4,750.00		$636.50
0914	Reteplase, per 37.6mg	G		$2,612.50		$350.08
0915	Alteplase inj rec, per 10 mg	K	3.80	$188.46		$37.69
0916	Imiglucerase, unit	G		$3.75		$0.50
0917	Pharmacologic stressors	K	0.36	$17.86		$3.57
0918	Brachytherapy Seeds, Any type, Each	H				
0925	Factor viii per iu	G		$0.88		$0.12
0926	Factor VIII (porcine) per iu	G		$2.09		$0.28
0927	Factor viii recombinant per iu	G		$1.17		$0.16
0928	Factor ix complex per iu	G		$.71		$0.10
0929	Anti-inhibitor per iu	G		$1.43		$0.19
0930	Antithrombin iii injection per iu	G		$.82		$0.11
0931	Factor IX non-recombinant, per iu	G		$0.72		$0.10
0932	Factor IX recombinant, per iu	G		$1.12		$0.10
0949	Plasma, Pooled Multiple Donor, Solvent/Detergent Treated, Frozen	K	2.94	$145.76		$29.15
0950	Blood (Whole) For Transfusion	K	2.08	$103.33		$20.67
0952	Cryoprecipitate	K	0.70	$34.70		$6.94
0953	Fibrinogen Unit	K	0.48	$23.80		$4.76
0954	RBC Leukocytes Reduced	K	2.83	$140.35		$28.07
0955	Plasma, Fresh Frozen	K	2.26	$111.85		$22.37
0956	Plasma Protein Fraction	K	1.26	$62.49		$12.50
0957	Platelet Concentrate	K	0.98	$48.55		$9.71
0958	Platelet Rich Plasma	K	1.16	$57.54		$11.51
0959	Red Blood Cells	K	2.04	$101.31		$20.26
0960	Washed Red Blood Cells	K	3.81	$188.75		$37.75
0961	Infusion, Albumin (Human) 5%, 500 ml	K	2.77	$137.38		$27.48
0962	Infusion, Albumin (Human) 25%, 50 ml	K	1.38	$68.44		$13.69
0970	New Technology— I ($0–$50)	T	0.52	$25.79		$5.16
0971	New Technology— II ($50–$100)	S	1.55	$76.88		$15.38
0972	New Technology— III ($100–$200)	T	3.09	$153.26		$30.65
0973	New Technology— IV ($200–$300)	T	5.16	$255.91		$51.18
0974	New Technology— V ($300–$500)	S	8.25	$409.17		$81.83
0975	New Technology— VI ($500–$750)	T	12.90	$639.79		$127.96
0976	New Technology— VII ($750–$1000)	S	18.05	$895.21		$179.04
0977	New Technology— VIII ($1000–$1250)	T	23.20	$1,150.63		$230.13
0978	New Technology— IX ($1250–$1500)	T	28.36	$1,406.54		$281.31
0979	New Technology— X ($1500–$1750)	T	33.51	$1,661.96		$332.39
0980	New Technology— XI ($1750–$2000)	T	38.67	$1,917.89		$383.58
0981	New Technology— XII ($2000–$2500)	S	46.40	$2,301.26		$460.25
0982	New Technology— XIII ($2500–$3500)	T	61.87	$3,068.50		$613.70
0983	New Technology— XIV ($3500–$5000)	T	87.65	$4,347.09		$869.42
0984	New Technology— XV ($5000–$6000)	T	113.43	$5,625.67		$1,125.13
0987	New Device Technology— I ($0-$250)	X		$127.86		$25.57
0988	New Device Technology— II ($250-$500)	X		$383.58		$76.72
0989	New Device Technology— III ($500-$750)	X		$639.30		$127.86
0990	New Device Technology— IV ($750-$1000)	X		$895.01		$179.00
0991	New Device Technology— V ($1000-$1500)	X		$1,278.59		$255.72
0992	New Device Technology— VI ($1500-$2000)	X		$1,790.03		$358.01
0993	New Device Technology— VII ($2000-$3000)	X		$2,557.18		$511.44
0994	New Device Technology— VIII ($3000-$4000)	X		$3,580.05		$716.01
0995	New Device Technology— IX ($4000-$5000)	X		$4,602.92		$920.58
0996	New Device Technology— X ($5000-$7000)	X		$6,137.23		$1,227.45
0997	New Device Technology— XI ($7000-$9000)	X		$8,182.98		$1,636.60
1000	Perclose Closer Prostar Arterial Vascular Closure	H				
1001	AcuNav-diagnstic ultrsnd ca	H				
1002	Cochlear Implant System	H				
1003	Cath, ablation, Livewire TC	H				
1004	Fast-Cath,Swartz,SAFL,CSTA	H				
1006	ARRAY post chamb IOL	H				
1007	Ams 700 penile prosthesis	H				
1008	Urolume-implt urethral stent	H				
1009	Plasma, cryoprecipitate-reduced, unit	K	0.86	$42.76		$8.55
1010	Blood, L/R, CMV-neg	K	2.88	$142.84		$28.57
1011	Platelets, L/R, CMV-neg, unit	K	11.86	$588.15		$117.63
1012	Platelet concentrate, L/R, irradiated, unit	K	1.92	$95.23		$19.05
1013	Platelet concentrate, L/R, unit	K	1.18	$58.30		$11.66
1014	Platelets, aph/pher, L/R, unit	K	8.93	$443.11		$88.62
1016	Blood, L/R, froz/deglycerol/washed	K	7.15	$354.68		$70.94
1017	Platelets, aph/pher, L/R, CMV-neg, unit	K	9.33	$462.54		$92.51
1018	Blood, L/R, irradiated	K	3.13	$155.48		$31.10
1019	Platelets, aph/pher, L/R, irradiated, unit	K	9.64	$478.09		$95.62
1024	Quinupristin 150 mg/dalfopriston 350 mg	J		$102.05		$13.67
1025	Marinr CS catheter	H				
1026	RF Perfrmr cath 5F RF Marinr	H				
1027	Magic x/short, Radius14mm	H				
1028	Prcis Twst trnsvg anch sys	H				
1029	CRE guided balloon dil cath	H				
1030	Cthtr:Mrshal,Blu Max Utr Dmnd	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
1033	Sonicath mdl 37-410	H				
1034	SURPASS, Long30 SURPASS-cath	H				
1035	Cath, Ultra ICE	H				
1036	R port/reservoir impl dev	H				
1037	Vaxcelchronic dialysis cath	H				
1038	UltraCross Imaging Cath	H				
1039	Wallstent/RP: Trach	H				
1040	Wallstent/RP TIPS—20/40/60	H				
1042	Wallstent, UltraFlex: Bil	H				
1043	Atherectomy sys, coronary	H				
1045	I-131 MIBG (ioben-sulfate) O.5mCi	G		$1,140.00		$139.08
1047	Navi-Star, Noga-Star cath	H				
1048	NeuroCyberneticPros: gen	H				
1051	Oasis Thrombectomy Cath	H				
1053	EnSite 3000 catheter	H				
1054	Hydrolyser Thromb Cath 6/7F	H				
1055	Transesoph 210, 210-S Cath	H				
1056	Thermachoice II Cath	H				
1057	Micromark Tissue Marker	H				
1059	Carticel,auto cult-chndr cyte	G		$14,250.00		$2,010.00
1060	ACS multi-link tristor stent	H				
1061	ACS Viking Guiding cath	H				
1063	EndoTak Endurance EZ, RX leads	H				
1067	Megalink biliary stent	H				
1068	Pulsar DDD pmkr	H				
1069	Discovery DR, pmaker	H				
1071	Pulsar Max, Pulsar SR pmkr	H				
1072	Guidant: blln dil cath	H				
1073	Gynecare Morcellator	H				
1074	RX/OTW Viatrac-peri dil cath	H				
1075	Guidant: lead	H				
1076	Ventak mini sc defib	H				
1077	Ventak VR Prizm VR, sc defib	H				
1078	Ventak: Prizm, AVIIIDR defib	H				
1079	CO 57/58 0.5 mCi	G		$264.10		$32.22
1084	Denileukin diftitox, 300 mcg	G		$942.88		$126.35
1086	Temozolomide, 5 mg	G		$5.70		$0.76
1087	I-123 per uCi capsule	G		$0.84		$0.10
1089	CO 57, 0.5 mCi	G		$91.20		$11.13
1090	IN 111 Chloride, per mCi	G		$152.00		$18.54
1091	IN 111 Oxyquinoline, per 5 mCi	G		$508.25		$62.01
1092	IN 111 Pentetate, per 1.5 mCi	G		$769.50		$93.88
1094	TC 99M Albumin aggr, per vial	J		$34.20		$4.17
1095	TC 99M Depreotide, per vial	G		$760.00		$101.84
1096	TC 99M Exametazime, per dose	G		$445.31		$63.75
1097	TC 99M Mebrofenin, per vial	G		$46.76		$5.71
1098	TC 99M Pentetate, per vial	G		$22.80		$2.78
1099	TC 99M Pyrophosphate, per vial	J		$42.75		$5.22
1100	Medtronic AVE GT1 guidewire	H				
1101	Medtronic AVE, AVE Z2 cath	H				
1102	Synergy Neurostim Genrtr	H				
1103	Micro Jewel Defibrillator	H				
1104	RF Conductor Ablative Cath	H				
1105	Sigma 300VDD pacmker	H				
1106	SynergyEZ Pt Progrmr	H				
1107	Torqr, Solist cath	H				
1108	Reveal Cardiac Recorder	H				
1109	Implantable anchor: Ethicon	H				
1110	Stable Mapper, cath electrd	H				
1111	AneuRxAort-Uni-Ilicstnt&cath	H				
1112	AneuRx Stent graft/del.cath	H				
1113	Tlnt Endo Sprng Stnt Grft Sys	H				
1114	TalntSprgStnt+Graf endo pros	H				
1115	5038S,5038,5038L pace lead	H				
1116	CapSureSP pacing Lead	H				
1117	Ancure Endograft Del Sys	H				
1118	Sigma300DR LegIIDR,pacemkr	H				
1119	Sprint6932,6943 defib lead	H				
1120	Sprint6942,6945 defib lead	H				
1121	Gem defibrillator	H				
1122	TC 99M arcitumomab per dose	G		$926.25		$124.12
1123	Gem II VR defibrillator	H				
1124	InterStim Test Stim Kit	H				
1125	Kappa 400SR,Ttopaz II SR pmkr	H				
1126	Kappa 700 DR pacemakr	H				
1127	Kappa 700SR,pmkr sgl chamber	H				
1128	Kappa 700D,Ruby IID pmkr	H				
1129	Kappa 700VDD,pacmkr	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
1130	Sigma 200D,LGCY IID sc pmkr	H				
1131	Sigma 200DR, pmker	H				
1132	Sigma 200SR Leg II:sc pac	H				
1133	Sigma SR, Vita SR, pmaker	H				
1134	Sigma 300D pmker	H				
1135	Entity DR 5326L/R, DC, pmkr	H				
1136	Affinity DR 5330L/R, DC, pmkr	H				
1137	CardioSEAL implant syst	H				
1143	AddVent mod 2060BL,VDD	H				
1144	Afnty SP 5130,Integrity SR,pmkr	H				
1145	Angio-Seal 6fr, 8fr	H				
1147	AV Plus DX 1368: lead	H				
1148	Contour MD sc defib	H				
1149	Entity DC 5226R-pmker	H				
1151	Passiveplus DX lead, 10mdls	H				
1152	LifeSite Access System	H				
1153	Regency SC+ 2402L pmker	H				
1154	SPL:SPOI,02,04 − defib lead	H				
1155	Repliform 8 sq cm	H				
1156	Tr 1102TrSR+ 2260L,2264L,5131	H				
1157	Trilogy DCT 23/8L pmkr	H				
1158	TVL lead SV01,SV02,SV04	H				
1159	TVL RV02,RV06,RV07: lead	H				
1160	TVL–ADX 1559: lead	H				
1161	Tendril DX, 1388 pacing lead	H				
1162	TempoDr, TrilogyDR+DC pmkr	H				
1163	Tendril SDX, 1488T pacing lead	H				
1164	Iodine-125 brachytx seed	H				
1166	Cytarabine liposomal, 10 mg	G		$371.45		$49.77
1167	Epirubicin hcl, 2 mg	J		$24.94		$3.34
1171	Autosuture site marker stple	H				
1172	Spacemaker dissect ballon	H				
1173	Cor stntS540,S670,o-wire stn	H				
1174	Bard brachytx needle	H				
1178	Busulfan IV, 6 mg	G		$26.48		$3.55
1180	Vigor SR, SC, pmkr	H				
1181	Meridian SSI, SC, pmkr	H				
1182	Pulsar SSI, SC, pmkr	H				
1183	Jade IIS, Sigma 300S,SC, pmkr	H				
1184	Sigma 200S, SC, pmkr	H				
1188	I 131, per mCi	G		$5.86		$0.75
1200	TC 99M Sodium Glucoheptonate, per vial	G		$113.05		$13.79
1201	TC 99M succimer, per vial	G		$135.66		$16.55
1202	TC 99M Sulfur Colloid, per dose	G		$38.00		$4.64
1203	Verteporfin for Injection	G		$1,458.25		$195.41
1205	TC 99M Disofenin, per vial	G		$427.50		$57.29
1207	Octreotide acetate depot 1mg	G		$135.10		$16.48
1302	SQ01: lead	H				
1303	CapSure Fix 6940/4068-110, lead	H				
1304	Sonicath mdl 37–416,–418	H				
1305	Apligraf	G		$1,157.81		$163.31
1306	NeuroCyberneticPros: lead	H				
1311	Trilogy DR+/DAO pmkr	H				
1312	Magic WALLSTENT stent-Mini	H				
1313	Magic medium, Radius 31mm	H				
1314	Magic WALLSTENT stent-Long	H				
1315	Vigor DR, Meridian DR pmkr	H				
1316	Meridian DDD pmkr	H				
1317	Discovery SR, pmkr	H				
1318	Meridian SR pmakr	H				
1319	Wallstent/RP Enteral--60mm	H				
1320	Wallstent/RP Iliac Del Sys	H				
1325	Pallidium − 103 seed	H				
1326	Angio-jet rheolytic thromb cath	H				
1328	ANS Renew NS trnsmtr	H				
1333	PALMZA Corinthian bill stent	H				
1334	Crown,Mini-crown,CrossLC	H				
1335	Mesh, Prolene	H				
1336	Constant Flow Imp Pump	H				
1337	IsoMed 8472-20/35/60	H				
1348	I 131 per mCi solution	G		$146.57		$17.88
1350	Prosta/OncoSeed, RAPID strand, I-125	H				
1351	CapSure(Fix)pacing lead	H				
1352	Gem II defib	H				
1353	Itrel Interstm neurostim+ext	H				
1354	Kappa 400DR,Diamond II 820DR	H				
1355	Kappa 600DR, Vita DR	H				
1356	Profile MD V–186HV3 sc defib	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
1357	Angstrom MD V–190HV3 sc defib	H				
1358	Affinity DC 5230R-Pacemaker	H				
1359	Pulsar,Pulsar Max DR,pmkr	H				
1363	Gem DR, DC, defib	H				
1364	Photon DR V-230HV3 DC defib	H				
1365	Guidewire, Hi-Torque14/18/35	H				
1366	Guidewire,PTCA, Hi-Torque	H				
1367	Guidewire, Hi-Torque CrossIt	H				
1369	ANS Renew Stim Sys recvr	H				
1370	Tension-Free Vaginal Tape	H				
1371	Symp Nitinol Transhep Bil Sys	H				
1372	Cordis Nitinol bil stent	H				
1375	Stent, coronary, NIR	H				
1376	ANS Renew Stim Sys lead	H				
1377	Specify 3988 neuro lead	H				
1378	InterStim Tx 3080/3886 lead	H				
1379	Pisces-Quad 3887 lead	H				
1400	Diphenhydramine hcl 50mg	G		$1.18		$.16
1401	Prochlorperazine maleate 5mg	G		$1.31		$.18
1402	Promethazine hcl 12.5mg oral	G		$.03		$.00
1403	Chlorpromazine hcl 10mg oral	G		$.55		$.07
1404	Trimethobenzamide hcl 250mg	G		$.36		$.05
1405	Thiethylperazine maleate10mg	G		$.69		$.09
1406	Perphenazine 4mg oral	G		$.71		$.10
1407	Hydroxyzine pamoate 25mg	G		$.20		$.03
1409	Factor viia recombinant, per 1.2 mg	G		$1,596.00		$213.86
1410	Prosorba column	H				
1411	Herculink,OTW SDS bil stent	H				
1420	StapleTac2 Bone w/Dermis	H				
1421	StapleTac2 Bone wo Dermis	H				
1450	Orthosphere Arthroplasty	H				
1451	Orthosphere Arthroplasty Kit	H				
1500	Atherectomy sys, peripheral	H				
1600	TC 99M sestamibi, per syringe	G		$109.25		$13.33
1601	TC 99M medronate, per dose	G		$38.38		$4.68
1602	TC 99M apcitide, per vial	G		$47.50		$5.80
1603	TL 201, mCi	G		$28.50		$3.48
1604	IN 111 capromab pendetide, per dose	G		$1,008.90		$135.19
1605	Abciximab injection, 10 mg	G		$513.02		$68.74
1606	Anistreplase, 30 u	G		$2,693.80		$360.97
1607	Eptifibatide injection, 5 mg	G		$12.57		$1.68
1608	Etanercept injection, 25 mg	G		$134.42		$18.01
1609	Rho(D) immune globulin h, sd, 100 iu	G		$20.55		$2.51
1611	Hylan G–F 20 injection, 16 mg	G		$204.87		$27.45
1612	Daclizumab, parenteral, 25 mg	G		$397.29		$53.24
1613	Trastuzumab, 10 mg	G		$48.85		$6.55
1614	Valrubicin, 200 mg	G		$423.23		$56.71
1615	Basiliximab, 20 mg	G		$1,250.01		$167.50
1616	Histrelin Acetate, 0.5 mg	G		$14.91		$2.00
1617	Lepirdin, 50 mg	G		$124.49		$16.68
1618	Von Willebrand factor, per iu	G		$.95		$.13
1619	Ga 67, per mCi	G		$25.97		$3.17
1620	TC 99M Bicisate, per vial	G		$417.53		$55.95
1621	Xe 133, per mCi	G		$28.50		$3.66
1622	TC 99M Mertiatide, per vial	G		$185.82		$24.90
1623	TC 99M Gluceptate	G		$22.61		$2.76
1624	P32 sodium, per mCi	G		$74.10		$9.04
1625	IN 111 Pentetreotide, per mCi	G		$283.42		$37.98
1626	TC 99M Oxidronate, per vial	G		$38.38		$4.68
1627	TC-99 labeled red blood cell, per test	G		$38.95		$4.75
1628	P32 phosphate chromic, per mCi	G		$137.12		$16.73
1700	Authen Mick TP brachy needle	H				
1701	Medtec MT-BT-5201-25 ndl	H				
1702	WWMT brachytx needle	H				
1703	Mentor Prostate Brachy	H				
1704	MT-BT-5001-25/5051-25	H				
1705	Best Flexi Brachy Needle	H				
1706	Indigo Prostate Seeding Ndl	H				
1707	Varisource Implt Ndl	H				
1708	UroMed Prostate Seed Ndl	H				
1709	Remington Brachytx Needle	H				
1710	US Biopsy Prostate Needle	H				
1711	MD Tech brachytx needle	H				
1712	Imagyn brachytx needle	H				
1790	Iridium 192 HDR	H				
1791	OncoSeed, Rapid Strand I-125	H				
1792	UroMed I-125 Brachy seed	H				
1793	Bard InterSource P-103 seed	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
1794	Bard IsoSeed P-103 seed	H				
1795	Bard BrachySource I-125	H				
1796	SourceTech Med I-125	H				
1797	Draximage I-125 seed	H				
1798	Syncor I-125 PharmaSeed	H				
1799	I-Plant I-125 Brachytx seed	H				
1800	Pd-103 brachytx seed	H				
1801	IoGold I-125 brachytx seed	H				
1802	Iridium 192 brachytx seeds	H				
1803	Best Iodine 125 brachytx sds	H				
1804	Best Palladium 103 seeds	H				
1805	IsoStar Iodine-125 seeds	H				
1806	Gold 198	H				
1810	D114S Dilatation Cath	H				
1811	Surgical Dynamics Anchors	H				
1812	OBL Anchors	H				
1850	Repliform 14/21 sq cm	H				
1851	Repliform 24/28 sq cm	H				
1852	TransCyte, per 247 sq cm	H				
1853	Suspend, per 8/14 sq cm	H				
1854	Suspend, per 24/28 sq cm	H				
1855	Suspend, per 36 sq cm	H				
1856	Suspend, per 48 sq cm	H				
1857	Suspend, per 84 sq cm	H				
1858	DuraDerm, per 8/14 sq cm	H				
1859	DuraDerm, per 21/24/28 sq cm	H				
1860	DuraDerm, per 48 sq cm	H				
1861	DuraDerm, per 36 sq cm	H				
1862	DuraDerm, per 72 sq cm	H				
1863	DuraDerm, per 84 sq cm	H				
1864	SpermaTex, per 13.44 sq cm	H				
1865	FasLata, per 8/14 sq cm	H				
1866	FasLata, per 24/28 sq cm	H				
1867	FasLata, per 36/48 sq cm	H				
1868	FasLata, per 96 sq cm	H				
1869	Gore Thyroplasty Dev	H				
1870	DermMatrix, per 16 sq cm	H				
1871	DermMatrix, 32 or 64 sq cm	H				
1872	Dermagraft, per 37.5 sq cm	H				
1873	Bard 3DMax Mesh	H				
1929	Maverick PTCA Cath	H				
1930	Coyote Dil Cath, 20/30/40mm	H				
1931	Talon Dil Cath	H				
1932	Scimed Remedy Dil Cath	H				
1933	Opti-Plast XL/Centurion Cath	H				
1934	Ultraverse 3.5F Bal Dil Cath	H				
1935	Workhorse PTA Bal Cath	H				
1936	Uromax Ultra Bal Dil Cath	H				
1937	Synergy Balloon Dil Cath	H				
1938	UroForce Bal Dil Cath	H				
1939	Raptur, Ninja PTCA Dil Cath	H				
1940	PowerFlex,OPTA 5/LP Bal Cath	H				
1941	Jupiter PTA Dil Cath	H				
1942	Cordis Maxi LD PTA Bal Cath	H				
1943	RXCrossSail OTW OpenSail	H				
1944	Rapid Exchange Bil Dil Cath	H				
1945	Savvy PTA Dil Cath	H				
1946	R1s Rapid Dil Cath	H				
1947	Gazelle Bal Dil Cath	H				
1948	Pursuit Balloon Cath	H				
1949	Oracle Megasonics Cath	H				
1979	Visions PV/Avanar US Cath	H				
1980	Atlantis SR Coronary Cath	H				
1981	PTCA Catheters	H				
2000	Orbiter ST Steerable Cath	H				
2001	Constellation Diag Cath	H				
2002	Irvine 5F Inquiry Diag EP Cath	H				
2003	Irvine 6F Inquiry Diag EP Cath	H				
2004	Biosense EP Cath—Octapolar	H				
2005	Biosense EP Cath—Hexapolar	H				
2006	Biosense EP Cath—Decapolar	H				
2007	Irvine 6F Luma-Cath EP Cath	H				
2008	7F Luma-Cath EP Cath 81910–15	H				
2009	Irvine 7F Luma-Cath EP Cath	H				
2010	Fixed Curve EP Cath	H				
2011	Deflectable Tip Cath—Quad	H				
2012	Celsius Abln Cath	H				
2013	Celsius Large Abln Cath	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
2014	Celsius II Asym Abln Cath	H				
2015	Celsius II Sym Abln Cath	H				
2016	Navi-Star DS, Navi-Star Ther	H				
2017	Navi-Star Abln Cath	H				
2018	Polaris T Ablation Cath	H				
2019	EP Deflectable Cath	H				
2020	Blazer II XP Abln Cath	H				
2021	SilverFlex EP Cath	H				
2022	CP Chilli Cooled Abln Cath	H				
2023	Chilli Cld AblnCath-std, lg	H				
2100	CP CS Reference Cath	H				
2101	CP RV Reference Cath	H				
2102	CP Radii 7F EP Cath	H				
2103	CP Radii 7F EP Cath w/Track	H				
2104	Lasso Deflectable Cath	H				
2151	Veripath Guiding Cath	H				
2152	Cordis Vista Brite Tip Cath	H				
2153	Bard Viking Cath	H				
2200	Arrow-Trerotola PTD Cath	H				
2300	Varisource Stnd Catheters	H				
2597	CliniCath/kit 16/18 sgl/dbl	H				
2598	CliniCath 18/20/24G-single	H				
2599	CliniCath 16/18G-double	H				
2601	Bard DL Ureteral Cath	H				
2602	Vitesse Laser Cath 1.4/1.7mm	H				
2603	Vitesse Laser Cath 2.0mm	H				
2604	Vitesse E Laser Cath 2.0mm	H				
2605	Extreme Laser Catheter	H				
2606	SpineCath XL Catheter	H				
2607	SpineCath Intradiscal Cath	H				
2608	Scimed 6F Wiseguide Cath	H				
2609	Flexima Bil Drainage Cath	H				
2610	FlexTipPlus Intraspinal Cath	H				
2611	AlgoLine Intraspinal Cath	H				
2612	InDura Catheter	H				
2700	MycroPhylax Plus SC defib	H				
2701	Phylax XM SC defib	H				
2702	Ventak Prizm 2 VR Defib	H				
2703	Ventak Prizm VR HE Defib	H				
2704	Ventak Mini IV+ Defib	H				
2801	Defender IV DR 612 DC defib	H				
2802	Phylax AV DC defib	H				
2803	Ventak Prizm DR HE Defib	H				
2804	Ventak Prizm 2 DR Defib	H				
2805	Jewel AF 7250 Defib	H				
2806	GEM VR 7227 Defib	H				
2807	Contak CD 1823	H				
2808	Contak TR 1241	H				
3002	EasyTrak Defib Lead	H				
3001	Kainox SL/RV defib lead	H				
3003	Endotak SQ Array XP lead	H				
3004	Intervene Defib Lead	H				
3400	Siltex Spectrum, Contour Prof	H				
3401	Saline-Filled Spectrum	H				
3500	Mentor Alpha I Inf Penile Pros	H				
3510	AMS 800 Urinary Pros	H				
3551	Choice/PT Graphix/Luge/Trooper	H				
3552	Hi-Torque Whisper	H				
3553	Cordis guidewires	H				
3554	Jindo guidewire	H				
3555	Wholey Hi-Torque Plus GW	H				
3556	Wave/FlowWire Guidewire	H				
3557	HyTek guidewire	H				
3800	SynchroMed EL infusion pump	H				
3801	Arrow/MicroJect PCA Sys	H				
3851	Elastic UV IOL AA-4203T/TF/TL	H				
4000	Opus G 4621, 4624 SC pmkr	H				
4001	Opus S 4121/4124 SC pmkr	H				
4002	Talent 113 SC pmkr	H				
4003	Kairos SR SC pmkr	H				
4004	Actros SR, Actros SLR SC pmkr	H				
4005	Philos SR/SR-B SC pmkr	H				
4006	Pulsar Max II SR pmkr	H				
4007	Marathon SR pmkr	H				
4008	Discovery II SSI pmkr	H				
4009	Discovery II SR pmkr	H				
4300	Integrity AFx DR 5342 pmkr	H				
4301	Integrity AFx DR 5346 pmkr	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
4302	Affinity VDR 5430 pmkr	H				
4303	Brio 112 DC pmkr	H				
4304	Brio 212, Talent 213/223 DC pmkr	H				
4305	Brio 222 DC pmkr	H				
4306	Brio 220 DC pmkr	H				
4307	Kairos DR DC pmkr	H				
4308	Inos2, Inos2+ DC pmkr	H				
4309	Actros DR,D,DR-A,SLR DC pmkr	H				
4310	Actros DR-B DC pmkr	H				
4311	Philos DR/DR-B/SLR DC pmkr	H				
4312	Pulsar Max II DR pmkr	H				
4313	Marathon DR pmkr	H				
4314	Momentum DR pmkr	H				
4315	Selection AFm pmkr	H				
4316	Discovery II DR	H				
4317	Discovery II DDD	H				
4600	Snynox,Polyrox,Elox,Retrox	H				
4602	Tendril SDX, 1488K pmkr lead	H				
4603	Oscor/Flexion pmkr lead	H				
4604	CrystallineActFix,CapsureFix	H				
4605	CapSure Epi pmkr lead	H				
4606	Flextend pmkr lead	H				
4607	FinelineII/EZ, ThinlineII/EZ	H				
5000	BX Velocity w/Hepacoat	H				
5001	Memotherm Bil Stent, sm, med	H				
5002	Memotherm Bil Stent, large	H				
5003	Memotherm Bil Stent, x-large	H				
5004	PalmazCorinthian IQ Bil Stent	H				
5005	PalmazCorinthian IQ Trans/Bil	H				
5006	PalmazTrans Bil Stent Sys-Med	H				
5007	PalmazTrans XL Bil Stent--40mm	H				
5008	PalmazTrans XL Bil Stent--50mm	H				
5009	VistaFlex Biliary Stent	H				
5010	Rapid Exchange Bil Stent Sys	H				
5011	IntraStent, IntraStent LP	H				
5012	IntraStent DoubleStrut LD	H				
5013	IntraStent DoubleStrut, XS	H				
5014	AVE Bridge Stent Sys-10/17/28	H				
5015	AVE/X3 Bridge Sys, 40-100	H				
5016	Biliary stent single use cov	H				
5017	WallstentRP Bil--20/40/60/68mm	H				
5018	WallstentRP Bil--80/94mm	H				
5019	Flexima Bil Stent Sys	H				
5020	Smart Nitinol Stent--20mm	H				
5021	Smart Nitinol Stent--40/60mm	H				
5022	Smart Nitinol Stent--80mm	H				
5023	BX Velocity Stent--8/13mm	H				
5024	BX Velocity Stent--18mm	H				
5025	BX Velocity Stent--23mm	H				
5026	BX Velocity Stent--28/33mm	H				
5027	BX Velocity w/Hep--8/13mm	H				
5028	BX Velocity w/Hep--18mm	H				
5029	BX Velocity w/Hep--23mm	H				
5030	Stent, coronary, S660 9/12mm	H				
5031	Stent,coronary, S660 15/18mm	H				
5032	Stent,coronary, S660 24/30mm	H				
5033	Niroyal Stent Sys, 9mm	H				
5034	Niroyal Stent Sys, 12/15mm	H				
5035	Niroyal Stent Sys, 18mm	H				
5036	Niroyal Stent Sys, 25mm	H				
5037	Niroyal Stent Sys, 31mm	H				
5038	BX Velocity Stent w/Raptor	H				
5039	IntraCoil Periph Stent--40mm	H				
5040	IntraCoil Periph Stent--60mm	H				
5041	BeStent Over-the-Wire 24/30mm	H				
5042	BeStent Over-the-Wire 18mm	H				
5043	BeStent Over-the-Wire 15mm	H				
5044	BeStent Over-the-Wire 9/12mm	H				
5045	Multilink Tetra Cor Stent Sys	H				
5046	Radius 20mm cor stent	H				
5047	Niroyal Elite Cor Stent Sys	H				
5048	GR II Coronary Stent	H				
5130	Wilson-Cook Colonic Z-Stent	H				
5131	Bard Colorectal Stent-60mm	H				
5132	Bard Colorectal Stent-80mm	H				
5133	Bard Colorectal Stent-100mm	H				
5134	Enteral Wallstent—90mm	H				
5279	Contour/Percuflex Stent	H				

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
5280	Inlay Dbl Ureteral Stent	H				
5281	Wallgraft Trach Sys 70mm	H				
5282	Wallgraft Trach Sys 20/30/50	H				
5283	Wallstent/RP TIPS—80mm	H				
5284	Wallstent TrachUltraFlex	H				
5600	Closure dev, VasoSeal ES	H				
5601	VasoSeal Model 1000	H				
6001	Composix Mesh 8/21 in	H				
6002	Composix Mesh 32 in	H				
6003	Composix Mesh 48 in	H				
6004	Composix Mesh 80 in	H				
6005	Composix Mesh 140 in	H				
6006	Composix Mesh 144 in	H				
6012	Pelvicol Collagen 8/14 sq cm	H				
6013	Pelvicol Collagen 21/24/28 sq cm	H				
6014	Pelvicol Collagen 36 sq cm	H				
6015	Pelvicol Collagen 48 sq cm	H				
6016	Pelvicol Collagen 96 sq cm	H				
6017	Gore-Tex DualMesh 75/96 sq cm	H				
6018	Gore-Tex DualMesh 150 sq cm	H				
6019	Gore-Tex DualMesh 285 sq cm	H				
6020	Gore-Tex DualMesh 432 sq cm	H				
6021	Gore-Tex DualMesh 600 sq cm	H				
6022	Gore-Tex DualMesh 884 sq cm	H				
6023	Gore-TexPlus 1mm, 75/96sq cm	H				
6024	Gore-TexPlus 1mm, 150sq cm	H				
6025	Gore-TexPlus 1mm, 285sq cm	H				
6026	Gore-TexPlus 1mm, 432sq cm	H				
6027	Gore-TexPlus 1mm, 600sq cm	H				
6028	Gore-TexPlus 1mm, 884 sq cm	H				
6029	Gore-TexPlus 2mm, 150 sq cm	H				
6030	Gore-TexPlus 2mm, 285 sq cm	H				
6031	Gore-TexPlus 2mm, 432 sq cm	H				
6032	Gore-TexPlus 2mm, 600 sq cm	H				
6033	Gore-TexPlus 2mm, 884 sq cm	H				
6034	Bard ePTFE: 150 sq cm--2mm	H				
6035	Bard ePTFE 150 sqcm-1mm,75-2mm	H				
6036	Bard ePTFE: 50/75 sqcm-1,2mm	H				
6037	Bard ePTFE: 300 sq cm-1,2mm	H				
6038	Bard ePTFE: 600 sq cm-1mm	H				
6039	Bard ePTFE: 884 sq cm-1mm	H				
6040	Bard ePTFE: 600 sq cm-2mm	H				
6041	Bard ePTFE: 884 sq cm-2mm	H				
6050	Female Sling Sys w/wo Matrl	H				
6051	Stratasis Sling, 20/40 cm	H				
6052	Stratasis Sling, 60 cm	H				
6053	Surgisis Soft Graft	H				
6054	Surgisis Enhanced Graft	H				
6055	Surgisis Enhanced Tissue	H				
6056	Surgisis Soft Tissue Graft	H				
6057	Surgisis Hernia Graft	H				
6058	SurgiPro Hernia Plug, med/lg	H				
6080	Male Sling Sys w/wo Matrl	H				
6200	Exxcel Sft ePTFE vas graft	H				
6201	Impra Venaflo--10/20cm	H				
6202	Impra Venaflo-30/40cm	H				
6203	Impra Venaflo-50cm,vt45	H				
6204	Impra Venaflo-stepped	H				
6205	Impra Carboflo—10cm	H				
6206	Impra Carboflo—20cm	H				
6207	Impra Carboflo—30/35/40cm	H				
6208	Impra Carboflo—40/50cm	H				
6209	Impra Carboflo—ctrflex	H				
6210	Exxcel ePTFE vas graft	H				
6300	Vanguard III Endovas Graft	H				
6500	Preface Guiding Sheath	H				
6501	Soft Tip Sheaths	H				
6502	Perry Exchange Dilator	H				
6525	Spectranetics Laser Sheath	H				
6600	Micro Litho Flex Probes	H				
6650	Fast-Cath Guiding Introducer	H				
6651	Seal-AwayGuiding Introducer	H				
6652	Bard Excalibur Introducer	H				
6700	Focal Seal-L	H				
7000	Amifostine, 500 mg	G		$350.31		$46.94
7001	Amphotericin B lipid complex, 50 mg	G		$95.00		$12.73
7003	Epoprostenol injection 0.5 mg	G		$16.53		$2.22
7004	Immune globulin 5 gms	G		$272.80		$33.28

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
7005	Gonadorelin hydroch, 100 mcg	G		$14.80		$1.98
7007	Milrinone lactate, per 5 ml, inj	K	0.47	$23.31		$4.66
7010	Morphine sulfate (preservative free) 10 mg	G		$7.41		$.99
7011	Oprelvekin injection, 5 mg	G		$236.31		$31.67
7014	Fentanyl citrate inj up 2 ml	G		$0.98		$0.13
7015	Busulfan, oral, 2 mg	G		$1.73		$0.23
7019	Aprotinin, 10,000 kiu	G		$196.35		$26.31
7022	Elliot's B solution, per ml	G		$14.25		$1.91
7023	Treatment for bladder calculi, per 500 ml	G		$23.54		$3.15
7024	Corticorelin ovine triflutate, per 0.1 mg	G		$353.88		$45.77
7025	Digoxin immune FAB (Ovine), 40 mg vial	G		$530.44		$64.71
7026	Ethanolamine oleate, 100 mg	G		$27.21		$3.65
7027	Fomepizole, 1.5 mg	G		$728.33		$97.60
7028	Fosphenytoin, 50 mg	G		$8.55		$1.15
7029	Glatiramer acetate, 20 mg	G		$27.40		$3.67
7030	Hemin, 1 mg	G		$0.90		$0.12
7031	Octreotide acetate injection 1mg	G		$115.34		$15.46
7032	Sermorelin acetate, 0.5 mg	G		$15.78		$2.11
7033	Somatrem, 5 mg	G		$199.50		$26.73
7034	Somatropin, 1 mg (any derivation)	G		$39.90		$5.35
7035	Teniposide, 50 mg	G		$195.28		$26.17
7036	Urokinase, inj, IV, 250,000 I.U.	K	6.78	$336.29		$67.26
7037	Urofollitropin, 75 I.U.	G		$69.73		$9.34
7038	Muromonab-CD3, 5 mg	G		$741.00		$99.29
7039	Pegademase bovine inj 25 I.U	G		$139.33		$18.67
7040	Pentastarch 10% inj, 100 ml	G		$15.11		$2.04
7041	Tirofiban hydrochloride 12.5 mg	G		$399.00		$53.47
7042	Capecitabine, oral, 150 mg	G		$1.94		$0.26
7043	Infliximab injection 10 mg	G		$58.08		$7.78
7045	Trimetrexate glucoronate 25 mg	G		$69.83		$9.36
7046	Doxorubicin hcl liposome inj 10 mg	G		$311.72		$41.77
7047	Droperidol/fentanyl inj	G		$7.02		$0.90
7048	Alteplase, 1 mg	K	0.38	$18.70		$3.74
7049	Filgrastim 480 mcg injection	G		$273.03		$35.06
7315	Sodium hyaluronate, 20 mg	G		$125.59		$16.83
8099	Spectranetics Lead Lock Dev	H				
8100	Adhesion barrier, ADCON–L	H				
8102	SurgiVision Esoph Coil	H				
9000	Na chromate Cr51, per 0.25mCi	G		$259.36		$34.75
9001	Linezolid inj, 200mg	J		$34.14		$4.57
9002	Tenecteplase, 50mg/vial	J		$2,612.50		$350.08
9003	Palivizumab, per 50mg	J		$664.49		$89.04
9004	Gemtuzumab ozogamicin inj,5mg	J		$1,929.69		$258.58
9005	Reteplase inj, half-kit, 18.8 mg/vial	G		$1,306.25		$175.04
9006	Tacrolimus inj, per 5mg (1 amp)	J		$109.83		$14.72
9007	Baclofen Intrathecal kit-1amp	G		$79.80		$10.69
9008	Baclofen Refill Kit—500mcg	G		$222.30		$29.79
9009	Baclofen Refill Kit—2000mcg	G		$467.40		$62.63
9010	Baclofen Refill Kit—4000mcg	G		$820.80		$109.99
9011	Caffeine Citrate, inj, 1ml	G		$12.22		$1.57
9100	Iodinated I-131 Albumin	G		$246.05		$30.02
9102	51 Na chromate, 50mCi	G		$216.60		$26.43
9103	Na Iothalamate I-125, 10uCi	G		$12.27		$1.50
9104	Anti-thymocyte globulin,25mg	G		$251.75		$33.73
9105	Hep B imm glob, per 1 ml	G		$152.00		$20.37
9106	Sirolimus 1mg/ml	J		$6.51		$.87
9107	Tinzaparin sodium, 2ml vial	J		$159.60		$20.50
9108	Thyrotropin Alfa,1.1 mg	G		$494.00		$70.72
9109	Tirofiban hydrochloride 6.25 mg	G		$199.50		$28.56
9217	Leuprolide acetate for depot suspension, 7.5 mg	G		$592.60		$79.40
9500	Platelets, irrad, ea unit	K	1.77	$87.97		$17.59
9501	Platelets, pheresis, ea unit	K	9.69	$480.75		$96.15
9502	Platelets, pher/irrad, ea unit	K	10.52	$521.66		$104.33
9503	Fresh frozen plasma, ea unit	K	1.65	$81.83		$16.37
9504	RBC, deglycerolized, ea unit	K	4.35	$215.83		$43.17

ADDENDUM A.—LIST OF HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSIFICATIONS WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS, CALENDAR YEAR 2001—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
9505	RBC, irradiated, ea unit	K	2.58	$127.86		$25.57
9998	Enoxaparin	G		$5.53		$0.79

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
00100	N	Anesth, salivary gland					
00102	N	Anesth, repair of cleft lip					
00103	N	Anesth, blepharoplasty					
00104	N	Anesth, electroshock					
00120	N	Anesth, ear surgery					
00124	N	Anesth, ear exam					
00126	N	Anesth, tympanotomy					
00140	N	Anesth, procedures on eye					
00142	N	Anesth, lens surgery					
00144	N	Anesth, corneal transplant					
00145	N	Anesth, vitrectomy					
00147	N	Anesth, iridectomy					
00148	N	Anesth, eye exam					
00160	N	Anesth, nose/sinus surgery					
00162	N	Anesth, nose/sinus surgery					
00164	N	Anesth, biopsy of nose					
00170	N	Anesth, procedure on mouth					
00172	N	Anesth, cleft palate repair					
00174	N	Anesth, pharyngeal surgery					
00176	N	Anesth, pharyngeal surgery					
00190	N	Anesth, facial bone surgery					
00192	N	Anesth, facial bone surgery					
00210	N	Anesth, open head surgery					
00212	N	Anesth, skull drainage					
00214	N	Anesth, skull drainage					
00215	N	Anesth, skull fracture					
00216	N	Anesth, head vessel surgery					
00218	N	Anesth, special head surgery					
00220	N	Anesth, spinal fluid shunt					
00222	N	Anesth, head nerve surgery					
00300	N	Anesth, head/neck/ptrunk					
00320	N	Anesth, neck organ surgery					
00322	N	Anesth, biopsy of thyroid					
00350	N	Anesth, neck vessel surgery					
00352	N	Anesth, neck vessel surgery					
00400	N	Anesth, skin, ext/per/atrunk					
00402	N	Anesth, surgery of breast					
00404	N	Anesth, surgery of breast					
00406	N	Anesth, surgery of breast					
00410	N	Anesth, correct heart rhythm					
00420	N	Anesth, skin surgery, back					
00450	N	Anesth, surgery of shoulder					
00452	N	Anesth, surgery of shoulder					
00454	N	Anesth, collar bone biopsy					
00470	N	Anesth, removal of rib					
00472	N	Anesth, chest wall repair					
00474	N	Anesth, surgery of rib(s)					
00500	N	Anesth, esophageal surgery					
00520	N	Anesth, chest procedure					
00522	N	Anesth, chest lining biopsy					
00524	N	Anesth, chest drainage					
00528	N	Anesth, chest partition view					
00530	N	Anesth, pacemaker insertion					
00532	N	Anesth, vascular access					
00534	N	Anesth, cardioverter/defib					
*00537	N	Anesth, cardiac electrophys					
00540	N	Anesth, chest surgery					
00542	N	Anesth, release of lung					
00544	N	Anesth, chest lining removal					
00546	N	Anesth, lung,chest wall surg					
00548	N	Anesth, trachea,bronchi surg					
*00550	N	Anesth, sternal debridement					
00560	N	Anesth, open heart surgery					
00562	N	Anesth, open heart surgery					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*00563	N	Anesth, openproc w/pump					
*00566	N	Anesth CABG w/o pump					
00580	N	Anesth heart/lung transplant					
00600	N	Anesth, spine, cord surgery					
00604	N	Anesth, surgery of vertebra					
00620	N	Anesth, spine, cord surgery					
00622	N	Anesth, removal of nerves					
00630	N	Anesth, spine, cord surgery					
00632	N	Anesth, removal of nerves					
00634	N	Anesth for chemonucleolysis					
*00635	N	Anesth, lumbar puncture					
00670	N	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					
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	N	Anesth, part liver removal					
00794	N	Anesth, pancreas removal					
00796	N	Anesth, for liver transplant					
00800	N	Anesth, abdominal wall surg					
00802	N	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					
00840	N	Anesth, surg lower abdomen					
00842	N	Anesth, amniocentesis					
00844	N	Anesth, pelvis surgery					
00846	N	Anesth, hysterectomy					
00848	N	Anesth, pelvic organ surg					
00850	N	Anesth, cesarean section					
00855	N	Anesth, hysterectomy					
00857	N	Analgesia, labor & c-section					
00860	N	Anesth, surgery of abdomen					
00862	N	Anesth, kidney/ureter surg					
00864	N	Anesth, removal of bladder					
00865	N	Anesth, removal of prostate					
00866	N	Anesth, removal of adrenal					
00868	N	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	N	Anesth, major vein ligation					
00884	N	Anesth, major vein revision					
00900D	N	Anesth, perineal procedure					
00902	N	Anesth, anorectal surgery					
00904	N	Anesth, perineal surgery					
00906	N	Anesth, removal of vulva					
00908	N	Anesth, removal of prostate					
00910	N	Anesth, bladder surgery					
00912	N	Anesth, bladder tumor surg					
00914	N	Anesth, removal of prostate					
00916	N	Anesth, bleeding control					
00918	N	Anesth, stone removal					
00920	N	Anesth, genitalia surgery					
00922	N	Anesth, sperm duct surgery					
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	1.64	$81.34	$25.46	$16.27
27301	T	Drain thigh/knee lesion	0008	6.15	$305.02	$113.67	$61.00
27303	C	Drainage of bone lesion					
27305	T	Incise thigh tendon & fascia	0049	15.04	$745.93	$356.95	$149.19
27306	T	Incision of thigh tendon	0049	15.04	$745.93	$356.95	$149.19

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
27307	T	Incision of thigh tendons	0049	15.04	$745.93	$356.95	$149.19
27310	T	Exploration of knee joint	0050	21.13	$1,047.96	$513.86	$209.59
27315	T	Partial removal, thigh nerve	0220	13.96	$692.36	$326.21	$138.47
27320	T	Partial removal, thigh nerve	0220	13.96	$692.36	$326.21	$138.47
27323	T	Biopsy, thigh soft tissues	0021	10.49	$520.26	$236.51	$104.05
27324	T	Biopsy, thigh soft tissues	0022	12.49	$619.45	$292.94	$123.89
27327	T	Removal of thigh lesion	0022	12.49	$619.45	$292.94	$123.89
27328	T	Removal of thigh lesion	0022	12.49	$619.45	$292.94	$123.89
27329	T	Remove tumor, thigh/knee	0022	12.49	$619.45	$292.94	$123.89
27330	T	Biopsy, knee joint lining	0050	21.13	$1,047.96	$513.86	$209.59
27331	T	Explore/treat knee joint	0050	21.13	$1,047.96	$513.86	$209.59
27332	T	Removal of knee cartilage	0050	21.13	$1,047.96	$513.86	$209.59
27333	T	Removal of knee cartilage	0050	21.13	$1,047.96	$513.86	$209.59
27334	T	Remove knee joint lining	0050	21.13	$1,047.96	$513.86	$209.59
27335	T	Remove knee joint lining	0050	21.13	$1,047.96	$513.86	$209.59
27340	T	Removal of kneecap bursa	0049	15.04	$745.93	$356.95	$149.19
27345	T	Removal of knee cyst	0049	15.04	$745.93	$356.95	$149.19
27347	T	Remove knee cyst	0049	15.04	$745.93	$356.95	$149.19
27350	T	Removal of kneecap	0050	21.13	$1,047.96	$513.86	$209.59
27355	T	Remove femur lesion	0050	21.13	$1,047.96	$513.86	$209.59
27356	T	Remove femur lesion/graft	0050	21.13	$1,047.96	$513.86	$209.59
27357	T	Remove femur lesion/graft	0050	21.13	$1,047.96	$513.86	$209.59
27358	T	Remove femur lesion/fixation	0050	21.13	$1,047.96	$513.86	$209.59
27360	T	Partial removal, leg bone(s)	0050	21.13	$1,047.96	$513.86	$209.59
27365	C	Extensive leg surgery					
27370	N	Injection for knee x-ray					
27372	T	Removal of foreign body	0022	12.49	$619.45	$292.94	$123.89
27380	T	Repair of kneecap tendon	0049	15.04	$745.93	$356.95	$149.19
27381	T	Repair/graft kneecap tendon	0049	15.04	$745.93	$356.95	$149.19
27385	T	Repair of thigh muscle	0049	15.04	$745.93	$356.95	$149.19
27386	T	Repair/graft of thigh muscle	0049	15.04	$745.93	$356.95	$149.19
27390	T	Incision of thigh tendon	0049	15.04	$745.93	$356.95	$149.19
27391	T	Incision of thigh tendons	0049	15.04	$745.93	$356.95	$149.19
27392	T	Incision of thigh tendons	0049	15.04	$745.93	$356.95	$149.19
27393	T	Lengthening of thigh tendon	0050	21.13	$1,047.96	$513.86	$209.59
27394	T	Lengthening of thigh tendons	0050	21.13	$1,047.96	$513.86	$209.59
27395	T	Lengthening of thigh tendons	0051	27.76	$1,376.79	$675.24	$275.36
27396	T	Transplant of thigh tendon	0050	21.13	$1,047.96	$513.86	$209.59
27397	T	Transplants of thigh tendons	0051	27.76	$1,376.79	$675.24	$275.36
27400	T	Revise thigh muscles/tendons	0051	27.76	$1,376.79	$675.24	$275.36
27403	T	Repair of knee cartilage	0050	21.13	$1,047.96	$513.86	$209.59
27405	T	Repair of knee ligament	0051	27.76	$1,376.79	$675.24	$275.36
27407	T	Repair of knee ligament	0051	27.76	$1,376.79	$675.24	$275.36
27409	T	Repair of knee ligaments	0051	27.76	$1,376.79	$675.24	$275.36
27418	T	Repair degenerated kneecap	0051	27.76	$1,376.79	$675.24	$275.36
27420	T	Revision of unstable kneecap	0051	27.76	$1,376.79	$675.24	$275.36
27422	T	Revision of unstable kneecap	0051	27.76	$1,376.79	$675.24	$275.36
27424	T	Revision/removal of kneecap	0051	27.76	$1,376.79	$675.24	$275.36
27425	T	Lateral retinacular release	0050	21.13	$1,047.96	$513.86	$209.59
27427	T	Reconstruction, knee	0052	36.16	$1,793.39	$930.91	$358.68
27428	T	Reconstruction, knee	0052	36.16	$1,793.39	$930.91	$358.68
27429	T	Reconstruction, knee	0052	36.16	$1,793.39	$930.91	$358.68
27430	T	Revision of thigh muscles	0051	27.76	$1,376.79	$675.24	$275.36
27435	T	Incision of knee joint	0051	27.76	$1,376.79	$675.24	$275.36
27437	T	Revise kneecap	0047	22.09	$1,095.58	$537.03	$219.12
27438	T	Revise kneecap with implant	0048	29.06	$1,441.26	$725.94	$288.25
27440	T	Revision of knee joint	0047	22.09	$1,095.58	$537.03	$219.12
27441	T	Revision of knee joint	0047	22.09	$1,095.58	$537.03	$219.12
27442	T	Revision of knee joint	0047	22.09	$1,095.58	$537.03	$219.12
27443	T	Revision of knee joint	0047	22.09	$1,095.58	$537.03	$219.12
27445	C	Revision of knee joint					
27446	C	Revision of knee joint					
27447	C	Total knee replacement					
27448	C	Incision of thigh					
27450	C	Incision of thigh					
27454	C	Realignment of thigh bone					
27455	C	Realignment of knee					
27457	C	Realignment of knee					
27465	C	Shortening of thigh bone					
27466	C	Lengthening of thigh bone					
27468	C	Shorten/lengthen thighs					
27470	C	Repair of thigh					
27472	C	Repair/graft of thigh					
27475	C	Surgery to stop leg growth					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	15.04	$745.93	$356.95	$149.19
27497	T	Decompression of thigh/knee	0049	15.04	$745.93	$356.95	$149.19
27498	T	Decompression of thigh/knee	0049	15.04	$745.93	$356.95	$149.19
27499	T	Decompression of thigh/knee	0049	15.04	$745.93	$356.95	$149.19
27500	T	Treatment of thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27501	T	Treatment of thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27502	T	Treatment of thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27503	T	Treatment of thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27506	C	Treatment of thigh fracture					
27507	C	Treatment of thigh fracture					
27508	T	Treatment of thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27509	T	Treatment of thigh fracture	0046	22.29	$1,105.50	$535.76	$221.10
27510	T	Treatment of thigh fracture	0044	2.17	$107.63	$38.08	$21.53
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	0044	2.17	$107.63	$38.08	$21.53
27517	T	Treat thigh fx growth plate	0044	2.17	$107.63	$38.08	$21.53
27519	C	Treat thigh fx growth plate					
27520	T	Treat kneecap fracture	0044	2.17	$107.63	$38.08	$21.53
27524	T	Treat kneecap fracture	0046	22.29	$1,105.50	$535.76	$221.10
27530	T	Treat knee fracture	0044	2.17	$107.63	$38.08	$21.53
27532	T	Treat knee fracture	0044	2.17	$107.63	$38.08	$21.53
27535	C	Treat knee fracture					
27536	C	Treat knee fracture					
27538	T	Treat knee fracture(s)	0044	2.17	$107.63	$38.08	$21.53
27540	C	Treat knee fracture					
27550	T	Treat knee dislocation	0044	2.17	$107.63	$38.08	$21.53
27552	T	Treat knee dislocation	0045	11.02	$546.55	$277.12	$109.31
27556	C	Treat knee dislocation					
27557	C	Treat knee dislocation					
27558	C	Treat knee dislocation					
27560	T	Treat kneecap dislocation	0044	2.17	$107.63	$38.08	$21.53
27562	T	Treat kneecap dislocation	0045	11.02	$546.55	$277.12	$109.31
27566	T	Treat kneecap dislocation	0046	22.29	$1,105.50	$535.76	$221.10
27570	T	Fixation of knee joint	0045	11.02	$546.55	$277.12	$109.31
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	15.04	$745.93	$356.95	$149.19
27596	C	Amputation follow-up surgery					
27598	C	Amputate lower leg at knee					
27599	T	Leg surgery procedure	0044	2.17	$107.63	$38.08	$21.53
27600	T	Decompression of lower leg	0049	15.04	$745.93	$356.95	$149.19
27601	T	Decompression of lower leg	0049	15.04	$745.93	$356.95	$149.19
27602	T	Decompression of lower leg	0049	15.04	$745.93	$356.95	$149.19
27603	T	Drain lower leg lesion	0008	6.15	$305.02	$113.67	$61.00
27604	T	Drain lower leg bursa	0049	15.04	$745.93	$356.95	$149.19
27605	T	Incision of achilles tendon	0055	15.47	$767.26	$355.34	$153.45
00924	N	Anesth, testis exploration					
00926	N	Anesth, removal of testis					
00928	N	Anesth, removal of testis					
00930	N	Anesth, testis suspension					
00932	N	Anesth, amputation of penis					
00934	N	Anesth, penis, nodes removal					
00936	N	Anesth, penis, nodes removal					
00938	N	Anesth, insert penis device					
00940	N	Anesth, vaginal procedures					
00942	N	Anesth, surgery on vagina					
00944	N	Anesth, vaginal hysterectomy					
00946	N	Anesth, vaginal delivery					
00948	N	Anesth, repair of cervix					
00950	N	Anesth, vaginal endoscopy					
00952	N	Anesth, hysteroscope/graph					
00955	N	Analgesia, vaginal delivery					
01000	N	Anesth, skin surgery, pelvis					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
01110	N	Anesth, skin surgery, pelvis					
*01112	N	Anesth, bone aspirate/bx					
01120	N	Anesth, pelvis surgery					
01130	N	Anesth, body cast procedure					
01140	N	Anesth, amputation at pelvis					
01150	N	Anesth, pelvic tumor surgery					
01160	N	Anesth, pelvis procedure					
01170	N	Anesth, pelvis surgery					
01180	N	Anesth, pelvis nerve removal					
01190	N	Anesth, pelvis nerve removal					
01200	N	Anesth, hip joint procedure					
01202	N	Anesth, arthroscopy of hip					
01210	N	Anesth, hip joint surgery					
01212	N	Anesth, hip disarticulation					
01214	N	Anesth, replacement of hip					
*01215	N	Anesth, revise hip repair					
01220	N	Anesth, procedure on femur					
01230	N	Anesth, surgery of femur					
01232	N	Anesth, amputation of femur					
01234	N	Anesth, radical femur surg					
01240	N	Anesth, upper leg skin surg					
01250	N	Anesth, upper leg surgery					
01260	N	Anesth, upper leg veins surg					
01270	N	Anesth, thigh arteries surg					
01272	N	Anesth, femoral artery surg					
01274	N	Anesth, femoral embolectomy					
01300	N	Anesth, skin surgery, knee					
01320	N	Anesth, knee area surgery					
01340	N	Anesth, knee area procedure					
01360	N	Anesth, knee area surgery					
01380	N	Anesth, knee joint procedure					
01382	N	Anesth, knee arthroscopy					
01390	N	Anesth, knee area procedure					
01392	N	Anesth, knee area surgery					
01400	N	Anesth, knee joint surgery					
01402	N	Anesth, replacement of knee					
01404	N	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	N	Anesth, knee artery surg					
01444	N	Anesth, knee artery repair					
01460	N	Anesth, lower leg skin surg					
01462	N	Anesth, lower leg procedure					
01464	N	Anesth, ankle arthroscopy					
01470	N	Anesth, lower leg surgery					
01472	N	Anesth, achilles tendon surg					
01474	N	Anesth, lower leg surgery					
01480	N	Anesth, lower leg bone surg					
01482	N	Anesth, radical leg surgery					
01484	N	Anesth, lower leg revision					
01486	N	Anesth, ankle replacement					
01490	N	Anesth, lower leg casting					
01500	N	Anesth, leg arteries surg					
01502	N	Anesth, lwr leg embolectomy					
01520	N	Anesth, lower leg vein surg					
01522	N	Anesth, lower leg vein surg					
01600	N	Anesth, shoulder skin surg					
01610	N	Anesth, surgery of shoulder					
01620	N	Anesth, shoulder procedure					
01622	N	Anesth, shoulder arthroscopy					
01630	N	Anesth, surgery of shoulder					
01632	N	Anesth, surgery of shoulder					
01634	N	Anesth, shoulder joint amput					
01636	N	Anesth, forequarter amput					
01638	N	Anesth, shoulder replacement					
01650	N	Anesth, shoulder artery surg					
01652	N	Anesth, shoulder vessel surg					
01654	N	Anesth, shoulder vessel surg					
01656	N	Anesth, arm-leg vessel surg					
01670	N	Anesth, shoulder vein surg					
01680	N	Anesth, shoulder casting					
01682	N	Anesth, airplane cast					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
01700	N	Anesth, elbow area skin surg					
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, elbow arthroscopy					
01740	N	Anesth, upper arm surgery					
01742	N	Anesth, humerus surgery					
01744	N	Anesth, humerus repair					
01756	N	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					
01784D	N	Anesth, av fistula repair					
01800	N	Anesth, lower arm skin surg					
01810	N	Anesth, lower arm surgery					
01820	N	Anesth, lower arm procedure					
01830	N	Anesth, lower arm surgery					
01832	N	Anesth, wrist replacement					
01840	N	Anesth, 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					
01900	N	Anesth, uterus/tube inject					
01902	N	Anesth, burr holes, skull					
01904	N	Anesth, skull x-ray inject					
01906	N	Anesth, lumbar myelography					
01908	N	Anesth, cervical myelography					
01910	N	Anesth, skull myelography					
01912	N	Anesth, lumbar diskography					
01914	N	Anesth, cervical diskography					
01916	N	Anesth, head arteriogram					
01918	N	Anesth, limb arteriogram					
01920	N	Anesth, catheterize heart					
01921	N	Anesth, vessel surgery					
01922	N	Anesth, cat or MRI scan					
*01951	N	Anesth, burn, less 1 percent					
*01952	N	Anesth, burn, 1-9 percent					
*01953	N	Anesth, burn, each 9 percent					
01990	N	Support for organ donor					
01995	N	Regional anesthesia, limb					
01996	N	Manage daily drug therapy					
01999	N	Unlisted anesth procedure					
10040	T	Acne surgery of skin abscess	0006	2.00	$99.19	$33.95	$19.84
10060	T	Drainage of skin abscess	0006	2.00	$99.19	$33.95	$19.84
10061	T	Drainage of skin abscess	0006	2.00	$99.19	$33.95	$19.84
10080	T	Drainage of pilonidal cyst	0006	2.00	$99.19	$33.95	$19.84
10081	T	Drainage of pilonidal cyst	0007	3.68	$182.51	$72.03	$36.50
10120	T	Remove foreign body	0006	2.00	$99.19	$33.95	$19.84
10121	T	Remove foreign body	0020	6.51	$322.87	$130.53	$64.57
10140	T	Drainage of hematoma/fluid	0007	3.68	$182.51	$72.03	$36.50
10160	T	Puncture drainage of lesion	0006	2.00	$99.19	$33.95	$19.84
10180	T	Complex drainage, wound	0007	3.68	$182.51	$72.03	$36.50
11000	T	Debride infected skin	0015	1.77	$87.78	$31.20	$17.56
11001	T	Debride infected skin add-on	0015	1.77	$87.78	$31.20	$17.56
11010	T	Debride skin, fx	0022	12.49	$619.45	$292.94	$123.89
11011	T	Debride skin/muscle, fx	0022	12.49	$619.45	$292.94	$123.89
11012	T	Debride skin/muscle/bone, fx	0022	12.49	$619.45	$292.94	$123.89
11040	T	Debride skin, partial	0015	1.77	$87.78	$31.20	$17.56
11041	T	Debride skin, full	0015	1.77	$87.78	$31.20	$17.56
11042	T	Debride skin/tissue	0016	3.53	$175.07	$74.67	$35.01
11043	T	Debride tissue/muscle	0016	3.53	$175.07	$74.67	$35.01
11044	T	Debride tissue/muscle/bone	0017	12.45	$617.47	$289.16	$123.49
11055	T	Trim skin lesion	0015	1.77	$87.78	$31.20	$17.56
11056	T	Trim skin lesions, 2 to 4	0015	1.77	$87.78	$31.20	$17.56
11057	T	Trim skin lesions, over 4	0015	1.77	$87.78	$31.20	$17.56
11100	T	Biopsy of skin lesion	0018	0.94	$46.62	$17.66	$9.32
11101	T	Biopsy, skin add-on	0018	0.94	$46.62	$17.66	$9.32

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
11200	T	Removal of skin tags	0015	1.77	$87.78	$31.20	$17.56
11201	T	Remove skin tags add-on	0015	1.77	$87.78	$31.20	$17.56
11300	T	Shave skin lesion	0013	0.91	$45.13	$17.66	$9.03
11301	T	Shave skin lesion	0013	0.91	$45.13	$17.66	$9.03
11302	T	Shave skin lesion	0014	1.50	$74.39	$24.55	$14.88
11303	T	Shave skin lesion	0015	1.77	$87.78	$31.20	$17.56
11305	T	Shave skin lesion	0013	0.91	$45.13	$17.66	$9.03
11306	T	Shave skin lesion	0013	0.91	$45.13	$17.66	$9.03
11307	T	Shave skin lesion	0014	1.50	$74.39	$24.55	$14.88
11308	T	Shave skin lesion	0015	1.77	$87.78	$31.20	$17.56
11310	T	Shave skin lesion	0013	0.91	$45.13	$17.66	$9.03
11311	T	Shave skin lesion	0013	0.91	$45.13	$17.66	$9.03
11312	T	Shave skin lesion	0015	1.77	$87.78	$31.20	$17.56
11313	T	Shave skin lesion	0016	3.53	$175.07	$74.67	$35.01
11400	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11401	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11402	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11403	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11404	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11406	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11420	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11421	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11422	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11423	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11424	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11426	T	Removal of skin lesion	0022	12.49	$619.45	$292.94	$123.89
11440	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11441	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11442	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11443	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11444	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11446	T	Removal of skin lesion	0022	12.49	$619.45	$292.94	$123.89
11450	T	Removal, sweat gland lesion	0022	12.49	$619.45	$292.94	$123.89
11451	T	Removal, sweat gland lesion	0022	12.49	$619.45	$292.94	$123.89
11462	T	Removal, sweat gland lesion	0022	12.49	$619.45	$292.94	$123.89
11463	T	Removal, sweat gland lesion	0022	12.49	$619.45	$292.94	$123.89
11470	T	Removal, sweat gland lesion	0022	12.49	$619.45	$292.94	$123.89
11471	T	Removal, sweat gland lesion	0022	12.49	$619.45	$292.94	$123.89
11600	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11601	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11602	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11603	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11604	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11606	T	Removal of skin lesion	0021	10.49	$520.26	$236.51	$104.05
11620	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11621	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11622	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11623	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11624	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11626	T	Removal of skin lesion	0022	12.49	$619.45	$292.94	$123.89
11640	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11641	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11642	T	Removal of skin lesion	0019	4.00	$198.39	$78.91	$39.68
11643	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11644	T	Removal of skin lesion	0020	6.51	$322.87	$130.53	$64.57
11646	T	Removal of skin lesion	0022	12.49	$619.45	$292.94	$123.89
11719	T	Trim nail(s)	0009	0.74	$36.70	$9.63	$7.34
11720	T	Debride nail, 1-5	0009	0.74	$36.70	$9.63	$7.34
11721	T	Debride nail, 6 or more	0009	0.74	$36.70	$9.63	$7.34
11730	T	Removal of nail plate	0013	0.91	$45.13	$17.66	$9.03
11732	T	Remove nail plate, add-on	0012	0.53	$26.29	$9.18	$5.26
11740	T	Drain blood from under nail	0009	0.74	$36.70	$9.63	$7.34
11750	T	Removal of nail bed	0019	4.00	$198.39	$78.91	$39.68
11752	T	Remove nail bed/finger tip	0022	12.49	$619.45	$292.94	$123.89
11755	T	Biopsy, nail unit	0019	4.00	$198.39	$78.91	$39.68
11760	T	Repair of nail bed	0024	2.43	$120.51	$44.50	$24.10
11762	T	Reconstruction of nail bed	0024	2.43	$120.51	$44.50	$24.10
11765	T	Excision of nail fold, toe	0015	1.77	$87.78	$31.20	$17.56
11770	T	Removal of pilonidal lesion	0021	10.49	$520.26	$236.51	$104.05
11771	T	Removal of pilonidal lesion	0022	12.49	$619.45	$292.94	$123.89
11772	T	Removal of pilonidal lesion	0022	12.49	$619.45	$292.94	$123.89
11900	T	Injection into skin lesions	0012	0.53	$26.29	$9.18	$5.26
11901	T	Added skin lesions injection	0013	0.91	$45.13	$17.66	$9.03
11920	T	Correct skin color defects	0024	2.43	$120.51	$44.50	$24.10

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
11921	T	Correct skin color defects	0024	2.43	$120.51	$44.50	$24.10
11922	T	Correct skin color defects	0024	2.43	$120.51	$44.50	$24.10
11950	T	Therapy for contour defects	0024	2.43	$120.51	$44.50	$24.10
11951	T	Therapy for contour defects	0024	2.43	$120.51	$44.50	$24.10
11952	T	Therapy for contour defects	0024	2.43	$120.51	$44.50	$24.10
11954	T	Therapy for contour defects	0024	2.43	$120.51	$44.50	$24.10
11960	T	Insert tissue expander(s)	0026	12.11	$600.61	$277.92	$120.12
11970	T	Replace tissue expander	0026	12.11	$600.61	$277.92	$120.12
11971	T	Remove tissue expander(s)	0022	12.49	$619.45	$292.94	$123.89
11975	E	Insert contraceptive cap					
11976	T	Removal of contraceptive cap	0019	4.00	$198.39	$78.91	$39.68
11977	E	Removal/reinsert contra cap					
11980	X	Implant hormone pellet(s)	0340	1.04	$51.58	$12.85	$10.32
12001	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12002	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12004	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12005	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12006	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12007	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12011	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12013	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12014	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12015	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12016	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12017	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12018	T	Repair superficial wound(s)	0024	2.43	$120.51	$44.50	$24.10
12020	T	Closure of split wound	0024	2.43	$120.51	$44.50	$24.10
12021	T	Closure of split wound	0024	2.43	$120.51	$44.50	$24.10
12031	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12032	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12034	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12035	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12036	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12037	T	Layer closure of wound(s)	0026	12.11	$600.61	$277.92	$120.12
12041	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12042	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12044	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12045	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12046	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12047	T	Layer closure of wound(s)	0026	12.11	$600.61	$277.92	$120.12
12051	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12052	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12053	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12054	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12055	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12056	T	Layer closure of wound(s)	0024	2.43	$120.51	$44.50	$24.10
12057	T	Layer closure of wound(s)	0026	12.11	$600.61	$277.92	$120.12
13100	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13101	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13102	T	Repair wound/lesion add-on	0025	3.74	$185.49	$70.66	$37.10
13120	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13121	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13122	T	Repair wound/lesion add-on	0025	3.74	$185.49	$70.66	$37.10
13131	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13132	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13133	T	Repair wound/lesion add-on	0025	3.74	$185.49	$70.66	$37.10
13150	T	Repair of wound or lesion	0026	12.11	$600.61	$277.92	$120.12
13151	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13152	T	Repair of wound or lesion	0025	3.74	$185.49	$70.66	$37.10
13153	T	Repair wound/lesion add-on	0025	3.74	$185.49	$70.66	$37.10
13160	T	Late closure of wound	0026	12.11	$600.61	$277.92	$120.12
14000	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14001	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14020	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14021	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14040	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14041	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14060	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14061	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14300	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
14350	T	Skin tissue rearrangement	0026	12.11	$600.61	$277.92	$120.12
15000	T	Skin graft	0026	12.11	$600.61	$277.92	$120.12
15001	T	Skin graft add-on	0026	12.11	$600.61	$277.92	$120.12
15050	T	Skin pinch graft	0026	12.11	$600.61	$277.92	$120.12

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
15100	T	Skin split graft	0026	12.11	$600.61	$277.92	$120.12
15101	T	Skin split graft add-on	0026	12.11	$600.61	$277.92	$120.12
15120	T	Skin split graft	0026	12.11	$600.61	$277.92	$120.12
15121	T	Skin split graft add-on	0026	12.11	$600.61	$277.92	$120.12
15200	T	Skin full graft	0026	12.11	$600.61	$277.92	$120.12
15201	T	Skin full graft add-on	0026	12.11	$600.61	$277.92	$120.12
15220	T	Skin full graft	0026	12.11	$600.61	$277.92	$120.12
15221	T	Skin full graft add-on	0026	12.11	$600.61	$277.92	$120.12
15240	T	Skin full graft	0026	12.11	$600.61	$277.92	$120.12
15241	T	Skin full graft add-on	0026	12.11	$600.61	$277.92	$120.12
15260	T	Skin full graft	0026	12.11	$600.61	$277.92	$120.12
15261	T	Skin full graft add-on	0026	12.11	$600.61	$277.92	$120.12
*15342	T	Cultured skin graft, 25 cm	0025	3.74	$185.49	$70.66	$37.10
*15343	T	Culture skin graft addl 25 cm	0025	3.74	$185.49	$70.66	$37.10
15350	T	Skin homograft	0026	12.11	$600.61	$277.92	$120.12
15351	T	Skin homograft add-on	0026	12.11	$600.61	$277.92	$120.12
15400	T	Skin heterograft	0026	12.11	$600.61	$277.92	$120.12
15401	T	Skin heterograft add-on	0026	12.11	$600.61	$277.92	$120.12
15570	T	Form skin pedicle flap	0026	12.11	$600.61	$277.92	$120.12
15572	T	Form skin pedicle flap	0026	12.11	$600.61	$277.92	$120.12
15574	T	Form skin pedicle flap	0026	12.11	$600.61	$277.92	$120.12
15576	T	Form skin pedicle flap	0026	12.11	$600.61	$277.92	$120.12
15600	T	Skin graft	0026	12.11	$600.61	$277.92	$120.12
15610	T	Skin graft	0026	12.11	$600.61	$277.92	$120.12
15620	T	Skin graft	0026	12.11	$600.61	$277.92	$120.12
15630	T	Skin graft	0026	12.11	$600.61	$277.92	$120.12
15650	T	Transfer skin pedicle flap	0026	12.11	$600.61	$277.92	$120.12
15732	T	Muscle-skin graft, head/neck	0027	15.80	$783.62	$383.10	$156.72
15734	T	Muscle-skin graft, trunk	0027	15.80	$783.62	$383.10	$156.72
15736	T	Muscle-skin graft, arm	0027	15.80	$783.62	$383.10	$156.72
15738	T	Muscle-skin graft, leg	0027	15.80	$783.62	$383.10	$156.72
15740	T	Island pedicle flap graft	0027	15.80	$783.62	$383.10	$156.72
15750	T	Neurovascular pedicle graft	0027	15.80	$783.62	$383.10	$156.72
15756	C	Free muscle flap, microvasc					
15757	C	Free skin flap, microvasc					
15758	C	Free fascial flap, microvasc					
15760	T	Composite skin graft	0027	15.80	$783.62	$383.10	$156.72
15770	T	Derma-fat-fascia graft	0027	15.80	$783.62	$383.10	$156.72
15775	T	Hair transplant punch grafts	0026	12.11	$600.61	$277.92	$120.12
15776	T	Hair transplant punch grafts	0026	12.11	$600.61	$277.92	$120.12
15780	T	Abrasion treatment of skin	0022	12.49	$619.45	$292.94	$123.89
15781	T	Abrasion treatment of skin	0022	12.49	$619.45	$292.94	$123.89
15782	T	Abrasion treatment of skin	0022	12.49	$619.45	$292.94	$123.89
15783	T	Abrasion treatment of skin	0015	1.77	$87.78	$31.20	$17.56
15786	T	Abrasion, lesion, single	0013	0.91	$45.13	$17.66	$9.03
15787	T	Abrasion, lesions, add-on	0016	3.53	$175.07	$74.67	$35.01
15788	T	Chemical peel, face, epiderm	0013	0.91	$45.13	$17.66	$9.03
15789	T	Chemical peel, face, dermal	0015	1.77	$87.78	$31.20	$17.56
15792	T	Chemical peel, nonfacial	0016	3.53	$175.07	$74.67	$35.01
15793	T	Chemical peel, nonfacial	0016	3.53	$175.07	$74.67	$35.01
15810	T	Salabrasion	0016	3.53	$175.07	$74.67	$35.01
15811	T	Salabrasion	0022	12.49	$619.45	$292.94	$123.89
15819	T	Plastic surgery, neck	0026	12.11	$600.61	$277.92	$120.12
15820	T	Revision of lower eyelid	0026	12.11	$600.61	$277.92	$120.12
15821	T	Revision of lower eyelid	0026	12.11	$600.61	$277.92	$120.12
15822	T	Revision of upper eyelid	0026	12.11	$600.61	$277.92	$120.12
15823	T	Revision of upper eyelid	0026	12.11	$600.61	$277.92	$120.12
15824	T	Removal of forehead wrinkles	0027	15.80	$783.62	$383.10	$156.72
15825	T	Removal of neck wrinkles	0026	12.11	$600.61	$277.92	$120.12
15826	T	Removal of brow wrinkles	0027	15.80	$783.62	$383.10	$156.72
15828	T	Removal of face wrinkles	0027	15.80	$783.62	$383.10	$156.72
15829	T	Removal of skin wrinkles	0026	12.11	$600.61	$277.92	$120.12
15831	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15832	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15833	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15834	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15835	T	Excise excessive skin tissue	0026	12.11	$600.61	$277.92	$120.12
15836	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15837	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15838	T	Excise excessive skin tissue	0022	12.49	$619.45	$292.94	$123.89
15839	T	Excise excessive skin tissue	0027	15.80	$783.62	$383.10	$156.72
15840	T	Graft for face nerve palsy	0027	15.80	$783.62	$383.10	$156.72
15841	T	Graft for face nerve palsy	0027	15.80	$783.62	$383.10	$156.72
15842	T	Graft for face nerve palsy	0027	15.80	$783.62	$383.10	$156.72

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
15845	T	Skin and muscle repair, face	0027	15.80	$783.62	$383.10	$156.72
15850	T	Removal of sutures	0013	0.91	$45.13	$17.66	$9.03
15851	T	Removal of sutures	0013	0.91	$45.13	$17.66	$9.03
15852	T	Dressing change,not for burn	0012	0.53	$26.29	$9.18	$5.26
15860	N	Test for blood flow in graft					
15876	T	Suction assisted lipectomy	0027	15.80	$783.62	$383.10	$156.72
15877	T	Suction assisted lipectomy	0027	15.80	$783.62	$383.10	$156.72
15878	T	Suction assisted lipectomy	0027	15.80	$783.62	$383.10	$156.72
15879	T	Suction assisted lipectomy	0027	15.80	$783.62	$383.10	$156.72
15920	T	Removal of tail bone ulcer	0022	12.49	$619.45	$292.94	$123.89
15922	T	Removal of tail bone ulcer	0027	15.80	$783.62	$383.10	$156.72
15931	T	Remove sacrum pressure sore	0022	12.49	$619.45	$292.94	$123.89
15933	T	Remove sacrum pressure sore	0022	12.49	$619.45	$292.94	$123.89
15934	T	Remove sacrum pressure sore	0027	15.80	$783.62	$383.10	$156.72
15935	T	Remove sacrum pressure sore	0027	15.80	$783.62	$383.10	$156.72
15936	T	Remove sacrum pressure sore	0027	15.80	$783.62	$383.10	$156.72
15937	T	Remove sacrum pressure sore	0027	15.80	$783.62	$383.10	$156.72
15940	T	Remove hip pressure sore	0022	12.49	$619.45	$292.94	$123.89
15941	T	Remove hip pressure sore	0022	12.49	$619.45	$292.94	$123.89
15944	T	Remove hip pressure sore	0027	15.80	$783.62	$383.10	$156.72
15945	T	Remove hip pressure sore	0027	15.80	$783.62	$383.10	$156.72
15946	T	Remove hip pressure sore	0027	15.80	$783.62	$383.10	$156.72
15950	T	Remove thigh pressure sore	0022	12.49	$619.45	$292.94	$123.89
15951	T	Remove thigh pressure sore	0022	12.49	$619.45	$292.94	$123.89
15952	T	Remove thigh pressure sore	0027	15.80	$783.62	$383.10	$156.72
15953	T	Remove thigh pressure sore	0027	15.80	$783.62	$383.10	$156.72
15956	T	Remove thigh pressure sore	0027	15.80	$783.62	$383.10	$156.72
15958	T	Remove thigh pressure sore	0027	15.80	$783.62	$383.10	$156.72
15999	T	Removal of pressure sore	0022	12.49	$619.45	$292.94	$123.89
16000	T	Initial treatment of burn(s)	0015	1.77	$87.78	$31.20	$17.56
16010	T	Treatment of burn(s)	0015	1.77	$87.78	$31.20	$17.56
16015	T	Treatment of burn(s)	0017	12.45	$617.47	$289.16	$123.49
16020	T	Treatment of burn(s)	0015	1.77	$87.78	$31.20	$17.56
16025	T	Treatment of burn(s)	0014	1.50	$74.39	$24.55	$14.88
16030	T	Treatment of burn(s)	0015	1.77	$87.78	$31.20	$17.56
16035	C	Incision of burn scab, initl					
*16036	C	Incise burn scab, addl incis					
17000	T	Destroy benign/premal lesion	0010	0.55	$27.28	$9.86	$5.46
17003	T	Destroy lesions, 2-14	0010	0.55	$27.28	$9.86	$5.46
17004	T	Destroy lesions, 15 or more	0011	2.72	$134.90	$50.01	$26.98
17106	T	Destruction of skin lesions	0011	2.72	$134.90	$50.01	$26.98
17107	T	Destruction of skin lesions	0011	2.72	$134.90	$50.01	$26.98
17108	T	Destruction of skin lesions	0011	2.72	$134.90	$50.01	$26.98
17110	T	Destruct lesion, 1-14	0010	0.55	$27.28	$9.86	$5.46
17111	T	Destruct lesion, 15 or more	0011	2.72	$134.90	$50.01	$26.98
17250	T	Chemical cautery, tissue	0014	1.50	$74.39	$24.55	$14.88
17260	T	Destruction of skin lesions	0013	0.91	$45.13	$17.66	$9.03
17261	T	Destruction of skin lesions	0013	0.91	$45.13	$17.66	$9.03
17262	T	Destruction of skin lesions	0013	0.91	$45.13	$17.66	$9.03
17263	T	Destruction of skin lesions	0013	0.91	$45.13	$17.66	$9.03
17264	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17266	T	Destruction of skin lesions	0016	3.53	$175.07	$74.67	$35.01
17270	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17271	T	Destruction of skin lesions	0013	0.91	$45.13	$17.66	$9.03
17272	T	Destruction of skin lesions	0013	0.91	$45.13	$17.66	$9.03
17273	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17274	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17276	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17280	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17281	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17282	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17283	T	Destruction of skin lesions	0015	1.77	$87.78	$31.20	$17.56
17284	T	Destruction of skin lesions	0016	3.53	$175.07	$74.67	$35.01
17286	T	Destruction of skin lesions	0016	3.53	$175.07	$74.67	$35.01
17304	T	Chemosurgery of skin lesion	0020	6.51	$322.87	$130.53	$64.57
17305	T	2nd stage chemosurgery	0020	6.51	$322.87	$130.53	$64.57
17306	T	3rd stage chemosurgery	0020	6.51	$322.87	$130.53	$64.57
17307	T	Followup skin lesion therapy	0020	6.51	$322.87	$130.53	$64.57
17310	T	Extensive skin chemosurgery	0020	6.51	$322.87	$130.53	$64.57
17340	T	Cryotherapy of skin	0012	0.53	$26.29	$9.18	$5.26
17360	T	Skin peel therapy	0016	3.53	$175.07	$74.67	$35.01
17380	T	Hair removal by electrolysis	0016	3.53	$175.07	$74.67	$35.01
17999	T	Skin tissue procedure	0004	1.84	$91.26	$32.57	$18.25
19000	T	Drainage of breast lesion	0004	1.84	$91.26	$32.57	$18.25

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
19001	T	Drain breast lesion add-on	0004	1.84	$91.26	$32.57	$18.25
19020	T	Incision of breast lesion	0008	6.15	$305.02	$113.67	$61.00
19030	N	Injection for breast x-ray					
19100	T	Bx breast percut w/o image	0005	5.41	$268.32	$119.75	$53.66
19101	T	Biopsy of breast, open	0028	12.37	$613.52	$303.74	$122.70
*19102	T	Bx breast percut w/ image	0005	5.41	$268.32	$119.75	$53.66
*19103	S	Bx breast percut w/device	0974	8.25	$409.17		$81.83
19110	T	Nipple exploration	0028	12.37	$613.52	$303.74	$122.70
19112	T	Excise breast duct fistula	0028	12.37	$613.52	$303.74	$122.70
19120	T	Removal of breast lesion	0028	12.37	$613.52	$303.74	$122.70
19125	T	Excision, breast lesion	0028	12.37	$613.52	$303.74	$122.70
19126	T	Excision, addl breast lesion	0028	12.37	$613.52	$303.74	$122.70
19140	T	Removal of breast tissue	0028	12.37	$613.52	$303.74	$122.70
19160	T	Removal of breast tissue	0028	12.37	$613.52	$303.74	$122.70
19162	T	Remove breast tissue, nodes	0029	31.39	$1,557.05	$820.79	$311.41
19180	T	Removal of breast	0029	31.39	$1,557.05	$820.79	$311.41
19182	T	Removal of breast	0028	12.37	$613.52	$303.74	$122.70
19200	C	Removal of breast					
19220	C	Removal of breast					
19240	T	Removal of breast	0029	31.39	$1,557.05	$820.79	$311.41
19260	T	Removal of chest wall lesion	0021	10.49	$520.26	$236.51	$104.05
19271	C	Revision of chest wall					
19272	C	Extensive chest wall surgery					
19290	T	Place needle wire, breast	0028	12.37	$613.52	$303.74	$122.70
19291	T	Place needle wire, breast	0028	12.37	$613.52	$303.74	$122.70
*19295	S	Place breast clip, percut	0971	1.55	$76.88		$15.38
19316	T	Suspension of breast	0029	31.39	$1,557.05	$820.79	$311.41
19318	T	Reduction of large breast	0029	31.39	$1,557.05	$820.79	$311.41
19324	T	Enlarge breast	0029	31.39	$1,557.05	$820.79	$311.41
19325	T	Enlarge breast with implant	0030	31.11	$1,543.16	$763.55	$308.63
19328	T	Removal of breast implant	0028	12.37	$613.52	$303.74	$122.70
19330	T	Removal of implant material	0028	12.37	$613.52	$303.74	$122.70
19340	T	Immediate breast prosthesis	0030	31.11	$1,543.16	$763.55	$308.63
19342	T	Delayed breast prosthesis	0030	31.11	$1,543.16	$763.55	$308.63
19350	T	Breast reconstruction	0028	12.37	$613.52	$303.74	$122.70
19355	T	Correct inverted nipple(s)	0028	12.37	$613.52	$303.74	$122.70
19357	T	Breast reconstruction	0030	31.11	$1,543.16	$763.55	$308.63
19361	C	Breast reconstruction					
19364	C	Breast reconstruction					
19366	T	Breast reconstruction	0029	31.39	$1,557.05	$820.79	$311.41
19367	C	Breast reconstruction					
19368	C	Breast reconstruction					
19369	C	Breast reconstruction					
19370	T	Surgery of breast capsule	0028	12.37	$613.52	$303.74	$122.70
19371	T	Removal of breast capsule	0029	31.39	$1,557.05	$820.79	$311.41
19380	T	Revise breast reconstruction	0029	31.39	$1,557.05	$820.79	$311.41
19396	T	Design custom breast implant	0028	12.37	$613.52	$303.74	$122.70
19499	T	Breast surgery procedure	0004	1.84	$91.26	$32.57	$18.25
20000	T	Incision of abscess	0006	2.00	$99.19	$33.95	$19.84
20005	T	Incision of deep abscess	0049	15.04	$745.93	$356.95	$149.19
20100	T	Explore wound, neck	0023	1.98	$98.20	$40.37	$19.64
20101	T	Explore wound, chest	0026	12.11	$600.61	$277.92	$120.12
20102	T	Explore wound, abdomen	0026	12.11	$600.61	$277.92	$120.12
20103	T	Explore wound, extremity	0023	1.98	$98.20	$40.37	$19.64
20150	T	Excise epiphyseal bar	0051	27.76	$1,376.79	$675.24	$275.36
20200	T	Muscle biopsy	0020	6.51	$322.87	$130.53	$64.57
20205	T	Deep muscle biopsy	0021	10.49	$520.26	$236.51	$104.05
20206	T	Needle biopsy, muscle	0005	5.41	$268.32	$119.75	$53.66
20220	T	Bone biopsy, trocar/needle	0019	4.00	$198.39	$78.91	$39.68
20225	T	Bone biopsy, trocar/needle	0020	6.51	$322.87	$130.53	$64.57
20240	T	Bone biopsy, excisional	0022	12.49	$619.45	$292.94	$123.89
20245	T	Bone biopsy, excisional	0022	12.49	$619.45	$292.94	$123.89
20250	T	Open bone biopsy	0049	15.04	$745.93	$356.95	$149.19
20251	T	Open bone biopsy	0049	15.04	$745.93	$356.95	$149.19
20500	T	Injection of sinus tract	0252	5.18	$256.90	$114.24	$51.38
20501	N	Inject sinus tract for x-ray					
20520	T	Removal of foreign body	0019	4.00	$198.39	$78.91	$39.68
20525	T	Removal of foreign body	0022	12.49	$619.45	$292.94	$123.89
20550	T	Inject tendon/ligament/cyst	0040	2.11	$104.65	$40.60	$20.93
20600	T	Drain/inject, joint/bursa	0040	2.11	$104.65	$40.60	$20.93
20605	T	Drain/inject, joint/bursa	0040	2.11	$104.65	$40.60	$20.93
20610	T	Drain/inject, joint/bursa	0040	2.11	$104.65	$40.60	$20.93
20615	T	Treatment of bone cyst	0004	1.84	$91.26	$32.57	$18.25
20650	T	Insert and remove bone pin	0049	15.04	$745.93	$356.95	$149.19

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
20660	C	Apply,remove fixation device					
20661	C	Application of head brace					
20662	C	Application of pelvis brace					
20663	C	Application of thigh brace					
20664	C	Halo brace application					
20665	N	Removal of fixation device					
20670	T	Removal of support implant	0021	10.49	$520.26	$236.51	$104.05
20680	T	Removal of support implant	0022	12.49	$619.45	$292.94	$123.89
20690	T	Apply bone fixation device	0050	21.13	$1,047.96	$513.86	$209.59
20692	T	Apply bone fixation device	0050	21.13	$1,047.96	$513.86	$209.59
20693	T	Adjust bone fixation device	0049	15.04	$745.93	$356.95	$149.19
20694	T	Remove bone fixation device	0049	15.04	$745.93	$356.95	$149.19
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	21.13	$1,047.96	$513.86	$209.59
20902	T	Removal of bone for graft	0050	21.13	$1,047.96	$513.86	$209.59
20910	T	Remove cartilage for graft	0026	12.11	$600.61	$277.92	$120.12
20912	T	Remove cartilage for graft	0026	12.11	$600.61	$277.92	$120.12
20920	T	Removal of fascia for graft	0026	12.11	$600.61	$277.92	$120.12
20922	T	Removal of fascia for graft	0026	12.11	$600.61	$277.92	$120.12
20924	T	Removal of tendon for graft	0050	21.13	$1,047.96	$513.86	$209.59
20926	T	Removal of tissue for graft	0026	12.11	$600.61	$277.92	$120.12
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	0008	6.15	$305.02	$113.67	$61.00
20955	C	Fibula bone graft, microvasc					
20956	C	Iliac bone graft, microvasc					
20957	C	Mt bone graft, microvasc					
20962	C	Other bone graft, microvasc					
20969	C	Bone/skin graft, microvasc					
20970	C	Bone/skin graft, iliac crest					
20972	C	Bone/skin graft, metatarsal					
20973	C	Bone/skin graft, great toe					
20974	A	Electrical bone stimulation					
20975	T	Electrical bone stimulation	0049	15.04	$745.93	$356.95	$149.19
20979	E	Us bone stimulation					
20999	N	Musculoskeletal surgery					
21010	T	Incision of jaw joint	0254	12.45	$617.47	$272.41	$123.49
21015	T	Resection of facial tumor	0254	12.45	$617.47	$272.41	$123.49
21025	T	Excision of bone, lower jaw	0256	25.40	$1,259.74	$623.05	$251.95
21026	T	Excision of facial bone(s)	0256	25.40	$1,259.74	$623.05	$251.95
21029	T	Contour of face bone lesion	0256	25.40	$1,259.74	$623.05	$251.95
21030	T	Removal of face bone lesion	0254	12.45	$617.47	$272.41	$123.49
21031	T	Remove exostosis, mandible	0253	12.02	$596.14	$284.00	$119.23
21032	T	Remove exostosis, maxilla	0253	12.02	$596.14	$284.00	$119.23
21034	T	Removal of face bone lesion	0256	25.40	$1,259.74	$623.05	$251.95
21040	T	Removal of jaw bone lesion	0253	12.02	$596.14	$284.00	$119.23
21041	T	Removal of jaw bone lesion	0256	25.40	$1,259.74	$623.05	$251.95
21044	T	Removal of jaw bone lesion	0256	25.40	$1,259.74	$623.05	$251.95
21045	C	Extensive jaw surgery					
21050	T	Removal of jaw joint	0256	25.40	$1,259.74	$623.05	$251.95
21060	T	Remove jaw joint cartilage	0256	25.40	$1,259.74	$623.05	$251.95
21070	T	Remove coronoid process	0256	25.40	$1,259.74	$623.05	$251.95
21076	T	Prepare face/oral prosthesis	0254	12.45	$617.47	$272.41	$123.49
21077	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21079	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21080	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21081	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21082	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21083	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21084	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21085	T	Prepare face/oral prosthesis	0253	12.02	$596.14	$284.00	$119.23
21086	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21087	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95
21088	T	Prepare face/oral prosthesis	0256	25.40	$1,259.74	$623.05	$251.95

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
21089	T	Prepare face/oral prosthesis	0253	12.02	$596.14	$284.00	$119.23
21100	T	Maxillofacial fixation	0256	25.40	$1,259.74	$623.05	$251.95
21110	T	Interdental fixation	0254	12.45	$617.47	$272.41	$123.49
21116	N	Injection, jaw joint x-ray					
21120	T	Reconstruction of chin	0254	12.45	$617.47	$272.41	$123.49
21121	T	Reconstruction of chin	0254	12.45	$617.47	$272.41	$123.49
21122	T	Reconstruction of chin	0254	12.45	$617.47	$272.41	$123.49
21123	T	Reconstruction of chin	0254	12.45	$617.47	$272.41	$123.49
21125	T	Augmentation, lower jaw bone	0254	12.45	$617.47	$272.41	$123.49
21127	T	Augmentation, lower jaw bone	0256	25.40	$1,259.74	$623.05	$251.95
21137	T	Reduction of forehead	0254	12.45	$617.47	$272.41	$123.49
21138	T	Reduction of forehead	0256	25.40	$1,259.74	$623.05	$251.95
21139	T	Reduction of forehead	0256	25.40	$1,259.74	$623.05	$251.95
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	12.45	$617.47	$272.41	$123.49
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					
21198	T	Reconst lwr jaw segment	0256	25.40	$1,259.74	$623.05	$251.95
*21199	T	Reconst lwr jaw w/advance	0256	25.40	$1,259.74	$623.05	$251.95
21206	T	Reconstruct upper jaw bone	0256	25.40	$1,259.74	$623.05	$251.95
21208	T	Augmentation of facial bones	0256	25.40	$1,259.74	$623.05	$251.95
21209	T	Reduction of facial bones	0256	25.40	$1,259.74	$623.05	$251.95
21210	T	Face bone graft	0256	25.40	$1,259.74	$623.05	$251.95
21215	T	Lower jaw bone graft	0256	25.40	$1,259.74	$623.05	$251.95
21230	T	Rib cartilage graft	0256	25.40	$1,259.74	$623.05	$251.95
21235	T	Ear cartilage graft	0254	12.45	$617.47	$272.41	$123.49
21240	T	Reconstruction of jaw joint	0256	25.40	$1,259.74	$623.05	$251.95
21242	T	Reconstruction of jaw joint	0256	25.40	$1,259.74	$623.05	$251.95
21243	T	Reconstruction of jaw joint	0256	25.40	$1,259.74	$623.05	$251.95
21244	T	Reconstruction of lower jaw	0256	25.40	$1,259.74	$623.05	$251.95
21245	T	Reconstruction of jaw	0256	25.40	$1,259.74	$623.05	$251.95
21246	T	Reconstruction of jaw	0256	25.40	$1,259.74	$623.05	$251.95
21247	C	Reconstruct lower jaw bone					
21248	T	Reconstruction of jaw	0256	25.40	$1,259.74	$623.05	$251.95
21249	T	Reconstruction of jaw	0256	25.40	$1,259.74	$623.05	$251.95
21255	C	Reconstruct lower jaw bone					
21256	C	Reconstruction of orbit					
21260	T	Revise eye sockets	0256	25.40	$1,259.74	$623.05	$251.95
21261	T	Revise eye sockets	0256	25.40	$1,259.74	$623.05	$251.95
21263	T	Revise eye sockets	0256	25.40	$1,259.74	$623.05	$251.95
21267	T	Revise eye sockets	0256	25.40	$1,259.74	$623.05	$251.95
21268	C	Revise eye sockets					
21270	T	Augmentation, cheek bone	0256	25.40	$1,259.74	$623.05	$251.95
21275	T	Revision, orbitofacial bones	0256	25.40	$1,259.74	$623.05	$251.95
21280	T	Revision of eyelid	0256	25.40	$1,259.74	$623.05	$251.95
21282	T	Revision of eyelid	0253	12.02	$596.14	$284.00	$119.23
21295	T	Revision of jaw muscle/bone	0253	12.02	$596.14	$284.00	$119.23
21296	T	Revision of jaw muscle/bone	0254	12.45	$617.47	$272.41	$123.49
21299	T	Cranio/maxillofacial surgery	0253	12.02	$596.14	$284.00	$119.23
21300	T	Treatment of skull fracture	0253	12.02	$596.14	$284.00	$119.23
21310	T	Treatment of nose fracture	0253	12.02	$596.14	$284.00	$119.23
21315	T	Treatment of nose fracture	0253	12.02	$596.14	$284.00	$119.23
21320	T	Treatment of nose fracture	0253	12.02	$596.14	$284.00	$119.23

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
21325	T	Treatment of nose fracture	0253	12.02	$596.14	$284.00	$119.23
21330	T	Treatment of nose fracture	0254	12.45	$617.47	$272.41	$123.49
21335	T	Treatment of nose fracture	0254	12.45	$617.47	$272.41	$123.49
21336	T	Treat nasal septal fracture	0046	22.29	$1,105.50	$535.76	$221.10
21337	T	Treat nasal septal fracture	0253	12.02	$596.14	$284.00	$119.23
21338	T	Treat nasoethmoid fracture	0254	12.45	$617.47	$272.41	$123.49
21339	T	Treat nasoethmoid fracture	0254	12.45	$617.47	$272.41	$123.49
21340	T	Treatment of nose fracture	0256	25.40	$1,259.74	$623.05	$251.95
21343	C	Treatment of sinus fracture					
21344	C	Treatment of sinus fracture					
21345	T	Treat nose/jaw fracture	0254	12.45	$617.47	$272.41	$123.49
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	25.40	$1,259.74	$623.05	$251.95
21356	C	Treat cheek bone 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					
21390	C	Treat eye socket fracture					
21395	C	Treat eye socket fracture					
21400	T	Treat eye socket fracture	0252	5.18	$256.90	$114.24	$51.38
21401	T	Treat eye socket fracture	0253	12.02	$596.14	$284.00	$119.23
21406	T	Treat eye socket fracture	0256	25.40	$1,259.74	$623.05	$251.95
21407	T	Treat eye socket fracture	0256	25.40	$1,259.74	$623.05	$251.95
21408	C	Treat eye socket fracture					
21421	T	Treat mouth roof fracture	0254	12.45	$617.47	$272.41	$123.49
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	0253	12.02	$596.14	$284.00	$119.23
21445	T	Treat dental ridge fracture	0254	12.45	$617.47	$272.41	$123.49
21450	T	Treat lower jaw fracture	0251	1.68	$83.32	$27.99	$16.66
21451	T	Treat lower jaw fracture	0254	12.45	$617.47	$272.41	$123.49
21452	T	Treat lower jaw fracture	0253	12.02	$596.14	$284.00	$119.23
21453	T	Treat lower jaw fracture	0256	25.40	$1,259.74	$623.05	$251.95
21454	T	Treat lower jaw fracture	0254	12.45	$617.47	$272.41	$123.49
21461	T	Treat lower jaw fracture	0256	25.40	$1,259.74	$623.05	$251.95
21462	T	Treat lower jaw fracture	0256	25.40	$1,259.74	$623.05	$251.95
21465	T	Treat lower jaw fracture	0256	25.40	$1,259.74	$623.05	$251.95
21470	T	Treat lower jaw fracture	0256	25.40	$1,259.74	$623.05	$251.95
21480	T	Reset dislocated jaw	0251	1.68	$83.32	$27.99	$16.66
21485	T	Reset dislocated jaw	0253	12.02	$596.14	$284.00	$119.23
21490	T	Repair dislocated jaw	0256	25.40	$1,259.74	$623.05	$251.95
21493	T	Treat hyoid bone fracture	0252	5.18	$256.90	$114.24	$51.38
21494	T	Treat hyoid bone fracture	0252	5.18	$256.90	$114.24	$51.38
21495	C	Treat hyoid bone fracture					
21497	T	Interdental wiring	0253	12.02	$596.14	$284.00	$119.23
21499	T	Head surgery procedure	0253	12.02	$596.14	$284.00	$119.23
21501	T	Drain neck/chest lesion	0008	6.15	$305.02	$113.67	$61.00
21502	T	Drain chest lesion	0050	21.13	$1,047.96	$513.86	$209.59
21510	C	Drainage of bone lesion					
21550	T	Biopsy of neck/chest	0019	4.00	$198.39	$78.91	$39.68
21555	T	Remove lesion, neck/chest	0022	12.49	$619.45	$292.94	$123.89
21556	T	Remove lesion, neck/chest	0022	12.49	$619.45	$292.94	$123.89
21557	C	Remove tumor, neck/chest					
21600	T	Partial removal of rib	0050	21.13	$1,047.96	$513.86	$209.59
21610	T	Partial removal of rib	0050	21.13	$1,047.96	$513.86	$209.59
21615	C	Removal of rib					
21616	C	Removal of rib and nerves					
21620	C	Partial removal of sternum					
21627	C	Sternal debridement					
21630	C	Extensive sternum surgery					
21632	C	Extensive sternum surgery					
21700	T	Revision of neck muscle	0008	6.15	$305.02	$113.67	$61.00
21705	C	Revision of neck muscle/rib					
21720	T	Revision of neck muscle	0008	6.15	$305.02	$113.67	$61.00

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
21725	T	Revision of neck muscle	0008	6.15	$305.02	$113.67	$61.00
21740	C	Reconstruction of sternum					
21750	C	Repair of sternum separation					
21800	T	Treatment of rib fracture	0043	1.64	$81.34	$25.46	$16.27
21805	T	Treatment of rib fracture	0046	22.29	$1,105.50	$535.76	$221.10
21810	C	Treatment of rib fracture(s)					
21820	T	Treat sternum fracture	0043	1.64	$81.34	$25.46	$16.27
21825	C	Treat sternum fracture					
21899	T	Neck/chest surgery procedure	0252	5.18	$256.90	$114.24	$51.38
21920	T	Biopsy soft tissue of back	0020	6.51	$322.87	$130.53	$64.57
21925	T	Biopsy soft tissue of back	0022	12.49	$619.45	$292.94	$123.89
21930	T	Remove lesion, back or flank	0022	12.49	$619.45	$292.94	$123.89
21935	T	Remove tumor, back	0022	12.49	$619.45	$292.94	$123.89
22100	C	Remove part of neck vertebra					
22101	C	Remove part, thorax vertebra					
22102	C	Remove part, lumbar vertebra					
22103	C	Remove extra spine segment					
22110	C	Remove part of neck vertebra					
22112	C	Remove part, thorax vertebra					
22114	C	Remove part, lumbar vertebra					
22116	C	Remove extra spine segment					
22210	C	Revision of neck spine					
22212	C	Revision of thorax spine					
22214	C	Revision of lumbar spine					
22216	C	Revise, extra spine segment					
22220	C	Revision of neck spine					
22222	C	Revision of thorax spine					
22224	C	Revision of lumbar spine					
22226	C	Revise, extra spine segment					
22305	T	Treat spine process fracture	0043	1.64	$81.34	$25.46	$16.27
22310	T	Treat spine fracture	0043	1.64	$81.34	$25.46	$16.27
22315	T	Treat spine fracture	0043	1.64	$81.34	$25.46	$16.27
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	11.02	$546.55	$277.12	$109.31
*22520	T	Percut vertebroplasty thor	0049	15.04	$745.93	$356.95	$149.19
*22521	T	Percut vertebroplasty lumb	0049	15.04	$745.93	$356.95	$149.19
*22522	T	Percut vertebroplasty addl	0049	15.04	$745.93	$356.95	$149.19
22548	C	Neck spine fusion					
22554	C	Neck spine fusion					
22556	C	Thorax spine fusion					
22558	C	Lumbar spine fusion					
22585	C	Additional spinal fusion					
22590	C	Spine & skull spinal fusion					
22595	C	Neck spinal fusion					
22600	C	Neck spine fusion					
22610	C	Thorax spine fusion					
22612	C	Lumbar spine fusion					
22614	C	Spine fusion, extra segment					
22630	C	Lumbar spine fusion					
22632	C	Spine fusion, extra segment					
22800	C	Fusion of spine					
22802	C	Fusion of spine					
22804	C	Fusion of spine					
22808	C	Fusion of spine					
22810	C	Fusion of spine					
22812	C	Fusion of spine					
22818	C	Kyphectomy, 1-2 segments					
22819	C	Kyphectomy, 3 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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
22850	C	Remove spine fixation device					
22851	C	Apply spine prosth device					
22852	C	Remove spine fixation device					
22855	C	Remove spine fixation device					
22899	T	Spine surgery procedure	0043	1.64	$81.34	$25.46	$16.27
22900	T	Remove abdominal wall lesion	0022	12.49	$619.45	$292.94	$123.89
22999	T	Abdomen surgery procedure	0022	12.49	$619.45	$292.94	$123.89
23000	T	Removal of calcium deposits	0021	10.49	$520.26	$236.51	$104.05
23020	T	Release shoulder joint	0051	27.76	$1,376.79	$675.24	$275.36
23030	T	Drain shoulder lesion	0008	6.15	$305.02	$113.67	$61.00
23031	T	Drain shoulder bursa	0008	6.15	$305.02	$113.67	$61.00
23035	C	Drain shoulder bone lesion					
23040	T	Exploratory shoulder surgery	0050	21.13	$1,047.96	$513.86	$209.59
23044	T	Exploratory shoulder surgery	0050	21.13	$1,047.96	$513.86	$209.59
23065	T	Biopsy shoulder tissues	0021	10.49	$520.26	$236.51	$104.05
23066	T	Biopsy shoulder tissues	0022	12.49	$619.45	$292.94	$123.89
23075	T	Removal of shoulder lesion	0021	10.49	$520.26	$236.51	$104.05
23076	T	Removal of shoulder lesion	0022	12.49	$619.45	$292.94	$123.89
23077	T	Remove tumor of shoulder	0022	12.49	$619.45	$292.94	$123.89
23100	T	Biopsy of shoulder joint	0049	15.04	$745.93	$356.95	$149.19
23101	T	Shoulder joint surgery	0050	21.13	$1,047.96	$513.86	$209.59
23105	T	Remove shoulder joint lining	0050	21.13	$1,047.96	$513.86	$209.59
23106	T	Incision of collarbone joint	0050	21.13	$1,047.96	$513.86	$209.59
23107	T	Explore treat shoulder joint	0050	21.13	$1,047.96	$513.86	$209.59
23120	T	Partial removal, collar bone	0051	27.76	$1,376.79	$675.24	$275.36
23125	C	Removal of collar bone					
23130	T	Remove shoulder bone, part	0051	27.76	$1,376.79	$675.24	$275.36
23140	T	Removal of bone lesion	0049	15.04	$745.93	$356.95	$149.19
23145	T	Removal of bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
23146	T	Removal of bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
23150	T	Removal of humerus lesion	0050	21.13	$1,047.96	$513.86	$209.59
23155	T	Removal of humerus lesion	0050	21.13	$1,047.96	$513.86	$209.59
23156	T	Removal of humerus lesion	0050	21.13	$1,047.96	$513.86	$209.59
23170	T	Remove collar bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
23172	T	Remove shoulder blade lesion	0050	21.13	$1,047.96	$513.86	$209.59
23174	T	Remove humerus lesion	0050	21.13	$1,047.96	$513.86	$209.59
23180	T	Remove collar bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
23182	T	Remove shoulder blade lesion	0050	21.13	$1,047.96	$513.86	$209.59
23184	T	Remove humerus lesion	0050	21.13	$1,047.96	$513.86	$209.59
23190	T	Partial removal of scapula	0050	21.13	$1,047.96	$513.86	$209.59
23195	C	Removal of head of humerus					
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	0019	4.00	$198.39	$78.91	$39.68
23331	T	Remove shoulder foreign body	0022	12.49	$619.45	$292.94	$123.89
23332	C	Remove shoulder foreign body					
23350	N	Injection for shoulder x-ray					
23395	C	Muscle transfer,shoulder/arm					
23397	C	Muscle transfers					
23400	C	Fixation of shoulder blade					
23405	T	Incision of tendon & muscle	0050	21.13	$1,047.96	$513.86	$209.59
23406	T	Incise tendon(s) & muscle(s)	0050	21.13	$1,047.96	$513.86	$209.59
23410	T	Repair of tendon(s)	0052	36.16	$1,793.39	$930.91	$358.68
23412	T	Repair of tendon(s)	0052	36.16	$1,793.39	$930.91	$358.68
23415	T	Release of shoulder ligament	0051	27.76	$1,376.79	$675.24	$275.36
23420	T	Repair of shoulder	0052	36.16	$1,793.39	$930.91	$358.68
23430	T	Repair biceps tendon	0052	36.16	$1,793.39	$930.91	$358.68
23440	C	Remove/transplant tendon					
23450	T	Repair shoulder capsule	0052	36.16	$1,793.39	$930.91	$358.68
23455	T	Repair shoulder capsule	0052	36.16	$1,793.39	$930.91	$358.68
23460	T	Repair shoulder capsule	0052	36.16	$1,793.39	$930.91	$358.68
23462	T	Repair shoulder capsule	0052	36.16	$1,793.39	$930.91	$358.68
23465	T	Repair shoulder capsule	0052	36.16	$1,793.39	$930.91	$358.68
23466	T	Repair shoulder capsule	0052	36.16	$1,793.39	$930.91	$358.68
23470	C	Reconstruct shoulder joint					
23472	C	Reconstruct shoulder joint					
23480	T	Revision of collar bone	0051	27.76	$1,376.79	$675.24	$275.36
23485	T	Revision of collar bone	0051	27.76	$1,376.79	$675.24	$275.36
23490	T	Reinforce clavicle	0051	27.76	$1,376.79	$675.24	$275.36
23491	T	Reinforce shoulder bones	0051	27.76	$1,376.79	$675.24	$275.36
23500	T	Treat clavicle fracture	0043	1.64	$81.34	$25.46	$16.27

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
23505	T	Treat clavicle fracture	0043	1.64	$81.34	$25.46	$16.27
23515	T	Treat clavicle fracture	0046	22.29	$1,105.50	$535.76	$221.10
23520	T	Treat clavicle dislocation	0043	1.64	$81.34	$25.46	$16.27
23525	T	Treat clavicle dislocation	0043	1.64	$81.34	$25.46	$16.27
23530	T	Treat clavicle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
23532	T	Treat clavicle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
23540	T	Treat clavicle dislocation	0043	1.64	$81.34	$25.46	$16.27
23545	T	Treat clavicle dislocation	0043	1.64	$81.34	$25.46	$16.27
23550	T	Treat clavicle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
23552	T	Treat clavicle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
23570	T	Treat shoulder blade fx	0043	1.64	$81.34	$25.46	$16.27
23575	T	Treat shoulder blade fx	0043	1.64	$81.34	$25.46	$16.27
23585	T	Treat scapula fracture	0046	22.29	$1,105.50	$535.76	$221.10
23600	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
23605	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
23615	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
23616	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
23620	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
23625	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
23630	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
23650	T	Treat shoulder dislocation	0043	1.64	$81.34	$25.46	$16.27
23655	T	Treat shoulder dislocation	0045	11.02	$546.55	$277.12	$109.31
23660	T	Treat shoulder dislocation	0046	22.29	$1,105.50	$535.76	$221.10
23665	T	Treat dislocation/fracture	0044	2.17	$107.63	$38.08	$21.53
23670	T	Treat dislocation/fracture	0046	22.29	$1,105.50	$535.76	$221.10
23675	T	Treat dislocation/fracture	0044	2.17	$107.63	$38.08	$21.53
23680	T	Treat dislocation/fracture	0046	22.29	$1,105.50	$535.76	$221.10
23700	T	Fixation of shoulder	0045	11.02	$546.55	$277.12	$109.31
23800	T	Fusion of shoulder joint	0051	27.76	$1,376.79	$675.24	$275.36
23802	T	Fusion of shoulder joint	0051	27.76	$1,376.79	$675.24	$275.36
23900	C	Amputation of arm & girdle					
23920	C	Amputation at shoulder joint					
23921	T	Amputation follow-up surgery	0026	12.11	$600.61	$277.92	$120.12
23929	T	Shoulder surgery procedure	0043	1.64	$81.34	$25.46	$16.27
23930	T	Drainage of arm lesion	0008	6.15	$305.02	$113.67	$61.00
23931	T	Drainage of arm bursa	0008	6.15	$305.02	$113.67	$61.00
23935	T	Drain arm/elbow bone lesion	0049	15.04	$745.93	$356.95	$149.19
24000	T	Exploratory elbow surgery	0050	21.13	$1,047.96	$513.86	$209.59
24006	T	Release elbow joint	0050	21.13	$1,047.96	$513.86	$209.59
24065	T	Biopsy arm/elbow soft tissue	0020	6.51	$322.87	$130.53	$64.57
24066	T	Biopsy arm/elbow soft tissue	0020	6.51	$322.87	$130.53	$64.57
24075	T	Remove arm/elbow lesion	0021	10.49	$520.26	$236.51	$104.05
24076	T	Remove arm/elbow lesion	0022	12.49	$619.45	$292.94	$123.89
24077	T	Remove tumor of arm/elbow	0022	12.49	$619.45	$292.94	$123.89
24100	T	Biopsy elbow joint lining	0049	15.04	$745.93	$356.95	$149.19
24101	T	Explore/treat elbow joint	0050	21.13	$1,047.96	$513.86	$209.59
24102	T	Remove elbow joint lining	0050	21.13	$1,047.96	$513.86	$209.59
24105	T	Removal of elbow bursa	0049	15.04	$745.93	$356.95	$149.19
24110	T	Remove humerus lesion	0049	15.04	$745.93	$356.95	$149.19
24115	T	Remove/graft bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24116	T	Remove/graft bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24120	T	Remove elbow lesion	0049	15.04	$745.93	$356.95	$149.19
24125	T	Remove/graft bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24126	T	Remove/graft bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24130	T	Removal of head of radius	0050	21.13	$1,047.96	$513.86	$209.59
24134	T	Removal of arm bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24136	T	Remove radius bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24138	T	Remove elbow bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
24140	T	Partial removal of arm bone	0050	21.13	$1,047.96	$513.86	$209.59
24145	T	Partial removal of radius	0050	21.13	$1,047.96	$513.86	$209.59
24147	T	Partial removal of elbow	0050	21.13	$1,047.96	$513.86	$209.59
24149	C	Radical resection of elbow					
24150	C	Extensive humerus surgery					
24151	C	Extensive humerus surgery					
24152	C	Extensive radius surgery					
24153	C	Extensive radius surgery					
24155	T	Removal of elbow joint	0051	27.76	$1,376.79	$675.24	$275.36
24160	T	Remove elbow joint implant	0050	21.13	$1,047.96	$513.86	$209.59
24164	T	Remove radius head implant	0050	21.13	$1,047.96	$513.86	$209.59
24200	T	Removal of arm foreign body	0019	4.00	$198.39	$78.91	$39.68
24201	T	Removal of arm foreign body	0021	10.49	$520.26	$236.51	$104.05
24220	N	Injection for elbow x-ray					
24301	T	Muscle/tendon transfer	0050	21.13	$1,047.96	$513.86	$209.59
24305	T	Arm tendon lengthening	0050	21.13	$1,047.96	$513.86	$209.59

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
24310	T	Revision of arm tendon	0049	15.04	$745.93	$356.95	$149.19
24320	T	Repair of arm tendon	0051	27.76	$1,376.79	$675.24	$275.36
24330	T	Revision of arm muscles	0051	27.76	$1,376.79	$675.24	$275.36
24331	T	Revision of arm muscles	0051	27.76	$1,376.79	$675.24	$275.36
24340	T	Repair of biceps tendon	0051	27.76	$1,376.79	$675.24	$275.36
24341	T	Repair arm tendon/muscle	0051	27.76	$1,376.79	$675.24	$275.36
24342	T	Repair of ruptured tendon	0051	27.76	$1,376.79	$675.24	$275.36
24350	T	Repair of tennis elbow	0050	21.13	$1,047.96	$513.86	$209.59
24351	T	Repair of tennis elbow	0050	21.13	$1,047.96	$513.86	$209.59
24352	T	Repair of tennis elbow	0050	21.13	$1,047.96	$513.86	$209.59
24354	T	Repair of tennis elbow	0050	21.13	$1,047.96	$513.86	$209.59
24356	T	Revision of tennis elbow	0050	21.13	$1,047.96	$513.86	$209.59
24360	T	Reconstruct elbow joint	0047	22.09	$1,095.58	$537.03	$219.12
24361	T	Reconstruct elbow joint	0048	29.06	$1,441.26	$725.94	$288.25
24362	T	Reconstruct elbow joint	0048	29.06	$1,441.26	$725.94	$288.25
24363	T	Replace elbow joint	0048	29.06	$1,441.26	$725.94	$288.25
24365	T	Reconstruct head of radius	0047	22.09	$1,095.58	$537.03	$219.12
24366	T	Reconstruct head of radius	0048	29.06	$1,441.26	$725.94	$288.25
24400	T	Revision of humerus	0050	21.13	$1,047.96	$513.86	$209.59
24410	T	Revision of humerus	0050	21.13	$1,047.96	$513.86	$209.59
24420	T	Revision of humerus	0051	27.76	$1,376.79	$675.24	$275.36
24430	T	Repair of humerus	0051	27.76	$1,376.79	$675.24	$275.36
24435	T	Repair humerus with graft	0051	27.76	$1,376.79	$675.24	$275.36
24470	T	Revision of elbow joint	0051	27.76	$1,376.79	$675.24	$275.36
24495	T	Decompression of forearm	0050	21.13	$1,047.96	$513.86	$209.59
24498	T	Reinforce humerus	0051	27.76	$1,376.79	$675.24	$275.36
24500	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24505	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24515	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24516	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24530	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24535	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24538	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24545	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24546	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24560	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24565	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24566	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24575	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24576	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24577	T	Treat humerus fracture	0044	2.17	$107.63	$38.08	$21.53
24579	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24582	T	Treat humerus fracture	0046	22.29	$1,105.50	$535.76	$221.10
24586	T	Treat elbow fracture	0046	22.29	$1,105.50	$535.76	$221.10
24587	T	Treat elbow fracture	0046	22.29	$1,105.50	$535.76	$221.10
24600	T	Treat elbow dislocation	0044	2.17	$107.63	$38.08	$21.53
24605	T	Treat elbow dislocation	0045	11.02	$546.55	$277.12	$109.31
24615	T	Treat elbow dislocation	0046	22.29	$1,105.50	$535.76	$221.10
24620	T	Treat elbow fracture	0044	2.17	$107.63	$38.08	$21.53
24635	T	Treat elbow fracture	0046	22.29	$1,105.50	$535.76	$221.10
24640	T	Treat elbow dislocation	0044	2.17	$107.63	$38.08	$21.53
24650	T	Treat radius fracture	0044	2.17	$107.63	$38.08	$21.53
24655	T	Treat radius fracture	0044	2.17	$107.63	$38.08	$21.53
24665	T	Treat radius fracture	0046	22.29	$1,105.50	$535.76	$221.10
24666	T	Treat radius fracture	0046	22.29	$1,105.50	$535.76	$221.10
24670	T	Treat ulnar fracture	0044	2.17	$107.63	$38.08	$21.53
24675	T	Treat ulnar fracture	0044	2.17	$107.63	$38.08	$21.53
24685	T	Treat ulnar fracture	0046	22.29	$1,105.50	$535.76	$221.10
24800	T	Fusion of elbow joint	0051	27.76	$1,376.79	$675.24	$275.36
24802	T	Fusion/graft of elbow joint	0051	27.76	$1,376.79	$675.24	$275.36
24900	C	Amputation of upper arm					
24920	C	Amputation of upper arm					
24925	T	Amputation follow-up surgery	0049	15.04	$745.93	$356.95	$149.19
24930	C	Amputation follow-up surgery					
24931	C	Amputate upper arm & implant					
24935	T	Revision of amputation	0052	36.16	$1,793.39	$930.91	$358.68
24940	C	Revision of upper arm					
24999	T	Upper arm/elbow surgery	0044	2.17	$107.63	$38.08	$21.53
25000	T	Incision of tendon sheath	0049	15.04	$745.93	$356.95	$149.19
25020	T	Decompression of forearm	0049	15.04	$745.93	$356.95	$149.19
25023	T	Decompression of forearm	0050	21.13	$1,047.96	$513.86	$209.59
25028	T	Drainage of forearm lesion	0049	15.04	$745.93	$356.95	$149.19
25031	T	Drainage of forearm bursa	0049	15.04	$745.93	$356.95	$149.19
25035	T	Treat forearm bone lesion	0049	15.04	$745.93	$356.95	$149.19

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
25040	T	Explore/treat wrist joint	0050	21.13	$1,047.96	$513.86	$209.59
25065	T	Biopsy forearm soft tissues	0020	6.51	$322.87	$130.53	$64.57
25066	T	Biopsy forearm soft tissues	0022	12.49	$619.45	$292.94	$123.89
25075	T	Removal of forearm lesion	0020	6.51	$322.87	$130.53	$64.57
25076	T	Removal of forearm lesion	0022	12.49	$619.45	$292.94	$123.89
25077	T	Remove tumor, forearm/wrist	0022	12.49	$619.45	$292.94	$123.89
25085	T	Incision of wrist capsule	0049	15.04	$745.93	$356.95	$149.19
25100	T	Biopsy of wrist joint	0049	15.04	$745.93	$356.95	$149.19
25101	T	Explore/treat wrist joint	0050	21.13	$1,047.96	$513.86	$209.59
25105	T	Remove wrist joint lining	0050	21.13	$1,047.96	$513.86	$209.59
25107	T	Remove wrist joint cartilage	0050	21.13	$1,047.96	$513.86	$209.59
25110	T	Remove wrist tendon lesion	0049	15.04	$745.93	$356.95	$149.19
25111	T	Remove wrist tendon lesion	0053	11.32	$561.42	$253.49	$112.28
25112	T	Reremove wrist tendon lesion	0053	11.32	$561.42	$253.49	$112.28
25115	T	Remove wrist/forearm lesion	0049	15.04	$745.93	$356.95	$149.19
25116	T	Remove wrist/forearm lesion	0049	15.04	$745.93	$356.95	$149.19
25118	T	Excise wrist tendon sheath	0050	21.13	$1,047.96	$513.86	$209.59
25119	T	Partial removal of ulna	0050	21.13	$1,047.96	$513.86	$209.59
25120	T	Removal of forearm lesion	0050	21.13	$1,047.96	$513.86	$209.59
25125	T	Remove/graft forearm lesion	0050	21.13	$1,047.96	$513.86	$209.59
25126	T	Remove/graft forearm lesion	0050	21.13	$1,047.96	$513.86	$209.59
25130	T	Removal of wrist lesion	0050	21.13	$1,047.96	$513.86	$209.59
25135	T	Remove & graft wrist lesion	0050	21.13	$1,047.96	$513.86	$209.59
25136	T	Remove & graft wrist lesion	0050	21.13	$1,047.96	$513.86	$209.59
25145	T	Remove forearm bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
25150	T	Partial removal of ulna	0050	21.13	$1,047.96	$513.86	$209.59
25151	T	Partial removal of radius	0050	21.13	$1,047.96	$513.86	$209.59
25170	C	Extensive forearm surgery					
25210	T	Removal of wrist bone	0054	19.66	$975.06	$472.33	$195.01
25215	T	Removal of wrist bones	0054	19.66	$975.06	$472.33	$195.01
25230	T	Partial removal of radius	0050	21.13	$1,047.96	$513.86	$209.59
25240	T	Partial removal of ulna	0050	21.13	$1,047.96	$513.86	$209.59
25246	N	Injection for wrist x-ray					
25248	T	Remove forearm foreign body	0049	15.04	$745.93	$356.95	$149.19
25250	T	Removal of wrist prosthesis	0050	21.13	$1,047.96	$513.86	$209.59
25251	T	Removal of wrist prosthesis	0050	21.13	$1,047.96	$513.86	$209.59
25260	T	Repair forearm tendon/muscle	0050	21.13	$1,047.96	$513.86	$209.59
25263	T	Repair forearm tendon/muscle	0050	21.13	$1,047.96	$513.86	$209.59
25265	T	Repair forearm tendon/muscle	0050	21.13	$1,047.96	$513.86	$209.59
25270	T	Repair forearm tendon/muscle	0050	21.13	$1,047.96	$513.86	$209.59
25272	T	Repair forearm tendon/muscle	0050	21.13	$1,047.96	$513.86	$209.59
25274	T	Repair forearm tendon/muscle	0050	21.13	$1,047.96	$513.86	$209.59
25280	T	Revise wrist/forearm tendon	0050	21.13	$1,047.96	$513.86	$209.59
25290	T	Incise wrist/forearm tendon	0050	21.13	$1,047.96	$513.86	$209.59
25295	T	Release wrist/forearm tendon	0049	15.04	$745.93	$356.95	$149.19
25300	T	Fusion of tendons at wrist	0050	21.13	$1,047.96	$513.86	$209.59
25301	T	Fusion of tendons at wrist	0050	21.13	$1,047.96	$513.86	$209.59
27606	T	Incision of achilles tendon	0049	15.04	$745.93	$356.95	$149.19
27607	T	Treat lower leg bone lesion	0049	15.04	$745.93	$356.95	$149.19
27610	T	Explore/treat ankle joint	0050	21.13	$1,047.96	$513.86	$209.59
27612	T	Exploration of ankle joint	0050	21.13	$1,047.96	$513.86	$209.59
27613	T	Biopsy lower leg soft tissue	0020	6.51	$322.87	$130.53	$64.57
27614	T	Biopsy lower leg soft tissue	0022	12.49	$619.45	$292.94	$123.89
27615	T	Remove tumor, lower leg	0046	22.29	$1,105.50	$535.76	$221.10
27618	T	Remove lower leg lesion	0021	10.49	$520.26	$236.51	$104.05
27619	T	Remove lower leg lesion	0022	12.49	$619.45	$292.94	$123.89
27620	T	Explore/treat ankle joint	0050	21.13	$1,047.96	$513.86	$209.59
27625	T	Remove ankle joint lining	0050	21.13	$1,047.96	$513.86	$209.59
27626	T	Remove ankle joint lining	0050	21.13	$1,047.96	$513.86	$209.59
27630	T	Removal of tendon lesion	0049	15.04	$745.93	$356.95	$149.19
27635	T	Remove lower leg bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
27637	T	Remove/graft leg bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
27638	T	Remove/graft leg bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
27640	T	Partial removal of tibia	0051	27.76	$1,376.79	$675.24	$275.36
27641	T	Partial removal of fibula	0050	21.13	$1,047.96	$513.86	$209.59
27645	C	Extensive lower leg surgery					
27646	C	Extensive lower leg surgery					
27647	T	Extensive ankle/heel surgery	0051	27.76	$1,376.79	$675.24	$275.36
27648	N	Injection for ankle x-ray					
27650	T	Repair achilles tendon	0051	27.76	$1,376.79	$675.24	$275.36
27652	T	Repair/graft achilles tendon	0051	27.76	$1,376.79	$675.24	$275.36
27654	T	Repair of achilles tendon	0051	27.76	$1,376.79	$675.24	$275.36
27656	T	Repair leg fascia defect	0049	15.04	$745.93	$356.95	$149.19
27658	T	Repair of leg tendon, each	0049	15.04	$745.93	$356.95	$149.19

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
27659	T	Repair of leg tendon, each	0049	15.04	$745.93	$356.95	$149.19
27664	T	Repair of leg tendon, each	0049	15.04	$745.93	$356.95	$149.19
27665	T	Repair of leg tendon, each	0050	21.13	$1,047.96	$513.86	$209.59
27675	T	Repair lower leg tendons	0049	15.04	$745.93	$356.95	$149.19
27676	T	Repair lower leg tendons	0050	21.13	$1,047.96	$513.86	$209.59
27680	T	Release of lower leg tendon	0050	21.13	$1,047.96	$513.86	$209.59
27681	T	Release of lower leg tendons	0050	21.13	$1,047.96	$513.86	$209.59
27685	T	Revision of lower leg tendon	0050	21.13	$1,047.96	$513.86	$209.59
27686	T	Revise lower leg tendons	0050	21.13	$1,047.96	$513.86	$209.59
27687	T	Revision of calf tendon	0050	21.13	$1,047.96	$513.86	$209.59
27690	T	Revise lower leg tendon	0051	27.76	$1,376.79	$675.24	$275.36
27691	T	Revise lower leg tendon	0051	27.76	$1,376.79	$675.24	$275.36
27692	T	Revise additional leg tendon	0051	27.76	$1,376.79	$675.24	$275.36
27695	T	Repair of ankle ligament	0050	21.13	$1,047.96	$513.86	$209.59
27696	T	Repair of ankle ligaments	0050	21.13	$1,047.96	$513.86	$209.59
27698	T	Repair of ankle ligament	0050	21.13	$1,047.96	$513.86	$209.59
27700	T	Revision of ankle joint	0047	22.09	$1,095.58	$537.03	$219.12
27702	C	Reconstruct ankle joint					
27703	C	Reconstruction, ankle joint					
27704	T	Removal of ankle implant	0049	15.04	$745.93	$356.95	$149.19
27705	T	Incision of tibia	0051	27.76	$1,376.79	$675.24	$275.36
27707	T	Incision of fibula	0049	15.04	$745.93	$356.95	$149.19
27709	T	Incision of tibia & fibula	0050	21.13	$1,047.96	$513.86	$209.59
27712	C	Realignment of lower leg					
27715	C	Revision of lower leg					
27720	C	Repair of tibia					
27722	C	Repair/graft of tibia					
27724	C	Repair/graft of tibia					
27725	C	Repair of lower leg					
27727	C	Repair of lower leg					
27730	T	Repair of tibia epiphysis	0050	21.13	$1,047.96	$513.86	$209.59
27732	T	Repair of fibula epiphysis	0050	21.13	$1,047.96	$513.86	$209.59
27734	T	Repair lower leg epiphyses	0050	21.13	$1,047.96	$513.86	$209.59
27740	T	Repair of leg epiphyses	0050	21.13	$1,047.96	$513.86	$209.59
27742	T	Repair of leg epiphyses	0051	27.76	$1,376.79	$675.24	$275.36
27745	T	Reinforce tibia	0051	27.76	$1,376.79	$675.24	$275.36
27750	T	Treatment of tibia fracture	0044	2.17	$107.63	$38.08	$21.53
27752	T	Treatment of tibia fracture	0044	2.17	$107.63	$38.08	$21.53
27756	T	Treatment of tibia fracture	0046	22.29	$1,105.50	$535.76	$221.10
27758	T	Treatment of tibia fracture	0046	22.29	$1,105.50	$535.76	$221.10
27759	T	Treatment of tibia fracture	0046	22.29	$1,105.50	$535.76	$221.10
27760	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27762	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27766	T	Treatment of ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
27780	T	Treatment of fibula fracture	0044	2.17	$107.63	$38.08	$21.53
27781	T	Treatment of fibula fracture	0044	2.17	$107.63	$38.08	$21.53
27784	T	Treatment of fibula fracture	0046	22.29	$1,105.50	$535.76	$221.10
27786	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27788	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27792	T	Treatment of ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
27808	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27810	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27814	T	Treatment of ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
27816	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27818	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
27822	T	Treatment of ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
27823	T	Treatment of ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
27824	T	Treat lower leg fracture	0044	2.17	$107.63	$38.08	$21.53
27825	T	Treat lower leg fracture	0044	2.17	$107.63	$38.08	$21.53
27826	T	Treat lower leg fracture	0046	22.29	$1,105.50	$535.76	$221.10
27827	T	Treat lower leg fracture	0046	22.29	$1,105.50	$535.76	$221.10
27828	T	Treat lower leg fracture	0046	22.29	$1,105.50	$535.76	$221.10
27829	T	Treat lower leg joint	0046	22.29	$1,105.50	$535.76	$221.10
27830	T	Treat lower leg dislocation	0044	2.17	$107.63	$38.08	$21.53
27831	T	Treat lower leg dislocation	0045	11.02	$546.55	$277.12	$109.31
27832	T	Treat lower leg dislocation	0046	22.29	$1,105.50	$535.76	$221.10
27840	T	Treat ankle dislocation	0044	2.17	$107.63	$38.08	$21.53
27842	T	Treat ankle dislocation	0045	11.02	$546.55	$277.12	$109.31
27846	T	Treat ankle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
27848	T	Treat ankle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
27860	T	Fixation of ankle joint	0045	11.02	$546.55	$277.12	$109.31
27870	T	Fusion of ankle joint	0051	27.76	$1,376.79	$675.24	$275.36
27871	T	Fusion of tibiofibular joint	0051	27.76	$1,376.79	$675.24	$275.36
27880	C	Amputation of lower leg					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
27881	C	Amputation of lower leg					
27882	C	Amputation of lower leg					
27884	T	Amputation follow-up surgery	0049	15.04	$745.93	$356.95	$149.19
27886	C	Amputation follow-up surgery					
27888	C	Amputation of foot at ankle					
27889	T	Amputation of foot at ankle	0050	21.13	$1,047.96	$513.86	$209.59
27892	T	Decompression of leg	0049	15.04	$745.93	$356.95	$149.19
27893	T	Decompression of leg	0049	15.04	$745.93	$356.95	$149.19
27894	T	Decompression of leg	0049	15.04	$745.93	$356.95	$149.19
27899	T	Leg/ankle surgery procedure	0044	2.17	$107.63	$38.08	$21.53
28001	T	Drainage of bursa of foot	0008	6.15	$305.02	$113.67	$61.00
28002	T	Treatment of foot infection	0049	15.04	$745.93	$356.95	$149.19
28003	T	Treatment of foot infection	0049	15.04	$745.93	$356.95	$149.19
28005	T	Treat foot bone lesion	0055	15.47	$767.26	$355.34	$153.45
28008	T	Incision of foot fascia	0055	15.47	$767.26	$355.34	$153.45
28010	T	Incision of toe tendon	0055	15.47	$767.26	$355.34	$153.45
28011	T	Incision of toe tendons	0055	15.47	$767.26	$355.34	$153.45
28020	T	Exploration of foot joint	0055	15.47	$767.26	$355.34	$153.45
28022	T	Exploration of foot joint	0055	15.47	$767.26	$355.34	$153.45
28024	T	Exploration of toe joint	0055	15.47	$767.26	$355.34	$153.45
28030	T	Removal of foot nerve	0220	13.96	$692.36	$326.21	$138.47
28035	T	Decompression of tibia nerve	0220	13.96	$692.36	$326.21	$138.47
28043	T	Excision of foot lesion	0021	10.49	$520.26	$236.51	$104.05
28045	T	Excision of foot lesion	0055	15.47	$767.26	$355.34	$153.45
28046	T	Resection of tumor, foot	0055	15.47	$767.26	$355.34	$153.45
28050	T	Biopsy of foot joint lining	0055	15.47	$767.26	$355.34	$153.45
28052	T	Biopsy of foot joint lining	0055	15.47	$767.26	$355.34	$153.45
28054	T	Biopsy of toe joint lining	0055	15.47	$767.26	$355.34	$153.45
28060	T	Partial removal, foot fascia	0056	17.30	$858.02	$405.81	$171.60
28062	T	Removal of foot fascia	0056	17.30	$858.02	$405.81	$171.60
28070	T	Removal of foot joint lining	0056	17.30	$858.02	$405.81	$171.60
28072	T	Removal of foot joint lining	0056	17.30	$858.02	$405.81	$171.60
28080	T	Removal of foot lesion	0055	15.47	$767.26	$355.34	$153.45
28086	T	Excise foot tendon sheath	0055	15.47	$767.26	$355.34	$153.45
28088	T	Excise foot tendon sheath	0055	15.47	$767.26	$355.34	$153.45
28090	T	Removal of foot lesion	0055	15.47	$767.26	$355.34	$153.45
28092	T	Removal of toe lesions	0055	15.47	$767.26	$355.34	$153.45
28100	T	Removal of ankle/heel lesion	0055	15.47	$767.26	$355.34	$153.45
28102	T	Remove/graft foot lesion	0056	17.30	$858.02	$405.81	$171.60
28103	T	Remove/graft foot lesion	0056	17.30	$858.02	$405.81	$171.60
28104	T	Removal of foot lesion	0055	15.47	$767.26	$355.34	$153.45
28106	T	Remove/graft foot lesion	0056	17.30	$858.02	$405.81	$171.60
28107	T	Remove/graft foot lesion	0056	17.30	$858.02	$405.81	$171.60
28108	T	Removal of toe lesions	0055	15.47	$767.26	$355.34	$153.45
28110	T	Part removal of metatarsal	0057	21.00	$1,041.52	$496.65	$208.30
28111	T	Part removal of metatarsal	0055	15.47	$767.26	$355.34	$153.45
28112	T	Part removal of metatarsal	0055	15.47	$767.26	$355.34	$153.45
28113	T	Part removal of metatarsal	0055	15.47	$767.26	$355.34	$153.45
28114	T	Removal of metatarsal heads	0055	15.47	$767.26	$355.34	$153.45
28116	T	Revision of foot	0055	15.47	$767.26	$355.34	$153.45
28118	T	Removal of heel bone	0055	15.47	$767.26	$355.34	$153.45
28119	T	Removal of heel spur	0055	15.47	$767.26	$355.34	$153.45
28120	T	Part removal of ankle/heel	0055	15.47	$767.26	$355.34	$153.45
28122	T	Partial removal of foot bone	0055	15.47	$767.26	$355.34	$153.45
28124	T	Partial removal of toe	0055	15.47	$767.26	$355.34	$153.45
28126	T	Partial removal of toe	0055	15.47	$767.26	$355.34	$153.45
28130	T	Removal of ankle bone	0055	15.47	$767.26	$355.34	$153.45
28140	T	Removal of metatarsal	0055	15.47	$767.26	$355.34	$153.45
28150	T	Removal of toe	0055	15.47	$767.26	$355.34	$153.45
28153	T	Partial removal of toe	0055	15.47	$767.26	$355.34	$153.45
28160	T	Partial removal of toe	0055	15.47	$767.26	$355.34	$153.45
28171	T	Extensive foot surgery	0055	15.47	$767.26	$355.34	$153.45
28173	T	Extensive foot surgery	0055	15.47	$767.26	$355.34	$153.45
28175	T	Extensive foot surgery	0055	15.47	$767.26	$355.34	$153.45
28190	T	Removal of foot foreign body	0019	4.00	$198.39	$78.91	$39.68
28192	T	Removal of foot foreign body	0021	10.49	$520.26	$236.51	$104.05
28193	T	Removal of foot foreign body	0020	6.51	$322.87	$130.53	$64.57
28200	T	Repair of foot tendon	0055	15.47	$767.26	$355.34	$153.45
28202	T	Repair/graft of foot tendon	0056	17.30	$858.02	$405.81	$171.60
28208	T	Repair of foot tendon	0055	15.47	$767.26	$355.34	$153.45
28210	T	Repair/graft of foot tendon	0055	15.47	$767.26	$355.34	$153.45
28220	T	Release of foot tendon	0055	15.47	$767.26	$355.34	$153.45
28222	T	Release of foot tendons	0055	15.47	$767.26	$355.34	$153.45
28225	T	Release of foot tendon	0055	15.47	$767.26	$355.34	$153.45

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
28226	T	Release of foot tendons	0055	15.47	$767.26	$355.34	$153.45
28230	T	Incision of foot tendon(s)	0055	15.47	$767.26	$355.34	$153.45
28232	T	Incision of toe tendon	0055	15.47	$767.26	$355.34	$153.45
28234	T	Incision of foot tendon	0055	15.47	$767.26	$355.34	$153.45
28238	T	Revision of foot tendon	0056	17.30	$858.02	$405.81	$171.60
28240	T	Release of big toe	0055	15.47	$767.26	$355.34	$153.45
28250	T	Revision of foot fascia	0056	17.30	$858.02	$405.81	$171.60
28260	T	Release of midfoot joint	0056	17.30	$858.02	$405.81	$171.60
28261	T	Revision of foot tendon	0056	17.30	$858.02	$405.81	$171.60
28262	T	Revision of foot and ankle	0056	17.30	$858.02	$405.81	$171.60
28264	T	Release of midfoot joint	0056	17.30	$858.02	$405.81	$171.60
28270	T	Release of foot contracture	0055	15.47	$767.26	$355.34	$153.45
28272	T	Release of toe joint, each	0055	15.47	$767.26	$355.34	$153.45
28280	T	Fusion of toes	0055	15.47	$767.26	$355.34	$153.45
28285	T	Repair of hammertoe	0055	15.47	$767.26	$355.34	$153.45
28286	T	Repair of hammertoe	0055	15.47	$767.26	$355.34	$153.45
28288	T	Partial removal of foot bone	0056	17.30	$858.02	$405.81	$171.60
28289	T	Repair hallux rigidus	0056	17.30	$858.02	$405.81	$171.60
28290	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28292	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28293	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28294	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28296	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28297	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28298	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28299	T	Correction of bunion	0057	21.00	$1,041.52	$496.65	$208.30
28300	T	Incision of heel bone	0056	17.30	$858.02	$405.81	$171.60
28302	T	Incision of ankle bone	0056	17.30	$858.02	$405.81	$171.60
28304	T	Incision of midfoot bones	0056	17.30	$858.02	$405.81	$171.60
28305	T	Incise/graft midfoot bones	0056	17.30	$858.02	$405.81	$171.60
28306	T	Incision of metatarsal	0056	17.30	$858.02	$405.81	$171.60
28307	T	Incision of metatarsal	0056	17.30	$858.02	$405.81	$171.60
28308	T	Incision of metatarsal	0056	17.30	$858.02	$405.81	$171.60
28309	T	Incision of metatarsals	0056	17.30	$858.02	$405.81	$171.60
28310	T	Revision of big toe	0055	15.47	$767.26	$355.34	$153.45
28312	T	Revision of toe	0055	15.47	$767.26	$355.34	$153.45
28313	T	Repair deformity of toe	0055	15.47	$767.26	$355.34	$153.45
28315	T	Removal of sesamoid bone	0055	15.47	$767.26	$355.34	$153.45
28320	T	Repair of foot bones	0056	17.30	$858.02	$405.81	$171.60
28322	T	Repair of metatarsals	0056	17.30	$858.02	$405.81	$171.60
28340	T	Resect enlarged toe tissue	0055	15.47	$767.26	$355.34	$153.45
28341	T	Resect enlarged toe	0055	15.47	$767.26	$355.34	$153.45
28344	T	Repair extra toe(s)	0056	17.30	$858.02	$405.81	$171.60
28345	T	Repair webbed toe(s)	0056	17.30	$858.02	$405.81	$171.60
28360	T	Reconstruct cleft foot	0056	17.30	$858.02	$405.81	$171.60
28400	T	Treatment of heel fracture	0044	2.17	$107.63	$38.08	$21.53
28405	T	Treatment of heel fracture	0044	2.17	$107.63	$38.08	$21.53
28406	T	Treatment of heel fracture	0046	22.29	$1,105.50	$535.76	$221.10
28415	T	Treat heel fracture	0046	22.29	$1,105.50	$535.76	$221.10
28420	T	Treat/graft heel fracture	0046	22.29	$1,105.50	$535.76	$221.10
28430	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
28435	T	Treatment of ankle fracture	0044	2.17	$107.63	$38.08	$21.53
28436	T	Treatment of ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
28445	T	Treat ankle fracture	0046	22.29	$1,105.50	$535.76	$221.10
28450	T	Treat midfoot fracture, each	0044	2.17	$107.63	$38.08	$21.53
28455	T	Treat midfoot fracture, each	0044	2.17	$107.63	$38.08	$21.53
28456	T	Treat midfoot fracture	0046	22.29	$1,105.50	$535.76	$221.10
28465	T	Treat midfoot fracture, each	0046	22.29	$1,105.50	$535.76	$221.10
28470	T	Treat metatarsal fracture	0044	2.17	$107.63	$38.08	$21.53
28475	T	Treat metatarsal fracture	0044	2.17	$107.63	$38.08	$21.53
28476	T	Treat metatarsal fracture	0046	22.29	$1,105.50	$535.76	$221.10
28485	T	Treat metatarsal fracture	0046	22.29	$1,105.50	$535.76	$221.10
28490	T	Treat big toe fracture	0043	1.64	$81.34	$25.46	$16.27
28495	T	Treat big toe fracture	0043	1.64	$81.34	$25.46	$16.27
28496	T	Treat big toe fracture	0046	22.29	$1,105.50	$535.76	$221.10
28505	T	Treat big toe fracture	0046	22.29	$1,105.50	$535.76	$221.10
28510	T	Treatment of toe fracture	0043	1.64	$81.34	$25.46	$16.27
28515	T	Treatment of toe fracture	0043	1.64	$81.34	$25.46	$16.27
28525	T	Treat toe fracture	0046	22.29	$1,105.50	$535.76	$221.10
28530	T	Treat sesamoid bone fracture	0044	2.17	$107.63	$38.08	$21.53
28531	T	Treat sesamoid bone fracture	0046	22.29	$1,105.50	$535.76	$221.10
28540	T	Treat foot dislocation	0044	2.17	$107.63	$38.08	$21.53
28545	T	Treat foot dislocation	0045	11.02	$546.55	$277.12	$109.31
28546	T	Treat foot dislocation	0046	22.29	$1,105.50	$535.76	$221.10

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
28555	T	Repair foot dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28570	T	Treat foot dislocation	0044	2.17	$107.63	$38.08	$21.53
28575	T	Treat foot dislocation	0045	11.02	$546.55	$277.12	$109.31
28576	T	Treat foot dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28585	T	Repair foot dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28600	T	Treat foot dislocation	0044	2.17	$107.63	$38.08	$21.53
28605	T	Treat foot dislocation	0045	11.02	$546.55	$277.12	$109.31
28606	T	Treat foot dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28615	T	Repair foot dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28630	T	Treat toe dislocation	0043	1.64	$81.34	$25.46	$16.27
28635	T	Treat toe dislocation	0045	11.02	$546.55	$277.12	$109.31
28636	T	Treat toe dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28645	T	Repair toe dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28660	T	Treat toe dislocation	0043	1.64	$81.34	$25.46	$16.27
28665	T	Treat toe dislocation	0045	11.02	$546.55	$277.12	$109.31
28666	T	Treat toe dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28675	T	Repair of toe dislocation	0046	22.29	$1,105.50	$535.76	$221.10
28705	T	Fusion of foot bones	0056	17.30	$858.02	$405.81	$171.60
28715	T	Fusion of foot bones	0056	17.30	$858.02	$405.81	$171.60
28725	T	Fusion of foot bones	0056	17.30	$858.02	$405.81	$171.60
28730	T	Fusion of foot bones	0056	17.30	$858.02	$405.81	$171.60
28735	T	Fusion of foot bones	0056	17.30	$858.02	$405.81	$171.60
28737	T	Revision of foot bones	0055	15.47	$767.26	$355.34	$153.45
28740	T	Fusion of foot bones	0056	17.30	$858.02	$405.81	$171.60
28750	T	Fusion of big toe joint	0055	15.47	$767.26	$355.34	$153.45
28755	T	Fusion of big toe joint	0055	15.47	$767.26	$355.34	$153.45
28760	T	Fusion of big toe joint	0056	17.30	$858.02	$405.81	$171.60
28800	C	Amputation of midfoot					
28805	C	Amputation thru metatarsal					
28810	T	Amputation toe & metatarsal	0055	15.47	$767.26	$355.34	$153.45
28820	T	Amputation of toe	0055	15.47	$767.26	$355.34	$153.45
28825	T	Partial amputation of toe	0055	15.47	$767.26	$355.34	$153.45
28899	T	Foot/toes surgery procedure	0043	1.64	$81.34	$25.46	$16.27
29000	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29010	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29015	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29020	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29025	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29035	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29040	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29044	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29046	S	Application of body cast	0059	1.74	$86.30	$29.59	$17.26
29049	S	Application of figure eight	0059	1.74	$86.30	$29.59	$17.26
29055	S	Application of shoulder cast	0059	1.74	$86.30	$29.59	$17.26
29058	S	Application of shoulder cast	0059	1.74	$86.30	$29.59	$17.26
29065	S	Application of long arm cast	0059	1.74	$86.30	$29.59	$17.26
29075	S	Application of forearm cast	0059	1.74	$86.30	$29.59	$17.26
29085	S	Apply hand/wrist cast	0059	1.74	$86.30	$29.59	$17.26
29105	S	Apply long arm splint	0059	1.74	$86.30	$29.59	$17.26
29125	S	Apply forearm splint	0059	1.74	$86.30	$29.59	$17.26
29126	S	Apply forearm splint	0059	1.74	$86.30	$29.59	$17.26
29130	S	Application of finger splint	0059	1.74	$86.30	$29.59	$17.26
29131	S	Application of finger splint	0059	1.74	$86.30	$29.59	$17.26
29200	S	Strapping of chest	0059	1.74	$86.30	$29.59	$17.26
29220	S	Strapping of low back	0059	1.74	$86.30	$29.59	$17.26
29240	S	Strapping of shoulder	0059	1.74	$86.30	$29.59	$17.26
29260	S	Strapping of elbow or wrist	0059	1.74	$86.30	$29.59	$17.26
29280	S	Strapping of hand or finger	0059	1.74	$86.30	$29.59	$17.26
29305	S	Application of hip cast	0059	1.74	$86.30	$29.59	$17.26
29325	S	Application of hip casts	0059	1.74	$86.30	$29.59	$17.26
29345	S	Application of long leg cast	0059	1.74	$86.30	$29.59	$17.26
29355	S	Application of long leg cast	0059	1.74	$86.30	$29.59	$17.26
29358	S	Apply long leg cast brace	0059	1.74	$86.30	$29.59	$17.26
29365	S	Application of long leg cast	0059	1.74	$86.30	$29.59	$17.26
29405	S	Apply short leg cast	0059	1.74	$86.30	$29.59	$17.26
29425	S	Apply short leg cast	0059	1.74	$86.30	$29.59	$17.26
29435	S	Apply short leg cast	0059	1.74	$86.30	$29.59	$17.26
29440	S	Addition of walker to cast	0059	1.74	$86.30	$29.59	$17.26
29445	S	Apply rigid leg cast	0059	1.74	$86.30	$29.59	$17.26
29450	S	Application of leg cast	0059	1.74	$86.30	$29.59	$17.26
29505	S	Application, long leg splint	0058	1.09	$54.06	$19.27	$10.81
29515	S	Application lower leg splint	0058	1.09	$54.06	$19.27	$10.81
29520	S	Strapping of hip	0058	1.09	$54.06	$19.27	$10.81
29530	S	Strapping of knee	0058	1.09	$54.06	$19.27	$10.81

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
29540	S	Strapping of ankle	0058	1.09	$54.06	$19.27	$10.81
29550	S	Strapping of toes	0058	1.09	$54.06	$19.27	$10.81
29580	S	Application of paste boot	0058	1.09	$54.06	$19.27	$10.81
29590	S	Application of foot splint	0058	1.09	$54.06	$19.27	$10.81
29700	S	Removal/revision of cast	0058	1.09	$54.06	$19.27	$10.81
29705	S	Removal/revision of cast	0058	1.09	$54.06	$19.27	$10.81
29710	S	Removal/revision of cast	0058	1.09	$54.06	$19.27	$10.81
29715	S	Removal/revision of cast	0058	1.09	$54.06	$19.27	$10.81
29720	S	Repair of body cast	0058	1.09	$54.06	$19.27	$10.81
29730	S	Windowing of cast	0058	1.09	$54.06	$19.27	$10.81
29740	S	Wedging of cast	0058	1.09	$54.06	$19.27	$10.81
29750	S	Wedging of clubfoot cast	0058	1.09	$54.06	$19.27	$10.81
29799	S	Casting/strapping procedure	0058	1.09	$54.06	$19.27	$10.81
29800	T	Jaw arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29804	T	Jaw arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29815	T	Shoulder arthroscopy	0041	24.57	$1,218.58	$592.08	$243.72
29819	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29820	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29821	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29822	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29823	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29825	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29826	T	Shoulder arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29830	T	Elbow arthroscopy	0041	24.57	$1,218.58	$592.08	$243.72
29834	T	Elbow arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29835	T	Elbow arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29836	T	Elbow arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29837	T	Elbow arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29838	T	Elbow arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29840	T	Wrist arthroscopy	0041	24.57	$1,218.58	$592.08	$243.72
29843	T	Wrist arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29844	T	Wrist arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29845	T	Wrist arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29846	T	Wrist arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29847	T	Wrist arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29848	T	Wrist endoscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29850	T	Knee arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29851	T	Knee arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29855	T	Tibial arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29856	T	Tibial arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29860	T	Hip arthroscopy, dx	0041	24.57	$1,218.58	$592.08	$243.72
29861	T	Hip arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29862	T	Hip arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29863	T	Hip arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29870	T	Knee arthroscopy, dx	0041	24.57	$1,218.58	$592.08	$243.72
29871	T	Knee arthroscopy/drainage	0041	24.57	$1,218.58	$592.08	$243.72
29874	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29875	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29876	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29877	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29879	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29880	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29881	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29882	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29883	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29884	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29885	T	Knee arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29886	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29887	T	Knee arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29888	T	Knee arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29889	T	Knee arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29891	T	Ankle arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29892	T	Ankle arthroscopy/surgery	0042	29.22	$1,449.19	$804.74	$289.84
29893	T	Scope, plantar fasciotomy	0055	15.47	$767.26	$355.34	$153.45
29894	T	Ankle arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29895	T	Ankle arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29897	T	Ankle arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29898	T	Ankle arthroscopy/surgery	0041	24.57	$1,218.58	$592.08	$243.72
29909	T	Arthroscopy of joint	0041	24.57	$1,218.58	$592.08	$243.72
30000	T	Drainage of nose lesion	0251	1.68	$83.32	$27.99	$16.66
30020	T	Drainage of nose lesion	0251	1.68	$83.32	$27.99	$16.66
30100	T	Intranasal biopsy	0252	5.18	$256.90	$114.24	$51.38
30110	T	Removal of nose polyp(s)	0253	12.02	$596.14	$284.00	$119.23
30115	T	Removal of nose polyp(s)	0253	12.02	$596.14	$284.00	$119.23

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
30117	T	Removal of intranasal lesion	0253	12.02	$596.14	$284.00	$119.23
30118	T	Removal of intranasal lesion	0254	12.45	$617.47	$272.41	$123.49
30120	T	Revision of nose	0253	12.02	$596.14	$284.00	$119.23
30124	T	Removal of nose lesion	0252	5.18	$256.90	$114.24	$51.38
30125	T	Removal of nose lesion	0256	25.40	$1,259.74	$623.05	$251.95
30130	T	Removal of turbinate bones	0253	12.02	$596.14	$284.00	$119.23
30140	T	Removal of turbinate bones	0253	12.02	$596.14	$284.00	$119.23
30150	T	Partial removal of nose	0256	25.40	$1,259.74	$623.05	$251.95
30160	T	Removal of nose	0256	25.40	$1,259.74	$623.05	$251.95
30200	T	Injection treatment of nose	0253	12.02	$596.14	$284.00	$119.23
30210	T	Nasal sinus therapy	0252	5.18	$256.90	$114.24	$51.38
30220	T	Insert nasal septal button	0252	5.18	$256.90	$114.24	$51.38
30300	T	Remove nasal foreign body	0251	1.68	$83.32	$27.99	$16.66
30310	T	Remove nasal foreign body	0253	12.02	$596.14	$284.00	$119.23
30320	T	Remove nasal foreign body	0253	12.02	$596.14	$284.00	$119.23
30400	T	Reconstruction of nose	0256	25.40	$1,259.74	$623.05	$251.95
30410	T	Reconstruction of nose	0256	25.40	$1,259.74	$623.05	$251.95
30420	T	Reconstruction of nose	0256	25.40	$1,259.74	$623.05	$251.95
30430	T	Revision of nose	0254	12.45	$617.47	$272.41	$123.49
30435	T	Revision of nose	0256	25.40	$1,259.74	$623.05	$251.95
30450	T	Revision of nose	0256	25.40	$1,259.74	$623.05	$251.95
30460	T	Revision of nose	0256	25.40	$1,259.74	$623.05	$251.95
30462	T	Revision of nose	0256	25.40	$1,259.74	$623.05	$251.95
*30465	T	Repair nasal stenosis	0256	25.40	$1,259.74	$623.05	$251.95
30520	T	Repair of nasal septum	0256	25.40	$1,259.74	$623.05	$251.95
30540	T	Repair nasal defect	0256	25.40	$1,259.74	$623.05	$251.95
30545	T	Repair nasal defect	0256	25.40	$1,259.74	$623.05	$251.95
30560	T	Release of nasal adhesions	0251	1.68	$83.32	$27.99	$16.66
30580	T	Repair upper jaw fistula	0256	25.40	$1,259.74	$623.05	$251.95
30600	T	Repair mouth/nose fistula	0256	25.40	$1,259.74	$623.05	$251.95
30620	T	Intranasal reconstruction	0256	25.40	$1,259.74	$623.05	$251.95
30630	T	Repair nasal septum defect	0254	12.45	$617.47	$272.41	$123.49
30801	T	Cauterization, inner nose	0252	5.18	$256.90	$114.24	$51.38
30802	T	Cauterization, inner nose	0253	12.02	$596.14	$284.00	$119.23
30901	T	Control of nosebleed	0250	2.21	$109.61	$38.54	$21.92
30903	T	Control of nosebleed	0250	2.21	$109.61	$38.54	$21.92
30905	T	Control of nosebleed	0250	2.21	$109.61	$38.54	$21.92
30906	T	Repeat control of nosebleed	0250	2.21	$109.61	$38.54	$21.92
30915	T	Ligation, nasal sinus artery	0091	14.79	$733.52	$348.23	$146.70
30920	T	Ligation, upper jaw artery	0092	20.21	$1,002.34	$505.37	$200.47
30930	T	Therapy, fracture of nose	0253	12.02	$596.14	$284.00	$119.23
30999	T	Nasal surgery procedure	0251	1.68	$83.32	$27.99	$16.66
31000	T	Irrigation, maxillary sinus	0251	1.68	$83.32	$27.99	$16.66
31002	T	Irrigation, sphenoid sinus	0252	5.18	$256.90	$114.24	$51.38
31020	T	Exploration, maxillary sinus	0253	12.02	$596.14	$284.00	$119.23
31030	T	Exploration, maxillary sinus	0256	25.40	$1,259.74	$623.05	$251.95
31032	T	Explore sinus,remove polyps	0256	25.40	$1,259.74	$623.05	$251.95
31040	T	Exploration behind upper jaw	0254	12.45	$617.47	$272.41	$123.49
31050	T	Exploration, sphenoid sinus	0256	25.40	$1,259.74	$623.05	$251.95
31051	T	Sphenoid sinus surgery	0256	25.40	$1,259.74	$623.05	$251.95
31070	T	Exploration of frontal sinus	0254	12.45	$617.47	$272.41	$123.49
31075	T	Exploration of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31080	T	Removal of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31081	T	Removal of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31084	T	Removal of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31085	T	Removal of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31086	T	Removal of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31087	T	Removal of frontal sinus	0256	25.40	$1,259.74	$623.05	$251.95
31090	T	Exploration of sinuses	0256	25.40	$1,259.74	$623.05	$251.95
31200	T	Removal of ethmoid sinus	0256	25.40	$1,259.74	$623.05	$251.95
31201	T	Removal of ethmoid sinus	0256	25.40	$1,259.74	$623.05	$251.95
31205	T	Removal of ethmoid sinus	0256	25.40	$1,259.74	$623.05	$251.95
31225	C	Removal of upper jaw					
31230	C	Removal of upper jaw					
31231	T	Nasal endoscopy, dx	0071	0.55	$27.28	$14.22	$5.46
31233	T	Nasal/sinus endoscopy, dx	0072	1.26	$62.49	$41.52	$12.50
31235	T	Nasal/sinus endoscopy, dx	0074	13.61	$675.00	$347.54	$135.00
31237	T	Nasal/sinus endoscopy, surg	0074	13.61	$675.00	$347.54	$135.00
31238	T	Nasal/sinus endoscopy, surg	0074	13.61	$675.00	$347.54	$135.00
31239	T	Nasal/sinus endoscopy, surg	0075	18.55	$920.01	$467.29	$184.00
31240	T	Nasal/sinus endoscopy, surg	0074	13.61	$675.00	$347.54	$135.00
31254	T	Revision of ethmoid sinus	0075	18.55	$920.01	$467.29	$184.00
31255	T	Removal of ethmoid sinus	0075	18.55	$920.01	$467.29	$184.00
31256	T	Exploration maxillary sinus	0075	18.55	$920.01	$467.29	$184.00

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
31267	T	Endoscopy, maxillary sinus	0075	18.55	$920.01	$467.29	$184.00
31276	T	Sinus endoscopy, surgical	0075	18.55	$920.01	$467.29	$184.00
31287	T	Nasal/sinus endoscopy, surg	0075	18.55	$920.01	$467.29	$184.00
31288	T	Nasal/sinus endoscopy, surg	0075	18.55	$920.01	$467.29	$184.00
31290	C	Nasal/sinus endoscopy, surg					
31291	C	Nasal/sinus endoscopy, surg					
31292	C	Nasal/sinus endoscopy, surg					
31293	C	Nasal/sinus endoscopy, surg					
31294	C	Nasal/sinus endoscopy, surg					
31299	T	Sinus surgery procedure	0252	5.18	$256.90	$114.24	$51.38
31300	T	Removal of larynx lesion	0256	25.40	$1,259.74	$623.05	$251.95
31320	T	Diagnostic incision, larynx	0256	25.40	$1,259.74	$623.05	$251.95
31360	C	Removal of larynx					
31365	C	Removal of larynx					
31367	C	Partial removal of larynx					
31368	C	Partial removal of larynx					
31370	C	Partial removal of larynx					
31375	C	Partial removal of larynx					
31380	C	Partial removal of larynx					
31382	C	Partial removal of larynx					
31390	C	Removal of larynx & pharynx					
31395	C	Reconstruct larynx & pharynx					
31400	T	Revision of larynx	0256	25.40	$1,259.74	$623.05	$251.95
31420	T	Removal of epiglottis	0256	25.40	$1,259.74	$623.05	$251.95
31500	S	Insert emergency airway	0094	4.51	$223.68	$105.29	$44.74
31502	T	Change of windpipe airway	0121	2.36	$117.05	$52.53	$23.41
31505	T	Diagnostic laryngoscopy	0072	1.26	$62.49	$41.52	$12.50
31510	T	Laryngoscopy with biopsy	0074	13.61	$675.00	$347.54	$135.00
31511	T	Remove foreign body, larynx	0072	1.26	$62.49	$41.52	$12.50
31512	T	Removal of larynx lesion	0074	13.61	$675.00	$347.54	$135.00
31513	T	Injection into vocal cord	0073	4.11	$203.84	$91.07	$40.77
31515	T	Laryngoscopy for aspiration	0074	13.61	$675.00	$347.54	$135.00
31520	T	Diagnostic laryngoscopy	0072	1.26	$62.49	$41.52	$12.50
31525	T	Diagnostic laryngoscopy	0074	13.61	$675.00	$347.54	$135.00
31526	T	Diagnostic laryngoscopy	0074	13.61	$675.00	$347.54	$135.00
31527	T	Laryngoscopy for treatment	0075	18.55	$920.01	$467.29	$184.00
31528	T	Laryngoscopy and dilatation	0074	13.61	$675.00	$347.54	$135.00
31529	T	Laryngoscopy and dilatation	0074	13.61	$675.00	$347.54	$135.00
31530	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31531	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31535	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31536	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31540	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31541	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31560	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31561	T	Operative laryngoscopy	0075	18.55	$920.01	$467.29	$184.00
31570	T	Laryngoscopy with injection	0075	18.55	$920.01	$467.29	$184.00
31571	T	Laryngoscopy with injection	0075	18.55	$920.01	$467.29	$184.00
31575	T	Diagnostic laryngoscopy	0071	0.55	$27.28	$14.22	$5.46
31576	T	Laryngoscopy with biopsy	0074	13.61	$675.00	$347.54	$135.00
31577	T	Remove foreign body, larynx	0073	4.11	$203.84	$91.07	$40.77
31578	T	Removal of larynx lesion	0074	13.61	$675.00	$347.54	$135.00
31579	T	Diagnostic laryngoscopy	0073	4.11	$203.84	$91.07	$40.77
31580	T	Revision of larynx	0256	25.40	$1,259.74	$623.05	$251.95
31582	C	Revision of larynx					
31584	C	Treat larynx fracture					
31585	T	Treat larynx fracture	0253	12.02	$596.14	$284.00	$119.23
31586	T	Treat larynx fracture	0256	25.40	$1,259.74	$623.05	$251.95
31587	C	Revision of larynx					
31588	T	Revision of larynx	0256	25.40	$1,259.74	$623.05	$251.95
31590	T	Reinnervate larynx	0256	25.40	$1,259.74	$623.05	$251.95
31595	T	Larynx nerve surgery	0256	25.40	$1,259.74	$623.05	$251.95
31599	T	Larynx surgery procedure	0253	12.02	$596.14	$284.00	$119.23
31600	T	Incision of windpipe	0254	12.45	$617.47	$272.41	$123.49
31601	T	Incision of windpipe	0254	12.45	$617.47	$272.41	$123.49
31603	T	Incision of windpipe	0254	12.45	$617.47	$272.41	$123.49
31605	T	Incision of windpipe	0254	12.45	$617.47	$272.41	$123.49
31610	T	Incision of windpipe	0254	12.45	$617.47	$272.41	$123.49
31611	T	Surgery/speech prosthesis	0254	12.45	$617.47	$272.41	$123.49
31612	T	Puncture/clear windpipe	0253	12.02	$596.14	$284.00	$119.23
31613	T	Repair windpipe opening	0254	12.45	$617.47	$272.41	$123.49
31614	T	Repair windpipe opening	0256	25.40	$1,259.74	$623.05	$251.95
31615	T	Visualization of windpipe	0076	8.06	$399.75	$197.05	$79.95
31622	T	Dx bronchoscope/wash	0076	8.06	$399.75	$197.05	$79.95

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
31623	T	Dx bronchoscope/brush	0076	8.06	$399.75	$197.05	$79.95
31624	T	Dx bronchoscope/lavage	0076	8.06	$399.75	$197.05	$79.95
31625	T	Bronchoscopy with biopsy	0076	8.06	$399.75	$197.05	$79.95
31628	T	Bronchoscopy with biopsy	0076	8.06	$399.75	$197.05	$79.95
31629	T	Bronchoscopy with biopsy	0076	8.06	$399.75	$197.05	$79.95
31630	T	Bronchoscopy with repair	0076	8.06	$399.75	$197.05	$79.95
31631	T	Bronchoscopy with dilation	0076	8.06	$399.75	$197.05	$79.95
31635	T	Remove foreign body, airway	0076	8.06	$399.75	$197.05	$79.95
31640	T	Bronchoscopy & remove lesion	0076	8.06	$399.75	$197.05	$79.95
31641	T	Bronchoscopy, treat blockage	0076	8.06	$399.75	$197.05	$79.95
31643	T	Diag bronchoscope/catheter	0076	8.06	$399.75	$197.05	$79.95
31645	T	Bronchoscopy, clear airways	0076	8.06	$399.75	$197.05	$79.95
31646	T	Bronchoscopy, reclear airway	0076	8.06	$399.75	$197.05	$79.95
31656	T	Bronchoscopy, inj for xray	0076	8.06	$399.75	$197.05	$79.95
31700	T	Insertion of airway catheter	0072	1.26	$62.49	$41.52	$12.50
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	4.11	$203.84	$91.07	$40.77
31720	T	Clearance of airways	0072	1.26	$62.49	$41.52	$12.50
31725	C	Clearance of airways					
31730	T	Intro, windpipe wire/tube	0073	4.11	$203.84	$91.07	$40.77
31750	T	Repair of windpipe	0256	25.40	$1,259.74	$623.05	$251.95
31755	T	Repair of windpipe	0256	25.40	$1,259.74	$623.05	$251.95
31760	C	Repair of windpipe					
31766	C	Reconstruction of windpipe					
31770	C	Repair/graft of bronchus					
31775	C	Reconstruct bronchus					
31780	C	Reconstruct windpipe					
31781	C	Reconstruct windpipe					
31785	C	Remove windpipe lesion					
31786	C	Remove windpipe lesion					
31800	C	Repair of windpipe injury					
31805	C	Repair of windpipe injury					
31820	T	Closure of windpipe lesion	0253	12.02	$596.14	$284.00	$119.23
31825	T	Repair of windpipe defect	0254	12.45	$617.47	$272.41	$123.49
31830	T	Revise windpipe scar	0254	12.45	$617.47	$272.41	$123.49
31899	T	Airways surgical procedure	0076	8.06	$399.75	$197.05	$79.95
32000	T	Drainage of chest	0070	3.64	$180.53	$79.60	$36.11
32002	T	Treatment of collapsed lung	0070	3.64	$180.53	$79.60	$36.11
32005	T	Treat lung lining chemically	0070	3.64	$180.53	$79.60	$36.11
32020	T	Insertion of chest tube	0070	3.64	$180.53	$79.60	$36.11
32035	C	Exploration of chest					
32036	C	Exploration of chest					
32095	C	Biopsy through chest wall					
32100	C	Exploration/biopsy of chest					
32110	C	Explore/repair chest					
32120	C	Re-exploration of chest					
32124	C	Explore chest free adhesions					
32140	C	Removal of lung lesion(s)					
32141	C	Remove/treat lung lesions					
32150	C	Removal of lung lesion(s)					
32151	C	Remove lung foreign body					
32160	C	Open chest heart massage					
32200	C	Drain, open, lung lesion					
32201	C	Drain, percut, lung lesion					
32215	C	Treat chest lining					
32220	C	Release of lung					
32225	C	Partial release of lung					
32310	C	Removal of chest lining					
32320	C	Free/remove chest lining					
32400	T	Needle biopsy chest lining	0005	5.41	$268.32	$119.75	$53.66
32402	C	Open biopsy chest lining					
32405	T	Biopsy, lung or mediastinum	0005	5.41	$268.32	$119.75	$53.66
32420	T	Puncture/clear lung	0070	3.64	$180.53	$79.60	$36.11
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	0076	8.06	$399.75	$197.05	$79.95
32602	T	Thoracoscopy, diagnostic	0076	8.06	$399.75	$197.05	$79.95
32603	T	Thoracoscopy, diagnostic	0076	8.06	$399.75	$197.05	$79.95
32604	T	Thoracoscopy, diagnostic	0076	8.06	$399.75	$197.05	$79.95
32605	T	Thoracoscopy, diagnostic	0076	8.06	$399.75	$197.05	$79.95
32606	T	Thoracoscopy, diagnostic	0076	8.06	$399.75	$197.05	$79.95
32650	C	Thoracoscopy, surgical					
32651	C	Thoracoscopy, surgical					
32652	C	Thoracoscopy, surgical					
32653	C	Thoracoscopy, surgical					
32654	C	Thoracoscopy, surgical					
32655	C	Thoracoscopy, surgical					
32656	C	Thoracoscopy, surgical					
32657	C	Thoracoscopy, surgical					
32658	C	Thoracoscopy, surgical					
32659	C	Thoracoscopy, surgical					
32660	C	Thoracoscopy, surgical					
32661	C	Thoracoscopy, surgical					
32662	C	Thoracoscopy, surgical					
32663	C	Thoracoscopy, surgical					
32664	C	Thoracoscopy, surgical					
32665	C	Thoracoscopy, surgical					
32800	C	Repair lung hernia					
32810	C	Close chest after drainage					
32815	C	Close bronchial fistula					
32820	C	Reconstruct injured chest					
32850	C	Donor pneumonectomy					
32851	C	Lung transplant, single					
32852	C	Lung transplant 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	3.64	$180.53	$79.60	$36.11
32997	C	Total lung lavage					
32999	T	Chest surgery procedure	0070	3.64	$180.53	$79.60	$36.11
33010	T	Drainage of heart sac	0070	3.64	$180.53	$79.60	$36.11
33011	T	Repeat drainage of heart sac	0070	3.64	$180.53	$79.60	$36.11
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	78.45	$3,890.81	$2,275.19	$778.16
33207	T	Insertion of heart pacemaker	0089	78.45	$3,890.81	$2,275.19	$778.16
33208	T	Insertion of heart pacemaker	0089	78.45	$3,890.81	$2,275.19	$778.16
33210	T	Insertion of heart electrode	0106	18.96	$940.34	$503.07	$188.07
33211	T	Insertion of heart electrode	0106	18.96	$940.34	$503.07	$188.07
33212	T	Insertion of pulse generator	0090	78.28	$3,882.37	$2,133.88	$776.47
33213	T	Insertion of pulse generator	0090	78.28	$3,882.37	$2,133.88	$776.47
33214	T	Upgrade of pacemaker system	0089	78.45	$3,890.81	$2,275.19	$778.16
33216	T	Revise eltrd pacing-defib	0106	18.96	$940.34	$503.07	$188.07
33217	T	Revise eltrd pacing-defib	0106	18.96	$940.34	$503.07	$188.07
33218	T	Revise eltrd pacing-defib	0106	18.96	$940.34	$503.07	$188.07
33220	T	Revise eltrd pacing-defib	0106	18.96	$940.34	$503.07	$188.07
33222	T	Revise pocket, pacemaker	0026	12.11	$600.61	$277.92	$120.12
33223	T	Revise pocket, pacing-defib	0026	12.11	$600.61	$277.92	$120.12
33233	T	Removal of pacemaker system	0105	15.06	$746.92	$372.32	$149.38
33234	T	Removal of pacemaker system	0105	15.06	$746.92	$372.32	$149.38

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
33235	T	Removal pacemaker electrode	0105	15.06	$746.92	$372.32	$149.38
33236	C	Remove electrode/thoracotomy					
33237	C	Remove electrode/thoracotomy					
33238	C	Remove electrode/thoracotomy					
33240	T	Insert pulse generator	0107	147.51	$7,315.91	$5,086.37	$1,463.18
33241	T	Remove pulse generator	0105	15.06	$746.92	$372.32	$149.38
33243	C	Remove eltrd/thoracotomy					
33244	T	Remove eltrd, transven	0105	15.06	$746.92	$372.32	$149.38
33245	C	Insert epic eltrd pace-defib					
33246	C	Insert epic eltrd/generator					
33249	T	Eltrd/insert pace-defib	0108	210.84	$10,456.84	$5,484.72	$2,091.37
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	0974	8.25	$409.17		$81.83
33284	T	Remove pat-active ht record	0109	6.53	$323.86	$133.51	$64.77
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					
33426	C	Repair of mitral valve					
33427	C	Repair of mitral valve					
33430	C	Replacement of mitral valve					
33460	C	Revision of tricuspid valve					
33463	C	Valvuloplasty, tricuspid					
33464	C	Valvuloplasty, tricuspid					
33465	C	Replace tricuspid valve					
33468	C	Revision of tricuspid valve					
33470	C	Revision of pulmonary valve					
33471	C	Valvotomy, pulmonary valve					
33472	C	Revision of pulmonary valve					
33474	C	Revision of pulmonary valve					
33475	C	Replacement, pulmonary valve					
33476	C	Revision of heart chamber					
33478	C	Revision of heart chamber					
33496	C	Repair, prosth valve clot					
33500	C	Repair heart vessel fistula					
33501	C	Repair heart vessel fistula					
33502	C	Coronary artery correction					
33503	C	Coronary artery graft					
33504	C	Coronary artery graft					
33505	C	Repair artery w/tunnel					
33506	C	Repair artery, translocation					
33510	C	CABG, vein, single					
33511	C	CABG, vein, two					
33512	C	CABG, vein, three					
33513	C	CABG, vein, four					
33514	C	CABG, vein, five					
33516	C	Cabg, vein, six or more					
33517	C	CABG, artery-vein, single					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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, simple fontan					
33617	C	Repair, modified fontan					
33619	C	Repair single ventricle					
33641	C	Repair heart septum defect					
33645	C	Revision of heart veins					
33647	C	Repair heart septum defects					
33660	C	Repair of heart defects					
33665	C	Repair of heart defects					
33670	C	Repair of heart chambers					
33681	C	Repair heart septum defect					
33684	C	Repair heart septum defect					
33688	C	Repair heart septum defect					
33690	C	Reinforce pulmonary artery					
33692	C	Repair of heart defects					
33694	C	Repair of heart defects					
33697	C	Repair of heart defects					
33702	C	Repair of heart defects					
33710	C	Repair of heart defects					
33720	C	Repair of heart defect					
33722	C	Repair of heart defect					
33730	C	Repair heart-vein defect(s)					
33732	C	Repair heart-vein defect					
33735	C	Revision of heart chamber					
33736	C	Revision of heart chamber					
33737	C	Revision of heart chamber					
33750	C	Major vessel shunt					
33755	C	Major vessel shunt					
33762	C	Major vessel shunt					
33764	C	Major vessel shunt & graft					
33766	C	Major vessel shunt					
33767	C	Major vessel shunt					
33770	C	Repair great vessels defect					
33771	C	Repair great vessels defect					
33774	C	Repair great vessels defect					
33775	C	Repair great vessels defect					
33776	C	Repair great vessels defect					
33777	C	Repair great vessels defect					
33778	C	Repair great vessels defect					
33779	C	Repair great vessels defect					
33780	C	Repair great vessels defect					
33781	C	Repair great vessels defect					
33786	C	Repair arterial trunk					
33788	C	Revision of pulmonary artery					
33800	C	Aortic suspension					
33802	C	Repair vessel defect					
33803	C	Repair vessel defect					
33813	C	Repair septal defect					
33814	C	Repair septal defect					
33820	C	Revise major vessel					
33822	C	Revise major vessel					
33824	C	Revise major vessel					
33840	C	Remove aorta constriction					
33845	C	Remove aorta constriction					
33851	C	Remove aorta constriction					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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					
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					
33999	T	Cardiac surgery procedure	0070	3.64	$180.53	$79.60	$36.11
34001	C	Removal of artery clot					
34051	C	Removal of artery clot					
34101	T	Removal of artery clot	0088	26.49	$1,313.80	$678.68	$262.76
34111	T	Removal of arm artery clot	0088	26.49	$1,313.80	$678.68	$262.76
34151	C	Removal of artery clot					
34201	T	Removal of artery clot	0088	26.49	$1,313.80	$678.68	$262.76
34203	T	Removal of leg artery clot	0088	26.49	$1,313.80	$678.68	$262.76
34401	C	Removal of vein clot					
34421	T	Removal of vein clot	0088	26.49	$1,313.80	$678.68	$262.76
34451	C	Removal of vein clot					
34471	T	Removal of vein clot	0088	26.49	$1,313.80	$678.68	$262.76
34490	T	Removal of vein clot	0088	26.49	$1,313.80	$678.68	$262.76
34501	T	Repair valve, femoral vein	0088	26.49	$1,313.80	$678.68	$262.76
34502	C	Reconstruct vena cava					
34510	T	Transposition of vein valve	0088	26.49	$1,313.80	$678.68	$262.76
34520	T	Cross-over vein graft	0088	26.49	$1,313.80	$678.68	$262.76
34530	T	Leg vein fusion	0088	26.49	$1,313.80	$678.68	$262.76
*34800	C	Endovasc abdo repair w/tube					
*34802	C	Endovasc abdo repr w/device					
*34804	C	Endovasc abdo repr w/device					
*34808	C	Endovasc abdo occlud device					
*34812	C	xpose for endoprosth, aortic					
*34813	C	xpose for endoprosth, femoral					
*34820	C	xpose for endoprosth, iliac					
*34825	C	endovasc extend prosth, init					
*34826	C	endovasc extend prosth,addl					
*34830	C	open aortic tube prosth repr					
*34831	C	open aortoiliac prosth repr					
*34832	C	open aortofemor prosth repr					
35001	C	Repair defect of artery					
35002	C	Repair artery rupture, neck					
35005	C	Repair defect of artery					
35011	T	Repair defect of artery	0093	12.82	$635.82	$277.34	$127.16
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
35102	C	Repair defect of artery					
35103	C	Repair artery rupture, groin					
35111	C	Repair defect of artery					
35112	C	Repair artery rupture,spleen					
35121	C	Repair defect of artery					
35122	C	Repair artery rupture, belly					
35131	C	Repair defect of artery					
35132	C	Repair artery rupture, groin					
35141	C	Repair defect of artery					
35142	C	Repair artery rupture, thigh					
35151	C	Repair defect of artery					
35152	C	Repair artery rupture, knee					
35161	C	Repair defect of artery					
35162	C	Repair artery rupture					
35180	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35182	C	Repair blood vessel lesion					
35184	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35188	T	Repair blood vessel lesion	0088	26.49	$1,313.80	$678.68	$262.76
35189	C	Repair blood vessel lesion					
35190	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35201	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35206	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35207	T	Repair blood vessel lesion	0088	26.49	$1,313.80	$678.68	$262.76
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	12.82	$635.82	$277.34	$127.16
35231	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35236	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
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	12.82	$635.82	$277.34	$127.16
35261	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35266	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35271	C	Repair blood vessel lesion					
35276	C	Repair blood vessel lesion					
35281	C	Repair blood vessel lesion					
35286	T	Repair blood vessel lesion	0093	12.82	$635.82	$277.34	$127.16
35301	C	Rechanneling of artery					
35311	C	Rechanneling of artery					
35321	T	Rechanneling of artery	0093	12.82	$635.82	$277.34	$127.16
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	28.81	$1,428.86	$710.91	$285.77
35459	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35460	T	Repair venous blockage	0081	28.81	$1,428.86	$710.91	$285.77
35470	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35471	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35472	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35473	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35474	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35475	T	Repair arterial blockage	0081	28.81	$1,428.86	$710.91	$285.77
35476	T	Repair venous blockage	0081	28.81	$1,428.86	$710.91	$285.77
35480	C	Atherectomy, open					
35481	T	Atherectomy, open	0081	28.81	$1,428.86	$710.91	$285.77
35482	C	Atherectomy, open					
35483	C	Atherectomy, open					
35484	T	Atherectomy, open	0081	28.81	$1,428.86	$710.91	$285.77
35485	T	Atherectomy, open	0081	28.81	$1,428.86	$710.91	$285.77
35490	T	Atherectomy, percutaneous	0081	28.81	$1,428.86	$710.91	$285.77

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
35491	T	Atherectomy, percutaneous	0081	28.81	$1,428.86	$710.91	$285.77
35492	T	Atherectomy, percutaneous	0081	28.81	$1,428.86	$710.91	$285.77
35493	T	Atherectomy, percutaneous	0081	28.81	$1,428.86	$710.91	$285.77
35494	T	Atherectomy, percutaneous	0081	28.81	$1,428.86	$710.91	$285.77
35495	T	Atherectomy, percutaneous	0081	28.81	$1,428.86	$710.91	$285.77
35500	T	Harvest vein for bypass	0091	14.79	$733.52	$348.23	$146.70
35501	C	Artery bypass graft					
35506	C	Artery bypass graft					
35507	C	Artery bypass graft					
35508	C	Artery bypass graft					
35509	C	Artery bypass graft					
35511	C	Artery bypass graft					
35515	C	Artery bypass graft					
35516	C	Artery bypass graft					
35518	C	Artery bypass graft					
35521	C	Artery bypass graft					
35526	C	Artery bypass graft					
35531	C	Artery bypass graft					
35533	C	Artery bypass graft					
35536	C	Artery bypass graft					
35541	C	Artery bypass graft					
35546	C	Artery bypass graft					
35548	C	Artery bypass graft					
35549	C	Artery bypass graft					
35551	C	Artery bypass graft					
35556	C	Artery bypass graft					
35558	C	Artery bypass graft					
35560	C	Artery bypass graft					
35563	C	Artery bypass graft					
35565	C	Artery bypass graft					
35566	C	Artery bypass graft					
35571	C	Artery bypass graft					
35582	C	Vein bypass graft					
35583	C	Vein bypass graft					
35585	C	Vein bypass graft					
35587	C	Vein bypass graft					
*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					
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					
35691	C	Arterial transposition					
35693	C	Arterial transposition					
35694	C	Arterial transposition					
35695	C	Arterial transposition					
35700	C	Reoperation, bypass graft					
35701	C	Exploration, carotid artery					
35721	C	Exploration, femoral artery					
35741	C	Exploration popliteal artery					
35761	T	Exploration of artery/vein	0115	19.34	$959.19	$506.74	$191.84
35800	C	Explore neck vessels					
35820	C	Explore chest vessels					
35840	C	Explore abdominal vessels					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
35860	T	Explore limb vessels	0115	19.34	$959.19	$506.74	$191.84
35870	C	Repair vessel graft defect					
35875	T	Removal of clot in graft	0088	26.49	$1,313.80	$678.68	$262.76
35876	T	Removal of clot in graft	0088	26.49	$1,313.80	$678.68	$262.76
35879	T	Revise graft w/vein	0088	26.49	$1,313.80	$678.68	$262.76
35881	T	Revise graft w/vein	0088	26.49	$1,313.80	$678.68	$262.76
35901	C	Excision, graft, neck					
35903	T	Excision, graft, extremity	0115	19.34	$959.19	$506.74	$191.84
35905	C	Excision, graft, thorax					
35907	C	Excision, graft, abdomen					
36000	N	Place needle in vein					
36005	N	Injection, 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	9.87	$489.59	$161.50	$97.92
36261	T	Revision of infusion pump	0124	2.55	$126.64	$81.36	$25.33
36262	T	Removal of infusion pump	0109	6.53	$323.86	$133.51	$64.77
36299	T	Vessel injection procedure	0089	78.45	$3,890.81	$2,275.19	$778.16
36400	N	Drawing blood					
36405	N	Drawing blood					
36406	N	Drawing blood					
36410	N	Drawing blood					
36415	E	Drawing blood					
36420	T	Establish access to vein	0032	5.40	$267.82	$119.52	$53.56
36425	T	Establish access to vein	0032	5.40	$267.82	$119.52	$53.56
36430	S	Blood transfusion service	0110	5.83	$289.15	$122.73	$57.83
36440	S	Blood transfusion service	0110	5.83	$289.15	$122.73	$57.83
36450	S	Exchange transfusion service	0110	5.83	$289.15	$122.73	$57.83
36455	S	Exchange transfusion service	0110	5.83	$289.15	$122.73	$57.83
36460	S	Transfusion service, fetal	0110	5.83	$289.15	$122.73	$57.83
36468	T	Injection(s), spider veins	0098	1.19	$59.02	$20.88	$11.80
36469	T	Injection(s), spider veins	0098	1.19	$59.02	$20.88	$11.80
36470	T	Injection therapy of vein	0098	1.19	$59.02	$20.88	$11.80
36471	T	Injection therapy of veins	0098	1.19	$59.02	$20.88	$11.80
36481	N	Insertion of catheter, vein					
36488	T	Insertion of catheter, vein	0032	5.40	$267.82	$119.52	$53.56
36489	T	Insertion of catheter, vein	0032	5.40	$267.82	$119.52	$53.56
36490	T	Insertion of catheter, vein	0032	5.40	$267.82	$119.52	$53.56
36491	T	Insertion of catheter, vein	0032	5.40	$267.82	$119.52	$53.56
36493	T	Repositioning of cvc	0032	5.40	$267.82	$119.52	$53.56
36500	N	Insertion of catheter, vein					
36510	C	Insertion of catheter, vein					
36520	S	Plasma and/or cell exchange	0111	14.17	$702.77	$300.74	$140.55
36521	S	Apheresis w/ adsorp/reinfuse	0111	14.17	$702.77	$300.74	$140.55
36522	S	Photopheresis	0112	39.60	$1,964.01	$663.65	$392.80
36530	T	Insertion of infusion pump	0119	9.87	$489.59	$161.50	$97.92
36531	T	Revision of infusion pump	0124	2.55	$126.64	$81.36	$25.33
36532	T	Removal of infusion pump	0109	6.53	$323.86	$133.51	$64.77
36533	T	Insertion of access device	0115	19.34	$959.19	$506.74	$191.84
36534	T	Revision of access device	0103	13.09	$649.21	$295.70	$129.84
36535	T	Removal of access device	0109	6.53	$323.86	$133.51	$64.77
*36540	N	Collect blood venous device					
36550	T	Declot vascular device	0970	0.52	$25.79		$5.16
36600	N	Withdrawal of arterial blood					
36620	N	Insertion catheter, artery					
36625	N	Insertion catheter, artery					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
36640	T	Insertion catheter, artery	0032	5.40	$267.82	$119.52	$53.56
36660	C	Insertion catheter, artery					
36680	T	Insert needle, bone cavity	0120	1.66	$82.33	$42.67	$16.47
36800	T	Insertion of cannula	0115	19.34	$959.19	$506.74	$191.84
36810	T	Insertion of cannula	0115	19.34	$959.19	$506.74	$191.84
36815	T	Insertion of cannula	0115	19.34	$959.19	$506.74	$191.84
36819	T	Av fusion by basilic vein	0093	12.82	$635.82	$277.34	$127.16
36821	T	Av fusion direct any site	0088	26.49	$1,313.80	$678.68	$262.76
36822	C	Insertion of cannula(s)					
36823	C	Insertion of cannula(s)					
36825	T	Artery-vein graft	0088	26.49	$1,313.80	$678.68	$262.76
36830	T	Artery-vein graft	0088	26.49	$1,313.80	$678.68	$262.76
36831	T	Av fistula excision	0088	26.49	$1,313.80	$678.68	$262.76
36832	T	Av fistula revision	0088	26.49	$1,313.80	$678.68	$262.76
36833	T	Av fistula revision	0088	26.49	$1,313.80	$678.68	$262.76
36834	T	Repair A-V aneurysm	0093	12.82	$635.82	$277.34	$127.16
36835	T	Artery to vein shunt	0115	19.34	$959.19	$506.74	$191.84
36860	T	External cannula declotting	0115	19.34	$959.19	$506.74	$191.84
36861	T	Cannula declotting	0115	19.34	$959.19	$506.74	$191.84
*36870	T	AV fistula revision, open	0093	12.82	$635.82	$277.34	$127.16
37140	C	Revision of circulation					
37145	C	Revision of circulation					
37160	C	Revision of circulation					
37180	C	Revision of circulation					
37181	C	Splice spleen/kidney veins					
37195	C	Thrombolytic therapy, stroke					
37200	T	Transcatheter biopsy	0005	5.41	$268.32	$119.75	$53.66
37201	T	Transcatheter therapy infuse	0120	1.66	$82.33	$42.67	$16.47
37202	T	Transcatheter therapy infuse	0120	1.66	$82.33	$42.67	$16.47
37203	T	Transcatheter retrieval	0103	13.09	$649.21	$295.70	$129.84
37204	T	Transcatheter occlusion	0103	13.09	$649.21	$295.70	$129.84
37205	T	Transcatheter stent	0229	34.81	$1,726.44	$1,030.12	$345.29
37206	T	Transcatheter stent add-on	0229	34.81	$1,726.44	$1,030.12	$345.29
37207	T	Transcatheter stent	0229	34.81	$1,726.44	$1,030.12	$345.29
37208	T	Transcatheter stent add-on	0229	34.81	$1,726.44	$1,030.12	$345.29
37209	T	Exchange arterial catheter	0103	13.09	$649.21	$295.70	$129.84
37250	T	Iv us first vessel add-on	0103	13.09	$649.21	$295.70	$129.84
37251	T	Iv us each add vessel add-on	0103	13.09	$649.21	$295.70	$129.84
37565	T	Ligation of neck vein	0093	12.82	$635.82	$277.34	$127.16
37600	T	Ligation of neck artery	0093	12.82	$635.82	$277.34	$127.16
37605	T	Ligation of neck artery	0091	14.79	$733.52	$348.23	$146.70
37606	T	Ligation of neck artery	0091	14.79	$733.52	$348.23	$146.70
37607	T	Ligation of a-v fistula	0092	20.21	$1,002.34	$505.37	$200.47
37609	T	Temporal artery procedure	0020	6.51	$322.87	$130.53	$64.57
37615	T	Ligation of neck artery	0091	14.79	$733.52	$348.23	$146.70
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	14.79	$733.52	$348.23	$146.70
37650	T	Revision of major vein	0091	14.79	$733.52	$348.23	$146.70
37660	C	Revision of major vein					
37700	T	Revise leg vein	0091	14.79	$733.52	$348.23	$146.70
37720	T	Removal of leg vein	0092	20.21	$1,002.34	$505.37	$200.47
37730	T	Removal of leg veins	0092	20.21	$1,002.34	$505.37	$200.47
37735	T	Removal of leg veins/lesion	0092	20.21	$1,002.34	$505.37	$200.47
37760	T	Revision of leg veins	0091	14.79	$733.52	$348.23	$146.70
37780	T	Revision of leg vein	0091	14.79	$733.52	$348.23	$146.70
37785	T	Revise secondary varicosity	0091	14.79	$733.52	$348.23	$146.70
37788	C	Revascularization, penis					
37790	T	Penile venous occlusion	0181	32.37	$1,605.43	$906.36	$321.09
37799	T	Vascular surgery procedure	0020	6.51	$322.87	$130.53	$64.57
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	41.81	$2,073.61	$1,089.88	$414.72
38129	T	Laparoscope proc, spleen	0130	25.36	$1,257.75	$659.53	$251.55
38200	N	Injection for spleen x-ray					
38230	S	Bone marrow collection	0123	4.13	$204.83	$40.97	$40.97
38231	S	Stem cell collection	0111	14.17	$702.77	$300.74	$140.55
38240	S	Bone marrow/stem transplant	0123	4.13	$204.83	$40.97	$40.97
38241	S	Bone marrow/stem transplant	0123	4.13	$204.83	$40.97	$40.97
38300	T	Drainage, lymph node lesion	0008	6.15	$305.02	$113.67	$61.00
38305	T	Drainage, lymph node lesion	0008	6.15	$305.02	$113.67	$61.00

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
38308	T	Incision of lymph channels	0113	13.89	$688.89	$326.55	$137.78
38380	C	Thoracic duct procedure					
38381	C	Thoracic duct procedure					
38382	C	Thoracic duct procedure					
38500	T	Biopsy/removal, lymph nodes	0113	13.89	$688.89	$326.55	$137.78
38505	T	Needle biopsy, lymph nodes	0005	5.41	$268.32	$119.75	$53.66
38510	T	Biopsy/removal, lymph nodes	0113	13.89	$688.89	$326.55	$137.78
38520	T	Biopsy/removal, lymph nodes	0113	13.89	$688.89	$326.55	$137.78
38525	T	Biopsy/removal, lymph nodes	0113	13.89	$688.89	$326.55	$137.78
38530	T	Biopsy/removal, lymph nodes	0113	13.89	$688.89	$326.55	$137.78
38542	T	Explore deep node(s), neck	0114	19.56	$970.10	$493.78	$194.02
38550	T	Removal, neck/armpit lesion	0113	13.89	$688.89	$326.55	$137.78
38555	T	Removal, neck/armpit lesion	0114	19.56	$970.10	$493.78	$194.02
38562	C	Removal, pelvic lymph nodes					
38564	C	Removal, abdomen lymph nodes					
38570	T	Laparoscopy, lymph node biop	0131	41.81	$2,073.61	$1,089.88	$414.72
38571	T	Laparoscopy, lymphadenectomy	0132	48.91	$2,425.74	$1,239.22	$485.15
38572	T	Laparoscopy, lymphadenectomy	0131	41.81	$2,073.61	$1,089.88	$414.72
38589	T	Laparoscope proc, lymphatic	0130	25.36	$1,257.75	$659.53	$251.55
38700	C	Removal of lymph nodes, neck					
38720	T	Removal of lymph nodes, neck	0114	19.56	$970.10	$493.78	$194.02
38724	C	Removal of lymph nodes, neck					
38740	T	Remove armpit lymph nodes	0114	19.56	$970.10	$493.78	$194.02
38745	T	Remove armpit lymph nodes	0114	19.56	$970.10	$493.78	$194.02
38746	C	Remove thoracic lymph nodes					
38747	C	Remove abdominal lymph nodes					
38760	T	Remove groin lymph nodes	0114	19.56	$970.10	$493.78	$194.02
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	T	Blood/lymph system procedure	0008	6.15	$305.02	$113.67	$61.00
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	0076	8.06	$399.75	$197.05	$79.95
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	0252	5.18	$256.90	$114.24	$51.38
40500	T	Partial excision of lip	0253	12.02	$596.14	$284.00	$119.23
40510	T	Partial excision of lip	0254	12.45	$617.47	$272.41	$123.49
40520	T	Partial excision of lip	0253	12.02	$596.14	$284.00	$119.23
40525	T	Reconstruct lip with flap	0254	12.45	$617.47	$272.41	$123.49
40527	T	Reconstruct lip with flap	0254	12.45	$617.47	$272.41	$123.49
40530	T	Partial removal of lip	0254	12.45	$617.47	$272.41	$123.49
40650	T	Repair lip	0253	12.02	$596.14	$284.00	$119.23
40652	T	Repair lip	0253	12.02	$596.14	$284.00	$119.23
40654	T	Repair lip	0254	12.45	$617.47	$272.41	$123.49
40700	T	Repair cleft lip/nasal	0256	25.40	$1,259.74	$623.05	$251.95
40701	T	Repair cleft lip/nasal	0256	25.40	$1,259.74	$623.05	$251.95
40702	T	Repair cleft lip/nasal	0256	25.40	$1,259.74	$623.05	$251.95
40720	T	Repair cleft lip/nasal	0256	25.40	$1,259.74	$623.05	$251.95
40761	T	Repair cleft lip/nasal	0256	25.40	$1,259.74	$623.05	$251.95
40799	T	Lip surgery procedure	0253	12.02	$596.14	$284.00	$119.23
40800	T	Drainage of mouth lesion	0251	1.68	$83.32	$27.99	$16.66
40801	T	Drainage of mouth lesion	0252	5.18	$256.90	$114.24	$51.38
40804	T	Removal, foreign body, mouth	0251	1.68	$83.32	$27.99	$16.66
40805	T	Removal, foreign body, mouth	0252	5.18	$256.90	$114.24	$51.38
40806	T	Incision of lip fold	0251	1.68	$83.32	$27.99	$16.66
40808	T	Biopsy of mouth lesion	0251	1.68	$83.32	$27.99	$16.66

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
40810	T	Excision of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
40812	T	Excise/repair mouth lesion	0252	5.18	$256.90	$114.24	$51.38
40814	T	Excise/repair mouth lesion	0253	12.02	$596.14	$284.00	$119.23
40816	T	Excision of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
40818	T	Excise oral mucosa for graft	0251	1.68	$83.32	$27.99	$16.66
40819	T	Excise lip or cheek fold	0252	5.18	$256.90	$114.24	$51.38
40820	T	Treatment of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
40830	T	Repair mouth laceration	0251	1.68	$83.32	$27.99	$16.66
40831	T	Repair mouth laceration	0253	12.02	$596.14	$284.00	$119.23
40840	T	Reconstruction of mouth	0254	12.45	$617.47	$272.41	$123.49
40842	T	Reconstruction of mouth	0254	12.45	$617.47	$272.41	$123.49
40843	T	Reconstruction of mouth	0254	12.45	$617.47	$272.41	$123.49
40844	T	Reconstruction of mouth	0256	25.40	$1,259.74	$623.05	$251.95
40845	T	Reconstruction of mouth	0256	25.40	$1,259.74	$623.05	$251.95
40899	T	Mouth surgery procedure	0252	5.18	$256.90	$114.24	$51.38
41000	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41005	T	Drainage of mouth lesion	0251	1.68	$83.32	$27.99	$16.66
41006	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41007	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41008	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41009	T	Drainage of mouth lesion	0251	1.68	$83.32	$27.99	$16.66
41010	T	Incision of tongue fold	0253	12.02	$596.14	$284.00	$119.23
41015	T	Drainage of mouth lesion	0252	5.18	$256.90	$114.24	$51.38
41016	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41017	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41018	T	Drainage of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41100	T	Biopsy of tongue	0252	5.18	$256.90	$114.24	$51.38
41105	T	Biopsy of tongue	0253	12.02	$596.14	$284.00	$119.23
41108	T	Biopsy of floor of mouth	0252	5.18	$256.90	$114.24	$51.38
41110	T	Excision of tongue lesion	0253	12.02	$596.14	$284.00	$119.23
41112	T	Excision of tongue lesion	0253	12.02	$596.14	$284.00	$119.23
41113	T	Excision of tongue lesion	0253	12.02	$596.14	$284.00	$119.23
41114	T	Excision of tongue lesion	0254	12.45	$617.47	$272.41	$123.49
41115	T	Excision of tongue fold	0253	12.02	$596.14	$284.00	$119.23
41116	T	Excision of mouth lesion	0253	12.02	$596.14	$284.00	$119.23
41120	T	Partial removal of tongue	0256	25.40	$1,259.74	$623.05	$251.95
41130	C	Partial removal of tongue					
41135	C	Tongue and neck surgery					
41140	C	Removal of tongue					
41145	C	Tongue removal, neck surgery					
41150	C	Tongue, mouth, jaw surgery					
41153	C	Tongue, mouth, neck surgery					
41155	C	Tongue, jaw, & neck surgery					
41250	T	Repair tongue laceration	0251	1.68	$83.32	$27.99	$16.66
41251	T	Repair tongue laceration	0253	12.02	$596.14	$284.00	$119.23
41252	T	Repair tongue laceration	0253	12.02	$596.14	$284.00	$119.23
41500	T	Fixation of tongue	0253	12.02	$596.14	$284.00	$119.23
41510	T	Tongue to lip surgery	0253	12.02	$596.14	$284.00	$119.23
41520	T	Reconstruction, tongue fold	0253	12.02	$596.14	$284.00	$119.23
41599	T	Tongue and mouth surgery	0251	1.68	$83.32	$27.99	$16.66
41800	T	Drainage of gum lesion	0251	1.68	$83.32	$27.99	$16.66
41805	T	Removal foreign body, gum	0253	12.02	$596.14	$284.00	$119.23
41806	T	Removal foreign body,jawbone	0253	12.02	$596.14	$284.00	$119.23
41820	T	Excision, gum, each quadrant	0252	5.18	$256.90	$114.24	$51.38
41821	T	Excision of gum flap	0252	5.18	$256.90	$114.24	$51.38
41822	T	Excision of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41823	T	Excision of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41825	T	Excision of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41826	T	Excision of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41827	T	Excision of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41828	T	Excision of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41830	T	Removal of gum tissue	0253	12.02	$596.14	$284.00	$119.23
41850	T	Treatment of gum lesion	0253	12.02	$596.14	$284.00	$119.23
41870	T	Gum graft	0253	12.02	$596.14	$284.00	$119.23
41872	T	Repair gum	0253	12.02	$596.14	$284.00	$119.23
41874	T	Repair tooth socket	0253	12.02	$596.14	$284.00	$119.23
41899	T	Dental surgery procedure	0253	12.02	$596.14	$284.00	$119.23
42000	T	Drainage mouth roof lesion	0251	1.68	$83.32	$27.99	$16.66
42100	T	Biopsy roof of mouth	0252	5.18	$256.90	$114.24	$51.38
42104	T	Excision lesion, mouth roof	0253	12.02	$596.14	$284.00	$119.23
42106	T	Excision lesion, mouth roof	0253	12.02	$596.14	$284.00	$119.23
42107	T	Excision lesion, mouth roof	0254	12.45	$617.47	$272.41	$123.49
42120	T	Remove palate/lesion	0256	25.40	$1,259.74	$623.05	$251.95
42140	T	Excision of uvula	0252	5.18	$256.90	$114.24	$51.38

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
42145	T	Repair palate, pharynx/uvula	0254	12.45	$617.47	$272.41	$123.49
42160	T	Treatment mouth roof lesion	0253	12.02	$596.14	$284.00	$119.23
42180	T	Repair palate	0251	1.68	$83.32	$27.99	$16.66
42182	T	Repair palate	0256	25.40	$1,259.74	$623.05	$251.95
42200	T	Reconstruct cleft palate	0256	25.40	$1,259.74	$623.05	$251.95
42205	T	Reconstruct cleft palate	0256	25.40	$1,259.74	$623.05	$251.95
42210	T	Reconstruct cleft palate	0256	25.40	$1,259.74	$623.05	$251.95
42215	T	Reconstruct cleft palate	0256	25.40	$1,259.74	$623.05	$251.95
42220	T	Reconstruct cleft palate	0256	25.40	$1,259.74	$623.05	$251.95
42225	T	Reconstruct cleft palate	0256	25.40	$1,259.74	$623.05	$251.95
42226	T	Lengthening of palate	0256	25.40	$1,259.74	$623.05	$251.95
42227	T	Lengthening of palate	0256	25.40	$1,259.74	$623.05	$251.95
42235	T	Repair palate	0254	12.45	$617.47	$272.41	$123.49
42260	T	Repair nose to lip fistula	0253	12.02	$596.14	$284.00	$119.23
42280	T	Preparation, palate mold	0251	1.68	$83.32	$27.99	$16.66
42281	T	Insertion, palate prosthesis	0253	12.02	$596.14	$284.00	$119.23
42299	T	Palate/uvula surgery	0251	1.68	$83.32	$27.99	$16.66
42300	T	Drainage of salivary gland	0253	12.02	$596.14	$284.00	$119.23
42305	T	Drainage of salivary gland	0253	12.02	$596.14	$284.00	$119.23
42310	T	Drainage of salivary gland	0251	1.68	$83.32	$27.99	$16.66
42320	T	Drainage of salivary gland	0251	1.68	$83.32	$27.99	$16.66
42325	T	Create salivary cyst drain	0252	5.18	$256.90	$114.24	$51.38
42326	T	Create salivary cyst drain	0252	5.18	$256.90	$114.24	$51.38
42330	T	Removal of salivary stone	0252	5.18	$256.90	$114.24	$51.38
42335	T	Removal of salivary stone	0253	12.02	$596.14	$284.00	$119.23
42340	T	Removal of salivary stone	0253	12.02	$596.14	$284.00	$119.23
42400	T	Biopsy of salivary gland	0004	1.84	$91.26	$32.57	$18.25
42405	T	Biopsy of salivary gland	0253	12.02	$596.14	$284.00	$119.23
42408	T	Excision of salivary cyst	0253	12.02	$596.14	$284.00	$119.23
42409	T	Drainage of salivary cyst	0253	12.02	$596.14	$284.00	$119.23
42410	T	Excise parotid gland/lesion	0256	25.40	$1,259.74	$623.05	$251.95
42415	T	Excise parotid gland/lesion	0256	25.40	$1,259.74	$623.05	$251.95
42420	T	Excise parotid gland/lesion	0256	25.40	$1,259.74	$623.05	$251.95
42425	T	Excise parotid gland/lesion	0256	25.40	$1,259.74	$623.05	$251.95
42426	C	Excise parotid gland/lesion					
42440	T	Excise submaxillary gland	0256	25.40	$1,259.74	$623.05	$251.95
42450	T	Excise sublingual gland	0253	12.02	$596.14	$284.00	$119.23
42500	T	Repair salivary duct	0254	12.45	$617.47	$272.41	$123.49
42505	T	Repair salivary duct	0256	25.40	$1,259.74	$623.05	$251.95
42507	T	Parotid duct diversion	0256	25.40	$1,259.74	$623.05	$251.95
42508	T	Parotid duct diversion	0256	25.40	$1,259.74	$623.05	$251.95
42509	T	Parotid duct diversion	0256	25.40	$1,259.74	$623.05	$251.95
42510	T	Parotid duct diversion	0256	25.40	$1,259.74	$623.05	$251.95
42550	N	Injection for salivary x-ray					
42600	T	Closure of salivary fistula	0253	12.02	$596.14	$284.00	$119.23
42650	T	Dilation of salivary duct	0252	5.18	$256.90	$114.24	$51.38
42660	T	Dilation of salivary duct	0252	5.18	$256.90	$114.24	$51.38
42665	T	Ligation of salivary duct	0253	12.02	$596.14	$284.00	$119.23
42699	T	Salivary surgery procedure	0253	12.02	$596.14	$284.00	$119.23
42700	T	Drainage of tonsil abscess	0251	1.68	$83.32	$27.99	$16.66
42720	T	Drainage of throat abscess	0253	12.02	$596.14	$284.00	$119.23
42725	T	Drainage of throat abscess	0256	25.40	$1,259.74	$623.05	$251.95
42800	T	Biopsy of throat	0252	5.18	$256.90	$114.24	$51.38
42802	T	Biopsy of throat	0253	12.02	$596.14	$284.00	$119.23
42804	T	Biopsy of upper nose/throat	0253	12.02	$596.14	$284.00	$119.23
42806	T	Biopsy of upper nose/throat	0253	12.02	$596.14	$284.00	$119.23
42808	T	Excise pharynx lesion	0253	12.02	$596.14	$284.00	$119.23
42809	T	Remove pharynx foreign body	0251	1.68	$83.32	$27.99	$16.66
42810	T	Excision of neck cyst	0253	12.02	$596.14	$284.00	$119.23
42815	T	Excision of neck cyst	0256	25.40	$1,259.74	$623.05	$251.95
42820	T	Remove tonsils and adenoids	0258	18.62	$923.48	$462.81	$184.70
42821	T	Remove tonsils and adenoids	0258	18.62	$923.48	$462.81	$184.70
42825	T	Removal of tonsils	0258	18.62	$923.48	$462.81	$184.70
42826	T	Removal of tonsils	0258	18.62	$923.48	$462.81	$184.70
42830	T	Removal of adenoids	0258	18.62	$923.48	$462.81	$184.70
42831	T	Removal of adenoids	0258	18.62	$923.48	$462.81	$184.70
42835	T	Removal of adenoids	0258	18.62	$923.48	$462.81	$184.70
42836	T	Removal of adenoids	0258	18.62	$923.48	$462.81	$184.70
42842	C	Extensive surgery of throat					
42844	T	Extensive surgery of throat	0256	25.40	$1,259.74	$623.05	$251.95
42845	C	Extensive surgery of throat					
42860	T	Excision of tonsil tags	0258	18.62	$923.48	$462.81	$184.70
42870	T	Excision of lingual tonsil	0258	18.62	$923.48	$462.81	$184.70
42890	T	Partial removal of pharynx	0256	25.40	$1,259.74	$623.05	$251.95

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
42892	T	Revision of pharyngeal walls	0256	25.40	$1,259.74	$623.05	$251.95
42894	C	Revision of pharyngeal walls					
42900	T	Repair throat wound	0253	12.02	$596.14	$284.00	$119.23
42950	T	Reconstruction of throat	0254	12.45	$617.47	$272.41	$123.49
42953	C	Repair throat, esophagus					
42955	T	Surgical opening of throat	0254	12.45	$617.47	$272.41	$123.49
42960	T	Control throat bleeding	0250	2.21	$109.61	$38.54	$21.92
42961	C	Control throat bleeding					
42962	T	Control throat bleeding	0256	25.40	$1,259.74	$623.05	$251.95
42970	T	Control nose/throat bleeding	0250	2.21	$109.61	$38.54	$21.92
42971	C	Control nose/throat bleeding					
42972	T	Control nose/throat bleeding	0253	12.02	$596.14	$284.00	$119.23
42999	T	Throat surgery procedure	0252	5.18	$256.90	$114.24	$51.38
43020	T	Incision of esophagus	0254	12.45	$617.47	$272.41	$123.49
43030	C	Throat muscle surgery					
43045	C	Incision of esophagus					
43100	C	Excision of esophagus lesion					
43101	C	Excision of esophagus lesion					
43107	C	Removal of esophagus					
43108	C	Removal of esophagus					
43112	C	Removal of esophagus					
43113	C	Removal of esophagus					
43116	C	Partial removal of esophagus					
43117	C	Partial removal of esophagus					
43118	C	Partial removal of esophagus					
43121	C	Partial removal of esophagus					
43122	C	Parital removal of esophagus					
43123	C	Partial removal of esophagus					
43124	C	Removal of esophagus					
43130	T	Removal of esophagus pouch	0254	12.45	$617.47	$272.41	$123.49
43135	C	Removal of esophagus pouch					
43200	T	Esophagus endoscopy	0141	7.15	$354.61	$184.67	$70.92
43202	T	Esophagus endoscopy, biopsy	0141	7.15	$354.61	$184.67	$70.92
43204	T	Esophagus endoscopy & inject	0141	7.15	$354.61	$184.67	$70.92
43205	T	Esophagus endoscopy/ligation	0141	7.15	$354.61	$184.67	$70.92
43215	T	Esophagus endoscopy	0141	7.15	$354.61	$184.67	$70.92
43216	T	Esophagus endoscopy/lesion	0141	7.15	$354.61	$184.67	$70.92
43217	T	Esophagus endoscopy	0141	7.15	$354.61	$184.67	$70.92
43219	T	Esophagus endoscopy	0141	7.15	$354.61	$184.67	$70.92
43220	T	Esoph endoscopy, dilation	0141	7.15	$354.61	$184.67	$70.92
43226	T	Esoph endoscopy, dilation	0141	7.15	$354.61	$184.67	$70.92
43227	T	Esoph endoscopy, repair	0141	7.15	$354.61	$184.67	$70.92
43228	T	Esoph endoscopy, ablation	0141	7.15	$354.61	$184.67	$70.92
*43231	T	Esoph endoscopy w/ US exam	0141	7.15	$354.61	$184.67	$70.92
*43232	T	Esoph endoscopy w/ US fn bx	0141	7.15	$354.61	$184.67	$70.92
43234	T	Upper GI endoscopy, exam	0141	7.15	$354.61	$184.67	$70.92
43235	T	Uppr gi endoscopy, diagnosis	0141	7.15	$354.61	$184.67	$70.92
43239	T	Upper GI endoscopy, biopsy	0141	7.15	$354.61	$184.67	$70.92
*43240	T	Esoph endoscopy w/ drain cyst	0141	7.15	$354.61	$184.67	$70.92
43241	T	Upper GI endoscopy with tube	0141	7.15	$354.61	$184.67	$70.92
*43242	T	Uppr GI endoscopy w/ US fn bx	0141	7.15	$354.61	$184.67	$70.92
43243	T	Upper GI endoscopy & inject	0141	7.15	$354.61	$184.67	$70.92
43244	T	Upper GI endoscopy/ligation	0141	7.15	$354.61	$184.67	$70.92
43245	T	Operative upper GI endoscopy	0141	7.15	$354.61	$184.67	$70.92
43246	T	Place gastrostomy tube	0141	7.15	$354.61	$184.67	$70.92
43247	T	Operative upper GI endoscopy	0141	7.15	$354.61	$184.67	$70.92
43248	T	Uppr gi endoscopy/guide wire	0141	7.15	$354.61	$184.67	$70.92
43249	T	Esoph endoscopy, dilation	0141	7.15	$354.61	$184.67	$70.92
43250	T	Upper GI endoscopy/tumor	0141	7.15	$354.61	$184.67	$70.92
43251	T	Operative upper GI endoscopy	0141	7.15	$354.61	$184.67	$70.92
43255	T	Operative upper GI endoscopy	0141	7.15	$354.61	$184.67	$70.92
*43256	T	Uppr GI endoscopy w/ stent	0141	7.15	$354.61	$184.67	$70.92
43258	T	Operative upper GI endoscopy	0141	7.15	$354.61	$184.67	$70.92
43259	T	Endoscopic ultrasound exam	0141	7.15	$354.61	$184.67	$70.92
43260	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43261	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43262	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43263	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43264	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43265	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43267	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43268	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43269	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43271	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
43272	T	Endo cholangiopancreatograph	0151	10.53	$522.25	$245.46	$104.45
43280	T	Laparoscopy, fundoplasty	0132	48.91	$2,425.74	$1,239.22	$485.15
43289	T	Laparoscope proc, esoph	0130	25.36	$1,257.75	$659.53	$251.55
43300	C	Repair of esophagus					
43305	C	Repair esophagus and fistula					
43310	C	Repair of esophagus					
43312	C	Repair esophagus and fistula					
43320	C	Fuse esophagus & stomach					
43324	C	Revise esophagus & stomach					
43325	C	Revise esophagus & stomach					
43326	C	Revise esophagus & stomach					
43330	C	Repair of esophagus					
43331	C	Repair of esophagus					
43340	C	Fuse esophagus & intestine					
43341	C	Fuse esophagus & intestine					
43350	C	Surgical opening, esophagus					
43351	C	Surgical opening, esophagus					
43352	C	Surgical opening, esophagus					
43360	C	Gastrointestinal repair					
43361	C	Gastrointestinal repair					
*44383	T	Ileoscopy through stoma w/stent	0142	7.45	$369.49	$162.42	$73.90
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	4.74	$235.09	$107.24	$47.02
43453	T	Dilate esophagus	0140	4.74	$235.09	$107.24	$47.02
43456	T	Dilate esophagus	0140	4.74	$235.09	$107.24	$47.02
43458	T	Dilate esophagus	0140	4.74	$235.09	$107.24	$47.02
43460	C	Pressure treatment esophagus					
43496	C	Free jejunum flap, microvasc					
43499	T	Esophagus surgery procedure	0140	4.74	$235.09	$107.24	$47.02
43500	C	Surgical opening of stomach					
43501	C	Surgical repair of stomach					
43502	C	Surgical repair of stomach					
43510	C	Surgical opening of stomach					
43520	C	Incision of pyloric muscle					
43600	T	Biopsy of stomach	0141	7.15	$354.61	$184.67	$70.92
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	48.91	$2,425.74	$1,239.22	$485.15
43652	T	Laparoscopy, vagus nerve	0132	48.91	$2,425.74	$1,239.22	$485.15
43653	T	Laparoscopy, gastrostomy	0131	41.81	$2,073.61	$1,089.88	$414.72
43659	T	Laparoscope proc, stom	0130	25.36	$1,257.75	$659.53	$251.55
*43752	E	Nasal/orogastric w/stent					
43750	T	Place gastrostomy tube	0141	7.15	$354.61	$184.67	$70.92
43760	T	Change gastrostomy tube	0121	2.36	$117.05	$52.53	$23.41
43761	T	Reposition gastrostomy tube	0121	2.36	$117.05	$52.53	$23.41
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	0141	7.15	$354.61	$184.67	$70.92
43831	T	Place gastrostomy tube	0141	7.15	$354.61	$184.67	$70.92
43832	C	Place gastrostomy tube					
43840	C	Repair of stomach lesion					
43842	C	Gastroplasty for obesity					
43843	C	Gastroplasty for obesity					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	0025	3.74	$185.49	$70.66	$37.10
43880	C	Repair stomach-bowel fistula					
43999	T	Stomach surgery procedure	0121	2.36	$117.05	$52.53	$23.41
44005	C	Freeing of bowel adhesion					
44010	C	Incision of small bowel					
44015	C	Insert needle cath bowel					
44020	C	Exploration of small bowel					
44021	C	Decompress small bowel					
44025	C	Incision of large bowel					
44050	C	Reduce bowel obstruction					
44055	C	Correct malrotation of bowel					
44100	T	Biopsy of bowel	0141	7.15	$354.61	$184.67	$70.92
44110	C	Excision of bowel lesion(s)					
44111	C	Excision of bowel lesion(s)					
44120	C	Removal of small intestine					
44121	C	Removal of small intestine					
44125	C	Removal of small intestine					
44130	C	Bowel to bowel fusion					
*44132	C	Enterectomy, cadaver donor					
*44133	C	Enterectomy, live donor					
*44135	C	Intestine transplnt, cadaver					
*44136	C	Intestine transplnt, 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					
44200	T	Laparoscopy, enterolysis	0131	41.81	$2,073.61	$1,089.88	$414.72
44201	T	Laparoscopy, jejunostomy	0131	41.81	$2,073.61	$1,089.88	$414.72
44202	C	Laparo, resect intestine					
44209	T	Laparoscope proc, intestine	0130	25.36	$1,257.75	$659.53	$251.55
44300	C	Open bowel to skin					
44310	C	Ileostomy/jejunostomy					
44312	T	Revision of ileostomy	0026	12.11	$600.61	$277.92	$120.12
44314	C	Revision of ileostomy					
44316	C	Devise bowel pouch					
44320	C	Colostomy					
44322	C	Colostomy with biopsies					
44340	T	Revision of colostomy	0026	12.11	$600.61	$277.92	$120.12
44345	C	Revision of colostomy					
44346	C	Revision of colostomy					
44360	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44361	T	Small bowel endoscopy/biopsy	0142	7.45	$369.49	$162.42	$73.90
44363	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44364	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44365	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44366	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44369	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
*44370	T	Small bowel endoscopy/stent	0142	7.45	$369.49	$162.42	$73.90
44372	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44373	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44376	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44377	T	Small bowel endoscopy/biopsy	0142	7.45	$369.49	$162.42	$73.90
44378	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
*44379	T	Small bowel endoscopy/stent	0142	7.45	$369.49	$162.42	$73.90
44380	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90
44382	T	Small bowel endoscopy	0142	7.45	$369.49	$162.42	$73.90

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
44385	T	Endoscopy of bowel pouch	0143	7.98	$395.78	$199.12	$79.16
44386	T	Endoscopy, bowel pouch/biop	0143	7.98	$395.78	$199.12	$79.16
44388	T	Colon endoscopy	0143	7.98	$395.78	$199.12	$79.16
44389	T	Colonoscopy with biopsy	0143	7.98	$395.78	$199.12	$79.16
44390	T	Colonoscopy for foreign body	0143	7.98	$395.78	$199.12	$79.16
44391	T	Colonoscopy for bleeding	0143	7.98	$395.78	$199.12	$79.16
44392	T	Colonoscopy & polypectomy	0143	7.98	$395.78	$199.12	$79.16
44393	T	Colonoscopy, lesion removal	0143	7.98	$395.78	$199.12	$79.16
44394	T	Colonoscopy w/snare	0143	7.98	$395.78	$199.12	$79.16
*44397	T	Colonoscopy w/stent	0143	7.98	$395.78	$199.12	$79.16
44500	T	Intro, gastrointestinal tube	0121	2.36	$117.05	$52.53	$23.41
44602	C	Suture, small intestine					
44603	C	Suture, small intestine					
44604	C	Suture, large intestine					
44605	C	Repair of bowel lesion					
44615	C	Intestinal stricturoplasty					
44620	C	Repair bowel opening					
44625	C	Repair bowel opening					
44626	C	Repair bowel opening					
44640	C	Repair bowel-skin fistula					
44650	C	Repair bowel fistula					
44660	C	Repair bowel-bladder fistula					
44661	C	Repair bowel-bladder fistula					
44680	C	Surgical revision, intestine					
44700	C	Suspend bowel w/prosthesis					
44799	T	Intestine surgery procedure	0142	7.45	$369.49	$162.42	$73.90
44800	C	Excision of bowel pouch					
44820	C	Excision of mesentery lesion					
44850	C	Repair of mesentery					
44899	C	Bowel surgery procedure					
44900	C	Drain app abscess, open					
44901	C	Drain app abscess, percut					
44950	C	Appendectomy					
44955	C	Appendectomy add-on					
44960	C	Appendectomy					
44970	T	Laparoscopy, appendectomy	0130	25.36	$1,257.75	$659.53	$251.55
44979	T	Laparoscope proc, app	0130	25.36	$1,257.75	$659.53	$251.55
45000	T	Drainage of pelvic abscess	0149	12.86	$637.80	$293.06	$127.56
45005	T	Drainage of rectal abscess	0148	2.34	$116.06	$43.59	$23.21
45020	T	Drainage of rectal abscess	0149	12.86	$637.80	$293.06	$127.56
45100	T	Biopsy of rectum	0149	12.86	$637.80	$293.06	$127.56
45108	T	Removal of anorectal lesion	0150	17.68	$876.86	$437.12	$175.37
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					
45150	T	Excision of rectal stricture	0150	17.68	$876.86	$437.12	$175.37
45160	T	Excision of rectal lesion	0150	17.68	$876.86	$437.12	$175.37
45170	T	Excision of rectal lesion	0150	17.68	$876.86	$437.12	$175.37
45190	T	Destruction, rectal tumor	0150	17.68	$876.86	$437.12	$175.37
45300	T	Proctosigmoidoscopy	0146	2.83	$140.36	$65.15	$28.07
45303	T	Proctosigmoidoscopy	0146	2.83	$140.36	$65.15	$28.07
45305	T	Proctosigmoidoscopy & biopsy	0146	2.83	$140.36	$65.15	$28.07
45307	T	Proctosigmoidoscopy	0146	2.83	$140.36	$65.15	$28.07
45308	T	Proctosigmoidoscopy	0147	6.26	$310.47	$149.11	$62.09
45309	T	Proctosigmoidoscopy	0147	6.26	$310.47	$149.11	$62.09
45315	T	Proctosigmoidoscopy	0147	6.26	$310.47	$149.11	$62.09
45317	T	Proctosigmoidoscopy	0146	2.83	$140.36	$65.15	$28.07
45320	T	Proctosigmoidoscopy	0147	6.26	$310.47	$149.11	$62.09
45321	T	Proctosigmoidoscopy	0147	6.26	$310.47	$149.11	$62.09
*45327	T	Proctosigmoidoscopy w/stent	0147	6.26	$310.47	$149.11	$62.09
45330	T	Diagnostic sigmoidoscopy	0146	2.83	$140.36	$65.15	$28.07
45331	T	Sigmoidoscopy and biopsy	0146	2.83	$140.36	$65.15	$28.07
45332	T	Sigmoidoscopy w/fb removal	0146	2.83	$140.36	$65.15	$28.07
45333	T	Sigmoidoscopy & polypectomy	0147	6.26	$310.47	$149.11	$62.09

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
45334	T	Sigmoidoscopy for bleeding	0147	6.26	$310.47	$149.11	$62.09
45337	T	Sigmoidoscopy & decompress	0147	6.26	$310.47	$149.11	$62.09
45338	T	Sigmoidoscopy w/tumr remove	0147	6.26	$310.47	$149.11	$62.09
45339	T	Sigmoidoscopy w/ablate tumr	0147	6.26	$310.47	$149.11	$62.09
*45341	T	Sigmoidoscopy w/ultrasound	0147	6.26	$310.47	$149.11	$62.09
*45342	T	Sigmoidoscopy w/ US guide bx	0147	6.26	$310.47	$149.11	$62.09
*45345	T	Sigmoidoscopy w/stent	0147	6.26	$310.47	$149.11	$62.09
45355	T	Surgical colonoscopy	0143	7.98	$395.78	$199.12	$79.16
45378	T	Diagnostic colonoscopy	0143	7.98	$395.78	$199.12	$79.16
45379	T	Colonoscopy	0143	7.98	$395.78	$199.12	$79.16
45380	T	Colonoscopy and biopsy	0143	7.98	$395.78	$199.12	$79.16
45382	T	Colonoscopy/control bleeding	0143	7.98	$395.78	$199.12	$79.16
45383	T	Lesion removal colonoscopy	0143	7.98	$395.78	$199.12	$79.16
45384	T	Colonoscopy	0143	7.98	$395.78	$199.12	$79.16
45385	T	Lesion removal colonoscopy	0143	7.98	$395.78	$199.12	$79.16
*45387	T	Colonoscopy w/stent	0143	7.98	$395.78	$199.12	$79.16
45500	T	Repair of rectum	0150	17.68	$876.86	$437.12	$175.37
45505	T	Repair of rectum	0150	17.68	$876.86	$437.12	$175.37
45520	T	Treatment of rectal prolapse	0098	1.19	$59.02	$20.88	$11.80
45540	C	Correct rectal prolapse					
45541	C	Correct rectal prolapse					
45550	C	Repair rectum/remove sigmoid					
45560	T	Repair of rectocele	0150	17.68	$876.86	$437.12	$175.37
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					
45900	T	Reduction of rectal prolapse	0148	2.34	$116.06	$43.59	$23.21
45905	T	Dilation of anal sphincter	0149	12.86	$637.80	$293.06	$127.56
45910	T	Dilation of rectal narrowing	0149	12.86	$637.80	$293.06	$127.56
45915	T	Remove rectal obstruction	0148	2.34	$116.06	$43.59	$23.21
45999	T	Rectum surgery procedure	0148	2.34	$116.06	$43.59	$23.21
46030	T	Removal of rectal marker	0149	12.86	$637.80	$293.06	$127.56
46040	T	Incision of rectal abscess	0148	2.34	$116.06	$43.59	$23.21
46045	T	Incision of rectal abscess	0150	17.68	$876.86	$437.12	$175.37
46050	T	Incision of anal abscess	0148	2.34	$116.06	$43.59	$23.21
46060	T	Incision of rectal abscess	0150	17.68	$876.86	$437.12	$175.37
46070	T	Incision of anal septum	0148	2.34	$116.06	$43.59	$23.21
46080	T	Incision of anal sphincter	0149	12.86	$637.80	$293.06	$127.56
46083	T	Incise external hemorrhoid	0148	2.34	$116.06	$43.59	$23.21
46200	T	Removal of anal fissure	0150	17.68	$876.86	$437.12	$175.37
46210	T	Removal of anal crypt	0149	12.86	$637.80	$293.06	$127.56
46211	T	Removal of anal crypts	0150	17.68	$876.86	$437.12	$175.37
46220	T	Removal of anal tab	0149	12.86	$637.80	$293.06	$127.56
46221	T	Ligation of hemorrhoid(s)	0148	2.34	$116.06	$43.59	$23.21
46230	T	Removal of anal tabs	0149	12.86	$637.80	$293.06	$127.56
46250	T	Hemorrhoidectomy	0150	17.68	$876.86	$437.12	$175.37
46255	T	Hemorrhoidectomy	0150	17.68	$876.86	$437.12	$175.37
46257	T	Remove hemorrhoids & fissure	0150	17.68	$876.86	$437.12	$175.37
46258	T	Remove hemorrhoids & fistula	0150	17.68	$876.86	$437.12	$175.37
46260	T	Hemorrhoidectomy	0150	17.68	$876.86	$437.12	$175.37
46261	T	Remove hemorrhoids & fissure	0150	17.68	$876.86	$437.12	$175.37
46262	T	Remove hemorrhoids & fistula	0150	17.68	$876.86	$437.12	$175.37
46270	T	Removal of anal fistula	0150	17.68	$876.86	$437.12	$175.37
46275	T	Removal of anal fistula	0150	17.68	$876.86	$437.12	$175.37
46280	T	Removal of anal fistula	0150	17.68	$876.86	$437.12	$175.37
46285	T	Removal of anal fistula	0150	17.68	$876.86	$437.12	$175.37
46288	T	Repair anal fistula	0150	17.68	$876.86	$437.12	$175.37
46320	T	Removal of hemorrhoid clot	0148	2.34	$116.06	$43.59	$23.21
46500	T	Injection into hemorrhoids	0148	2.34	$116.06	$43.59	$23.21
46600	N	Diagnostic anoscopy					
46604	T	Anoscopy and dilation	0144	2.23	$110.60	$49.32	$22.12
46606	T	Anoscopy and biopsy	0145	7.46	$369.98	$179.39	$74.00
46608	T	Anoscopy/ remove for body	0144	2.23	$110.60	$49.32	$22.12
46610	T	Anoscopy/remove lesion	0145	7.46	$369.98	$179.39	$74.00
46611	T	Anoscopy	0145	7.46	$369.98	$179.39	$74.00
46612	T	Anoscopy/ remove lesions	0145	7.46	$369.98	$179.39	$74.00
46614	T	Anoscopy/control bleeding	0145	7.46	$369.98	$179.39	$74.00
46615	T	Anoscopy	0145	7.46	$369.98	$179.39	$74.00
46700	T	Repair of anal stricture	0150	17.68	$876.86	$437.12	$175.37
46705	C	Repair of anal stricture					
46715	C	Repair of anovaginal fistula					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	17.68	$876.86	$437.12	$175.37
46751	C	Repair of anal sphincter					
46753	T	Reconstruction of anus	0150	17.68	$876.86	$437.12	$175.37
46754	T	Removal of suture from anus	0149	12.86	$637.80	$293.06	$127.56
46760	T	Repair of anal sphincter	0150	17.68	$876.86	$437.12	$175.37
46761	T	Repair of anal sphincter	0150	17.68	$876.86	$437.12	$175.37
46762	T	Implant artificial sphincter	0150	17.68	$876.86	$437.12	$175.37
46900	T	Destruction, anal lesion(s)	0016	3.53	$175.07	$74.67	$35.01
46910	T	Destruction, anal lesion(s)	0016	3.53	$175.07	$74.67	$35.01
46916	T	Cryosurgery, anal lesion(s)	0016	3.53	$175.07	$74.67	$35.01
46917	T	Laser surgery, anal lesions	0014	1.50	$74.39	$24.55	$14.88
46922	T	Excision of anal lesion(s)	0017	12.45	$617.47	$289.16	$123.49
46924	T	Destruction, anal lesion(s)	0017	12.45	$617.47	$289.16	$123.49
46934	T	Destruction of hemorrhoids	0148	2.34	$116.06	$43.59	$23.21
46935	T	Destruction of hemorrhoids	0148	2.34	$116.06	$43.59	$23.21
46936	T	Destruction of hemorrhoids	0149	12.86	$637.80	$293.06	$127.56
46937	T	Cryotherapy of rectal lesion	0150	17.68	$876.86	$437.12	$175.37
46938	T	Cryotherapy of rectal lesion	0150	17.68	$876.86	$437.12	$175.37
46940	T	Treatment of anal fissure	0149	12.86	$637.80	$293.06	$127.56
46942	T	Treatment of anal fissure	0149	12.86	$637.80	$293.06	$127.56
46945	T	Ligation of hemorrhoids	0148	2.34	$116.06	$43.59	$23.21
46946	T	Ligation of hemorrhoids	0148	2.34	$116.06	$43.59	$23.21
46999	T	Anus surgery procedure	0149	12.86	$637.80	$293.06	$127.56
47000	T	Needle biopsy of liver	0005	5.41	$268.32	$119.75	$53.66
47001	C	Needle biopsy, liver add-on					
47010	C	Open drainage, liver lesion					
47011	C	Percut drain, liver lesion					
47015	C	Inject/aspirate liver cyst					
47100	C	Wedge biopsy of liver					
47120	C	Partial removal of liver					
47122	C	Extensive removal of liver					
47125	C	Partial removal of liver					
47130	C	Partial removal of liver					
47133	C	Removal of donor liver					
47134	C	Partial removal, donor liver					
47135	C	Transplantation of liver					
47136	C	Transplantation of liver					
47300	C	Surgery for liver lesion					
47350	C	Repair liver wound					
47360	C	Repair liver wound					
47361	C	Repair liver wound					
47362	C	Repair liver wound					
*47379	T	Laparoscope procedure, liver	0130	25.36	$1,257.75	$659.53	$251.55
47399	T	Liver surgery procedure	0005	5.41	$268.32	$119.75	$53.66
47400	C	Incision of liver duct					
47420	C	Incision of bile duct					
47425	C	Incision of bile duct					
47460	C	Incise bile duct sphincter					
47480	C	Incision of gallbladder					
47490	C	Incision of gallbladder					
47500	N	Injection for liver x-rays					
47505	N	Injection for liver x-rays					
47510	T	Insert catheter, bile duct	0152	8.22	$407.68	$207.38	$81.54
47511	T	Insert bile duct drain	0152	8.22	$407.68	$207.38	$81.54
47525	T	Change bile duct catheter	0122	5.04	$249.96	$114.93	$49.99
47530	T	Revise/reinsert bile tube	0121	2.36	$117.05	$52.53	$23.41
47550	C	Bile duct endoscopy add-on					
47552	T	Biliary endoscopy thru skin	0152	8.22	$407.68	$207.38	$81.54
47553	T	Biliary endoscopy thru skin	0152	8.22	$407.68	$207.38	$81.54
47554	T	Biliary endoscopy thru skin	0152	8.22	$407.68	$207.38	$81.54
47555	T	Biliary endoscopy thru skin	0152	8.22	$407.68	$207.38	$81.54
47556	T	Biliary endoscopy thru skin	0152	8.22	$407.68	$207.38	$81.54
47560	T	Laparoscopy w/cholangio	0130	25.36	$1,257.75	$659.53	$251.55
47561	T	Laparo w/cholangio/biopsy	0130	25.36	$1,257.75	$659.53	$251.55
47562	T	Laparoscopic cholecystectomy	0131	41.81	$2,073.61	$1,089.88	$414.72
47563	T	Laparo cholecystectomy/graph	0131	41.81	$2,073.61	$1,089.88	$414.72

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
47564	T	Laparo cholecystectomy/explr	0131	41.81	$2,073.61	$1,089.88	$414.72
47570	C	Laparo cholecystoenterostomy					
47579	T	Laparoscope proc, biliary	0130	25.36	$1,257.75	$659.53	$251.55
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	8.22	$407.68	$207.38	$81.54
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					
47999	T	Bile tract surgery procedure	0121	2.36	$117.05	$52.53	$23.41
48000	C	Drainage of abdomen					
48001	C	Placement of drain, pancreas					
48005	C	Resect/debride pancreas					
48020	C	Removal of pancreatic stone					
48100	C	Biopsy of pancreas					
48102	T	Needle biopsy, pancreas	0005	5.41	$268.32	$119.75	$53.66
48120	C	Removal of pancreas lesion					
48140	C	Partial removal of pancreas					
48145	C	Partial removal of pancreas					
48146	C	Pancreatectomy					
48148	C	Removal of pancreatic duct					
48150	C	Partial removal of pancreas					
48152	C	Pancreatectomy					
48153	C	Pancreatectomy					
48154	C	Pancreatectomy					
48155	C	Removal of pancreas					
48160	E	Pancreas removal/transplant					
48180	C	Fuse pancreas and bowel					
48400	C	Injection, intraop add-on					
48500	C	Surgery of pancreas cyst					
48510	C	Drain pancreatic pseudocyst					
48511	C	Drain pancreatic pseudocyst					
48520	C	Fuse pancreas cyst and bowel					
48540	C	Fuse pancreas cyst and bowel					
48545	C	Pancreatorrhaphy					
48547	C	Duodenal exclusion					
48550	E	Donor pancreatectomy					
48554	E	Transpl allograft pancreas					
48556	C	Removal, allograft pancreas					
48999	T	Pancreas surgery procedure	0005	5.41	$268.32	$119.75	$53.66
49000	C	Exploration of abdomen					
49002	C	Reopening of abdomen					
49010	C	Exploration behind abdomen					
49020	C	Drain abdominal abscess					
49021	C	Drain abdominal abscess					
49040	C	Drain, open, abdom abscess					
49041	C	Drain, percut, abdom abscess					
49060	C	Drain, open, retrop abscess					
49061	C	Drain, percut, retroper absc					
49062	C	Drain to peritoneal cavity					
49080	T	Puncture, peritoneal cavity	0070	3.64	$180.53	$79.60	$36.11
49081	T	Removal of abdominal fluid	0070	3.64	$180.53	$79.60	$36.11
49085	T	Remove abdomen foreign body	0153	19.62	$973.08	$496.31	$194.62
49180	T	Biopsy, abdominal mass	0005	5.41	$268.32	$119.75	$53.66
49200	C	Removal of abdominal lesion					
49201	C	Removal of abdominal lesion					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
49215	C	Excise sacral spine tumor					
49220	C	Multiple surgery, abdomen					
49250	T	Excision of umbilicus	0153	19.62	$973.08	$496.31	$194.62
49255	C	Removal of omentum					
49320	T	Diag laparo separate proc	0130	25.36	$1,257.75	$659.53	$251.55
49321	T	Laparoscopy, biopsy	0130	25.36	$1,257.75	$659.53	$251.55
49322	T	Laparoscopy, aspiration	0130	25.36	$1,257.75	$659.53	$251.55
49323	T	Laparo drain lymphocele	0130	25.36	$1,257.75	$659.53	$251.55
49329	T	Laparo proc, abdm/per/oment	0130	25.36	$1,257.75	$659.53	$251.55
49400	N	Air injection into abdomen					
49420	T	Insert abdominal drain	0153	19.62	$973.08	$496.31	$194.62
49421	T	Insert abdominal drain	0153	19.62	$973.08	$496.31	$194.62
49422	T	Remove perm cannula/catheter	0105	15.06	$746.92	$372.32	$149.38
49423	T	Exchange drainage catheter	0153	19.62	$973.08	$496.31	$194.62
49424	N	Assess cyst, contrast inject					
49425	C	Insert abdomen-venous drain					
49426	T	Revise abdomen-venous shunt	0153	19.62	$973.08	$496.31	$194.62
49427	N	Injection, abdominal shunt					
49428	C	Ligation of shunt					
49429	T	Removal of shunt	0105	15.06	$746.92	$372.32	$149.38
49495	T	Repair inguinal hernia, init	0154	22.43	$1,112.45	$556.98	$222.49
49496	T	Repair inguinal hernia, init	0154	22.43	$1,112.45	$556.98	$222.49
49500	T	Repair inguinal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49501	T	Repair inguinal hernia, init	0154	22.43	$1,112.45	$556.98	$222.49
49505	T	Repair inguinal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49507	T	Repair inguinal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49520	T	Rerepair inguinal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49521	T	Repair inguinal hernia, rec	0154	22.43	$1,112.45	$556.98	$222.49
49525	T	Repair inguinal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49540	T	Repair lumbar hernia	0154	22.43	$1,112.45	$556.98	$222.49
49550	T	Repair femoral hernia	0154	22.43	$1,112.45	$556.98	$222.49
49553	T	Repair femoral hernia, init	0154	22.43	$1,112.45	$556.98	$222.49
49555	T	Repair femoral hernia	0154	22.43	$1,112.45	$556.98	$222.49
49557	T	Repair femoral hernia, recur	0154	22.43	$1,112.45	$556.98	$222.49
49560	T	Repair abdominal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49561	T	Repair incisional hernia	0154	22.43	$1,112.45	$556.98	$222.49
49565	T	Rerepair abdominal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49566	T	Repair incisional hernia	0154	22.43	$1,112.45	$556.98	$222.49
49568	T	Hernia repair w/mesh	0154	22.43	$1,112.45	$556.98	$222.49
49570	T	Repair epigastric hernia	0154	22.43	$1,112.45	$556.98	$222.49
49572	T	Repair epigastric hernia	0154	22.43	$1,112.45	$556.98	$222.49
49580	T	Repair umbilical hernia	0154	22.43	$1,112.45	$556.98	$222.49
49582	T	Repair umbilical hernia	0154	22.43	$1,112.45	$556.98	$222.49
49585	T	Repair umbilical hernia	0154	22.43	$1,112.45	$556.98	$222.49
49587	T	Repair umbilical hernia	0154	22.43	$1,112.45	$556.98	$222.49
49590	T	Repair abdominal hernia	0154	22.43	$1,112.45	$556.98	$222.49
49600	T	Repair umbilical lesion	0154	22.43	$1,112.45	$556.98	$222.49
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	41.81	$2,073.61	$1,089.88	$414.72
49651	T	Laparo hernia repair recur	0131	41.81	$2,073.61	$1,089.88	$414.72
49659	T	Laparo proc, hernia repair	0131	41.81	$2,073.61	$1,089.88	$414.72
49900	C	Repair of abdominal wall					
49905	C	Omental flap					
49906	C	Free omental flap, microvasc					
49999	T	Abdomen surgery procedure	0121	2.36	$117.05	$52.53	$23.41
50010	C	Exploration of kidney					
50020	C	Renal abscess, open drain					
50021	C	Renal abscess, percut drain					
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	28.98	$1,437.30	$792.58	$287.46
50081	T	Removal of kidney stone	0163	28.98	$1,437.30	$792.58	$287.46
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
50200	T	Biopsy of kidney	0005	5.41	$268.32	$119.75	$53.66
50205	C	Biopsy of kidney					
50220	C	Removal of kidney					
50225	C	Removal of kidney					
50230	C	Removal of kidney					
50234	C	Removal of kidney & ureter					
50236	C	Removal of kidney & ureter					
50240	C	Partial removal of kidney					
50280	C	Removal of kidney lesion					
50290	C	Removal of kidney lesion					
50300	C	Removal of donor kidney					
50320	C	Removal of donor kidney					
50340	C	Removal of kidney					
50360	C	Transplantation of kidney					
50365	C	Transplantation of kidney					
50370	C	Remove transplanted kidney					
50380	C	Reimplantation of kidney					
50390	T	Drainage of kidney lesion	0005	5.41	$268.32	$119.75	$53.66
50392	T	Insert kidney drain	0160	5.43	$269.30	$110.11	$53.86
50393	T	Insert ureteral tube	0160	5.43	$269.30	$110.11	$53.86
50394	N	Injection for kidney x-ray					
50395	T	Create passage to kidney	0160	5.43	$269.30	$110.11	$53.86
50396	T	Measure kidney pressure	0165	3.89	$192.92	$91.76	$38.58
50398	T	Change kidney tube	0122	5.04	$249.96	$114.93	$49.99
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	0131	41.81	$2,073.61	$1,089.88	$414.72
50544	T	Laparoscopy, pyeloplasty	0131	41.81	$2,073.61	$1,089.88	$414.72
*50545	C	Laparo radical nephrectomy					
50546	C	Laparoscopic nephrectomy					
50547	C	Laparo removal donor kidney					
50548	C	Laparo-asst remove k/ureter					
50549	T	Laparoscope proc, renal	0130	25.36	$1,257.75	$659.53	$251.55
50551	T	Kidney endoscopy	0161	10.94	$542.58	$249.36	$108.52
50553	T	Kidney endoscopy	0161	10.94	$542.58	$249.36	$108.52
50555	T	Kidney endoscopy & biopsy	0161	10.94	$542.58	$249.36	$108.52
50557	T	Kidney endoscopy & treatment	0161	10.94	$542.58	$249.36	$108.52
50559	T	Renal endoscopy/radiotracer	0161	10.94	$542.58	$249.36	$108.52
50561	T	Kidney endoscopy & treatment	0161	10.94	$542.58	$249.36	$108.52
50570	C	Kidney endoscopy					
50572	C	Kidney endoscopy					
50574	C	Kidney endoscopy & biopsy					
50575	C	Kidney endoscopy					
50576	C	Kidney endoscopy & treatment					
50578	C	Renal endoscopy/radiotracer					
50580	C	Kidney endoscopy & treatment					
50590	T	Fragmenting of kidney stone	0169	46.72	$2,317.13	$1,384.20	$463.43
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					
50686	T	Measure ureter pressure	0165	3.89	$192.92	$91.76	$38.58
50688	T	Change of ureter tube	0121	2.36	$117.05	$52.53	$23.41
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
50782	C	Reimplant ureter in bladder					
50783	C	Reimplant ureter in bladder					
50785	C	Reimplant ureter in bladder					
50800	C	Implant ureter in bowel					
50810	C	Fusion of ureter & bowel					
50815	C	Urine shunt to bowel					
50820	C	Construct bowel bladder					
50825	C	Construct bowel bladder					
50830	C	Revise urine flow					
50840	C	Replace ureter by bowel					
50845	C	Appendico-vesicostomy					
50860	C	Transplant ureter to skin					
50900	C	Repair of ureter					
50920	C	Closure ureter/skin fistula					
50930	C	Closure ureter/bowel fistula					
50940	C	Release of ureter					
50945	T	Laparoscopy ureterolithotomy	0131	41.81	$2,073.61	$1,089.88	$414.72
*50947	T	Laparoscopy new ureter/bladder	0130	25.36	$1,257.75	$659.53	$251.55
*50948	T	Laparoscopy new ureter/bladder	0130	25.36	$1,257.75	$659.53	$251.55
*50949	T	Laparoscope proc, ureter	0130	25.36	$1,257.75	$659.53	$251.55
50951	T	Endoscopy of ureter	0162	17.49	$867.44	$427.49	$173.49
50953	T	Endoscopy of ureter	0162	17.49	$867.44	$427.49	$173.49
50955	T	Ureter endoscopy & biopsy	0162	17.49	$867.44	$427.49	$173.49
50957	T	Ureter endoscopy & treatment	0162	17.49	$867.44	$427.49	$173.49
50959	T	Ureter endoscopy & tracer	0162	17.49	$867.44	$427.49	$173.49
50961	T	Ureter endoscopy & treatment	0162	17.49	$867.44	$427.49	$173.49
50970	T	Ureter endoscopy	0162	17.49	$867.44	$427.49	$173.49
50972	T	Ureter endoscopy & catheter	0162	17.49	$867.44	$427.49	$173.49
50974	T	Ureter endoscopy & biopsy	0162	17.49	$867.44	$427.49	$173.49
50976	T	Ureter endoscopy & treatment	0162	17.49	$867.44	$427.49	$173.49
50978	T	Ureter endoscopy & tracer	0162	17.49	$867.44	$427.49	$173.49
50980	T	Ureter endoscopy & treatment	0162	17.49	$867.44	$427.49	$173.49
51000	T	Drainage of bladder	0165	3.89	$192.92	$91.76	$38.58
51005	T	Drainage of bladder	0164	2.17	$107.64	$33.03	$21.53
51010	T	Drainage of bladder	0165	3.89	$192.92	$91.76	$38.58
51020	T	Incise & treat bladder	0162	17.49	$867.44	$427.49	$173.49
51030	T	Incise & treat bladder	0162	17.49	$867.44	$427.49	$173.49
51040	T	Incise & drain bladder	0162	17.49	$867.44	$427.49	$173.49
51045	T	Incise bladder/drain ureter	0162	17.49	$867.44	$427.49	$173.49
51050	T	Removal of bladder stone	0162	17.49	$867.44	$427.49	$173.49
51060	C	Removal of ureter stone					
51065	T	Removal of ureter stone	0162	17.49	$867.44	$427.49	$173.49
51080	T	Drainage of bladder abscess	0008	6.15	$305.02	$113.67	$61.00
51500	T	Removal of bladder cyst	0154	22.43	$1,112.45	$556.98	$222.49
51520	T	Removal of bladder lesion	0162	17.49	$867.44	$427.49	$173.49
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	2.17	$107.64	$33.03	$21.53
51705	T	Change of bladder tube	0121	2.36	$117.05	$52.53	$23.41
51710	T	Change of bladder tube	0121	2.36	$117.05	$52.53	$23.41
51715	T	Endoscopic injection/implant	0167	21.06	$1,044.50	$555.84	$208.90
51720	T	Treatment of bladder lesion	0165	3.89	$192.92	$91.76	$38.58
51725	T	Simple cystometrogram	0165	3.89	$192.92	$91.76	$38.58
51726	T	Complex cystometrogram	0165	3.89	$192.92	$91.76	$38.58
51736	T	Urine flow measurement	0164	2.17	$107.64	$33.03	$21.53
51741	T	Electro-uroflowmetry, first	0164	2.17	$107.64	$33.03	$21.53
51772	T	Urethra pressure profile	0165	3.89	$192.92	$91.76	$38.58
51784	T	Anal/urinary muscle study	0164	2.17	$107.64	$33.03	$21.53
51785	T	Anal/urinary muscle study	0164	2.17	$107.64	$33.03	$21.53

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
51792	T	Urinary reflex study	0165	3.89	$192.92	$91.76	$38.58
51795	T	Urine voiding pressure study	0164	2.17	$107.64	$33.03	$21.53
51797	T	Intraabdominal pressure test	0164	2.17	$107.64	$33.03	$21.53
51800	C	Revision of bladder/urethra					
51820	C	Revision of urinary tract					
51840	C	Attach bladder/urethra					
51841	C	Attach bladder/urethra					
51845	C	Repair bladder neck					
51860	C	Repair of bladder wound					
51865	C	Repair of bladder wound					
51880	T	Repair of bladder opening	0162	17.49	$867.44	$427.49	$173.49
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	41.81	$2,073.61	$1,089.88	$414.72
51992	T	Laparo sling operation	0132	48.91	$2,425.74	$1,239.22	$485.15
52000	T	Cystoscopy	0160	5.43	$269.30	$110.11	$53.86
52005	T	Cystoscopy & ureter catheter	0161	10.94	$542.58	$249.36	$108.52
52007	T	Cystoscopy and biopsy	0161	10.94	$542.58	$249.36	$108.52
52010	T	Cystoscopy & duct catheter	0161	10.94	$542.58	$249.36	$108.52
52204	T	Cystoscopy	0161	10.94	$542.58	$249.36	$108.52
52214	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52224	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52234	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52235	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52240	T	Cystoscopy and treatment	0163	28.98	$1,437.30	$792.58	$287.46
52250	T	Cystoscopy and radiotracer	0162	17.49	$867.44	$427.49	$173.49
52260	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52265	T	Cystoscopy and treatment	0160	5.43	$269.30	$110.11	$53.86
52270	T	Cystoscopy & revise urethra	0161	10.94	$542.58	$249.36	$108.52
52275	T	Cystoscopy & revise urethra	0161	10.94	$542.58	$249.36	$108.52
52276	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52277	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52281	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52282	T	Cystoscopy, implant stent	0162	17.49	$867.44	$427.49	$173.49
52283	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52285	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52290	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52300	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52301	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52305	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52310	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52315	T	Cystoscopy and treatment	0161	10.94	$542.58	$249.36	$108.52
52317	T	Remove bladder stone	0162	17.49	$867.44	$427.49	$173.49
52318	T	Remove bladder stone	0162	17.49	$867.44	$427.49	$173.49
52320	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52325	T	Cystoscopy, stone removal	0162	17.49	$867.44	$427.49	$173.49
52327	T	Cystoscopy, inject material	0161	10.94	$542.58	$249.36	$108.52
52330	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52332	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52334	T	Create passage to kidney	0162	17.49	$867.44	$427.49	$173.49
52335D	T	Endoscopy of urinary tract	0162	17.49	$867.44	$427.49	$173.49
52336D	T	Cystoscopy, stone removal	0162	17.49	$867.44	$427.49	$173.49
52337D	T	Cystoscopy, stone removal	0162	17.49	$867.44	$427.49	$173.49
52338D	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52339D	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
52340D	T	Cystoscopy and treatment	0162	17.49	$867.44	$427.49	$173.49
*52341	T	Cysto w/ureter stricture treatment	0162	17.49	$867.44	$427.49	$173.49
*52342	T	Cysto w/up stricture treatment	0162	17.49	$867.44	$427.49	$173.49
*52343	T	Cysto w/renal stricture treatment	0162	17.49	$867.44	$427.49	$173.49
*52344	T	Cysto/uretero, stone removal	0162	17.49	$867.44	$427.49	$173.49
*52345	T	Cysto/uretero w/up stricture	0162	17.49	$867.44	$427.49	$173.49
*52346	T	Cystouretero w/renal strict	0162	17.49	$867.44	$427.49	$173.49
*52351	T	Cystouretero &/or pyeloscope	0161	10.94	$542.58	$249.36	$108.52
*52352	T	Cystouretero w/stone removal	0162	17.49	$867.44	$427.49	$173.49
*52353	T	Cystouretero w/lithotripsy	0162	17.49	$867.44	$427.49	$173.49
*52354	T	Cystouretero w/biopsy	0162	17.49	$867.44	$427.49	$173.49
*52355	T	Cystouretero w/excise tumor	0162	17.49	$867.44	$427.49	$173.49
*52400	T	Cystouretero w/congen repr	0162	17.49	$867.44	$427.49	$173.49
52450	T	Incision of prostate	0162	17.49	$867.44	$427.49	$173.49
52500	T	Revision of bladder neck	0162	17.49	$867.44	$427.49	$173.49

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
52510	T	Dilation prostatic urethra	0161	10.94	$542.58	$249.36	$108.52
52601	T	Prostatectomy (TURP)	0163	28.98	$1,437.30	$792.58	$287.46
52606	T	Control postop bleeding	0162	17.49	$867.44	$427.49	$173.49
52612	T	Prostatectomy, first stage	0163	28.98	$1,437.30	$792.58	$287.46
52614	T	Prostatectomy, second stage	0163	28.98	$1,437.30	$792.58	$287.46
52620	T	Remove residual prostate	0163	28.98	$1,437.30	$792.58	$287.46
52630	T	Remove prostate regrowth	0163	28.98	$1,437.30	$792.58	$287.46
52640	T	Relieve bladder contracture	0162	17.49	$867.44	$427.49	$173.49
52647	T	Laser surgery of prostate	0163	28.98	$1,437.30	$792.58	$287.46
52648	T	Laser surgery of prostate	0163	28.98	$1,437.30	$792.58	$287.46
52700	T	Drainage of prostate abscess	0162	17.49	$867.44	$427.49	$173.49
53000	T	Incision of urethra	0166	10.17	$504.39	$218.73	$100.88
53010	T	Incision of urethra	0166	10.17	$504.39	$218.73	$100.88
53020	T	Incision of urethra	0166	10.17	$504.39	$218.73	$100.88
53025	T	Incision of urethra	0166	10.17	$504.39	$218.73	$100.88
53040	T	Drainage of urethra abscess	0166	10.17	$504.39	$218.73	$100.88
53060	T	Drainage of urethra abscess	0166	10.17	$504.39	$218.73	$100.88
53080	T	Drainage of urinary leakage	0166	10.17	$504.39	$218.73	$100.88
53085	C	Drainage of urinary leakage					
53200	T	Biopsy of urethra	0166	10.17	$504.39	$218.73	$100.88
53210	T	Removal of urethra	0168	24.94	$1,236.93	$536.11	$247.39
53215	T	Removal of urethra	0168	24.94	$1,236.93	$536.11	$247.39
53220	T	Treatment of urethra lesion	0168	24.94	$1,236.93	$536.11	$247.39
53230	T	Removal of urethra lesion	0168	24.94	$1,236.93	$536.11	$247.39
53235	T	Removal of urethra lesion	0168	24.94	$1,236.93	$536.11	$247.39
53240	T	Surgery for urethra pouch	0168	24.94	$1,236.93	$536.11	$247.39
53250	T	Removal of urethra gland	0166	10.17	$504.39	$218.73	$100.88
53260	T	Treatment of urethra lesion	0166	10.17	$504.39	$218.73	$100.88
53265	T	Treatment of urethra lesion	0166	10.17	$504.39	$218.73	$100.88
53270	T	Removal of urethra gland	0167	21.06	$1,044.50	$555.84	$208.90
53275	T	Repair of urethra defect	0166	10.17	$504.39	$218.73	$100.88
53400	T	Revise urethra, stage 1	0168	24.94	$1,236.93	$536.11	$247.39
53405	T	Revise urethra, stage 2	0168	24.94	$1,236.93	$536.11	$247.39
53410	T	Reconstruction of urethra	0168	24.94	$1,236.93	$536.11	$247.39
53415	C	Reconstruction of urethra					
53420	T	Reconstruct urethra, stage 1	0168	24.94	$1,236.93	$536.11	$247.39
53425	T	Reconstruct urethra, stage 2	0168	24.94	$1,236.93	$536.11	$247.39
53430	T	Reconstruction of urethra	0168	24.94	$1,236.93	$536.11	$247.39
53440	T	Correct bladder function	0182	52.11	$2,584.45	$1,525.05	$516.89
53442	T	Remove perineal prosthesis	0166	10.17	$504.39	$218.73	$100.88
53443	C	Reconstruction of urethra					
53445	T	Correct urine flow control	0182	52.11	$2,584.45	$1,525.05	$516.89
53447	T	Remove artificial sphincter	0168	24.94	$1,236.93	$536.11	$247.39
53449	T	Correct artificial sphincter	0168	24.94	$1,236.93	$536.11	$247.39
53450	T	Revision of urethra	0168	24.94	$1,236.93	$536.11	$247.39
53460	T	Revision of urethra	0168	24.94	$1,236.93	$536.11	$247.39
53502	T	Repair of urethra injury	0166	10.17	$504.39	$218.73	$100.88
53505	T	Repair of urethra injury	0167	21.06	$1,044.50	$555.84	$208.90
53510	T	Repair of urethra injury	0166	10.17	$504.39	$218.73	$100.88
53515	T	Repair of urethra injury	0168	24.94	$1,236.93	$536.11	$247.39
53520	T	Repair of urethra defect	0168	24.94	$1,236.93	$536.11	$247.39
53600	T	Dilate urethra stricture	0164	2.17	$107.64	$33.03	$21.53
53601	T	Dilate urethra stricture	0164	2.17	$107.64	$33.03	$21.53
53605	T	Dilate urethra stricture	0161	10.94	$542.58	$249.36	$108.52
53620	T	Dilate urethra stricture	0165	3.89	$192.92	$91.76	$38.58
53621	T	Dilate urethra stricture	0164	2.17	$107.64	$33.03	$21.53
53660	T	Dilation of urethra	0164	2.17	$107.64	$33.03	$21.53
53661	T	Dilation of urethra	0164	2.17	$107.64	$33.03	$21.53
53665	T	Dilation of urethra	0166	10.17	$504.39	$218.73	$100.88
53670	N	Insert urinary catheter					
53675	T	Insert urinary catheter	0164	2.17	$107.64	$33.03	$21.53
53850	T	Prostatic microwave thermotx	0980	38.67	$1,917.89		$383.58
53852	T	Prostatic rf thermotx	0980	38.67	$1,917.89		$383.58
53899	T	Urology surgery procedure	0165	3.89	$192.92	$91.76	$38.58
54000	T	Slitting of prepuce	0166	10.17	$504.39	$218.73	$100.88
54001	T	Slitting of prepuce	0166	10.17	$504.39	$218.73	$100.88
54015	T	Drain penis lesion	0008	6.15	$305.02	$113.67	$61.00
54050	T	Destruction, penis lesion(s)	0013	0.91	$45.13	$17.66	$9.03
54055	T	Destruction, penis lesion(s)	0016	3.53	$175.07	$74.67	$35.01
54056	T	Cryosurgery, penis lesion(s)	0013	0.91	$45.13	$17.66	$9.03
54057	T	Laser surg, penis lesion(s)	0017	12.45	$617.47	$289.16	$123.49
54060	T	Excision of penis lesion(s)	0017	12.45	$617.47	$289.16	$123.49
54065	T	Destruction, penis lesion(s)	0017	12.45	$617.47	$289.16	$123.49
54100	T	Biopsy of penis	0020	6.51	$322.87	$130.53	$64.57

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
54105	T	Biopsy of penis	0021	10.49	$520.26	$236.51	$104.05
54110	T	Treatment of penis lesion	0181	32.37	$1,605.43	$906.36	$321.09
54111	T	Treat penis lesion, graft	0181	32.37	$1,605.43	$906.36	$321.09
54112	T	Treat penis lesion, graft	0181	32.37	$1,605.43	$906.36	$321.09
54115	T	Treatment of penis lesion	0008	6.15	$305.02	$113.67	$61.00
54120	T	Partial removal of penis	0181	32.37	$1,605.43	$906.36	$321.09
54125	C	Removal of penis					
54130	C	Remove penis & nodes					
54135	C	Remove penis & nodes					
54150	T	Circumcision	0180	13.62	$675.49	$304.87	$135.10
54152	T	Circumcision	0180	13.62	$675.49	$304.87	$135.10
54160	T	Circumcision	0180	13.62	$675.49	$304.87	$135.10
54161	T	Circumcision	0180	13.62	$675.49	$304.87	$135.10
54200	T	Treatment of penis lesion	0165	3.89	$192.92	$91.76	$38.58
54205	T	Treatment of penis lesion	0181	32.37	$1,605.43	$906.36	$321.09
54220	T	Treatment of penis lesion	0165	3.89	$192.92	$91.76	$38.58
54230	N	Prepare penis study					
54231	T	Dynamic cavernosometry	0165	3.89	$192.92	$91.76	$38.58
54235	T	Penile injection	0164	2.17	$107.64	$33.03	$21.53
54240	T	Penis study	0164	2.17	$107.64	$33.03	$21.53
54250	T	Penis study	0165	3.89	$192.92	$91.76	$38.58
54300	T	Revision of penis	0181	32.37	$1,605.43	$906.36	$321.09
54304	T	Revision of penis	0181	32.37	$1,605.43	$906.36	$321.09
54308	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54312	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54316	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54318	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54322	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54324	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54326	T	Reconstruction of urethra	0181	32.37	$1,605.43	$906.36	$321.09
54328	T	Revise penis/urethra	0181	32.37	$1,605.43	$906.36	$321.09
54332	C	Revise penis/urethra					
54336	C	Revise penis/urethra					
54340	T	Secondary urethral surgery	0181	32.37	$1,605.43	$906.36	$321.09
54344	T	Secondary urethral surgery	0181	32.37	$1,605.43	$906.36	$321.09
54348	T	Secondary urethral surgery	0181	32.37	$1,605.43	$906.36	$321.09
54352	T	Reconstruct urethra/penis	0181	32.37	$1,605.43	$906.36	$321.09
54360	T	Penis plastic surgery	0181	32.37	$1,605.43	$906.36	$321.09
54380	T	Repair penis	0181	32.37	$1,605.43	$906.36	$321.09
54385	T	Repair penis	0181	32.37	$1,605.43	$906.36	$321.09
54390	C	Repair penis and bladder					
54400	T	Insert semi-rigid prosthesis	0182	52.11	$2,584.45	$1,525.05	$516.89
54401	T	Insert self-contd prosthesis	0182	52.11	$2,584.45	$1,525.05	$516.89
54402	T	Remove penis prosthesis	0185	32.37	$1,605.43	$906.36	$321.09
54405	T	Insert multi-comp prosthesis	0182	52.11	$2,584.45	$1,525.05	$516.89
54407	T	Remove multi-comp prosthesis	0185	32.37	$1,605.43	$906.36	$321.09
54409	T	Revise penis prosthesis	0185	32.37	$1,605.43	$906.36	$321.09
54420	T	Revision of penis	0181	32.37	$1,605.43	$906.36	$321.09
54430	C	Revision of penis					
54435	T	Revision of penis	0181	32.37	$1,605.43	$906.36	$321.09
54440	T	Repair of penis	0181	32.37	$1,605.43	$906.36	$321.09
54450	T	Preputial stretching	0165	3.89	$192.92	$91.76	$38.58
54500	T	Biopsy of testis	0005	5.41	$268.32	$119.75	$53.66
54505	T	Biopsy of testis	0183	18.26	$905.62	$448.94	$181.12
54510	T	Removal of testis lesion	0183	18.26	$905.62	$448.94	$181.12
*54512	T	Excise lesion testis	0183	18.26	$905.62	$448.94	$181.12
54520	T	Removal of testis	0183	18.26	$905.62	$448.94	$181.12
*54522	T	Orchiectomy, partial	0183	18.26	$905.62	$448.94	$181.12
54530	T	Removal of testis	0154	22.43	$1,112.45	$556.98	$222.49
54535	C	Extensive testis surgery					
54550	T	Exploration for testis	0154	22.43	$1,112.45	$556.98	$222.49
54560	C	Exploration for testis					
54600	T	Reduce testis torsion	0183	18.26	$905.62	$448.94	$181.12
54620	T	Suspension of testis	0183	18.26	$905.62	$448.94	$181.12
54640	T	Suspension of testis	0154	22.43	$1,112.45	$556.98	$222.49
54650	C	Orchiopexy (Fowler-Stephens)					
54660	T	Revision of testis	0183	18.26	$905.62	$448.94	$181.12
54670	T	Repair testis injury	0183	18.26	$905.62	$448.94	$181.12
54680	T	Relocation of testis(es)	0183	18.26	$905.62	$448.94	$181.12
54690	T	Laparoscopy, orchiectomy	0131	41.81	$2,073.61	$1,089.88	$414.72
54692	T	Laparoscopy, orchiopexy	0132	48.91	$2,425.74	$1,239.22	$485.15
54699	T	Laparoscope proc, testis	0130	25.36	$1,257.75	$659.53	$251.55
54700	T	Drainage of scrotum	0183	18.26	$905.62	$448.94	$181.12
54800	T	Biopsy of epididymis	0004	1.84	$91.26	$32.57	$18.25

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
54820	T	Exploration of epididymis	0183	18.26	$905.62	$448.94	$181.12
54830	T	Remove epididymis lesion	0183	18.26	$905.62	$448.94	$181.12
54840	T	Remove epididymis lesion	0183	18.26	$905.62	$448.94	$181.12
54860	T	Removal of epididymis	0183	18.26	$905.62	$448.94	$181.12
54861	T	Removal of epididymis	0183	18.26	$905.62	$448.94	$181.12
54900	T	Fusion of spermatic ducts	0183	18.26	$905.62	$448.94	$181.12
54901	T	Fusion of spermatic ducts	0183	18.26	$905.62	$448.94	$181.12
55000	T	Drainage of hydrocele	0004	1.84	$91.26	$32.57	$18.25
55040	T	Removal of hydrocele	0154	22.43	$1,112.45	$556.98	$222.49
55041	T	Removal of hydroceles	0154	22.43	$1,112.45	$556.98	$222.49
55060	T	Repair of hydrocele	0183	18.26	$905.62	$448.94	$181.12
55100	T	Drainage of scrotum abscess	0008	6.15	$305.02	$113.67	$61.00
55110	T	Explore scrotum	0183	18.26	$905.62	$448.94	$181.12
55120	T	Removal of scrotum lesion	0183	18.26	$905.62	$448.94	$181.12
55150	T	Removal of scrotum	0183	18.26	$905.62	$448.94	$181.12
55175	T	Revision of scrotum	0183	18.26	$905.62	$448.94	$181.12
55180	T	Revision of scrotum	0183	18.26	$905.62	$448.94	$181.12
55200	T	Incision of sperm duct	0183	18.26	$905.62	$448.94	$181.12
55250	T	Removal of sperm duct(s)	0183	18.26	$905.62	$448.94	$181.12
55300	N	Prepare, sperm duct x-ray					
55400	T	Repair of sperm duct	0183	18.26	$905.62	$448.94	$181.12
55450	T	Ligation of sperm duct	0183	18.26	$905.62	$448.94	$181.12
55500	T	Removal of hydrocele	0183	18.26	$905.62	$448.94	$181.12
55520	T	Removal of sperm cord lesion	0183	18.26	$905.62	$448.94	$181.12
55530	T	Revise spermatic cord veins	0183	18.26	$905.62	$448.94	$181.12
55535	T	Revise spermatic cord veins	0154	22.43	$1,112.45	$556.98	$222.49
55540	T	Revise hernia & sperm veins	0154	22.43	$1,112.45	$556.98	$222.49
55550	T	Laparo ligate spermatic vein	0131	41.81	$2,073.61	$1,089.88	$414.72
55559	T	Laparo proc, spermatic cord	0130	25.36	$1,257.75	$659.53	$251.55
55600	C	Incise sperm duct pouch					
55605	C	Incise sperm duct pouch					
55650	C	Remove sperm duct pouch					
55680	T	Remove sperm pouch lesion	0183	18.26	$905.62	$448.94	$181.12
55700	T	Biopsy of prostate	0184	4.94	$245.01	$122.96	$49.00
55705	T	Biopsy of prostate	0184	4.94	$245.01	$122.96	$49.00
55720	T	Drainage of prostate abscess	0162	17.49	$867.44	$427.49	$173.49
55725	T	Drainage of prostate abscess	0162	17.49	$867.44	$427.49	$173.49
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	0162	17.49	$867.44	$427.49	$173.49
55860	T	Surgical exposure, prostate	0165	3.89	$192.92	$91.76	$38.58
55862	C	Extensive prostate surgery					
55865	C	Extensive prostate surgery					
55870	T	Electroejaculation	0197	2.40	$119.03	$49.55	$23.81
*55873	T	Cryoablate prostate	0980	38.67	$1,917.89		$383.58
55899	T	Genital surgery procedure	0164	2.17	$107.64	$33.03	$21.53
55970	E	Sex transformation, M to F					
55980	E	Sex transformation, F to M					
56405	T	I & D of vulva/perineum	0192	2.38	$118.04	$35.33	$23.61
56420	T	Drainage of gland abscess	0192	2.38	$118.04	$35.33	$23.61
56440	T	Surgery for vulva lesion	0194	16.21	$803.96	$395.94	$160.79
56441	T	Lysis of labial lesion(s)	0193	8.93	$442.89	$171.13	$88.58
56501	T	Destruction, vulva lesion(s)	0016	3.53	$175.07	$74.67	$35.01
56515	T	Destruction, vulva lesion(s)	0017	12.45	$617.47	$289.16	$123.49
56605	T	Biopsy of vulva/perineum	0019	4.00	$198.39	$78.91	$39.68
56606	T	Biopsy of vulva/perineum	0019	4.00	$198.39	$78.91	$39.68
56620	T	Partial removal of vulva	0195	18.68	$926.46	$483.80	$185.29
56625	T	Complete removal of vulva	0195	18.68	$926.46	$483.80	$185.29
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	16.21	$803.96	$395.94	$160.79
56720	T	Incision of hymen	0193	8.93	$442.89	$171.13	$88.58

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
56740	T	Remove vagina gland lesion	0194	16.21	$803.96	$395.94	$160.79
56800	T	Repair of vagina	0194	16.21	$803.96	$395.94	$160.79
56805	T	Repair clitoris	0194	16.21	$803.96	$395.94	$160.79
56810	T	Repair of perineum	0194	16.21	$803.96	$395.94	$160.79
57000	T	Exploration of vagina	0194	16.21	$803.96	$395.94	$160.79
57010	T	Drainage of pelvic abscess	0194	16.21	$803.96	$395.94	$160.79
57020	T	Drainage of pelvic fluid	0193	8.93	$442.89	$171.13	$88.58
*57022	T	I & D vaginal hematoma, OB	0007	3.68	$182.51	$72.03	$36.50
*57023	T	I & D vaginal hematoma, trauma	0007	3.68	$182.51	$72.03	$36.50
57061	T	Destruction vagina lesion(s)	0194	16.21	$803.96	$395.94	$160.79
57065	T	Destruction vagina lesion(s)	0194	16.21	$803.96	$395.94	$160.79
57100	T	Biopsy of vagina	0192	2.38	$118.04	$35.33	$23.61
57105	T	Biopsy of vagina	0194	16.21	$803.96	$395.94	$160.79
57106	T	Remove vagina wall, partial	0194	16.21	$803.96	$395.94	$160.79
57107	T	Remove vagina tissue, part	0194	16.21	$803.96	$395.94	$160.79
57109	T	Vaginectomy partial w/nodes	0194	16.21	$803.96	$395.94	$160.79
57110	C	Remove vagina wall, complete					
57111	C	Remove vagina tissue, compl					
57112	C	Vaginectomy w/nodes, compl					
57120	T	Closure of vagina	0194	16.21	$803.96	$395.94	$160.79
57130	T	Remove vagina lesion	0194	16.21	$803.96	$395.94	$160.79
57135	T	Remove vagina lesion	0194	16.21	$803.96	$395.94	$160.79
57150	T	Treat vagina infection	0192	2.38	$118.04	$35.33	$23.61
57160	T	Insert pessary/other device	0191	1.19	$59.02	$17.43	$11.80
57170	T	Fitting of diaphragm/cap	0191	1.19	$59.02	$17.43	$11.80
57180	T	Treat vaginal bleeding	0192	2.38	$118.04	$35.33	$23.61
57200	T	Repair of vagina	0194	16.21	$803.96	$395.94	$160.79
57210	T	Repair vagina/perineum	0194	16.21	$803.96	$395.94	$160.79
57220	T	Revision of urethra	0195	18.68	$926.46	$483.80	$185.29
57230	T	Repair of urethral lesion	0194	16.21	$803.96	$395.94	$160.79
57240	T	Repair bladder & vagina	0195	18.68	$926.46	$483.80	$185.29
57250	T	Repair rectum & vagina	0195	18.68	$926.46	$483.80	$185.29
57260	T	Repair of vagina	0195	18.68	$926.46	$483.80	$185.29
57265	T	Extensive repair of vagina	0195	18.68	$926.46	$483.80	$185.29
57268	T	Repair of bowel bulge	0195	18.68	$926.46	$483.80	$185.29
57270	C	Repair of bowel pouch					
57280	C	Suspension of vagina					
57282	C	Repair of vaginal prolapse					
57284	T	Repair paravaginal defect	0195	18.68	$926.46	$483.80	$185.29
*57287	T	Revise/remove sling repair	0195	18.68	$926.46	$483.80	$185.29
57288	T	Repair bladder defect	0195	18.68	$926.46	$483.80	$185.29
57289	T	Repair bladder & vagina	0195	18.68	$926.46	$483.80	$185.29
57291	T	Construction of vagina	0195	18.68	$926.46	$483.80	$185.29
57292	C	Construct vagina with graft					
57300	T	Repair rectum-vagina fistula	0195	18.68	$926.46	$483.80	$185.29
57305	C	Repair rectum-vagina fistula					
57307	C	Fistula repair & colostomy					
57308	C	Fistula repair, transperine					
57310	T	Repair urethrovaginal lesion	0195	18.68	$926.46	$483.80	$185.29
57311	C	Repair urethrovaginal lesion					
57320	T	Repair bladder-vagina lesion	0195	18.68	$926.46	$483.80	$185.29
57330	T	Repair bladder-vagina lesion	0195	18.68	$926.46	$483.80	$185.29
57335	C	Repair vagina					
57400	T	Dilation of vagina	0194	16.21	$803.96	$395.94	$160.79
57410	T	Pelvic examination	0194	16.21	$803.96	$395.94	$160.79
57415	T	Remove vaginal foreign body	0194	16.21	$803.96	$395.94	$160.79
57452	T	Examination of vagina	0191	1.19	$59.02	$17.43	$11.80
57454	T	Vagina examination & biopsy	0192	2.38	$118.04	$35.33	$23.61
57460	T	Cervix excision	0193	8.93	$442.89	$171.13	$88.58
57500	T	Biopsy of cervix	0193	8.93	$442.89	$171.13	$88.58
57505	T	Endocervical curettage	0192	2.38	$118.04	$35.33	$23.61
57510	T	Cauterization of cervix	0193	8.93	$442.89	$171.13	$88.58
57511	T	Cryocautery of cervix	0192	2.38	$118.04	$35.33	$23.61
57513	T	Laser surgery of cervix	0193	8.93	$442.89	$171.13	$88.58
57520	T	Conization of cervix	0194	16.21	$803.96	$395.94	$160.79
57522	T	Conization of cervix	0195	18.68	$926.46	$483.80	$185.29
57530	T	Removal of cervix	0195	18.68	$926.46	$483.80	$185.29
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	18.68	$926.46	$483.80	$185.29
57555	T	Remove cervix/repair vagina	0195	18.68	$926.46	$483.80	$185.29
57556	T	Remove cervix, repair bowel	0195	18.68	$926.46	$483.80	$185.29
57700	T	Revision of cervix	0194	16.21	$803.96	$395.94	$160.79

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
57720	T	Revision of cervix	0194	16.21	$803.96	$395.94	$160.79
57800	T	Dilation of cervical canal	0193	8.93	$442.89	$171.13	$88.58
57820	T	D & c of residual cervix	0196	14.47	$717.66	$357.98	$143.53
58100	T	Biopsy of uterus lining	0191	1.19	$59.02	$17.43	$11.80
58120	T	Dilation and curettage	0196	14.47	$717.66	$357.98	$143.53
58140	C	Removal of uterus lesion					
58145	T	Removal of uterus lesion	0195	18.68	$926.46	$483.80	$185.29
58150	C	Total hysterectomy					
58152	C	Total hysterectomy					
58180	C	Partial hysterectomy					
58200	C	Extensive hysterectomy					
58210	C	Extensive hysterectomy					
58240	C	Removal of pelvis contents					
58260	C	Vaginal hysterectomy					
58262	C	Vaginal hysterectomy					
58263	C	Vaginal hysterectomy					
58267	C	Hysterectomy & vagina repair					
58270	C	Hysterectomy & vagina repair					
58275	C	Hysterectomy/revise vagina					
58280	C	Hysterectomy/revise vagina					
58285	C	Extensive hysterectomy					
58300	E	Insert intrauterine device					
58301	T	Remove intrauterine device	0191	1.19	$59.02	$17.43	$11.80
58321	T	Artificial insemination	0197	2.40	$119.03	$49.55	$23.81
58322	T	Artificial insemination	0197	2.40	$119.03	$49.55	$23.81
58323	T	Sperm washing	0197	2.40	$119.03	$49.55	$23.81
58340	N	Catheter for hysterography					
58345	T	Reopen fallopian tube	0194	16.21	$803.96	$395.94	$160.79
58350	T	Reopen fallopian tube	0194	16.21	$803.96	$395.94	$160.79
*58353	T	Endometr ablate, thermal	0193	8.93	$442.89	$171.13	$88.58
58400	C	Suspension of uterus					
58410	C	Suspension of uterus					
58520	C	Repair of ruptured uterus					
58540	C	Revision of uterus					
58550	T	Laparo-asst vag hysterectomy	0132	48.91	$2,425.74	$1,239.22	$485.15
58551	T	Laparoscopy, remove myoma	0131	41.81	$2,073.61	$1,089.88	$414.72
58555	T	Hysteroscopy, dx, sep proc	0191	1.19	$59.02	$17.43	$11.80
58558	T	Hysteroscopy, biopsy	0190	17.85	$885.29	$443.89	$177.06
58559	T	Hysteroscopy, lysis	0190	17.85	$885.29	$443.89	$177.06
58560	T	Hysteroscopy, resect septum	0190	17.85	$885.29	$443.89	$177.06
58561	T	Hysteroscopy, remove myoma	0190	17.85	$885.29	$443.89	$177.06
58562	T	Hysteroscopy, remove fb	0190	17.85	$885.29	$443.89	$177.06
58563	T	Hysteroscopy, ablation	0190	17.85	$885.29	$443.89	$177.06
58578	T	Laparo proc, uterus	0190	17.85	$885.29	$443.89	$177.06
58579	T	Hysteroscope procedure	0190	17.85	$885.29	$443.89	$177.06
58600	T	Division of fallopian tube	0194	16.21	$803.96	$395.94	$160.79
58605	C	Division of fallopian tube					
58611	C	Ligate oviduct(s) add-on					
58615	T	Occlude fallopian tube(s)	0194	16.21	$803.96	$395.94	$160.79
58660	T	Laparoscopy, lysis	0131	41.81	$2,073.61	$1,089.88	$414.72
58661	T	Laparoscopy, remove adnexa	0131	41.81	$2,073.61	$1,089.88	$414.72
58662	T	Laparoscopy, excise lesions	0131	41.81	$2,073.61	$1,089.88	$414.72
58670	T	Laparoscopy, tubal cautery	0131	41.81	$2,073.61	$1,089.88	$414.72
58671	T	Laparoscopy, tubal block	0131	41.81	$2,073.61	$1,089.88	$414.72
58672	T	Laparoscopy, fimbrioplasty	0131	41.81	$2,073.61	$1,089.88	$414.72
58673	T	Laparoscopy, salpingostomy	0131	41.81	$2,073.61	$1,089.88	$414.72
58679	T	Laparo proc, oviduct-ovary	0130	25.36	$1,257.75	$659.53	$251.55
58700	C	Removal of fallopian tube					
58720	C	Removal of ovary/tube(s)					
58740	C	Revise fallopian tube(s)					
58750	C	Repair oviduct					
58752	C	Revise ovarian tube(s)					
58760	C	Remove tubal obstruction					
58770	C	Create new tubal opening					
58800	T	Drainage of ovarian cyst(s)	0195	18.68	$926.46	$483.80	$185.29
58805	C	Drainage of ovarian cyst(s)					
58820	T	Drain ovary abscess, open	0195	18.68	$926.46	$483.80	$185.29
58822	C	Drain ovary abscess, percut					
58823	C	Drain pelvic abscess, percut					
58825	C	Transposition, ovary(s)					
58900	T	Biopsy of ovary(s)	0195	18.68	$926.46	$483.80	$185.29
58920	T	Partial removal of ovary(s)	0195	18.68	$926.46	$483.80	$185.29
58925	T	Removal of ovarian cyst(s)	0195	18.68	$926.46	$483.80	$185.29
58940	C	Removal of ovary(s)					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
58943	C	Removal of ovary(s)					
58950	C	Resect ovarian malignancy					
58951	C	Resect ovarian malignancy					
58952	C	Resect ovarian malignancy					
58960	C	Exploration of abdomen					
58970	T	Retrieval of oocyte	0194	16.21	$803.96	$395.94	$160.79
58974	T	Transfer of embryo	0197	2.40	$119.03	$49.55	$23.81
58976	T	Transfer of embryo	0197	2.40	$119.03	$49.55	$23.81
58999	T	Genital surgery procedure	0019	4.00	$198.39	$78.91	$39.68
59000	T	Amniocentesis	0198	1.34	$66.46	$33.03	$13.29
59012	T	Fetal cord puncture,prenatal	0198	1.34	$66.46	$33.03	$13.29
59015	T	Chorion biopsy	0198	1.34	$66.46	$33.03	$13.29
59020	T	Fetal contract stress test	0198	1.34	$66.46	$33.03	$13.29
59025	T	Fetal non-stress test	0198	1.34	$66.46	$33.03	$13.29
59030	T	Fetal scalp blood sample	0198	1.34	$66.46	$33.03	$13.29
59050	T	Fetal monitor w/report	0198	1.34	$66.46	$33.03	$13.29
59051	E	Fetal monitor/interpret only					
59100	C	Remove uterus lesion					
59120	C	Treat ectopic pregnancy					
59121	C	Treat ectopic pregnancy					
59130	C	Treat ectopic pregnancy					
59135	C	Treat ectopic pregnancy					
59136	C	Treat ectopic pregnancy					
59140	C	Treat ectopic pregnancy					
59150	T	Treat ectopic pregnancy	0131	41.81	$2,073.61	$1,089.88	$414.72
59151	T	Treat ectopic pregnancy	0131	41.81	$2,073.61	$1,089.88	$414.72
59160	T	D & c after delivery	0196	14.47	$717.66	$357.98	$143.53
59200	T	Insert cervical dilator	0191	1.19	$59.02	$17.43	$11.80
59300	T	Episiotomy or vaginal repair	0194	16.21	$803.96	$395.94	$160.79
59320	T	Revision of cervix	0194	16.21	$803.96	$395.94	$160.79
59325	C	Revision of cervix					
59350	C	Repair of uterus					
59400	E	Obstetrical care					
59409	T	Obstetrical care	0199	11.20	$555.48	$157.83	$111.10
59410	E	Obstetrical care					
59412	T	Antepartum manipulation	0199	11.20	$555.48	$157.83	$111.10
59414	T	Deliver placenta	0199	11.20	$555.48	$157.83	$111.10
59425	E	Antepartum care only					
59426	E	Antepartum care only					
59430	E	Care after delivery					
59510	E	Cesarean delivery					
59514	C	Cesarean delivery only					
59515	E	Cesarean delivery					
59525	C	Remove uterus after cesarean					
59610	E	Vbac delivery					
59612	T	Vbac delivery only	0199	11.20	$555.48	$157.83	$111.10
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	13.00	$644.75	$329.65	$128.95
59820	T	Care of miscarriage	0201	13.00	$644.75	$329.65	$128.95
59821	T	Treatment of miscarriage	0201	13.00	$644.75	$329.65	$128.95
59830	C	Treat uterus infection					
59840	T	Abortion	0200	13.89	$688.89	$373.23	$137.78
59841	T	Abortion	0200	13.89	$688.89	$373.23	$137.78
59850	C	Abortion					
59851	C	Abortion					
59852	C	Abortion					
59855	C	Abortion					
59856	C	Abortion					
59857	C	Abortion					
59866	T	Abortion (mpr)	0198	1.34	$66.46	$33.03	$13.29
59870	T	Evacuate mole of uterus	0201	13.00	$644.75	$329.65	$128.95
59871	T	Remove cerclage suture	0194	16.21	$803.96	$395.94	$160.79
59898	T	Laparo proc, ob care/deliver	0130	25.36	$1,257.75	$659.53	$251.55
59899	T	Maternity care procedure	0198	1.34	$66.46	$33.03	$13.29
60000	T	Drain thyroid/tongue cyst	0253	12.02	$596.14	$284.00	$119.23
60001	T	Aspirate/inject thyriod cyst	0002	0.62	$30.75	$17.66	$6.15
60100	T	Biopsy of thyroid	0004	1.84	$91.26	$32.57	$18.25
60200	T	Remove thyroid lesion	0114	19.56	$970.10	$493.78	$194.02
60210	T	Partial thyroid excision	0114	19.56	$970.10	$493.78	$194.02
60212	T	Parital thyroid excision	0114	19.56	$970.10	$493.78	$194.02
60220	T	Partial removal of thyroid	0114	19.56	$970.10	$493.78	$194.02

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
60225	T	Partial removal of thyroid	0114	19.56	$970.10	$493.78	$194.02
60240	T	Removal of thyroid	0114	19.56	$970.10	$493.78	$194.02
60252	T	Removal of thyroid	0256	25.40	$1,259.74	$623.05	$251.95
60254	C	Extensive thyroid surgery					
60260	T	Repeat thyroid surgery	0256	25.40	$1,259.74	$623.05	$251.95
60270	C	Removal of thyroid					
60271	C	Removal of thyroid					
60280	T	Remove thyroid duct lesion	0114	19.56	$970.10	$493.78	$194.02
60281	T	Remove thyroid duct lesion	0114	19.56	$970.10	$493.78	$194.02
60500	T	Explore parathyroid glands	0256	25.40	$1,259.74	$623.05	$251.95
60502	C	Re-explore parathyroids					
60505	C	Explore parathyroid glands					
60512	T	Autotransplant parathyroid	0020	6.51	$322.87	$130.53	$64.57
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	25.36	$1,257.75	$659.53	$251.55
60699	T	Endocrine surgery procedure	0004	1.84	$91.26	$32.57	$18.25
61000	T	Remove cranial cavity fluid	0212	3.64	$180.53	$88.78	$36.11
61001	T	Remove cranial cavity fluid	0212	3.64	$180.53	$88.78	$36.11
61020	T	Remove brain cavity fluid	0212	3.64	$180.53	$88.78	$36.11
61026	T	Injection into brain canal	0212	3.64	$180.53	$88.78	$36.11
61050	T	Remove brain canal fluid	0212	3.64	$180.53	$88.78	$36.11
61055	T	Injection into brain canal	0212	3.64	$180.53	$88.78	$36.11
61070	T	Brain canal shunt procedure	0212	3.64	$180.53	$88.78	$36.11
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	17.89	$887.27	$453.41	$177.45
61250	C	Pierce skull & explore					
61253	C	Pierce skull & explore					
61304	C	Open skull for exploration					
61305	C	Open skull for exploration					
61312	C	Open skull for drainage					
61313	C	Open skull for drainage					
61314	C	Open skull for drainage					
61315	C	Open skull for drainage					
61320	C	Open skull for drainage					
61321	C	Open skull for drainage					
61330	T	Decompress eye socket	0256	25.40	$1,259.74	$623.05	$251.95
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					
61480	C	Incise skull for surgery					
61490	C	Incise skull for surgery					
61500	C	Removal of skull lesion					
61501	C	Remove infected skull bone					
61510	C	Removal of brain lesion					
61512	C	Remove brain lining lesion					
61514	C	Removal of brain abscess					
61516	C	Removal of brain lesion					
61518	C	Removal of brain lesion					
61519	C	Remove brain lining lesion					
61520	C	Removal of brain lesion					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
61521	C	Removal of brain lesion					
61522	C	Removal of brain abscess					
61524	C	Removal of brain lesion					
61526	C	Removal of brain lesion					
61530	C	Removal of brain lesion					
61531	C	Implant brain electrodes					
61533	C	Implant brain electrodes					
61534	C	Removal of brain lesion					
61535	C	Remove brain electrodes					
61536	C	Removal of brain lesion					
61538	C	Removal of brain tissue					
61539	C	Removal of brain tissue					
61541	C	Incision of brain tissue					
61542	C	Removal of brain tissue					
61543	C	Removal of brain tissue					
61544	C	Remove & treat brain lesion					
61545	C	Excision of brain tumor					
61546	C	Removal of pituitary gland					
61548	C	Removal of pituitary gland					
61550	C	Release of skull seams					
61552	C	Release of skull seams					
61556	C	Incise skull/sutures					
61557	C	Incise skull/sutures					
61558	C	Excision of skull/sutures					
61559	C	Excision of skull/sutures					
61563	C	Excision of skull tumor					
61564	C	Excision of skull tumor					
61570	C	Remove 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					
61626	C	Occlusion/embolization cath					
61680	C	Intracranial vessel surgery					
61682	C	Intracranial vessel surgery					
61684	C	Intracranial vessel surgery					
61686	C	Intracranial vessel surgery					
61690	C	Intracranial vessel surgery					
61692	C	Intracranial vessel surgery					
*61697	C	Brain aneurysm repair, complex					
*61698	C	Brain aneurysm repair, complex					
61700	C	Inner skull vessel surgery					
61702	C	Inner skull vessel surgery					
61703	C	Clamp neck artery					
61705	C	Revise circulation to head					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	13.96	$692.36	$326.21	$138.47
61791	C	Treat trigeminal tract					
61793	E	Focus radiation beam					
61795	S	Brain surgery using computer	0302	8.21	$407.18	$216.55	$81.44
61850	C	Implant neuroelectrodes					
61860	C	Implant neuroelectrodes					
61862	C	Implant neurostimul, subcort					
61870	C	Implant neuroelectrodes					
61875	C	Implant neuroelectrodes					
61880	T	Revise/remove neuroelectrode	0105	15.06	$746.92	$372.32	$149.38
61885	T	Implant neurostim one array	0222	124.43	$6,171.23	$2,955.13	$1,234.25
61886	T	Implant neurostim arrays	0222	124.43	$6,171.23	$2,955.13	$1,234.25
61888	T	Revise/remove neuroreceiver	0105	15.06	$746.92	$372.32	$149.38
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					
62180	C	Establish brain cavity shunt					
62190	C	Establish brain cavity shunt					
62192	C	Establish brain cavity shunt					
62194	T	Replace/irrigate catheter	0121	2.36	$117.05	$52.53	$23.41
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	0121	2.36	$117.05	$52.53	$23.41
62230	T	Replace/revise brain shunt	0224	17.89	$887.27	$453.41	$177.45
*62252	S	CSF shunt reprogram	0102	0.45	$22.32	$12.62	$4.46
62256	C	Remove brain cavity shunt					
62258	C	Replace brain cavity shunt					
62263	T	Lysis epidural adhesions	0212	3.64	$180.53	$88.78	$36.11
62268	T	Drain spinal cord cyst	0212	3.64	$180.53	$88.78	$36.11
62269	T	Needle biopsy, spinal cord	0005	5.41	$268.32	$119.75	$53.66
62270	T	Spinal fluid tap, diagnostic	0210	3.00	$148.79	$62.40	$29.76
62272	T	Drain spinal fluid	0210	3.00	$148.79	$62.40	$29.76
62273	T	Treat epidural spine lesion	0212	3.64	$180.53	$88.78	$36.11
62280	T	Treat spinal cord lesion	0212	3.64	$180.53	$88.78	$36.11
62281	T	Treat spinal cord lesion	0212	3.64	$180.53	$88.78	$36.11
62282	T	Treat spinal canal lesion	0212	3.64	$180.53	$88.78	$36.11
62284	N	Injection for myelogram					
62287	T	Percutaneous diskectomy	0220	13.96	$692.36	$326.21	$138.47
62290	N	Inject for spine disk x-ray					
62291	N	Inject for spine disk x-ray					
62292	T	Injection into disk lesion	0212	3.64	$180.53	$88.78	$36.11
62294	T	Injection into spinal artery	0212	3.64	$180.53	$88.78	$36.11
62310	T	Inject spine c/t	0212	3.64	$180.53	$88.78	$36.11
62311	T	Inject spine l/s (cd)	0212	3.64	$180.53	$88.78	$36.11
62318	T	Inject spine w/cath, c/t	0212	3.64	$180.53	$88.78	$36.11
62319	T	Inject spine w/cath l/s (cd)	0212	3.64	$180.53	$88.78	$36.11
62350	T	Implant spinal canal cath	0223	7.05	$349.65	$154.27	$69.93
62351	C	Implant spinal canal cath					
62355	T	Remove spinal canal catheter	0105	15.06	$746.92	$372.32	$149.38
62360	T	Insert spine infusion device	0226	5.62	$278.73	$109.42	$55.75

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
62361	T	Implant spine infusion pump	0227	11.17	$553.99	$330.11	$110.80
62362	T	Implant spine infusion pump	0227	11.17	$553.99	$330.11	$110.80
62365	T	Remove spine infusion device	0105	15.06	$746.92	$372.32	$149.38
62367	S	Analyze spine infusion pump	0102	0.45	$22.32	$12.62	$4.46
62368	S	Analyze spine infusion pump	0102	0.45	$22.32	$12.62	$4.46
63001	C	Removal of spinal lamina					
63003	C	Removal of spinal lamina					
63005	C	Removal of spinal lamina					
63011	C	Removal of spinal lamina					
63012	C	Removal of spinal lamina					
63015	C	Removal of spinal lamina					
63016	C	Removal of spinal lamina					
63017	C	Removal of spinal lamina					
63020	C	Neck spine disk surgery					
63030	C	Low back disk surgery					
63035	C	Spinal disk surgery add-on					
63040	C	Neck spine disk surgery					
63042	C	Low back disk surgery					
*63043	C	Laminotomy, addl cervical					
*63044	C	Laminotomy, addl lumbar					
63045	C	Removal of spinal lamina					
63046	C	Removal of spinal lamina					
63047	C	Removal of spinal lamina					
63048	C	Remove spinal lamina add-on					
63055	C	Decompress spinal cord					
63056	C	Decompress spinal cord					
63057	C	Decompress spine cord add-on					
63064	C	Decompress spinal cord					
63066	C	Decompress spine cord add-on					
63075	C	Neck spine disk surgery					
63076	C	Neck spine disk surgery					
63077	C	Spine disk surgery, thorax					
63078	C	Spine disk surgery, thorax					
63081	C	Removal of vertebral body					
63082	C	Remove vertebral body add-on					
63085	C	Removal of vertebral body					
63086	C	Remove vertebral body add-on					
63087	C	Removal of vertebral body					
63088	C	Remove vertebral body add-on					
63090	C	Removal of vertebral body					
63091	C	Remove vertebral body add-on					
63170	C	Incise spinal cord tract(s)					
63172	C	Drainage of spinal cyst					
63173	C	Drainage of spinal cyst					
63180	C	Revise spinal cord ligaments					
63182	C	Revise spinal cord ligaments					
63185	C	Incise spinal column/nerves					
63190	C	Incise spinal column/nerves					
63191	C	Incise spinal column/nerves					
63194	C	Incise spinal column & cord					
63195	C	Incise spinal column & cord					
63196	C	Incise spinal column & cord					
63197	C	Incise spinal column & cord					
63198	C	Incise spinal column & cord					
63199	C	Incise spinal column & cord					
63200	C	Release of spinal cord					
63250	C	Revise spinal cord vessels					
63251	C	Revise spinal cord vessels					
63252	C	Revise spinal cord vessels					
63265	C	Excise intraspinal lesion					
63266	C	Excise intraspinal lesion					
63267	C	Excise intraspinal lesion					
63268	C	Excise intraspinal lesion					
63270	C	Excise intraspinal lesion					
63271	C	Excise intraspinal lesion					
63272	C	Excise intraspinal lesion					
63273	C	Excise intraspinal lesion					
63275	C	Biopsy/excise spinal tumor					
63276	C	Biopsy/excise spinal tumor					
63277	C	Biopsy/excise spinal tumor					
63278	C	Biopsy/excise spinal tumor					
63280	C	Biopsy/excise spinal tumor					
63281	C	Biopsy/excise spinal tumor					
63282	C	Biopsy/excise spinal tumor					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	13.96	$692.36	$326.21	$138.47
63610	T	Stimulation of spinal cord	0220	13.96	$692.36	$326.21	$138.47
63615	T	Remove lesion of spinal cord	0220	13.96	$692.36	$326.21	$138.47
63650	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
63655	C	Implant neuroelectrodes					
63660	T	Revise/remove neuroelectrode	0105	15.06	$746.92	$372.32	$149.38
63685	T	Implant neuroreceiver	0222	124.43	$6,171.23	$2,955.13	$1,234.25
63688	T	Revise/remove neuroreceiver	0105	15.06	$746.92	$372.32	$149.38
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	25.06	$1,242.88	$696.46	$248.58
63744	T	Revision of spinal shunt	0228	25.06	$1,242.88	$696.46	$248.58
63746	T	Removal of spinal shunt	0109	6.53	$323.86	$133.51	$64.77
64400	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64402	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64405	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64408	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64410	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64412	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64413	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64415	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64417	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64418	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64420	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64421	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64425	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64430	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64435	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64445	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64450	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64470	T	Inj paravertebral c/t	0211	3.32	$164.66	$74.78	$32.93
64472	T	Inj paravertebral c/t add-on	0211	3.32	$164.66	$74.78	$32.93
64475	T	Inj paravertebral l/s	0211	3.32	$164.66	$74.78	$32.93
64476	T	Inj paravertebral l/s add-on	0211	3.32	$164.66	$74.78	$32.93
64479	T	Inj foramen epidural c/t	0211	3.32	$164.66	$74.78	$32.93
64480	T	Inj foramen epidural add-on	0211	3.32	$164.66	$74.78	$32.93
64483	T	Inj foramen epidural l/s	0211	3.32	$164.66	$74.78	$32.93
64484	T	Inj foramen epidural add-on	0211	3.32	$164.66	$74.78	$32.93
64505	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64508	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64510	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64520	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64530	T	Injection for nerve block	0211	3.32	$164.66	$74.78	$32.93
64550	A	Apply neurostimulator					
64553	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64555	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64560	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64565	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64573	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64575	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64577	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64580	T	Implant neuroelectrodes	0225	17.72	$878.84	$408.33	$175.77
64585	T	Revise/remove neuroelectrode	0105	15.06	$746.92	$372.32	$149.38
64590	T	Implant neuroreceiver	0222	124.43	$6,171.23	$2,955.13	$1,234.25

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
64595	T	Revise/remove neuroreceiver	0105	15.06	$746.92	$372.32	$149.38
64600	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64605	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64610	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64612	T	Destroy nerve, face muscle	0211	3.32	$164.66	$74.78	$32.93
64613	T	Destroy nerve, spine muscle	0211	3.32	$164.66	$74.78	$32.93
*64614	S	Desrtoy nerve, extrem musc	0971	1.55	$76.88		$15.38
64620	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64622	T	Destr paravertebrl nerve l/s	0211	3.32	$164.66	$74.78	$32.93
64623	T	Destr paravertebral n add-on	0211	3.32	$164.66	$74.78	$32.93
64626	T	Destr paravertebrl nerve c/t	0211	3.32	$164.66	$74.78	$32.93
64627	T	Destr paravertebral n add-on	0211	3.32	$164.66	$74.78	$32.93
64630	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64640	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64680	T	Injection treatment of nerve	0211	3.32	$164.66	$74.78	$32.93
64702	T	Revise finger/toe nerve	0220	13.96	$692.36	$326.21	$138.47
64704	T	Revise hand/foot nerve	0220	13.96	$692.36	$326.21	$138.47
64708	T	Revise arm/leg nerve	0220	13.96	$692.36	$326.21	$138.47
64712	T	Revision of sciatic nerve	0220	13.96	$692.36	$326.21	$138.47
64713	T	Revision of arm nerve(s)	0220	13.96	$692.36	$326.21	$138.47
64714	T	Revise low back nerve(s)	0220	13.96	$692.36	$326.21	$138.47
64716	T	Revision of cranial nerve	0220	13.96	$692.36	$326.21	$138.47
64718	T	Revise ulnar nerve at elbow	0220	13.96	$692.36	$326.21	$138.47
64719	T	Revise ulnar nerve at wrist	0220	13.96	$692.36	$326.21	$138.47
64721	T	Carpal tunnel surgery	0220	13.96	$692.36	$326.21	$138.47
64722	T	Relieve pressure on nerve(s)	0220	13.96	$692.36	$326.21	$138.47
64726	T	Release foot/toe nerve	0220	13.96	$692.36	$326.21	$138.47
64727	T	Internal nerve revision	0220	13.96	$692.36	$326.21	$138.47
64732	T	Incision of brow nerve	0220	13.96	$692.36	$326.21	$138.47
64734	T	Incision of cheek nerve	0220	13.96	$692.36	$326.21	$138.47
64736	T	Incision of chin nerve	0220	13.96	$692.36	$326.21	$138.47
64738	T	Incision of jaw nerve	0220	13.96	$692.36	$326.21	$138.47
64740	T	Incision of tongue nerve	0220	13.96	$692.36	$326.21	$138.47
64742	T	Incision of facial nerve	0220	13.96	$692.36	$326.21	$138.47
64744	T	Incise nerve, back of head	0220	13.96	$692.36	$326.21	$138.47
64746	T	Incise diaphragm nerve	0220	13.96	$692.36	$326.21	$138.47
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	13.96	$692.36	$326.21	$138.47
64763	C	Incise hip/thigh nerve					
64766	C	Incise hip/thigh nerve					
64771	T	Sever cranial nerve	0220	13.96	$692.36	$326.21	$138.47
64772	T	Incision of spinal nerve	0220	13.96	$692.36	$326.21	$138.47
64774	T	Remove skin nerve lesion	0220	13.96	$692.36	$326.21	$138.47
64776	T	Remove digit nerve lesion	0220	13.96	$692.36	$326.21	$138.47
64778	T	Digit nerve surgery add-on	0220	13.96	$692.36	$326.21	$138.47
64782	T	Remove limb nerve lesion	0220	13.96	$692.36	$326.21	$138.47
64783	T	Limb nerve surgery add-on	0220	13.96	$692.36	$326.21	$138.47
64784	T	Remove nerve lesion	0220	13.96	$692.36	$326.21	$138.47
64786	T	Remove sciatic nerve lesion	0221	18.36	$910.58	$463.62	$182.12
64787	T	Implant nerve end	0220	13.96	$692.36	$326.21	$138.47
64788	T	Remove skin nerve lesion	0220	13.96	$692.36	$326.21	$138.47
64790	T	Removal of nerve lesion	0220	13.96	$692.36	$326.21	$138.47
64792	T	Removal of nerve lesion	0221	18.36	$910.58	$463.62	$182.12
64795	T	Biopsy of nerve	0220	13.96	$692.36	$326.21	$138.47
64802	C	Remove sympathetic nerves					
64804	C	Remove sympathetic nerves					
64809	C	Remove sympathetic nerves					
64818	C	Remove sympathetic nerves					
64820	C	Remove sympathetic nerves					
64831	T	Repair of digit nerve	0221	18.36	$910.58	$463.62	$182.12
64832	T	Repair nerve add-on	0221	18.36	$910.58	$463.62	$182.12
64834	T	Repair of hand or foot nerve	0221	18.36	$910.58	$463.62	$182.12
64835	T	Repair of hand or foot nerve	0221	18.36	$910.58	$463.62	$182.12
64836	T	Repair of hand or foot nerve	0221	18.36	$910.58	$463.62	$182.12
64837	T	Repair nerve add-on	0221	18.36	$910.58	$463.62	$182.12
64840	T	Repair of leg nerve	0221	18.36	$910.58	$463.62	$182.12
64856	T	Repair/transpose nerve	0221	18.36	$910.58	$463.62	$182.12
64857	T	Repair arm/leg nerve	0221	18.36	$910.58	$463.62	$182.12
64858	T	Repair sciatic nerve	0221	18.36	$910.58	$463.62	$182.12
64859	T	Nerve surgery	0221	18.36	$910.58	$463.62	$182.12
64861	T	Repair of arm nerves	0221	18.36	$910.58	$463.62	$182.12
64862	T	Repair of low back nerves	0221	18.36	$910.58	$463.62	$182.12

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
64864	T	Repair of facial nerve	0221	18.36	$910.58	$463.62	$182.12
64865	T	Repair of facial nerve	0221	18.36	$910.58	$463.62	$182.12
64866	C	Fusion of facial/other nerve					
64868	C	Fusion of facial/other nerve					
64870	T	Fusion of facial/other nerve	0221	18.36	$910.58	$463.62	$182.12
64872	T	Subsequent repair of nerve	0221	18.36	$910.58	$463.62	$182.12
64874	T	Repair & revise nerve add-on	0221	18.36	$910.58	$463.62	$182.12
64876	T	Repair nerve/shorten bone	0221	18.36	$910.58	$463.62	$182.12
64885	T	Nerve graft, head or neck	0221	18.36	$910.58	$463.62	$182.12
64886	T	Nerve graft, head or neck	0221	18.36	$910.58	$463.62	$182.12
64890	T	Nerve graft, hand or foot	0221	18.36	$910.58	$463.62	$182.12
64891	T	Nerve graft, hand or foot	0221	18.36	$910.58	$463.62	$182.12
64892	T	Nerve graft, arm or leg	0221	18.36	$910.58	$463.62	$182.12
64893	T	Nerve graft, arm or leg	0221	18.36	$910.58	$463.62	$182.12
64895	T	Nerve graft, hand or foot	0221	18.36	$910.58	$463.62	$182.12
64896	T	Nerve graft, hand or foot	0221	18.36	$910.58	$463.62	$182.12
64897	T	Nerve graft, arm or leg	0221	18.36	$910.58	$463.62	$182.12
64898	T	Nerve graft, arm or leg	0221	18.36	$910.58	$463.62	$182.12
64901	T	Nerve graft add-on	0221	18.36	$910.58	$463.62	$182.12
64902	T	Nerve graft add-on	0221	18.36	$910.58	$463.62	$182.12
64905	T	Nerve pedicle transfer	0221	18.36	$910.58	$463.62	$182.12
64907	T	Nerve pedicle transfer	0221	18.36	$910.58	$463.62	$182.12
64999	T	Nervous system surgery	0211	3.32	$164.66	$74.78	$32.93
65091	T	Revise eye	0242	23.70	$1,175.42	$597.36	$235.08
65093	T	Revise eye with implant	0241	16.60	$823.30	$384.47	$164.66
65101	T	Removal of eye	0242	23.70	$1,175.42	$597.36	$235.08
65103	T	Remove eye/insert implant	0242	23.70	$1,175.42	$597.36	$235.08
65105	T	Remove eye/attach implant	0242	23.70	$1,175.42	$597.36	$235.08
65110	T	Removal of eye	0242	23.70	$1,175.42	$597.36	$235.08
65112	T	Remove eye/revise socket	0242	23.70	$1,175.42	$597.36	$235.08
65114	T	Remove eye/revise socket	0242	23.70	$1,175.42	$597.36	$235.08
65125	T	Revise ocular implant	0240	13.47	$668.06	$315.31	$133.61
65130	T	Insert ocular implant	0241	16.60	$823.30	$384.47	$164.66
65135	T	Insert ocular implant	0241	16.60	$823.30	$384.47	$164.66
65140	T	Attach ocular implant	0242	23.70	$1,175.42	$597.36	$235.08
65150	T	Revise ocular implant	0241	16.60	$823.30	$384.47	$164.66
65155	T	Reinsert ocular implant	0242	23.70	$1,175.42	$597.36	$235.08
65175	T	Removal of ocular implant	0240	13.47	$668.06	$315.31	$133.61
65205	S	Remove foreign body from eye	0231	2.64	$130.94	$59.87	$26.19
65210	S	Remove foreign body from eye	0231	2.64	$130.94	$59.87	$26.19
65220	S	Remove foreign body from eye	0231	2.64	$130.94	$59.87	$26.19
65222	S	Remove foreign body from eye	0231	2.64	$130.94	$59.87	$26.19
65235	T	Remove foreign body from eye	0232	6.04	$299.56	$134.66	$59.91
65260	T	Remove foreign body from eye	0237	33.96	$1,684.28	$852.68	$336.86
65265	T	Remove foreign body from eye	0237	33.96	$1,684.28	$852.68	$336.86
65270	T	Repair of eye wound	0240	13.47	$668.06	$315.31	$133.61
65272	T	Repair of eye wound	0232	6.04	$299.56	$134.66	$59.91
65273	C	Repair of eye wound					
65275	T	Repair of eye wound	0233	13.79	$683.93	$331.60	$136.79
65280	T	Repair of eye wound	0233	13.79	$683.93	$331.60	$136.79
65285	T	Repair of eye wound	0234	20.64	$1,023.66	$502.16	$204.73
65286	T	Repair of eye wound	0232	6.04	$299.56	$134.66	$59.91
65290	T	Repair of eye socket wound	0243	17.99	$892.23	$431.39	$178.45
65400	T	Removal of eye lesion	0232	6.04	$299.56	$134.66	$59.91
65410	T	Biopsy of cornea	0233	13.79	$683.93	$331.60	$136.79
65420	T	Removal of eye lesion	0233	13.79	$683.93	$331.60	$136.79
65426	T	Removal of eye lesion	0233	13.79	$683.93	$331.60	$136.79
65430	S	Corneal smear	0231	2.64	$130.94	$59.87	$26.19
65435	T	Curette/treat cornea	0239	6.26	$310.47	$123.42	$62.09
65436	T	Curette/treat cornea	0232	6.04	$299.56	$134.66	$59.91
65450	T	Treatment of corneal lesion	0232	6.04	$299.56	$134.66	$59.91
65600	T	Revision of cornea	0240	13.47	$668.06	$315.31	$133.61
65710	T	Corneal transplant	0244	32.88	$1,630.72	$851.42	$326.14
65730	T	Corneal transplant	0244	32.88	$1,630.72	$851.42	$326.14
65750	T	Corneal transplant	0244	32.88	$1,630.72	$851.42	$326.14
65755	T	Corneal transplant	0244	32.88	$1,630.72	$851.42	$326.14
65760	E	Revision of cornea					
65765	E	Revision of cornea					
65767	E	Corneal tissue transplant					
65770	T	Revise cornea with implant	0244	32.88	$1,630.72	$851.42	$326.14
65771	E	Radial keratotomy					
65772	T	Correction of astigmatism	0232	6.04	$299.56	$134.66	$59.91
65775	T	Correction of astigmatism	0233	13.79	$683.93	$331.60	$136.79
65800	T	Drainage of eye	0232	6.04	$299.56	$134.66	$59.91

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
65805	T	Drainage of eye	0233	13.79	$683.93	$331.60	$136.79
65810	T	Drainage of eye	0233	13.79	$683.93	$331.60	$136.79
65815	T	Drainage of eye	0233	13.79	$683.93	$331.60	$136.79
65820	T	Relieve inner eye pressure	0232	6.04	$299.56	$134.66	$59.91
65850	T	Incision of eye	0234	20.64	$1,023.66	$502.16	$204.73
65855	T	Laser surgery of eye	0247	4.89	$242.52	$112.86	$48.50
65860	T	Incise inner eye adhesions	0247	4.89	$242.52	$112.86	$48.50
65865	T	Incise inner eye adhesions	0233	13.79	$683.93	$331.60	$136.79
65870	T	Incise inner eye adhesions	0233	13.79	$683.93	$331.60	$136.79
65875	T	Incise inner eye adhesions	0233	13.79	$683.93	$331.60	$136.79
65880	T	Incise inner eye adhesions	0232	6.04	$299.56	$134.66	$59.91
65900	T	Remove eye lesion	0232	6.04	$299.56	$134.66	$59.91
65920	T	Remove implant from eye	0233	13.79	$683.93	$331.60	$136.79
65930	T	Remove blood clot from eye	0233	13.79	$683.93	$331.60	$136.79
66020	T	Injection treatment of eye	0232	6.04	$299.56	$134.66	$59.91
66030	T	Injection treatment of eye	0232	6.04	$299.56	$134.66	$59.91
66130	T	Remove eye lesion	0233	13.79	$683.93	$331.60	$136.79
66150	T	Glaucoma surgery	0233	13.79	$683.93	$331.60	$136.79
66155	T	Glaucoma surgery	0234	20.64	$1,023.66	$502.16	$204.73
66160	T	Glaucoma surgery	0234	20.64	$1,023.66	$502.16	$204.73
66165	T	Glaucoma surgery	0234	20.64	$1,023.66	$502.16	$204.73
66170	T	Glaucoma surgery	0234	20.64	$1,023.66	$502.16	$204.73
66172	T	Incision of eye	0234	20.64	$1,023.66	$502.16	$204.73
66180	T	Implant eye shunt	0234	20.64	$1,023.66	$502.16	$204.73
66185	T	Revise eye shunt	0234	20.64	$1,023.66	$502.16	$204.73
66220	T	Repair eye lesion	0236	6.70	$332.29	$147.96	$66.46
66225	T	Repair/graft eye lesion	0234	20.64	$1,023.66	$502.16	$204.73
66250	T	Follow-up surgery of eye	0233	13.79	$683.93	$331.60	$136.79
66500	T	Incision of iris	0232	6.04	$299.56	$134.66	$59.91
66505	T	Incision of iris	0232	6.04	$299.56	$134.66	$59.91
66600	T	Remove iris and lesion	0233	13.79	$683.93	$331.60	$136.79
66605	T	Removal of iris	0233	13.79	$683.93	$331.60	$136.79
66625	T	Removal of iris	0232	6.04	$299.56	$134.66	$59.91
66630	T	Removal of iris	0233	13.79	$683.93	$331.60	$136.79
66635	T	Removal of iris	0233	13.79	$683.93	$331.60	$136.79
66680	T	Repair iris & ciliary body	0233	13.79	$683.93	$331.60	$136.79
66682	T	Repair iris & ciliary body	0233	13.79	$683.93	$331.60	$136.79
66700	T	Destruction, ciliary body	0232	6.04	$299.56	$134.66	$59.91
66710	T	Destruction, ciliary body	0232	6.04	$299.56	$134.66	$59.91
66720	T	Destruction, ciliary body	0232	6.04	$299.56	$134.66	$59.91
66740	T	Destruction, ciliary body	0233	13.79	$683.93	$331.60	$136.79
66761	T	Revision of iris	0247	4.89	$242.52	$112.86	$48.50
66762	T	Revision of iris	0247	4.89	$242.52	$112.86	$48.50
66770	T	Removal of inner eye lesion	0247	4.89	$242.52	$112.86	$48.50
66820	T	Incision, secondary cataract	0232	6.04	$299.56	$134.66	$59.91
66821	T	After cataract laser surgery	0247	4.89	$242.52	$112.86	$48.50
66825	T	Reposition intraocular lens	0233	13.79	$683.93	$331.60	$136.79
66830	T	Removal of lens lesion	0232	6.04	$299.56	$134.66	$59.91
66840	T	Removal of lens material	0245	26.55	$1,316.77	$623.85	$263.35
66850	T	Removal of lens material	0245	26.55	$1,316.77	$623.85	$263.35
66852	T	Removal of lens material	0245	26.55	$1,316.77	$623.85	$263.35
66920	T	Extraction of lens	0245	26.55	$1,316.77	$623.85	$263.35
66930	T	Extraction of lens	0245	26.55	$1,316.77	$623.85	$263.35
66940	T	Extraction of lens	0245	26.55	$1,316.77	$623.85	$263.35
*66982	T	Cataract surgery, complex	0246	26.55	$1,316.77	$623.85	$263.35
66983	T	Remove cataract/insert lens	0246	26.55	$1,316.77	$623.85	$263.35
66984	T	Remove cataract/insert lens	0246	26.55	$1,316.77	$623.85	$263.35
66985	T	Insert lens prosthesis	0246	26.55	$1,316.77	$623.85	$263.35
66986	T	Exchange lens prosthesis	0246	26.55	$1,316.77	$623.85	$263.35
66999	T	Eye surgery procedure	0247	4.89	$242.52	$112.86	$48.50
67005	T	Partial removal of eye fluid	0237	33.96	$1,684.28	$852.68	$336.86
67010	T	Partial removal of eye fluid	0237	33.96	$1,684.28	$852.68	$336.86
67015	T	Release of eye fluid	0237	33.96	$1,684.28	$852.68	$336.86
67025	T	Replace eye fluid	0237	33.96	$1,684.28	$852.68	$336.86
67027	T	Implant eye drug system	0237	33.96	$1,684.28	$852.68	$336.86
67028	T	Injection eye drug	0236	6.70	$332.29	$147.96	$66.46
67030	T	Incise inner eye strands	0236	6.70	$332.29	$147.96	$66.46
67031	T	Laser surgery, eye strands	0247	4.89	$242.52	$112.86	$48.50
67036	T	Removal of inner eye fluid	0237	33.96	$1,684.28	$852.68	$336.86
67038	T	Strip retinal membrane	0237	33.96	$1,684.28	$852.68	$336.86
67039	T	Laser treatment of retina	0237	33.96	$1,684.28	$852.68	$336.86
67040	T	Laser treatment of retina	0237	33.96	$1,684.28	$852.68	$336.86
67101	T	Repair detached retina	0236	6.70	$332.29	$147.96	$66.46
67105	T	Repair detached retina	0248	4.19	$207.81	$94.05	$41.56

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
67107	T	Repair detached retina	0237	33.96	$1,684.28	$852.68	$336.86
67108	T	Repair detached retina	0237	33.96	$1,684.28	$852.68	$336.86
67110	T	Repair detached retina	0236	6.70	$332.29	$147.96	$66.46
67112	T	Rerepair detached retina	0237	33.96	$1,684.28	$852.68	$336.86
67115	T	Release encircling material	0236	6.70	$332.29	$147.96	$66.46
67120	T	Remove eye implant material	0236	6.70	$332.29	$147.96	$66.46
67121	T	Remove eye implant material	0237	33.96	$1,684.28	$852.68	$336.86
67141	T	Treatment of retina	0235	2.94	$145.81	$78.91	$29.16
67145	T	Treatment of retina	0248	4.19	$207.81	$94.05	$41.56
67208	T	Treatment of retinal lesion	0235	2.94	$145.81	$78.91	$29.16
67210	T	Treatment of retinal lesion	0248	4.19	$207.81	$94.05	$41.56
67218	T	Treatment of retinal lesion	0237	33.96	$1,684.28	$852.68	$336.86
67220	T	Treatment of choroid lesion	0237	33.96	$1,684.28	$852.68	$336.86
*67221	T	Treatment of choroid lesion	0235	2.94	$145.81	$78.91	$29.16
67227	T	Treatment of retinal lesion	0235	2.94	$145.81	$78.91	$29.16
67228	T	Treatment of retinal lesion	0248	4.19	$207.81	$94.05	$41.56
67250	T	Reinforce eye wall	0240	13.47	$668.06	$315.31	$133.61
67255	T	Reinforce/graft eye wall	0237	33.96	$1,684.28	$852.68	$336.86
67299	T	Eye surgery procedure	0248	4.19	$207.81	$94.05	$41.56
67311	T	Revise eye muscle	0243	17.99	$892.23	$431.39	$178.45
67312	T	Revise two eye muscles	0243	17.99	$892.23	$431.39	$178.45
67314	T	Revise eye muscle	0243	17.99	$892.23	$431.39	$178.45
67316	T	Revise two eye muscles	0243	17.99	$892.23	$431.39	$178.45
67318	T	Revise eye muscle(s)	0243	17.99	$892.23	$431.39	$178.45
67320	T	Revise eye muscle(s) add-on	0243	17.99	$892.23	$431.39	$178.45
67331	T	Eye surgery follow-up add-on	0243	17.99	$892.23	$431.39	$178.45
67332	T	Rerevise eye muscles add-on	0243	17.99	$892.23	$431.39	$178.45
67334	T	Revise eye muscle w/suture	0243	17.99	$892.23	$431.39	$178.45
67335	T	Eye suture during surgery	0243	17.99	$892.23	$431.39	$178.45
67340	T	Revise eye muscle add-on	0243	17.99	$892.23	$431.39	$178.45
67343	T	Release eye tissue	0243	17.99	$892.23	$431.39	$178.45
67345	T	Destroy nerve of eye muscle	0238	2.80	$138.87	$58.96	$27.77
67350	S	Biopsy eye muscle	0231	2.64	$130.94	$59.87	$26.19
67399	T	Eye muscle surgery procedure	0243	17.99	$892.23	$431.39	$178.45
67400	T	Explore/biopsy eye socket	0241	16.60	$823.30	$384.47	$164.66
67405	T	Explore/drain eye socket	0241	16.60	$823.30	$384.47	$164.66
67412	T	Explore/treat eye socket	0241	16.60	$823.30	$384.47	$164.66
67413	T	Explore/treat eye socket	0241	16.60	$823.30	$384.47	$164.66
67414	T	Explr/decompress eye socket	0242	23.70	$1,175.42	$597.36	$235.08
67415	T	Aspiration, orbital contents	0239	6.26	$310.47	$123.42	$62.09
67420	T	Explore/treat eye socket	0242	23.70	$1,175.42	$597.36	$235.08
67430	T	Explore/treat eye socket	0242	23.70	$1,175.42	$597.36	$235.08
67440	T	Explore/drain eye socket	0242	23.70	$1,175.42	$597.36	$235.08
67445	T	Explr/decompress eye socket	0242	23.70	$1,175.42	$597.36	$235.08
67450	T	Explore/biopsy eye socket	0242	23.70	$1,175.42	$597.36	$235.08
67500	S	Inject/treat eye socket	0231	2.64	$130.94	$59.87	$26.19
67505	T	Inject/treat eye socket	0238	2.80	$138.87	$58.96	$27.77
67515	T	Inject/treat eye socket	0239	6.26	$310.47	$123.42	$62.09
67550	T	Insert eye socket implant	0242	23.70	$1,175.42	$597.36	$235.08
67560	T	Revise eye socket implant	0241	16.60	$823.30	$384.47	$164.66
67570	T	Decompress optic nerve	0242	23.70	$1,175.42	$597.36	$235.08
67599	T	Orbit surgery procedure	0239	6.26	$310.47	$123.42	$62.09
67700	T	Drainage of eyelid abscess	0238	2.80	$138.87	$58.96	$27.77
67710	T	Incision of eyelid	0239	6.26	$310.47	$123.42	$62.09
67715	T	Incision of eyelid fold	0240	13.47	$668.06	$315.31	$133.61
67800	T	Remove eyelid lesion	0238	2.80	$138.87	$58.96	$27.77
67801	T	Remove eyelid lesions	0239	6.26	$310.47	$123.42	$62.09
67805	T	Remove eyelid lesions	0238	2.80	$138.87	$58.96	$27.77
67808	T	Remove eyelid lesion(s)	0240	13.47	$668.06	$315.31	$133.61
67810	T	Biopsy of eyelid	0238	2.80	$138.87	$58.96	$27.77
67820	T	Revise eyelashes	0238	2.80	$138.87	$58.96	$27.77
67825	T	Revise eyelashes	0238	2.80	$138.87	$58.96	$27.77
67830	T	Revise eyelashes	0239	6.26	$310.47	$123.42	$62.09
67835	T	Revise eyelashes	0240	13.47	$668.06	$315.31	$133.61
67840	T	Remove eyelid lesion	0239	6.26	$310.47	$123.42	$62.09
67850	T	Treat eyelid lesion	0239	6.26	$310.47	$123.42	$62.09
67875	T	Closure of eyelid by suture	0239	6.26	$310.47	$123.42	$62.09
67880	T	Revision of eyelid	0232	6.04	$299.56	$134.66	$59.91
67882	T	Revision of eyelid	0240	13.47	$668.06	$315.31	$133.61
67900	T	Repair brow defect	0240	13.47	$668.06	$315.31	$133.61
67901	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67902	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67903	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67904	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
67906	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67908	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67909	T	Revise eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67911	T	Revise eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67914	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67915	T	Repair eyelid defect	0239	6.26	$310.47	$123.42	$62.09
67916	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67917	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67921	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67922	T	Repair eyelid defect	0239	6.26	$310.47	$123.42	$62.09
67923	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67924	T	Repair eyelid defect	0240	13.47	$668.06	$315.31	$133.61
67930	T	Repair eyelid wound	0240	13.47	$668.06	$315.31	$133.61
67935	T	Repair eyelid wound	0240	13.47	$668.06	$315.31	$133.61
67938	T	Remove eyelid foreign body	0238	2.80	$138.87	$58.96	$27.77
67950	T	Revision of eyelid	0240	13.47	$668.06	$315.31	$133.61
67961	T	Revision of eyelid	0240	13.47	$668.06	$315.31	$133.61
67966	T	Revision of eyelid	0240	13.47	$668.06	$315.31	$133.61
67971	T	Reconstruction of eyelid	0241	16.60	$823.30	$384.47	$164.66
67973	T	Reconstruction of eyelid	0241	16.60	$823.30	$384.47	$164.66
67974	T	Reconstruction of eyelid	0241	16.60	$823.30	$384.47	$164.66
67975	T	Reconstruction of eyelid	0240	13.47	$668.06	$315.31	$133.61
67999	T	Revision of eyelid	0240	13.47	$668.06	$315.31	$133.61
68020	T	Incise/drain eyelid lining	0240	13.47	$668.06	$315.31	$133.61
68040	T	Treatment of eyelid lesions	0239	6.26	$310.47	$123.42	$62.09
68100	T	Biopsy of eyelid lining	0232	6.04	$299.56	$134.66	$59.91
68110	S	Remove eyelid lining lesion	0231	2.64	$130.94	$59.87	$26.19
68115	T	Remove eyelid lining lesion	0239	6.26	$310.47	$123.42	$62.09
68130	T	Remove eyelid lining lesion	0233	13.79	$683.93	$331.60	$136.79
68135	T	Remove eyelid lining lesion	0239	6.26	$310.47	$123.42	$62.09
68200	S	Treat eyelid by injection	0230	0.98	$48.61	$22.48	$9.72
68320	T	Revise/graft eyelid lining	0240	13.47	$668.06	$315.31	$133.61
68325	T	Revise/graft eyelid lining	0242	23.70	$1,175.42	$597.36	$235.08
68326	T	Revise/graft eyelid lining	0241	16.60	$823.30	$384.47	$164.66
68328	T	Revise/graft eyelid lining	0241	16.60	$823.30	$384.47	$164.66
68330	T	Revise eyelid lining	0233	13.79	$683.93	$331.60	$136.79
68335	T	Revise/graft eyelid lining	0241	16.60	$823.30	$384.47	$164.66
68340	T	Separate eyelid adhesions	0240	13.47	$668.06	$315.31	$133.61
68360	T	Revise eyelid lining	0234	20.64	$1,023.66	$502.16	$204.73
68362	T	Revise eyelid lining	0234	20.64	$1,023.66	$502.16	$204.73
68399	T	Eyelid lining surgery	0239	6.26	$310.47	$123.42	$62.09
68400	T	Incise/drain tear gland	0238	2.80	$138.87	$58.96	$27.77
68420	T	Incise/drain tear sac	0240	13.47	$668.06	$315.31	$133.61
68440	T	Incise tear duct opening	0238	2.80	$138.87	$58.96	$27.77
68500	T	Removal of tear gland	0241	16.60	$823.30	$384.47	$164.66
68505	T	Partial removal, tear gland	0241	16.60	$823.30	$384.47	$164.66
68510	T	Biopsy of tear gland	0240	13.47	$668.06	$315.31	$133.61
68520	T	Removal of tear sac	0241	16.60	$823.30	$384.47	$164.66
68525	T	Biopsy of tear sac	0240	13.47	$668.06	$315.31	$133.61
68530	T	Clearance of tear duct	0240	13.47	$668.06	$315.31	$133.61
68540	T	Remove tear gland lesion	0241	16.60	$823.30	$384.47	$164.66
68550	T	Remove tear gland lesion	0242	23.70	$1,175.42	$597.36	$235.08
68700	T	Repair tear ducts	0241	16.60	$823.30	$384.47	$164.66
68705	T	Revise tear duct opening	0238	2.80	$138.87	$58.96	$27.77
68720	T	Create tear sac drain	0242	23.70	$1,175.42	$597.36	$235.08
68745	T	Create tear duct drain	0241	16.60	$823.30	$384.47	$164.66
68750	T	Create tear duct drain	0242	23.70	$1,175.42	$597.36	$235.08
68760	T	Close tear duct opening	0238	2.80	$138.87	$58.96	$27.77
68761	S	Close tear duct opening	0231	2.64	$130.94	$59.87	$26.19
68770	T	Close tear system fistula	0240	13.47	$668.06	$315.31	$133.61
68801	S	Dilate tear duct opening	0231	2.64	$130.94	$59.87	$26.19
68810	S	Probe nasolacrimal duct	0231	2.64	$130.94	$59.87	$26.19
68811	T	Probe nasolacrimal duct	0240	13.47	$668.06	$315.31	$133.61
68815	T	Probe nasolacrimal duct	0240	13.47	$668.06	$315.31	$133.61
68840	S	Explore/irrigate tear ducts	0231	2.64	$130.94	$59.87	$26.19
68850	N	Injection for tear sac x-ray					
68899	S	Tear duct system surgery	0231	2.64	$130.94	$59.87	$26.19
69000	T	Drain external ear lesion	0006	2.00	$99.19	$33.95	$19.84
69005	T	Drain external ear lesion	0007	3.68	$182.51	$72.03	$36.50
69020	T	Drain outer ear canal lesion	0006	2.00	$99.19	$33.95	$19.84
69090	E	Pierce earlobes					
69100	T	Biopsy of external ear	0019	4.00	$198.39	$78.91	$39.68
69105	T	Biopsy of external ear canal	0253	12.02	$596.14	$284.00	$119.23
69110	T	Remove external ear, partial	0020	6.51	$322.87	$130.53	$64.57

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
69120	T	Removal of external ear	0253	12.02	$596.14	$284.00	$119.23
69140	T	Remove ear canal lesion(s)	0254	12.45	$617.47	$272.41	$123.49
69145	T	Remove ear canal lesion(s)	0020	6.51	$322.87	$130.53	$64.57
69150	C	Extensive ear canal surgery					
69155	C	Extensive ear/neck surgery					
69200	X	Clear outer ear canal	0340	1.04	$51.58	$12.85	$10.32
69205	T	Clear outer ear canal	0022	12.49	$619.45	$292.94	$123.89
69210	X	Remove impacted ear wax	0340	1.04	$51.58	$12.85	$10.32
69220	T	Clean out mastoid cavity	0012	0.53	$26.29	$9.18	$5.26
69222	T	Clean out mastoid cavity	0253	12.02	$596.14	$284.00	$119.23
69300	T	Revise external ear	0254	12.45	$617.47	$272.41	$123.49
69310	T	Rebuild outer ear canal	0256	25.40	$1,259.74	$623.05	$251.95
69320	T	Rebuild outer ear canal	0256	25.40	$1,259.74	$623.05	$251.95
69399	T	Outer ear surgery procedure	0252	5.18	$256.90	$114.24	$51.38
69400	T	Inflate middle ear canal	0251	1.68	$83.32	$27.99	$16.66
69401	N	Inflate middle ear canal					
69405	T	Catheterize middle ear canal	0252	5.18	$256.90	$114.24	$51.38
69410	T	Inset middle ear (baffle)	0252	5.18	$256.90	$114.24	$51.38
69420	T	Incision of eardrum	0252	5.18	$256.90	$114.24	$51.38
69421	T	Incision of eardrum	0253	12.02	$596.14	$284.00	$119.23
69424	T	Remove ventilating tube	0252	5.18	$256.90	$114.24	$51.38
69433	T	Create eardrum opening	0252	5.18	$256.90	$114.24	$51.38
69436	T	Create eardrum opening	0253	12.02	$596.14	$284.00	$119.23
69440	T	Exploration of middle ear	0253	12.02	$596.14	$284.00	$119.23
69450	T	Eardrum revision	0256	25.40	$1,259.74	$623.05	$251.95
69501	T	Mastoidectomy	0256	25.40	$1,259.74	$623.05	$251.95
69502	C	Mastoidectomy					
69505	T	Remove mastoid structures	0256	25.40	$1,259.74	$623.05	$251.95
69511	T	Extensive mastoid surgery	0256	25.40	$1,259.74	$623.05	$251.95
69530	T	Extensive mastoid surgery	0256	25.40	$1,259.74	$623.05	$251.95
69535	C	Remove part of temporal bone					
69540	T	Remove ear lesion	0253	12.02	$596.14	$284.00	$119.23
69550	T	Remove ear lesion	0256	25.40	$1,259.74	$623.05	$251.95
69552	T	Remove ear lesion	0256	25.40	$1,259.74	$623.05	$251.95
69554	C	Remove ear lesion					
69601	T	Mastoid surgery revision	0256	25.40	$1,259.74	$623.05	$251.95
69602	T	Mastoid surgery revision	0256	25.40	$1,259.74	$623.05	$251.95
69603	T	Mastoid surgery revision	0256	25.40	$1,259.74	$623.05	$251.95
69604	T	Mastoid surgery revision	0256	25.40	$1,259.74	$623.05	$251.95
69605	T	Mastoid surgery revision	0256	25.40	$1,259.74	$623.05	$251.95
69610	T	Repair of eardrum	0253	12.02	$596.14	$284.00	$119.23
69620	T	Repair of eardrum	0253	12.02	$596.14	$284.00	$119.23
69631	T	Repair eardrum structures	0256	25.40	$1,259.74	$623.05	$251.95
69632	T	Rebuild eardrum structures	0256	25.40	$1,259.74	$623.05	$251.95
69633	T	Rebuild eardrum structures	0256	25.40	$1,259.74	$623.05	$251.95
69635	T	Repair eardrum structures	0256	25.40	$1,259.74	$623.05	$251.95
69636	T	Rebuild eardrum structures	0256	25.40	$1,259.74	$623.05	$251.95
69637	T	Rebuild eardrum structures	0256	25.40	$1,259.74	$623.05	$251.95
69641	T	Revise middle ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69642	T	Revise middle ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69643	T	Revise middle ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69644	T	Revise middle ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69645	T	Revise middle ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69646	T	Revise middle ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69650	T	Release middle ear bone	0254	12.45	$617.47	$272.41	$123.49
69660	T	Revise middle ear bone	0256	25.40	$1,259.74	$623.05	$251.95
69661	T	Revise middle ear bone	0256	25.40	$1,259.74	$623.05	$251.95
69662	T	Revise middle ear bone	0256	25.40	$1,259.74	$623.05	$251.95
69666	T	Repair middle ear structures	0256	25.40	$1,259.74	$623.05	$251.95
69667	T	Repair middle ear structures	0256	25.40	$1,259.74	$623.05	$251.95
69670	T	Remove mastoid air cells	0256	25.40	$1,259.74	$623.05	$251.95
69676	T	Remove middle ear nerve	0256	25.40	$1,259.74	$623.05	$251.95
69700	T	Close mastoid fistula	0256	25.40	$1,259.74	$623.05	$251.95
69710	E	Implant/replace hearing aid					
69711	T	Remove/repair hearing aid	0256	25.40	$1,259.74	$623.05	$251.95
*69714	T	Implant temple bone w/stimul	0256	25.40	$1,259.74	$623.05	$251.95
*69715	T	Temple bne implnt w/stimulat	0256	25.40	$1,259.74	$623.05	$251.95
*69717	T	Temple bone implant revision	0256	25.40	$1,259.74	$623.05	$251.95
*69718	T	Revise temple bone implant	0256	25.40	$1,259.74	$623.05	$251.95
69720	T	Release facial nerve	0256	25.40	$1,259.74	$623.05	$251.95
69725	T	Release facial nerve	0256	25.40	$1,259.74	$623.05	$251.95
69740	T	Repair facial nerve	0256	25.40	$1,259.74	$623.05	$251.95
69745	T	Repair facial nerve	0256	25.40	$1,259.74	$623.05	$251.95
69799	T	Middle ear surgery procedure	0253	12.02	$596.14	$284.00	$119.23

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
69801	T	Incise inner ear	0256	25.40	$1,259.74	$623.05	$251.95
69802	T	Incise inner ear	0256	25.40	$1,259.74	$623.05	$251.95
69805	T	Explore inner ear	0256	25.40	$1,259.74	$623.05	$251.95
69806	T	Explore inner ear	0256	25.40	$1,259.74	$623.05	$251.95
69820	T	Establish inner ear window	0256	25.40	$1,259.74	$623.05	$251.95
69840	T	Revise inner ear window	0256	25.40	$1,259.74	$623.05	$251.95
69905	T	Remove inner ear	0256	25.40	$1,259.74	$623.05	$251.95
69910	T	Remove inner ear & mastoid	0256	25.40	$1,259.74	$623.05	$251.95
69915	T	Incise inner ear nerve	0256	25.40	$1,259.74	$623.05	$251.95
69930	T	Implant cochlear device	0256	25.40	$1,259.74	$623.05	$251.95
69949	T	Inner ear surgery procedure	0253	12.02	$596.14	$284.00	$119.23
69950	C	Incise inner ear nerve					
69955	T	Release facial nerve	0256	25.40	$1,259.74	$623.05	$251.95
69960	T	Release inner ear canal	0256	25.40	$1,259.74	$623.05	$251.95
69970	C	Remove inner ear lesion					
69979	T	Temporal bone surgery	0252	5.18	$256.90	$114.24	$51.38
69990	N	Microsurgery add-on					
70010	S	Contrast x-ray of brain	0274	4.83	$239.55	$128.12	$47.91
70015	S	Contrast x-ray of brain	0274	4.83	$239.55	$128.12	$47.91
70030	X	X-ray eye for foreign body	0260	0.79	$39.18	$22.02	$7.84
70100	X	X-ray exam of jaw	0260	0.79	$39.18	$22.02	$7.84
70110	X	X-ray exam of jaw	0260	0.79	$39.18	$22.02	$7.84
70120	X	X-ray exam of mastoids	0260	0.79	$39.18	$22.02	$7.84
70130	X	X-ray exam of mastoids	0260	0.79	$39.18	$22.02	$7.84
70134	X	X-ray exam of middle ear	0261	1.38	$68.44	$38.77	$13.69
70140	X	X-ray exam of facial bones	0260	0.79	$39.18	$22.02	$7.84
70150	X	X-ray exam of facial bones	0260	0.79	$39.18	$22.02	$7.84
70160	X	X-ray exam of nasal bones	0260	0.79	$39.18	$22.02	$7.84
70170	X	X-ray exam of tear duct	0263	1.68	$83.32	$45.88	$16.66
70190	X	X-ray exam of eye sockets	0260	0.79	$39.18	$22.02	$7.84
70200	X	X-ray exam of eye sockets	0260	0.79	$39.18	$22.02	$7.84
70210	X	X-ray exam of sinuses	0260	0.79	$39.18	$22.02	$7.84
70220	X	X-ray exam of sinuses	0260	0.79	$39.18	$22.02	$7.84
70240	X	X-ray exam, pituitary saddle	0260	0.79	$39.18	$22.02	$7.84
70250	X	X-ray exam of skull	0260	0.79	$39.18	$22.02	$7.84
70260	X	X-ray exam of skull	0261	1.38	$68.44	$38.77	$13.69
70300	X	X-ray exam of teeth	0262	0.40	$19.83	$10.90	$3.97
70310	X	X-ray exam of teeth	0262	0.40	$19.83	$10.90	$3.97
70320	X	Full mouth x-ray of teeth	0262	0.40	$19.83	$10.90	$3.97
70328	X	X-ray exam of jaw joint	0260	0.79	$39.18	$22.02	$7.84
70330	X	X-ray exam of jaw joints	0260	0.79	$39.18	$22.02	$7.84
70332	S	X-ray exam of jaw joint	0275	2.74	$135.89	$72.26	$27.18
70336	S	Magnetic image, jaw joint	0284	8.02	$397.76	$257.39	$79.55
70350	X	X-ray head for orthodontia	0260	0.79	$39.18	$22.02	$7.84
70355	X	Panoramic x-ray of jaws	0260	0.79	$39.18	$22.02	$7.84
70360	X	X-ray exam of neck	0260	0.79	$39.18	$22.02	$7.84
70370	X	Throat x-ray & fluoroscopy	0273	2.49	$123.49	$61.02	$24.70
70371	X	Speech evaluation, complex	0272	1.40	$69.43	$39.00	$13.89
70373	X	Contrast x-ray of larynx	0263	1.68	$83.32	$45.88	$16.66
70380	X	X-ray exam of salivary gland	0260	0.79	$39.18	$22.02	$7.84
70390	X	X-ray exam of salivary duct	0263	1.68	$83.32	$45.88	$16.66
70450	S	CAT scan of head or brain	0283	4.89	$242.52	$179.39	$48.50
70460	S	Contrast CAT scan of head	0283	4.89	$242.52	$179.39	$48.50
70470	S	Contrast CAT scans of head	0283	4.89	$242.52	$179.39	$48.50
70480	S	CAT scan of skull	0283	4.89	$242.52	$179.39	$48.50
70481	S	Contrast CAT scan of skull	0283	4.89	$242.52	$179.39	$48.50
70482	S	Contrast CAT scans of skull	0283	4.89	$242.52	$179.39	$48.50
70486	S	Cat scan of face/jaw	0282	2.38	$118.04	$94.51	$23.61
70487	S	Contrast CAT scan, face/jaw	0283	4.89	$242.52	$179.39	$48.50
70488	S	Contrast cat scans, face/jaw	0283	4.89	$242.52	$179.39	$48.50
70490	S	CAT scan of neck tissue	0283	4.89	$242.52	$179.39	$48.50
70491	S	Contrast CAT of neck tissue	0283	4.89	$242.52	$179.39	$48.50
70492	S	Contrast CAT of neck tissue	0283	4.89	$242.52	$179.39	$48.50
*70496	S	Ct angiography, head	0283	4.89	$242.52	$179.39	$48.50
*70498	S	Ct angiography, neck	0283	4.89	$242.52	$179.39	$48.50
70540	S	Magnetic image, face/neck	0284	8.02	$397.76	$257.39	$79.55
70541D	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55
*70542	S	MR (eg, proton) imaging	0284	8.02	$397.76	$257.39	$79.55
*70543	S	MR (eg, proton) imaging	0284	8.02	$397.76	$257.39	$79.55
*70544	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55
*70545	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55
*70546	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55
*70547	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55
*70548	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*70549	S	MR angiography	0284	8.02	$397.76	$257.39	$79.55
70551	S	Magnetic image, brain (MRI)	0284	8.02	$397.76	$257.39	$79.55
70552	S	Magnetic image, brain (MRI)	0284	8.02	$397.76	$257.39	$79.55
70553	S	Magnetic image, brain (mri)	0284	8.02	$397.76	$257.39	$79.55
71010	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71015	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71020	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71021	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71022	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71023	X	Chest x-ray and fluoroscopy	0272	1.40	$69.43	$39.00	$13.89
71030	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71034	X	Chest x-ray and fluoroscopy	0272	1.40	$69.43	$39.00	$13.89
71035	X	Chest x-ray	0260	0.79	$39.18	$22.02	$7.84
71036D	X	X-ray guidance for biopsy	0273	2.49	$123.49	$61.02	$24.70
71040	X	Contrast x-ray of bronchi	0263	1.68	$83.32	$45.88	$16.66
71060	X	Contrast x-ray of bronchi	0263	1.68	$83.32	$45.88	$16.66
71090	X	X-ray & pacemaker insertion	0273	2.49	$123.49	$61.02	$24.70
71100	X	X-ray exam of ribs	0260	0.79	$39.18	$22.02	$7.84
71101	X	X-ray exam of ribs/chest	0260	0.79	$39.18	$22.02	$7.84
71110	X	X-ray exam of ribs	0260	0.79	$39.18	$22.02	$7.84
71111	X	X-ray exam of ribs/ chest	0261	1.38	$68.44	$38.77	$13.69
71120	X	X-ray exam of breastbone	0260	0.79	$39.18	$22.02	$7.84
71130	X	X-ray exam of breastbone	0260	0.79	$39.18	$22.02	$7.84
71250	S	Cat scan of chest	0283	4.89	$242.52	$179.39	$48.50
71260	S	Contrast CAT scan of chest	0283	4.89	$242.52	$179.39	$48.50
71270	S	Contrast CAT scans of chest	0283	4.89	$242.52	$179.39	$48.50
*71275	S	CT angiography, chest	0283	4.89	$242.52	$179.39	$48.50
71550	S	Magnetic image, chest (mri)	0284	8.02	$397.76	$257.39	$79.55
*71551	S	MRI chest w/ dye	0284	8.02	$397.76	$257.39	$79.55
*71552	S	MRI chest w/o dye	0284	8.02	$397.76	$257.39	$79.55
71555	S	Magnetic image, chest (mra)	0284	8.02	$397.76	$257.39	$79.55
72010	X	X-ray exam of spine	0261	1.38	$68.44	$38.77	$13.69
72020	X	X-ray exam of spine	0260	0.79	$39.18	$22.02	$7.84
72040	X	X-ray exam of neck spine	0260	0.79	$39.18	$22.02	$7.84
72050	X	X-ray exam of neck spine	0261	1.38	$68.44	$38.77	$13.69
72052	X	X-ray exam of neck spine	0261	1.38	$68.44	$38.77	$13.69
72069	X	X-ray exam of trunk spine	0260	0.79	$39.18	$22.02	$7.84
72070	X	X-ray exam of thoracic spine	0260	0.79	$39.18	$22.02	$7.84
72072	X	X-ray exam of thoracic spine	0260	0.79	$39.18	$22.02	$7.84
72074	X	X-ray exam of thoracic spine	0260	0.79	$39.18	$22.02	$7.84
72080	X	X-ray exam of trunk spine	0260	0.79	$39.18	$22.02	$7.84
72090	X	X-ray exam of trunk spine	0260	0.79	$39.18	$22.02	$7.84
72100	X	X-ray exam of lower spine	0260	0.79	$39.18	$22.02	$7.84
72110	X	X-ray exam of lower spine	0261	1.38	$68.44	$38.77	$13.69
72114	X	X-ray exam of lower spine	0261	1.38	$68.44	$38.77	$13.69
72120	X	X-ray exam of lower spine	0260	0.79	$39.18	$22.02	$7.84
72125	S	CAT scan of neck spine	0283	4.89	$242.52	$179.39	$48.50
72126	S	Contrast CAT scan of neck	0283	4.89	$242.52	$179.39	$48.50
72127	S	Contrast CAT scans of neck	0283	4.89	$242.52	$179.39	$48.50
72128	S	CAT scan of thorax spine	0283	4.89	$242.52	$179.39	$48.50
72129	S	Contrast CAT scan of thorax	0283	4.89	$242.52	$179.39	$48.50
72130	S	Contrast CAT scans of thorax	0283	4.89	$242.52	$179.39	$48.50
72131	S	CAT scan of lower spine	0283	4.89	$242.52	$179.39	$48.50
72132	S	Contrast CAT of lower spine	0283	4.89	$242.52	$179.39	$48.50
72133	S	Contrst cat scans, low spine	0283	4.89	$242.52	$179.39	$48.50
72141	S	Magnetic image, neck spine	0284	8.02	$397.76	$257.39	$79.55
72142	S	Magnetic image, neck spine	0284	8.02	$397.76	$257.39	$79.55
72146	S	Magnetic image, chest spine	0284	8.02	$397.76	$257.39	$79.55
72147	S	Magnetic image, chest spine	0284	8.02	$397.76	$257.39	$79.55
72148	S	Magnetic image, lumbar spine	0284	8.02	$397.76	$257.39	$79.55
72149	S	Magnetic image, lumbar spine	0284	8.02	$397.76	$257.39	$79.55
72156	S	Magnetic image, neck spine	0284	8.02	$397.76	$257.39	$79.55
72157	S	Magnetic image, chest spine	0284	8.02	$397.76	$257.39	$79.55
72158	S	Magnetic image, lumbar spine	0284	8.02	$397.76	$257.39	$79.55
72159	E	Magnetic image, spine (mra)					
72170	X	X-ray exam of pelvis	0260	0.79	$39.18	$22.02	$7.84
72190	X	X-ray exam of pelvis	0260	0.79	$39.18	$22.02	$7.84
*72191	S	CT angiograph pelv w/o & w/ dye	0283	4.89	$242.52	$179.39	$48.50
72192	S	CAT scan of pelvis	0283	4.89	$242.52	$179.39	$48.50
72193	S	Contrast CAT scan of pelvis	0283	4.89	$242.52	$179.39	$48.50
72194	S	Contrast CAT scans of pelvis	0283	4.89	$242.52	$179.39	$48.50
*72195	S	MRI pelvis w/o dye	0284	8.02	$397.76	$257.39	$79.55
72196	S	Magnetic image, pelvis	0284	8.02	$397.76	$257.39	$79.55
*72197	S	MRI pelvis w/o & w/ dye	0284	8.02	$397.76	$257.39	$79.55

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
72198	E	Magnetic image, pelvis (mra)					
72200	X	X-ray exam sacroiliac joints	0260	0.79	$39.18	$22.02	$7.84
72202	X	X-ray exam sacroiliac joints	0260	0.79	$39.18	$22.02	$7.84
72220	X	X-ray exam of tailbone	0260	0.79	$39.18	$22.02	$7.84
72240	S	Contrast x-ray of neck spine	0274	4.83	$239.55	$128.12	$47.91
72255	S	Contrast x-ray, thorax spine	0274	4.83	$239.55	$128.12	$47.91
72265	S	Contrast x-ray, lower spine	0274	4.83	$239.55	$128.12	$47.91
72270	S	Contrast x-ray of spine	0274	4.83	$239.55	$128.12	$47.91
72275	S	Epidurography	0274	4.83	$239.55	$128.12	$47.91
72285	S	X-ray c/t spine disk	0274	4.83	$239.55	$128.12	$47.91
72295	S	X-ray of lower spine disk	0274	4.83	$239.55	$128.12	$47.91
73000	X	X-ray exam of collar bone	0260	0.79	$39.18	$22.02	$7.84
73010	X	X-ray exam of shoulder blade	0260	0.79	$39.18	$22.02	$7.84
73020	X	X-ray exam of shoulder	0260	0.79	$39.18	$22.02	$7.84
73030	X	X-ray exam of shoulder	0260	0.79	$39.18	$22.02	$7.84
73040	S	Contrast x-ray of shoulder	0275	2.74	$135.89	$72.26	$27.18
73050	X	X-ray exam of shoulders	0260	0.79	$39.18	$22.02	$7.84
73060	X	X-ray exam of humerus	0260	0.79	$39.18	$22.02	$7.84
73070	X	X-ray exam of elbow	0260	0.79	$39.18	$22.02	$7.84
73080	X	X-ray exam of elbow	0260	0.79	$39.18	$22.02	$7.84
73085	S	Contrast x-ray of elbow	0275	2.74	$135.89	$72.26	$27.18
73090	X	X-ray exam of forearm	0260	0.79	$39.18	$22.02	$7.84
73092	X	X-ray exam of arm, infant	0260	0.79	$39.18	$22.02	$7.84
73100	X	X-ray exam of wrist	0260	0.79	$39.18	$22.02	$7.84
73110	X	X-ray exam of wrist	0260	0.79	$39.18	$22.02	$7.84
73115	S	Contrast x-ray of wrist	0275	2.74	$135.89	$72.26	$27.18
73120	X	X-ray exam of hand	0260	0.79	$39.18	$22.02	$7.84
73130	X	X-ray exam of hand	0260	0.79	$39.18	$22.02	$7.84
73140	X	X-ray exam of finger(s)	0260	0.79	$39.18	$22.02	$7.84
73200	S	CAT scan of arm	0283	4.89	$242.52	$179.39	$48.50
73201	S	Contrast CAT scan of arm	0283	4.89	$242.52	$179.39	$48.50
73202	S	Contrast CAT scans of arm	0283	4.89	$242.52	$179.39	$48.50
*73206	S	CT angio upr extrm w/o & w/ dye	0283	4.89	$242.52	$179.39	$48.50
*73218	S	MRI upper extrm w/o dye	0284	8.02	$397.76	$257.39	$79.55
*73219	S	MRI upper extrm w/ dye	0284	8.02	$397.76	$257.39	$79.55
73220	S	Magnetic image, arm/hand	0284	8.02	$397.76	$257.39	$79.55
73221	S	Magnetic image, joint of arm	0284	8.02	$397.76	$257.39	$79.55
*73222	S	MRI joint upr extrm w/ dye	0284	8.02	$397.76	$257.39	$79.55
*73223	S	MRI joint upr extrm w/o & w/ dye	0284	8.02	$397.76	$257.39	$79.55
73225	E	Magnetic image, upper (mra)					
73500	X	X-ray exam of hip	0260	0.79	$39.18	$22.02	$7.84
73510	X	X-ray exam of hip	0260	0.79	$39.18	$22.02	$7.84
73520	X	X-ray exam of hips	0260	0.79	$39.18	$22.02	$7.84
73525	S	Contrast x-ray of hip	0275	2.74	$135.89	$72.26	$27.18
73530	X	X-ray exam of hip	0261	1.38	$68.44	$38.77	$13.69
73540	X	X-ray exam of pelvis & hips	0260	0.79	$39.18	$22.02	$7.84
73542	S	X-ray exam, sacroiliac joint	0275	2.74	$135.89	$72.26	$27.18
73550	X	X-ray exam of thigh	0260	0.79	$39.18	$22.02	$7.84
73560	X	X-ray exam of knee, 1 or 2	0260	0.79	$39.18	$22.02	$7.84
73562	X	X-ray exam of knee, 3	0260	0.79	$39.18	$22.02	$7.84
73564	X	X-ray exam, knee, 4 or more	0260	0.79	$39.18	$22.02	$7.84
73565	X	X-ray exam of knees	0260	0.79	$39.18	$22.02	$7.84
73580	S	Contrast x-ray of knee joint	0275	2.74	$135.89	$72.26	$27.18
73590	X	X-ray exam of lower leg	0260	0.79	$39.18	$22.02	$7.84
73592	X	X-ray exam of leg, infant	0261	1.38	$68.44	$38.77	$13.69
73600	X	X-ray exam of ankle	0260	0.79	$39.18	$22.02	$7.84
73610	X	X-ray exam of ankle	0260	0.79	$39.18	$22.02	$7.84
73615	S	Contrast x-ray of ankle	0275	2.74	$135.89	$72.26	$27.18
73620	X	X-ray exam of foot	0260	0.79	$39.18	$22.02	$7.84
73630	X	X-ray exam of foot	0260	0.79	$39.18	$22.02	$7.84
73650	X	X-ray exam of heel	0260	0.79	$39.18	$22.02	$7.84
73660	X	X-ray exam of toe(s)	0260	0.79	$39.18	$22.02	$7.84
73700	S	CAT scan of leg	0283	4.89	$242.52	$179.39	$48.50
73701	S	Contrast CAT scan of leg	0283	4.89	$242.52	$179.39	$48.50
73702	S	Contrast CAT scans of leg	0283	4.89	$242.52	$179.39	$48.50
*73706	S	CT angio lwr extr w/o & w/ dye	0283	4.89	$242.52	$179.39	$48.50
*73718	S	MRI lower extrem w/o dye	0284	8.02	$397.76	$257.39	$79.55
*73719	S	MRI lower extrem w/ dye	0284	8.02	$397.76	$257.39	$79.55
73720	S	Magnetic image, leg/foot	0284	8.02	$397.76	$257.39	$79.55
73721	S	Magnetic image, joint of leg	0284	8.02	$397.76	$257.39	$79.55
*73722	S	MRI joint lwr extrm w/ dye	0284	8.02	$397.76	$257.39	$79.55
*73723	S	MRI joint lwr extrm w/o & w/ dye	0284	8.02	$397.76	$257.39	$79.55
73725	S	Magnetic image/lower (mra)	0284	8.02	$397.76	$257.39	$79.55
74000	X	X-ray exam of abdomen	0260	0.79	$39.18	$22.02	$7.84

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
74010	X	X-ray exam of abdomen	0260	0.79	$39.18	$22.02	$7.84
74020	X	X-ray exam of abdomen	0260	0.79	$39.18	$22.02	$7.84
74022	X	X-ray exam series, abdomen	0261	1.38	$68.44	$38.77	$13.69
74150	S	CAT scan of abdomen	0283	4.89	$242.52	$179.39	$48.50
74160	S	Contrast CAT scan of abdomen	0283	4.89	$242.52	$179.39	$48.50
74170	S	Contrast CAT scans, abdomen	0283	4.89	$242.52	$179.39	$48.50
*74175	S	CT angio abdom w/o & w/ dye	0283	4.89	$242.52	$179.39	$48.50
74181	S	Magnetic image/abdomen (mri)	0284	8.02	$397.76	$257.39	$79.55
*74182	S	MRI abdomen w/ dye	0284	8.02	$397.76	$257.39	$79.55
*74183	S	MRI abdomen w/o & w/ dye	0284	8.02	$397.76	$257.39	$79.55
74185	S	Magnetic image/abdomen (MRA)	0284	8.02	$397.76	$257.39	$79.55
74190	X	X-ray exam of peritoneum	0263	1.68	$83.32	$45.88	$16.66
74210	S	Contrst x-ray exam of throat	0276	1.79	$88.78	$49.78	$17.76
74220	S	Contrast x-ray, esophagus	0276	1.79	$88.78	$49.78	$17.76
74230	S	Cinema x-ray, throat/esoph	0276	1.79	$88.78	$49.78	$17.76
74235	S	Remove esophagus obstruction	0296	3.57	$177.06	$100.25	$35.41
74240	S	X-ray exam, upper gi tract	0276	1.79	$88.78	$49.78	$17.76
74241	S	X-ray exam, upper gi tract	0276	1.79	$88.78	$49.78	$17.76
74245	S	X-ray exam, upper gi tract	0277	2.47	$122.50	$69.28	$24.50
74246	S	Contrst x-ray uppr gi tract	0276	1.79	$88.78	$49.78	$17.76
74247	S	Contrst x-ray uppr gi tract	0276	1.79	$88.78	$49.78	$17.76
74249	S	Contrst x-ray uppr gi tract	0277	2.47	$122.50	$69.28	$24.50
74250	S	X-ray exam of small bowel	0276	1.79	$88.78	$49.78	$17.76
74251	S	X-ray exam of small bowel	0277	2.47	$122.50	$69.28	$24.50
74260	S	X-ray exam of small bowel	0277	2.47	$122.50	$69.28	$24.50
74270	S	Contrast x-ray exam of colon	0276	1.79	$88.78	$49.78	$17.76
74280	S	Contrast x-ray exam of colon	0277	2.47	$122.50	$69.28	$24.50
74283	S	Contrast x-ray exam of colon	0276	1.79	$88.78	$49.78	$17.76
74290	S	Contrast x-ray, gallbladder	0276	1.79	$88.78	$49.78	$17.76
74291	S	Contrast x-rays, gallbladder	0276	1.79	$88.78	$49.78	$17.76
74300	X	X-ray bile ducts/pancreas	0263	1.68	$83.32	$45.88	$16.66
74301	X	X-rays at surgery add-on	0263	1.68	$83.32	$45.88	$16.66
74305	X	X-ray bile ducts/pancreas	0263	1.68	$83.32	$45.88	$16.66
74320	X	Contrast x-ray of bile ducts	0264	3.83	$189.96	$108.97	$37.99
74327	S	X-ray bile stone removal	0296	3.57	$177.06	$100.25	$35.41
74328	X	Xray bile duct endoscopy	0264	3.83	$189.96	$108.97	$37.99
74329	X	X-ray for pancreas endoscopy	0264	3.83	$189.96	$108.97	$37.99
74330	X	X-ray bile/panc endoscopy	0264	3.83	$189.96	$108.97	$37.99
74340	X	X-ray guide for GI tube	0272	1.40	$69.43	$39.00	$13.89
74350	X	X-ray guide, stomach tube	0264	3.83	$189.96	$108.97	$37.99
74355	X	X-ray guide, intestinal tube	0264	3.83	$189.96	$108.97	$37.99
74360	S	X-ray guide, GI dilation	0296	3.57	$177.06	$100.25	$35.41
74363	S	X-ray, bile duct dilation	0297	6.13	$304.03	$172.51	$60.81
74400	S	Contrst x-ray, urinary tract	0278	2.85	$141.35	$81.67	$28.27
74410	S	Contrst x-ray, urinary tract	0278	2.85	$141.35	$81.67	$28.27
74415	S	Contrst x-ray, urinary tract	0278	2.85	$141.35	$81.67	$28.27
74420	S	Contrst x-ray, urinary tract	0278	2.85	$141.35	$81.67	$28.27
74425	S	Contrst x-ray, urinary tract	0278	2.85	$141.35	$81.67	$28.27
74430	S	Contrast x-ray, bladder	0278	2.85	$141.35	$81.67	$28.27
74440	S	X-ray, male genital tract	0278	2.85	$141.35	$81.67	$28.27
74445	S	X-ray exam of penis	0278	2.85	$141.35	$81.67	$28.27
74450	S	X-ray, urethra/bladder	0278	2.85	$141.35	$81.67	$28.27
74455	S	X-ray, urethra/bladder	0278	2.85	$141.35	$81.67	$28.27
74470	X	X-ray exam of kidney lesion	0264	3.83	$189.96	$108.97	$37.99
74475	S	X-ray control, cath insert	0297	6.13	$304.03	$172.51	$60.81
74480	S	X-ray control, cath insert	0297	6.13	$304.03	$172.51	$60.81
74485	S	X-ray guide, GU dilation	0296	3.57	$177.06	$100.25	$35.41
74710	X	X-ray measurement of pelvis	0260	0.79	$39.18	$22.02	$7.84
74740	X	X-ray, female genital tract	0264	3.83	$189.96	$108.97	$37.99
74742	X	X-ray, fallopian tube	0264	3.83	$189.96	$108.97	$37.99
74775	S	X-ray exam of perineum	0278	2.85	$141.35	$81.67	$28.27
75552	S	Magnetic image, myocardium	0284	8.02	$397.76	$257.39	$79.55
75553	S	Magnetic image, myocardium	0284	8.02	$397.76	$257.39	$79.55
75554	S	Cardiac MRI/function	0284	8.02	$397.76	$257.39	$79.55
75555	S	Cardiac MRI/limited study	0284	8.02	$397.76	$257.39	$79.55
75556	E	Cardiac MRI/flow mapping					
75600	S	Contrast x-ray exam of aorta	0280	14.98	$742.95	$380.12	$148.59
75605	S	Contrast x-ray exam of aorta	0280	14.98	$742.95	$380.12	$148.59
75625	S	Contrast x-ray exam of aorta	0280	14.98	$742.95	$380.12	$148.59
75630	S	X-ray aorta, leg arteries	0280	14.98	$742.95	$380.12	$148.59
*75635	S	CT angio abdominal arteries	0283	4.89	$242.52	$179.39	$48.50
75650	S	Artery x-rays, head & neck	0280	14.98	$742.95	$380.12	$148.59
75658	S	Artery x-rays, arm	0280	14.98	$742.95	$380.12	$148.59
75660	S	Artery x-rays, head & neck	0279	6.30	$312.46	$174.57	$62.49

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
75662	S	Artery x-rays, head & neck	0279	6.30	$312.46	$174.57	$62.49
75665	S	Artery x-rays, head & neck	0280	14.98	$742.95	$380.12	$148.59
75671	S	Artery x-rays, head & neck	0280	14.98	$742.95	$380.12	$148.59
75676	S	Artery x-rays, neck	0280	14.98	$742.95	$380.12	$148.59
75680	S	Artery x-rays, neck	0280	14.98	$742.95	$380.12	$148.59
75685	S	Artery x-rays, spine	0279	6.30	$312.46	$174.57	$62.49
75705	S	Artery x-rays, spine	0279	6.30	$312.46	$174.57	$62.49
75710	S	Artery x-rays, arm/leg	0280	14.98	$742.95	$380.12	$148.59
75716	S	Artery x-rays, arms/legs	0280	14.98	$742.95	$380.12	$148.59
75722	S	Artery x-rays, kidney	0280	14.98	$742.95	$380.12	$148.59
75724	S	Artery x-rays, kidneys	0280	14.98	$742.95	$380.12	$148.59
75726	S	Artery x-rays, abdomen	0280	14.98	$742.95	$380.12	$148.59
75731	S	Artery x-rays, adrenal gland	0280	14.98	$742.95	$380.12	$148.59
75733	S	Artery x-rays, adrenals	0280	14.98	$742.95	$380.12	$148.59
75736	S	Artery x-rays, pelvis	0280	14.98	$742.95	$380.12	$148.59
75741	S	Artery x-rays, lung	0279	6.30	$312.46	$174.57	$62.49
75743	S	Artery x-rays, lungs	0280	14.98	$742.95	$380.12	$148.59
75746	S	Artery x-rays, lung	0279	6.30	$312.46	$174.57	$62.49
75756	S	Artery x-rays, chest	0279	6.30	$312.46	$174.57	$62.49
75774	S	Artery x-ray, each vessel	0280	14.98	$742.95	$380.12	$148.59
75790	S	Visualize A-V shunt	0281	4.40	$218.22	$115.16	$43.64
75801	X	Lymph vessel x-ray, arm/leg	0264	3.83	$189.96	$108.97	$37.99
75803	X	Lymph vessel x-ray,arms/legs	0264	3.83	$189.96	$108.97	$37.99
75805	X	Lymph vessel x-ray, trunk	0264	3.83	$189.96	$108.97	$37.99
75807	X	Lymph vessel x-ray, trunk	0264	3.83	$189.96	$108.97	$37.99
75809	X	Nonvascular shunt, x-ray	0264	3.83	$189.96	$108.97	$37.99
75810	S	Vein x-ray, spleen/liver	0279	6.30	$312.46	$174.57	$62.49
75820	S	Vein x-ray, arm/leg	0281	4.40	$218.22	$115.16	$43.64
75822	S	Vein x-ray, arms/legs	0281	4.40	$218.22	$115.16	$43.64
75825	S	Vein x-ray, trunk	0279	6.30	$312.46	$174.57	$62.49
75827	S	Vein x-ray, chest	0279	6.30	$312.46	$174.57	$62.49
75831	S	Vein x-ray, kidney	0279	6.30	$312.46	$174.57	$62.49
75833	S	Vein x-ray, kidneys	0279	6.30	$312.46	$174.57	$62.49
75840	S	Vein x-ray, adrenal gland	0279	6.30	$312.46	$174.57	$62.49
75842	S	Vein x-ray, adrenal glands	0279	6.30	$312.46	$174.57	$62.49
75860	S	Vein x-ray, neck	0279	6.30	$312.46	$174.57	$62.49
75870	S	Vein x-ray, skull	0279	6.30	$312.46	$174.57	$62.49
75872	S	Vein x-ray, skull	0279	6.30	$312.46	$174.57	$62.49
75880	S	Vein x-ray, eye socket	0279	6.30	$312.46	$174.57	$62.49
75885	S	Vein x-ray, liver	0279	6.30	$312.46	$174.57	$62.49
75887	S	Vein x-ray, liver	0280	14.98	$742.95	$380.12	$148.59
75889	S	Vein x-ray, liver	0279	6.30	$312.46	$174.57	$62.49
75891	S	Vein x-ray, liver	0279	6.30	$312.46	$174.57	$62.49
75893	N	Venous sampling by catheter					
75894	S	X-rays, transcath therapy	0297	6.13	$304.03	$172.51	$60.81
75896	S	X-rays, transcath therapy	0297	6.13	$304.03	$172.51	$60.81
75898	X	Follow-up angiogram	0264	3.83	$189.96	$108.97	$37.99
75900	C	Arterial catheter exchange					
75940	X	X-ray placement, vein filter	0264	3.83	$189.96	$108.97	$37.99
75945	S	Intravascular us	0267	2.72	$134.90	$80.06	$26.98
75946	S	Intravascular us add-on	0267	2.72	$134.90	$80.06	$26.98
*75952	C	Abdom aneurysm endovas repr					
*75953	C	Abdom aneurysm endovas repr					
75960	S	Transcatheter intro, stent	0279	6.30	$312.46	$174.57	$62.49
75961	S	Retrieval, broken catheter	0279	6.30	$312.46	$174.57	$62.49
75962	S	Repair arterial blockage	0280	14.98	$742.95	$380.12	$148.59
75964	S	Repair artery blockage, each	0279	6.30	$312.46	$174.57	$62.49
75966	S	Repair arterial blockage	0280	14.98	$742.95	$380.12	$148.59
75968	S	Repair artery blockage, each	0279	6.30	$312.46	$174.57	$62.49
75970	S	Vascular biopsy	0279	6.30	$312.46	$174.57	$62.49
75978	S	Repair venous blockage	0279	6.30	$312.46	$174.57	$62.49
75980	S	Contrast xray exam bile duct	0297	6.13	$304.03	$172.51	$60.81
75982	S	Contrast xray exam bile duct	0297	6.13	$304.03	$172.51	$60.81
75984	S	Xray control catheter change	0296	3.57	$177.06	$100.25	$35.41
75989	X	Abscess drainage under x-ray	0273	2.49	$123.49	$61.02	$24.70
75992	S	Atherectomy, x-ray exam	0279	6.30	$312.46	$174.57	$62.49
75993	T	Atherectomy, x-ray exam	0081	28.81	$1,428.86	$710.91	$285.77
75994	T	Atherectomy, x-ray exam	0081	28.81	$1,428.86	$710.91	$285.77
75995	S	Atherectomy, x-ray exam	0279	6.30	$312.46	$174.57	$62.49
75996	T	Atherectomy, x-ray exam	0081	28.81	$1,428.86	$710.91	$285.77
76000	X	Fluoroscope examination	0272	1.40	$69.43	$39.00	$13.89
76001	X	Fluoroscope exam, extensive	0273	2.49	$123.49	$61.02	$24.70
76003	X	Needle localization by x-ray	0272	1.40	$69.43	$39.00	$13.89
76005	X	Fluoroguide for spine inject	0273	2.49	$123.49	$61.02	$24.70

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
76006	X	X-ray stress view	0261	1.38	$68.44	$38.77	$13.69
76010	X	X-ray, nose to rectum	0260	0.79	$39.18	$22.02	$7.84
*76012	S	Percut vertebroplasty fluor	0274	4.83	$239.55	$128.12	$47.91
*76013	S	Percut vertebroplasty CT	0274	4.83	$239.55	$128.12	$47.91
76020	X	X-rays for bone age	0261	1.38	$68.44	$38.77	$13.69
76040	X	X-rays, bone evaluation	0260	0.79	$39.18	$22.02	$7.84
76061	X	X-rays, bone survey	0261	1.38	$68.44	$38.77	$13.69
76062	X	X-rays, bone survey	0261	1.38	$68.44	$38.77	$13.69
76065	X	X-rays, bone evaluation	0261	1.38	$68.44	$38.77	$13.69
76066	X	Joint(s) survey, single film	0260	0.79	$39.18	$22.02	$7.84
76070	E	CT scan, bone density study					
76075	S	Dual energy x-ray study	0971	1.55	$76.88		$15.38
76076	T	Dual energy x-ray study	0970	0.52	$25.79		$5.16
76078	X	Photodensitometry	0261	1.38	$68.44	$38.77	$13.69
76080	X	X-ray exam of fistula	0263	1.68	$83.32	$45.88	$16.66
76086	X	X-ray of mammary duct	0263	1.68	$83.32	$45.88	$16.66
76088	X	X-ray of mammary ducts	0263	1.68	$83.32	$45.88	$16.66
76090	S	Mammogram, one breast	0271	0.70	$34.72	$19.50	$6.94
76091	S	Mammogram, both breasts	0271	0.70	$34.72	$19.50	$6.94
76092	A	Mammogram, screening					
76093	S	Magnetic image, breast	0284	8.02	$397.76	$257.39	$79.55
76094	S	Magnetic image, both breasts	0284	8.02	$397.76	$257.39	$79.55
76095	X	Stereotactic breast biopsy	0264	3.83	$189.96	$108.97	$37.99
76096	X	X-ray of needle wire, breast	0263	1.68	$83.32	$45.88	$16.66
76098	X	X-ray exam, breast specimen	0260	0.79	$39.18	$22.02	$7.84
76100	X	X-ray exam of body section	0261	1.38	$68.44	$38.77	$13.69
76101	X	Complex body section x-ray	0263	1.68	$83.32	$45.88	$16.66
76102	X	Complex body section x-rays	0264	3.83	$189.96	$108.97	$37.99
76120	X	Cinematic x-rays	0261	1.38	$68.44	$38.77	$13.69
76125	X	Cinematic x-rays add-on	0261	1.38	$68.44	$38.77	$13.69
76140	E	X-ray consultation					
76150	X	X-ray exam, dry process	0260	0.79	$39.18	$22.02	$7.84
76350	N	Special x-ray contrast study					
76355	S	CAT scan for localization	0283	4.89	$242.52	$179.39	$48.50
76360	S	CAT scan for needle biopsy	0283	4.89	$242.52	$179.39	$48.50
76365D	S	CAT scan for cyst aspiration	0283	4.89	$242.52	$179.39	$48.50
76370	S	CAT scan for therapy guide	0282	2.38	$118.04	$94.51	$23.61
76375	S	3d/holograph reconstr add-on	0282	2.38	$118.04	$94.51	$23.61
76380	S	CAT scan follow-up study	0282	2.38	$118.04	$94.51	$23.61
76390	S	Mr spectroscopy	0284	8.02	$397.76	$257.39	$79.55
*76393	X	MR guidance for needle place	0273	2.49	$123.49	$61.02	$24.70
76400	S	Magnetic image, bone marrow	0284	8.02	$397.76	$257.39	$79.55
76499	X	Radiographic procedure	0260	0.79	$39.18	$22.02	$7.84
76506	S	Echo exam of head	0266	1.79	$88.78	$57.35	$17.76
76511	S	Echo exam of eye	0266	1.79	$88.78	$57.35	$17.76
76512	S	Echo exam of eye	0266	1.79	$88.78	$57.35	$17.76
76513	S	Echo exam of eye, water bath	0265	1.17	$58.03	$38.08	$11.61
76516	S	Echo exam of eye	0266	1.79	$88.78	$57.35	$17.76
76519	S	Echo exam of eye	0266	1.79	$88.78	$57.35	$17.76
76529	S	Echo exam of eye	0265	1.17	$58.03	$38.08	$11.61
76536	S	Echo exam of head and neck	0265	1.17	$58.03	$38.08	$11.61
76604	S	Echo exam of chest	0266	1.79	$88.78	$57.35	$17.76
76645	S	Echo exam of breast(s)	0265	1.17	$58.03	$38.08	$11.61
76700	S	Echo exam of abdomen	0266	1.79	$88.78	$57.35	$17.76
76705	S	Echo exam of abdomen	0266	1.79	$88.78	$57.35	$17.76
76770	S	Echo exam abdomen back wall	0266	1.79	$88.78	$57.35	$17.76
76775	S	Echo exam abdomen back wall	0266	1.79	$88.78	$57.35	$17.76
76778	S	Echo exam kidney transplant	0266	1.79	$88.78	$57.35	$17.76
76800	S	Echo exam spinal canal	0266	1.79	$88.78	$57.35	$17.76
76805	S	Echo exam of pregnant uterus	0266	1.79	$88.78	$57.35	$17.76
76810	S	Echo exam of pregnant uterus	0265	1.17	$58.03	$38.08	$11.61
76815	S	Echo exam of pregnant uterus	0265	1.17	$58.03	$38.08	$11.61
76816	S	Echo exam follow-up/repeat	0265	1.17	$58.03	$38.08	$11.61
76818	S	Fetal biophysical profile	0266	1.79	$88.78	$57.35	$17.76
*76819	S	Fetl biophys profil w/o stress	0266	1.79	$88.78	$57.35	$17.76
76825	S	Echo exam of fetal heart	0269	4.40	$218.22	$114.01	$43.64
76826	S	Echo exam of fetal heart	0269	4.40	$218.22	$114.01	$43.64
76827	S	Echo exam of fetal heart	0269	4.40	$218.22	$114.01	$43.64
76828	S	Echo exam of fetal heart	0269	4.40	$218.22	$114.01	$43.64
76830	S	Echo exam, transvaginal	0266	1.79	$88.78	$57.35	$17.76
76831	S	Echo exam, uterus	0266	1.79	$88.78	$57.35	$17.76
76856	S	Echo exam of pelvis	0266	1.79	$88.78	$57.35	$17.76
76857	S	Echo exam of pelvis	0265	1.17	$58.03	$38.08	$11.61
76870	S	Echo exam of scrotum	0266	1.79	$88.78	$57.35	$17.76

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
76872	S	Echo exam, transrectal	0266	1.79	$88.78	$57.35	$17.76
76873	S	Echograp trans r, pros study	0266	1.79	$88.78	$57.35	$17.76
76880	S	Echo exam of extremity	0266	1.79	$88.78	$57.35	$17.76
76885	S	Echo exam, infant hips	0266	1.79	$88.78	$57.35	$17.76
76886	S	Echo exam, infant hips	0266	1.79	$88.78	$57.35	$17.76
76930	X	Echo guide for heart sac tap	0268	2.23	$110.60	$69.51	$22.12
76932	X	Echo guide for heart biopsy	0268	2.23	$110.60	$69.51	$22.12
76934D	X	Echo guide for chest tap	0268	2.23	$110.60	$69.51	$22.12
76936	X	Echo guide for artery repair	0268	2.23	$110.60	$69.51	$22.12
76938D	X	Echo exam for drainage	0268	2.23	$110.60	$69.51	$22.12
76941	X	Echo guide for transfusion	0268	2.23	$110.60	$69.51	$22.12
76942	X	Echo guide for biopsy	0268	2.23	$110.60	$69.51	$22.12
76945	X	Echo guide, villus sampling	0268	2.23	$110.60	$69.51	$22.12
76946	X	Echo guide for amniocentesis	0268	2.23	$110.60	$69.51	$22.12
76948	X	Echo guide, ova aspiration	0268	2.23	$110.60	$69.51	$22.12
76950	X	Echo guidance radiotherapy	0268	2.23	$110.60	$69.51	$22.12
76960D	X	Echo guidance radiotherapy	0268	2.23	$110.60	$69.51	$22.12
76965	X	Echo guidance radiotherapy	0268	2.23	$110.60	$69.51	$22.12
76970	S	Ultrasound exam follow-up	0265	1.17	$58.03	$38.08	$11.61
76975	S	GI endoscopic ultrasound	0266	1.79	$88.78	$57.35	$17.76
76977	S	Us bone density measure	0265	1.17	$58.03	$38.08	$11.61
76986	S	Echo exam at surgery	0266	1.79	$88.78	$57.35	$17.76
76999	S	Echo examination procedure	0266	1.79	$88.78	$57.35	$17.76
77261	E	Radiation therapy planning					
77262	E	Radiation therapy planning					
77263	E	Radiation therapy planning					
77280	X	Set radiation therapy field	0304	1.49	$73.90	$41.52	$14.78
77285	X	Set radiation therapy field	0305	4.06	$201.36	$97.50	$40.27
77290	X	Set radiation therapy field	0305	4.06	$201.36	$97.50	$40.27
77295	X	Set radiation therapy field	0310	13.98	$693.35	$339.05	$138.67
77299	E	Radiation therapy planning					
77300	X	Radiation therapy dose plan	0304	1.49	$73.90	$41.52	$14.78
77305	X	Radiation therapy dose plan	0304	1.49	$73.90	$41.52	$14.78
77310	X	Radiation therapy dose plan	0304	1.49	$73.90	$41.52	$14.78
77315	X	Radiation therapy dose plan	0305	4.06	$201.36	$97.50	$40.27
77321	X	Radiation therapy port plan	0305	4.06	$201.36	$97.50	$40.27
77326	X	Radiation therapy dose plan	0305	4.06	$201.36	$97.50	$40.27
77327	X	Radiation therapy dose plan	0305	4.06	$201.36	$97.50	$40.27
77328	X	Radiation therapy dose plan	0305	4.06	$201.36	$97.50	$40.27
77331	X	Special radiation dosimetry	0304	1.49	$73.90	$41.52	$14.78
77332	X	Radiation treatment aid(s)	0303	2.83	$140.36	$69.28	$28.07
77333	X	Radiation treatment aid(s)	0303	2.83	$140.36	$69.28	$28.07
77334	X	Radiation treatment aid(s)	0303	2.83	$140.36	$69.28	$28.07
77336	X	Radiation physics consult	0311	1.32	$65.46	$31.66	$13.09
77370	X	Radiation physics consult	0311	1.32	$65.46	$31.66	$13.09
77399	X	External radiation dosimetry	0311	1.32	$65.46	$31.66	$13.09
77401	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77402	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77403	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77404	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77406	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77407	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77408	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77409	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77411	S	Radiation treatment delivery	0301	2.21	$109.61	$52.53	$21.92
77412	S	Radiation treatment delivery	0301	2.21	$109.61	$52.53	$21.92
77413	S	Radiation treatment delivery	0301	2.21	$109.61	$52.53	$21.92
77414	S	Radiation treatment delivery	0300	1.98	$98.20	$47.72	$19.64
77416	S	Radiation treatment delivery	0301	2.21	$109.61	$52.53	$21.92
77417	X	Radiology port film(s)	0260	0.79	$39.18	$22.02	$7.84
77427	E	Radiation tx management, x5					
77431	E	Radiation therapy management					
77432	E	Stereotactic radiation trmt					
77470	S	Special radiation treatment	0302	8.21	$407.18	$216.55	$81.44
77499	E	Radiation therapy management					
77520	S	Proton beam delivery	0974	8.25	$409.17		$81.83
*77522	S	Proton trmt, simple w/ comp	0974	8.25	$409.17		$81.83
77523	S	Proton beam delivery	0976	18.05	$895.21		$179.04
*77525	S	Proton treatment, complex	0976	18.05	$895.21		$179.04
77600	S	Hyperthermia treatment	0314	5.88	$291.62	$150.95	$58.32
77605	S	Hyperthermia treatment	0314	5.88	$291.62	$150.95	$58.32
77610	S	Hyperthermia treatment	0314	5.88	$291.62	$150.95	$58.32
77615	S	Hyperthermia treatment	0314	5.88	$291.62	$150.95	$58.32
77620	S	Hyperthermia treatment	0314	5.88	$291.62	$150.95	$58.32

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
77750	S	Infuse radioactive materials	0301	2.21	$109.61	$52.53	$21.92
77761	S	Radioelement application	0312	4.09	$202.85	$109.65	$40.57
77762	S	Radioelement application	0312	4.09	$202.85	$109.65	$40.57
77763	S	Radioelement application	0312	4.09	$202.85	$109.65	$40.57
77776	S	Radioelement application	0312	4.09	$202.85	$109.65	$40.57
77777	S	Radioelement application	0312	4.09	$202.85	$109.65	$40.57
77778	S	Radioelement application	0312	4.09	$202.85	$109.65	$40.57
77781	S	High intensity brachytherapy	0313	7.89	$391.31	$164.02	$78.26
77782	S	High intensity brachytherapy	0313	7.89	$391.31	$164.02	$78.26
77783	S	High intensity brachytherapy	0313	7.89	$391.31	$164.02	$78.26
77784	S	High intensity brachytherapy	0313	7.89	$391.31	$164.02	$78.26
77789	S	Radioelement application	0300	1.98	$98.20	$47.72	$19.64
77790	N	Radioelement handling					
77799	S	Radium/radioisotope therapy	0313	7.89	$391.31	$164.02	$78.26
78000	S	Thyroid, single uptake	0290	1.94	$96.21	$55.51	$19.24
78001	S	Thyroid, multiple uptakes	0290	1.94	$96.21	$55.51	$19.24
78003	S	Thyroid suppress/stimul	0290	1.94	$96.21	$55.51	$19.24
78006	S	Thyroid imaging with uptake	0291	3.15	$156.22	$93.14	$31.24
78007	S	Thyroid image, mult uptakes	0291	3.15	$156.22	$93.14	$31.24
78010	S	Thyroid imaging	0290	1.94	$96.21	$55.51	$19.24
78011	S	Thyroid imaging with flow	0290	1.94	$96.21	$55.51	$19.24
78015	S	Thyroid met imaging	0291	3.15	$156.22	$93.14	$31.24
78016	S	Thyroid met imaging/studies	0292	4.36	$216.24	$126.63	$43.25
78018	S	Thyroid met imaging, body	0292	4.36	$216.24	$126.63	$43.25
78020	S	Thyroid met uptake	0292	4.36	$216.24	$126.63	$43.25
78070	S	Parathyroid nuclear imaging	0292	4.36	$216.24	$126.63	$43.25
78075	S	Adrenal nuclear imaging	0292	4.36	$216.24	$126.63	$43.25
78099	S	Endocrine nuclear procedure	0290	1.94	$96.21	$55.51	$19.24
78102	S	Bone marrow imaging, ltd	0291	3.15	$156.22	$93.14	$31.24
78103	S	Bone marrow imaging, mult	0292	4.36	$216.24	$126.63	$43.25
78104	S	Bone marrow imaging, body	0292	4.36	$216.24	$126.63	$43.25
78110	S	Plasma volume, single	0291	3.15	$156.22	$93.14	$31.24
78111	S	Plasma volume, multiple	0291	3.15	$156.22	$93.14	$31.24
78120	S	Red cell mass, single	0291	3.15	$156.22	$93.14	$31.24
78121	S	Red cell mass, multiple	0291	3.15	$156.22	$93.14	$31.24
78122	S	Blood volume	0292	4.36	$216.24	$126.63	$43.25
78130	S	Red cell survival study	0292	4.36	$216.24	$126.63	$43.25
78135	S	Red cell survival kinetics	0292	4.36	$216.24	$126.63	$43.25
78140	S	Red cell sequestration	0292	4.36	$216.24	$126.63	$43.25
78160	S	Plasma iron turnover	0292	4.36	$216.24	$126.63	$43.25
78162	S	Iron absorption exam	0292	4.36	$216.24	$126.63	$43.25
78170	S	Red cell iron utilization	0292	4.36	$216.24	$126.63	$43.25
78172	S	Total body iron estimation	0292	4.36	$216.24	$126.63	$43.25
78185	S	Spleen imaging	0291	3.15	$156.22	$93.14	$31.24
78190	S	Platelet survival, kinetics	0291	3.15	$156.22	$93.14	$31.24
78191	S	Platelet survival	0291	3.15	$156.22	$93.14	$31.24
78195	S	Lymph system imaging	0292	4.36	$216.24	$126.63	$43.25
78199	S	Blood/lymph nuclear exam	0290	1.94	$96.21	$55.51	$19.24
78201	S	Liver imaging	0291	3.15	$156.22	$93.14	$31.24
78202	S	Liver imaging with flow	0291	3.15	$156.22	$93.14	$31.24
78205	S	Liver imaging (3D)	0292	4.36	$216.24	$126.63	$43.25
78206	S	Liver image (3d) w/flow	0292	4.36	$216.24	$126.63	$43.25
78215	S	Liver and spleen imaging	0291	3.15	$156.22	$93.14	$31.24
78216	S	Liver & spleen image/flow	0291	3.15	$156.22	$93.14	$31.24
78220	S	Liver function study	0292	4.36	$216.24	$126.63	$43.25
78223	S	Hepatobiliary imaging	0292	4.36	$216.24	$126.63	$43.25
78230	S	Salivary gland imaging	0291	3.15	$156.22	$93.14	$31.24
78231	S	Serial salivary imaging	0291	3.15	$156.22	$93.14	$31.24
78232	S	Salivary gland function exam	0291	3.15	$156.22	$93.14	$31.24
78258	S	Esophageal motility study	0291	3.15	$156.22	$93.14	$31.24
78261	S	Gastric mucosa imaging	0291	3.15	$156.22	$93.14	$31.24
78262	S	Gastroesophageal reflux exam	0291	3.15	$156.22	$93.14	$31.24
78264	S	Gastric emptying study	0292	4.36	$216.24	$126.63	$43.25
78267	A	Breath tst attain/anal c-14					
78268	A	Breath test analysis, c-14					
78270	S	Vit B-12 absorption exam	0290	1.94	$96.21	$55.51	$19.24
78271	S	Vit B-12 absorp exam, IF	0290	1.94	$96.21	$55.51	$19.24
78272	S	Vit B-12 absorp, combined	0291	3.15	$156.22	$93.14	$31.24
78278	S	Acute GI blood loss imaging	0292	4.36	$216.24	$126.63	$43.25
78282	S	GI protein loss exam	0290	1.94	$96.21	$55.51	$19.24
78290	S	Meckel's divert exam	0291	3.15	$156.22	$93.14	$31.24
78291	S	Leveen/shunt patency exam	0292	4.36	$216.24	$126.63	$43.25
78299	S	GI nuclear procedure	0290	1.94	$96.21	$55.51	$19.24
78300	S	Bone imaging, limited area	0291	3.15	$156.22	$93.14	$31.24

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
78305	S	Bone imaging, multiple areas	0292	4.36	$216.24	$126.63	$43.25
78306	S	Bone imaging, whole body	0292	4.36	$216.24	$126.63	$43.25
78315	S	Bone imaging, 3 phase	0292	4.36	$216.24	$126.63	$43.25
78320	S	Bone imaging (3D)	0292	4.36	$216.24	$126.63	$43.25
78350	X	Bone mineral, single photon	0261	1.38	$68.44	$38.77	$13.69
78351	E	Bone mineral, dual photon					
78399	S	Musculoskeletal nuclear exam	0290	1.94	$96.21	$55.51	$19.24
78414	S	Non-imaging heart function	0292	4.36	$216.24	$126.63	$43.25
78428	S	Cardiac shunt imaging	0292	4.36	$216.24	$126.63	$43.25
78445	S	Vascular flow imaging	0291	3.15	$156.22	$93.14	$31.24
78455	S	Venous thrombosis study	0291	3.15	$156.22	$93.14	$31.24
78456	S	Acute venous thrombus image	0291	3.15	$156.22	$93.14	$31.24
78457	S	Venous thrombosis imaging	0291	3.15	$156.22	$93.14	$31.24
78458	S	Ven thrombosis images, bilat	0291	3.15	$156.22	$93.14	$31.24
78459	E	Heart muscle imaging (PET)					
78460	S	Heart muscle blood, single	0286	7.28	$361.06	$200.04	$72.21
78461	S	Heart muscle blood, multiple	0286	7.28	$361.06	$200.04	$72.21
78464	S	Heart image (3d), single	0286	7.28	$361.06	$200.04	$72.21
78465	S	Heart image (3d), multiple	0286	7.28	$361.06	$200.04	$72.21
78466	S	Heart infarct image	0292	4.36	$216.24	$126.63	$43.25
78468	S	Heart infarct image (ef)	0292	4.36	$216.24	$126.63	$43.25
78469	S	Heart infarct image (3D)	0292	4.36	$216.24	$126.63	$43.25
78472	S	Gated heart, planar, single	0286	7.28	$361.06	$200.04	$72.21
78473	S	Gated heart, multiple	0286	7.28	$361.06	$200.04	$72.21
78478	S	Heart wall motion add-on	0286	7.28	$361.06	$200.04	$72.21
78480	S	Heart function add-on	0286	7.28	$361.06	$200.04	$72.21
78481	S	Heart first pass, single	0286	7.28	$361.06	$200.04	$72.21
78483	S	Heart first pass, multiple	0286	7.28	$361.06	$200.04	$72.21
78491	E	Heart image (pet), single					
78492	E	Heart image (pet), multiple					
78494	S	Heart image, spect	0296	3.57	$177.06	$100.25	$35.41
78496	S	Heart first pass add-on	0296	3.57	$177.06	$100.25	$35.41
78499	S	Cardiovascular nuclear exam	0292	4.36	$216.24	$126.63	$43.25
78580	S	Lung perfusion imaging	0291	3.15	$156.22	$93.14	$31.24
78584	S	Lung V/Q image single breath	0292	4.36	$216.24	$126.63	$43.25
78585	S	Lung V/Q imaging	0292	4.36	$216.24	$126.63	$43.25
78586	S	Aerosol lung image, single	0292	4.36	$216.24	$126.63	$43.25
78587	S	Aerosol lung image, multiple	0292	4.36	$216.24	$126.63	$43.25
78588	S	Perfusion lung image	0292	4.36	$216.24	$126.63	$43.25
78591	S	Vent image, 1 breath, 1 proj	0291	3.15	$156.22	$93.14	$31.24
78593	S	Vent image, 1 proj, gas	0292	4.36	$216.24	$126.63	$43.25
78594	S	Vent image, mult proj, gas	0292	4.36	$216.24	$126.63	$43.25
78596	S	Lung differential function	0292	4.36	$216.24	$126.63	$43.25
78599	S	Respiratory nuclear exam	0291	3.15	$156.22	$93.14	$31.24
78600	S	Brain imaging, ltd static	0292	4.36	$216.24	$126.63	$43.25
78601	S	Brain imaging, ltd w/ flow	0292	4.36	$216.24	$126.63	$43.25
78605	S	Brain imaging, complete	0291	3.15	$156.22	$93.14	$31.24
78606	S	Brain imaging, compl w/flow	0292	4.36	$216.24	$126.63	$43.25
78607	S	Brain imaging (3D)	0292	4.36	$216.24	$126.63	$43.25
78608	E	Brain imaging (PET)					
78609	E	Brain imaging (PET)					
78610	S	Brain flow imaging only	0291	3.15	$156.22	$93.14	$31.24
78615	S	Cerebral blood flow imaging	0292	4.36	$216.24	$126.63	$43.25
78630	S	Cerebrospinal fluid scan	0292	4.36	$216.24	$126.63	$43.25
78635	S	CSF ventriculography	0292	4.36	$216.24	$126.63	$43.25
78645	S	CSF shunt evaluation	0292	4.36	$216.24	$126.63	$43.25
78647	S	Cerebrospinal fluid scan	0292	4.36	$216.24	$126.63	$43.25
78650	S	CSF leakage imaging	0292	4.36	$216.24	$126.63	$43.25
78660	S	Nuclear exam of tear flow	0291	3.15	$156.22	$93.14	$31.24
78699	S	Nervous system nuclear exam	0292	4.36	$216.24	$126.63	$43.25
78700	S	Kidney imaging, static	0291	3.15	$156.22	$93.14	$31.24
78701	S	Kidney imaging with flow	0291	3.15	$156.22	$93.14	$31.24
78704	S	Imaging renogram	0292	4.36	$216.24	$126.63	$43.25
78707	S	Kidney flow/function image	0292	4.36	$216.24	$126.63	$43.25
78708	S	Kidney flow/function image	0292	4.36	$216.24	$126.63	$43.25
78709	S	Kidney flow/function image	0292	4.36	$216.24	$126.63	$43.25
78710	S	Kidney imaging (3D)	0292	4.36	$216.24	$126.63	$43.25
78715	S	Renal vascular flow exam	0291	3.15	$156.22	$93.14	$31.24
78725	S	Kidney function study	0291	3.15	$156.22	$93.14	$31.24
78730	S	Urinary bladder retention	0291	3.15	$156.22	$93.14	$31.24
78740	S	Ureteral reflux study	0291	3.15	$156.22	$93.14	$31.24
78760	S	Testicular imaging	0291	3.15	$156.22	$93.14	$31.24
78761	S	Testicular imaging/flow	0291	3.15	$156.22	$93.14	$31.24
78799	S	Genitourinary nuclear exam	0292	4.36	$216.24	$126.63	$43.25

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
78800	S	Tumor imaging, limited area	0292	4.36	$216.24	$126.63	$43.25
78801	S	Tumor imaging, mult areas	0292	4.36	$216.24	$126.63	$43.25
78802	S	Tumor imaging, whole body	0292	4.36	$216.24	$126.63	$43.25
78803	S	Tumor imaging (3D)	0292	4.36	$216.24	$126.63	$43.25
78805	S	Abscess imaging, ltd area	0292	4.36	$216.24	$126.63	$43.25
78806	S	Abscess imaging, whole body	0292	4.36	$216.24	$126.63	$43.25
78807	S	Nuclear localization/abscess	0292	4.36	$216.24	$126.63	$43.25
78810	E	Tumor imaging (PET)					
78890	N	Nuclear medicine data proc					
78891	N	Nuclear med data proc					
78990	N	Provide diag radionuclide(s)					
78999	S	Nuclear diagnostic exam	0291	3.15	$156.22	$93.14	$31.24
79000	S	Init hyperthyroid therapy	0294	5.13	$254.43	$144.06	$50.89
79001	S	Repeat hyperthyroid therapy	0294	5.13	$254.43	$144.06	$50.89
79020	S	Thyroid ablation	0294	5.13	$254.43	$144.06	$50.89
79030	S	Thyroid ablation, carcinoma	0294	5.13	$254.43	$144.06	$50.89
79035	S	Thyroid metastatic therapy	0294	5.13	$254.43	$144.06	$50.89
79100	S	Hematopoetic nuclear therapy	0294	5.13	$254.43	$144.06	$50.89
79200	S	Intracavitary nuclear trmt	0295	19.85	$984.48	$609.17	$196.90
79300	S	Interstitial nuclear therapy	0294	5.13	$254.43	$144.06	$50.89
79400	S	Nonhemato nuclear therapy	0295	19.85	$984.48	$609.17	$196.90
79420	S	Intravascular nuclear ther	0295	19.85	$984.48	$609.17	$196.90
79440	S	Nuclear joint therapy	0294	5.13	$254.43	$144.06	$50.89
79900	N	Provide ther radiopharm(s)					
79999	S	Nuclear medicine therapy	0294	5.13	$254.43	$144.06	$50.89
80048	A	Basic metabolic panel					
80050	A	General health panel					
80051	A	Electrolyte panel					
80053	A	Comprehen metabolic panel					
80055	A	Obstetric panel					
80061	A	Lipid panel					
80069	A	Renal function panel					
80072	A	Arthritis panel					
80074	A	Acute hepatitis panel					
80076	A	Hepatic function panel					
80090	A	Torch antibody panel					
80100	A	Drug screen					
80101	A	Drug screen					
80102	A	Drug confirmation					
80103	N	Drug analysis, tissue prep					
80150	A	Assay of amikacin					
80152	A	Assay of amitriptyline					
80154	A	Assay of benzodiazepines					
80156	A	Assay of carbamazepine					
*80157	A	Assay of 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					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
80406	A	Acth stimulation panel					
80408	A	Aldosterone suppression eval					
80410	A	Calcitonin stimul panel					
80412	A	CRH stimulation panel					
80414	A	Testosterone response					
80415	A	Estradiol response panel					
80416	A	Renin stimulation panel					
80417	A	Renin stimulation panel					
80418	A	Pituitary evaluation panel					
80420	A	Dexamethasone panel					
80422	A	Glucagon tolerance panel					
80424	A	Glucagon tolerance panel					
80426	A	Gonadotropin hormone panel					
80428	A	Growth hormone panel					
80430	A	Growth hormone panel					
80432	A	Insulin suppression panel					
80434	A	Insulin tolerance panel					
80435	A	Insulin tolerance panel					
80436	A	Metyrapone panel					
80438	A	TRH stimulation panel					
80439	A	TRH stimulation panel					
80440	A	TRH stimulation panel					
80500	X	Lab pathology consultation	0343	0.45	$22.32	$12.16	$4.46
80502	X	Lab pathology consultation	0343	0.45	$22.32	$12.16	$4.46
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	X	Urinalysis test procedure	0349	0.48	$23.65	$4.73	$4.73
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					
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	Androstanediol glucuronide					
82157	A	Assay of androstenedione					
82160	A	Assay of androsterone					
82163	A	Assay of angiotensin II					
82164	A	Angiotensin I enzyme test					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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, cholylglycine					
82247	A	Bilirubin, total					
82248	A	Bilirubin, direct					
82251D	A	Assay of bilirubin					
82252	A	Fecal bilirubin test					
82261	A	Assay of biotinidase					
82270	A	Test for blood, feces					
82273	A	Test for blood, other source					
82286	A	Assay of bradykinin					
82300	A	Assay of cadmium					
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 (stone) analysis					
82360	A	Calculus (stone) assay					
82365	A	Calculus (stone) assay					
82370	A	X-ray assay, calculus					
*82373	A	Carb deficient transferrin					
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 of 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 chromotography, qual					
82542	A	Column chromotography, quant					
82543	A	Column chromotograph/isotope					
82544	A	Column chromotograph/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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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					
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 and 4					
82800	A	Blood pH					
82803	A	Blood gases: pH, pO2 & pCO2					
82805	A	Blood gases W/O2 saturation					
82810	A	Blood gases, O2 sat only					
82820	A	Hemoglobin-oxygen affinity					
82926	A	Assay 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, body fluid other than blood					
82946	A	Glucagon tolerance test					
82947	A	Assay of glucose, 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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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 breath tst 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 chromotography					
83026	A	Hemoglobin, copper sulfate					
83030	A	Fetal hemoglobin assay					
83033	A	Fetal fecal hemoglobin assay					
83036	A	Glycated hemoglobin test					
83045	A	Blood methemoglobin test					
83050	A	Blood methemoglobin assay					
83051	A	Assay 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	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	Assay of l/s ratio					
83662	A	L/S ratio, foam stability					
*83663	A	Fetal lung maturity, fluor polar					
*83664	A	Fetal lung maturity, lam body dens					
83670	A	Assay of lap enzyme					
83690	A	Assay of lipase					
83715	A	Assay of blood lipoproteins					
83716	A	Assay of blood lipoproteins					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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					
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	Assay, organic acids quant					
83919	A	Assay, organic acids qual					
*83921	A	Assay, organic acid, single, quant					
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					
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-hydroxypregneno					
84144	A	Assay of progesterone					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
84146	A	Assay of prolactin					
84150	A	Assay of prostaglandin					
*84152	A	PSA, complexed					
84153	A	Assay of psa, total					
84154	A	Assay of psa, free					
84155	A	Assay of protein					
84160	A	Assay of serum protein					
84165	A	Assay of serum proteins					
84181	A	Western blot test					
84182	A	Protein, western blot test					
84202	A	Assay RBC protoporphyrin					
84203	A	Test RBC protoporphyrin					
84206	A	Assay of proinsulin					
84207	A	Assay of vitamin b-6					
84210	A	Assay of pyruvate					
84220	A	Assay of pyruvate kinase					
84228	A	Assay of quinine					
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					
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					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	Vitamin, NOS					
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	X	Clinical chemistry test	0349	0.48	$23.65	$4.73	$4.73
85002	A	Bleeding time test					
85007	A	Differential WBC count					
85008	A	Nondifferential WBC count					
85009	A	Differential WBC count					
85013	A	Hematocrit					
85014	A	Hematocrit					
85018	A	Hemoglobin					
85021	A	Automated hemogram					
85022	A	Automated hemogram					
85023	A	Automated hemogram					
85024	A	Automated hemogram					
85025	A	Automated hemogram					
85027	A	Automated hemogram					
85031	A	Manual hemogram, cbc					
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					
85060	X	Blood smear interpretation	0342	0.26	$12.90	$8.03	$2.58
85095	T	Bone marrow aspiration	0003	0.98	$48.61	$27.99	$9.72
85097	X	Bone marrow interpretation	0344	0.79	$39.18	$23.63	$7.84
85102	T	Bone marrow biopsy	0003	0.98	$48.61	$27.99	$9.72
85130	A	Chromogenic substrate assay					
85170	A	Blood clot retraction					
85175	A	Blood clot lysis time					
85210	A	Blood clot factor II test					
85220	A	Blood clot factor V test					
85230	A	Blood clot factor VII test					
85240	A	Blood clot factor VIII test					
85244	A	Blood clot factor VIII test					
85245	A	Blood clot factor VIII test					
85246	A	Blood clot factor VIII test					
85247	A	Blood clot factor VIII test					
85250	A	Blood clot factor IX test					
85260	A	Blood clot factor X test					
85270	A	Blood clot factor XI test					
85280	A	Blood clot factor XII test					
85290	A	Blood clot factor XIII test					
85291	A	Blood clot factor XIII test					
85292	A	Blood clot factor assay					
85293	A	Blood clot factor assay					
85300	A	Antithrombin III test					
85301	A	Antithrombin III test					
85302	A	Blood clot inhibitor antigen					
85303	A	Blood clot inhibitor test					
85305	A	Blood clot inhibitor assay					
85306	A	Blood clot inhibitor test					
*85307	A	Activated protein C resistance					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
85370	A	Fibrinogen test					
85378	A	Fibrin degradation					
85379	A	Fibrin degradation					
85384	A	Fibrinogen					
85385	A	Fibrinogen					
85390	A	Fibrinolysins screen					
85400	A	Fibrinolytic plasmin					
85410	A	Fibrinolytic antiplasmin					
85415	A	Fibrinolytic plasminogen					
85420	A	Fibrinolytic plasminogen					
85421	A	Fibrinolytic plasminogen					
85441	A	Heinz bodies, direct					
85445	A	Heinz bodies, induced					
85460	A	Hemoglobin, fetal					
85461	A	Hemoglobin, fetal					
85475	A	Hemolysin					
85520	A	Heparin assay					
85525	A	Heparin					
85530	A	Heparin-protamine tolerance					
85535	A	Iron stain, blood cells					
*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					
85585	A	Blood platelet estimation					
85590	A	Platelet count, manual					
85595	A	Platelet count, automated					
85597	A	Platelet neutralization					
85610	A	Prothrombin time					
85611	A	Prothrombin test					
85612	A	Viper venom prothrombin time					
85613	A	Russell viper venom, diluted					
85635	A	Reptilase test					
85651	A	Rbc sed rate, 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	X	Hematology procedure	0349	0.48	$23.65	$4.73	$4.73
86000	A	Agglutinins, febrile					
*86001	A	Allergen specific IgE, quant/semiquant					
86003	A	Allergen specific IgE					
86005	A	Allergen specific IgE					
86021	A	WBC antibody identification					
86022	A	Platelet antibodies					
86023	A	Immunoglobulin assay					
86038	A	Antinuclear antibodies					
86039	A	Antinuclear antibodies (ANA)					
86060	A	Antistreptolysin o, titer					
86063	A	Antistreptolysin o, screen					
86077	X	Physician blood bank service	0343	0.45	$22.32	$12.16	$4.46
86078	X	Physician blood bank service	0344	0.79	$39.18	$23.63	$7.84
86079	X	Physician blood bank service	0344	0.79	$39.18	$23.63	$7.84
86140	A	C-reactive protein					
*86146	A	Beta 2 glycoprotein I 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					
86215	A	Deoxyribonuclease, antibody					
86225	A	DNA antibody					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	Tumor antigen, qual or semiquant					
*86300	A	Tumor antigen, quant; CA 15-3					
*86301	A	Tumor antigen, quant; CA 19-9					
*86304	A	Tumor antigen, quant; CA 125					
86308	A	Heterophile antibodies					
86309	A	Heterophile antibodies					
86310	A	Heterophile antibodies					
86316	A	Immunoassay, tumor antigen					
86317	A	Immunoassay,infectious agent					
86318	A	Immunoassay,infectious agent					
86320	A	Serum immunoelectrophoresis					
86325	A	Other immunoelectrophoresis					
86327	A	Immunoelectrophoresis assay					
86329	A	Immunodiffusion					
86331	A	Immunodiffusion ouchterlony					
86332	A	Immune complex assay					
86334	A	Immunofixation procedure					
86337	A	Insulin antibodies					
86340	A	Intrinsic factor antibody					
86341	A	Islet cell antibody					
86343	A	Leukocyte histamine release					
86344	A	Leukocyte phagocytosis					
86353	A	Lymphocyte transformation					
86359	A	T cells, total count					
86360	A	T cell, absolute count/ratio					
86361	A	T cell, absolute count					
86376	A	Microsomal antibody					
86378	A	Migration inhibitory factor					
86382	A	Neutralization test, viral					
86384	A	Nitroblue tetrazolium dye					
86403	A	Particle agglutination test					
86406	A	Particle agglutination test					
86430	A	Rheumatoid factor test					
86431	A	Rheumatoid factor, quant					
86485	X	Skin test, candida	0341	0.13	$6.44	$3.67	$1.29
86490	X	Coccidioidomycosis skin test	0341	0.13	$6.44	$3.67	$1.29
86510	X	Histoplasmosis skin test	0341	0.13	$6.44	$3.67	$1.29
86580	X	TB intradermal test	0341	0.13	$6.44	$3.67	$1.29
86585	X	TB tine test	0341	0.13	$6.44	$3.67	$1.29
86586	X	Skin test, unlisted	0341	0.13	$6.44	$3.67	$1.29
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	Erlichia antibody					
86668	A	Francisella tularensis					
86671	A	Fungus antibody					
86674	A	Giardia lamblia antibody					
86677	A	Helicobacter pylori					
86682	A	Helminth antibody					
*86683	A	Fecal hgb 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					
*86696	A	Herpes simplex type 2 antibody					
86694	A	Herpes simplex test					
86695	A	Herpes simplex test					
86698	A	Histoplasma					
86701	A	HIV-1					
86702	A	HIV-2					
86703	A	HIV-1/HIV-2, single assay					
86704	A	Hep b core antibody, igg/igm					
86705	A	Hep b core antibody, igm					
86706	A	Hep b surface antibody					
86707	A	Hep be antibody					
86708	A	Hep a antibody, igg/igm					
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	X	Immunology procedure	0349	0.48	$23.65	$4.73	$4.73

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
86850	X	RBC antibody screen	0346	0.51	$25.49	$12.03	$5.10
86860	X	RBC antibody elution	0345	0.22	$10.92	$5.37	$2.18
86870	X	RBC antibody identification	0347	0.84	$41.90	$20.13	$8.38
86880	A	Coombs test					
86885	A	Coombs test					
86886	A	Coombs test					
86890	X	Autologous blood process	0347	0.84	$41.90	$20.13	$8.38
86891	X	Autologous blood, op salvage	0345	0.22	$10.92	$5.37	$2.18
86900	A	Blood typing, ABO					
86901	X	Blood typing, Rh (D)	0345	0.22	$10.92	$5.37	$2.18
86903	A	Blood typing, antigen screen					
86904	A	Blood typing, patient serum					
86905	A	Blood typing, RBC antigens					
86906	A	Blood typing, Rh phenotype					
86910	E	Blood typing, paternity test					
86911	E	Blood typing, antigen system					
86915	X	Bone marrow/stem cell prep	0347	0.84	$41.90	$20.13	$8.38
86920	X	Compatibility test	0346	0.51	$25.49	$12.03	$5.10
86921	X	Compatibility test	0346	0.51	$25.49	$12.03	$5.10
86922	X	Compatibility test	0346	0.51	$25.49	$12.03	$5.10
86927	X	Plasma, fresh frozen	0347	0.84	$41.90	$20.13	$8.38
86930	X	Frozen blood prep	0347	0.84	$41.90	$20.13	$8.38
86931	X	Frozen blood thaw	0347	0.84	$41.90	$20.13	$8.38
86932	X	Frozen blood freeze/thaw	0347	0.84	$41.90	$20.13	$8.38
86940	A	Hemolysins/agglutinins, auto					
86941	A	Hemolysins/agglutinins					
86945	X	Blood product/irradiation	0346	0.51	$25.49	$12.03	$5.10
86950	X	Leukacyte transfusion	0347	0.84	$41.90	$20.13	$8.38
86965	X	Pooling blood platelets	0346	0.51	$25.49	$12.03	$5.10
86970	X	RBC pretreatment	0345	0.22	$10.92	$5.37	$2.18
86971	X	RBC pretreatment	0346	0.51	$25.49	$12.03	$5.10
86972	X	RBC pretreatment	0345	0.22	$10.92	$5.37	$2.18
86975	X	RBC pretreatment, serum	0346	0.51	$25.49	$12.03	$5.10
86976	X	RBC pretreatment, serum	0347	0.84	$41.90	$20.13	$8.38
86977	X	RBC pretreatment, serum	0346	0.51	$25.49	$12.03	$5.10
86978	X	RBC pretreatment, serum	0345	0.22	$10.92	$5.37	$2.18
86985	X	Split blood or products	0347	0.84	$41.90	$20.13	$8.38
86999	X	Transfusion procedure	0346	0.51	$25.49	$12.03	$5.10
87001	A	Small animal inoculation					
87003	A	Small animal inoculation					
87015	A	Specimen concentration					
87040	A	Blood culture for bacteria					
87045	A	Stool culture for bacteria					
*87046	A	Stool culture for bacteria					
87060D	A	Nose/throat culture, bact					
87070	A	Culture specimen, bacteria					
*87071	A	Culture specimen, bacteria					
87072D	A	Culture of specimen by kit					
*87073	A	Culture specimen, bacteria					
87075	A	Culture specimen, bacteria					
87076	A	Bacteria identification					
*87077	A	Culture specimen, bacteria					
87081	A	Bacteria culture screen					
87082	A	Culture of specimen by kit					
87083D	A	Culture of specimen by kit					
87084	A	Culture of specimen by kit					
87085D	A	Culture of specimen by kit					
87086	A	Urine culture/colony count					
87087D	A	Urine bacteria culture					
87088	A	Urine bacteria culture					
87101	A	Skin fungus culture					
87102	A	Fungus isolation culture					
87103	A	Blood fungus culture					
87106	A	Fungus identification					
*87107	A	Culture specimen, fungi					
87109	A	Mycoplasma culture					
87110	A	Culture, chlamydia					
87116	A	Mycobacteria culture					
87117D	A	Mycobacteria culture					
87118	A	Mycobacteria identification					
87140	A	Culture typing, fluorescent					
87143	A	Culture typing, GLC method					
87145D	A	Culture typing, phage method					
87147	A	Culture typing, serologic					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*87149	A	Culture typing					
87151D	A	Culture typing, serologic					
*87152	A	Culture typing					
87155D	A	Culture typing, precipitin					
87158	A	Culture typing, added method					
87163D	A	Special microbiology culture					
87164	A	Dark field examination					
87166	A	Dark field examination					
*87168	A	Macroscopic exam, arthropod					
*87169	A	Macroscopic exam, arthropod					
*87172	A	Pinworm exam					
87174D	A	Endotoxin, bacterial					
87175D	A	Assay, endotoxin, bacterial					
87176	A	Endotoxin, bacterial					
87177	A	Ova and parasites smears					
87181	A	Antibiotic sensitivity, each					
87184	A	Antibiotic sensitivity, each					
*87185	A	Susceptibility study					
87186	A	Antibiotic sensitivity, MIC					
87187	A	Antibiotic sensitivity, MBC					
87188	A	Antibiotic sensitivity, each					
87190	A	TB antibiotic sensitivity					
87192D	A	Antibiotic sensitivity, each					
87197	A	Bactericidal level, serum					
87205	A	Smear, stain & interpret					
87206	A	Smear, stain & interpret					
87207	A	Smear, stain & interpret					
87208D	A	Smear, stain & interpret					
87210	A	Smear, stain & interpret					
87211D	A	Smear, stain & interpret					
87220	A	Tissue exam for fungi					
87230	A	Assay, toxin or antitoxin					
87250	A	Virus inoculation for test					
87252	A	Virus inoculation for test					
87253	A	Virus inoculation for test					
*87254	A	Virus isolation					
87260	A	Adenovirus ag, dfa					
87265	A	Pertussis ag, dfa					
87270	A	Chylmd trach ag, dfa					
87272	A	Cryptosporidum ag, dfa					
*87273	A	Identify infectious agent					
87274	A	Herpes simplex ag, dfa					
*87275	A	Identify infectious agent					
87276	A	Influenza ag, dfa					
*87277	A	Identify infectious agent					
87278	A	Legion pneumo ag, dfa					
*87279	A	Identify infectious agent					
87280	A	Resp syncytial ag, dfa					
*87281	A	Identify infectious agent					
*87283	A	Identify infectious agent					
87285	A	Trepon pallidum ag, dfa					
87290	A	Varicella ag, dfa					
87299	A	Ag detection nos, dfa					
*87300	A	Identify infectious agent					
87301	A	Adenovirus ag, eia					
87320	A	Chylmd trach ag, eia					
87324	A	Clostridium ag, eia					
*87327	A	Identify infectious agent					
87328	A	Cryptospor ag, eia					
87332	A	Cytomegalovirus ag, eia					
87335	A	E coli 0157 ag, eia					
*87336	A	Identify infectious agent					
*87337	A	Identify infectious agent					
87338	A	Hpylori, stool, eia					
*87339	A	Identify infectious agent					
87340	A	Hepatitis b surface ag, eia					
*87341	A	Identify infectious agent					
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	Identify infectious agent					
87420	A	Resp syncytial ag, eia					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
87425	A	Rotavirus ag, eia					
*87427	A	Identify infectious agent					
87430	A	Strep a ag, eia					
87449	A	Ag detect nos, eia, mult					
87450	A	Ag detect nos, eia, single					
*87451	A	Identify infectious agent					
87470	A	Bartonella, dna, dir probe					
87471	A	Bartonella, dna, amp probe					
87472	A	Bartonella, dna, quant					
87475	A	Lyme dis, dna, dir probe					
87476	A	Lyme dis, dna, amp probe					
87477	A	Lyme dis, dna, quant					
87480	A	Candida, dna, dir probe					
87481	A	Candida, dna, amp probe					
87482	A	Candida, dna, quant					
87485	A	Chylmd pneum, dna, dir probe					
87486	A	Chylmd pneum, dna, amp probe					
87487	A	Chylmd pneum, dna, quant					
87490	A	Chylmd trach, dna, dir probe					
87491	A	Chylmd trach, dna, amp probe					
87492	A	Chylmd trach, dna, quant					
87495	A	Cytomeg, dna, dir probe					
87496	A	Cytomeg, dna, amp probe					
87497	A	Cytomeg, dna, quant					
87510	A	Gardner vag, dna, dir probe					
87511	A	Gardner vag, dna, amp probe					
87512	A	Gardner vag, dna, quant					
87515	A	Hepatitis b, dna, dir probe					
87516	A	Hepatitis b , dna, amp probe					
87517	A	Hepatitis b , dna, quant					
87520	A	Hepatitis c , rna, dir probe					
87521	A	Hepatitis c , rna, amp probe					
87522	A	Hepatitis c, rna, quant					
87525	A	Hepatitis g , dna, dir probe					
87526	A	Hepatitis g, dna, amp probe					
87527	A	Hepatitis g, dna, quant					
87528	A	Hsv, dna, dir probe					
87529	A	Hsv, dna, amp probe					
87530	A	Hsv, dna, quant					
87531	A	Hhv-6, dna, dir probe					
87532	A	Hhv-6, dna, amp probe					
87533	A	Hhv-6, dna, quant					
87534	A	Hiv-1, dna, dir probe					
87535	A	Hiv-1, dna, amp probe					
87536	A	Hiv-1, dna, quant					
87537	A	Hiv-2, dna, dir probe					
87538	A	Hiv-2, dna, amp probe					
87539	A	Hiv-2, dna, quant					
87540	A	Legion pneumo, dna, dir prob					
87541	A	Legion pneumo, dna, amp prob					
87542	A	Legion pneumo, dna, quant					
87550	A	Mycobacteria, dna, dir probe					
87551	A	Mycobacteria, dna, amp probe					
87552	A	Mycobacteria, dna, quant					
87555	A	M.tuberculo, dna, dir probe					
87556	A	M.tuberculo, dna, amp probe					
87557	A	M.tuberculo, dna, quant					
87560	A	M.avium-intra, dna, dir prob					
87561	A	M.avium-intra, dna, amp prob					
87562	A	M.avium-intra, dna, quant					
87580	A	M.pneumon, dna, dir probe					
87581	A	M.pneumon, dna, amp probe					
87582	A	M.pneumon, dna, quant					
87590	A	N.gonorrhoeae, dna, dir prob					
87591	A	N.gonorrhoeae, dna, amp prob					
87592	A	N.gonorrhoeae, dna, quant					
87620	A	Hpv, dna, dir probe					
87621	A	Hpv, dna, amp probe					
87622	A	Hpv, dna, quant					
87650	A	Strep a, dna, dir probe					
87651	A	Strep a, dna, amp probe					
87652	A	Strep a, dna, quant					
87797	A	Detect agent nos, dna, dir					
87798	A	Detect agent nos, dna, amp					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
87799	A	Detect agent nos, dna, quant					
*87800	A	Identify infectious agent					
*87801	A	Identify infectious agent					
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	Infectious agent genotype					
*87903	A	Infectious agent phenotype					
*87904	A	Infectious agent phenotype					
87999	X	Microbiology procedure	0349	0.48	$23.65	$4.73	$4.73
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	0.45	$22.32	$12.16	$4.46
88106	X	Cytopathology, fluids	0343	0.45	$22.32	$12.16	$4.46
88107	X	Cytopathology, fluids	0343	0.45	$22.32	$12.16	$4.46
88108	X	Cytopath, concentrate tech	0343	0.45	$22.32	$12.16	$4.46
88125	X	Forensic cytopathology	0343	0.45	$22.32	$12.16	$4.46
88130	A	Sex chromatin identification					
88140	A	Sex chromatin identification					
88141	N	Cytopath, c/v, interpret					
88142	A	Cytopath, c/v, thin layer					
88143	A	Cytopath c/v thin layer redo					
88144	A	Cytopath, c/v thin lyr redo					
88145	A	Cytopath, c/v thin lyr sel					
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	0.26	$12.90	$8.03	$2.58
88161	X	Cytopath smear, other source	0343	0.45	$22.32	$12.16	$4.46
88162	X	Cytopath smear, other source	0343	0.45	$22.32	$12.16	$4.46
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					
88170	T	Fine needle aspiration	0002	0.62	$30.75	$17.66	$6.15
88171	T	Fine needle aspiration	0002	0.62	$30.75	$17.66	$6.15
88172	X	Evaluation of smear	0343	0.45	$22.32	$12.16	$4.46
88173	X	Interpretation of smear	0343	0.45	$22.32	$12.16	$4.46
88180	X	Cell marker study	0344	0.79	$39.18	$23.63	$7.84
88182	X	Cell marker study	0344	0.79	$39.18	$23.63	$7.84
88199	X	Cytopathology procedure	0349	0.48	$23.65	$4.73	$4.73
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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					
88299	X	Cytogenetic study	0342	0.26	$12.90	$8.03	$2.58
88300	X	Surgical path, gross	0342	0.26	$12.90	$8.03	$2.58
88302	X	Tissue exam by pathologist	0342	0.26	$12.90	$8.03	$2.58
88304	X	Tissue exam by pathologist	0343	0.45	$22.32	$12.16	$4.46
88305	X	Tissue exam by pathologist	0343	0.45	$22.32	$12.16	$4.46
88307	X	Tissue exam by pathologist	0344	0.79	$39.18	$23.63	$7.84
88309	X	Tissue exam by pathologist	0344	0.79	$39.18	$23.63	$7.84
88311	X	Decalcify tissue	0342	0.26	$12.90	$8.03	$2.58
88312	X	Special stains	0343	0.45	$22.32	$12.16	$4.46
88313	X	Special stains	0342	0.26	$12.90	$8.03	$2.58
88314	X	Histochemical stain	0343	0.45	$22.32	$12.16	$4.46
88318	X	Chemical histochemistry	0343	0.45	$22.32	$12.16	$4.46
88319	X	Enzyme histochemistry	0342	0.26	$12.90	$8.03	$2.58
88321	X	Microslide consultation	0342	0.26	$12.90	$8.03	$2.58
88323	X	Microslide consultation	0343	0.45	$22.32	$12.16	$4.46
88325	X	Comprehensive review of data	0343	0.45	$22.32	$12.16	$4.46
88329	X	Pathology consult in surgery	0343	0.45	$22.32	$12.16	$4.46
88331	X	Pathology consult in surgery	0343	0.45	$22.32	$12.16	$4.46
88332	X	Pathology consult in surgery	0343	0.45	$22.32	$12.16	$4.46
88342	X	Immunocytochemistry	0344	0.79	$39.18	$23.63	$7.84
88346	X	Immunofluorescent study	0343	0.45	$22.32	$12.16	$4.46
88347	X	Immunofluorescent study	0344	0.79	$39.18	$23.63	$7.84
88348	X	Electron microscopy	0344	0.79	$39.18	$23.63	$7.84
88349	X	Scanning electron microscopy	0344	0.79	$39.18	$23.63	$7.84
88355	X	Analysis, skeletal muscle	0344	0.79	$39.18	$23.63	$7.84
88356	X	Analysis, nerve	0344	0.79	$39.18	$23.63	$7.84
88358	X	Analysis, tumor	0344	0.79	$39.18	$23.63	$7.84
88362	X	Nerve teasing preparations	0343	0.45	$22.32	$12.16	$4.46
88365	X	Tissue hybridization	0344	0.79	$39.18	$23.63	$7.84
88371	A	Protein, western blot tissue					
88372	A	Protein analysis w/probe					
88399	X	Surgical pathology procedure	0349	0.48	$23.65	$4.73	$4.73
*88400	A	Bilirubin total, trascutaneous					
89050	A	Body fluid cell count					
89051	A	Body fluid cell count					
89060	A	Exam,synovial fluid crystals					
89100	X	Sample intestinal contents	0361	3.53	$175.07	$88.09	$35.01
89105	X	Sample intestinal contents	0360	1.38	$68.44	$34.75	$13.69
89125	A	Specimen fat stain					
89130	X	Sample stomach contents	0360	1.38	$68.44	$34.75	$13.69
89132	X	Sample stomach contents	0360	1.38	$68.44	$34.75	$13.69
89135	X	Sample stomach contents	0360	1.38	$68.44	$34.75	$13.69
89136	X	Sample stomach contents	0360	1.38	$68.44	$34.75	$13.69
89140	X	Sample stomach contents	0360	1.38	$68.44	$34.75	$13.69
89141	X	Sample stomach contents	0361	3.53	$175.07	$88.09	$35.01
89160	A	Exam feces for meat fibers					
89190	A	Nasal smear for eosinophils					
89250	X	Fertilization of oocyte	0348	0.52	$25.57	$5.11	$5.11
89251	X	Culture oocyte w/embryos	0348	0.52	$25.57	$5.11	$5.11
89252	X	Assist oocyte fertilization	0348	0.52	$25.57	$5.11	$5.11
89253	X	Embryo hatching	0348	0.52	$25.57	$5.11	$5.11
89254	X	Oocyte identification	0348	0.52	$25.57	$5.11	$5.11
89255	X	Prepare embryo for transfer	0348	0.52	$25.57	$5.11	$5.11
89256	X	Prepare cryopreserved embryo	0348	0.52	$25.57	$5.11	$5.11
89257	X	Sperm identification	0348	0.52	$25.57	$5.11	$5.11
89258	X	Cryopreservation, embryo	0348	0.52	$25.57	$5.11	$5.11
89259	X	Cryopreservation, sperm	0348	0.52	$25.57	$5.11	$5.11
89260	X	Sperm isolation, simple	0348	0.52	$25.57	$5.11	$5.11
89261	X	Sperm isolation, complex	0348	0.52	$25.57	$5.11	$5.11
89264	X	Identify sperm tissue	0348	0.52	$25.57	$5.11	$5.11
89300	A	Semen analysis					
89310	A	Semen analysis					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
89320	A	Semen analysis					
*89321	A	Semen analysis					
89325	A	Sperm antibody test					
89329	A	Sperm evaluation test					
89330	A	Evaluation, cervical mucus					
89350	X	Sputum specimen collection	0344	0.79	$39.18	$23.63	$7.84
89355	A	Exam feces for starch					
89360	X	Collect sweat for test	0344	0.79	$39.18	$23.63	$7.84
89365	A	Water load test					
89399	X	Pathology lab procedure	0349	0.48	$23.65	$4.73	$4.73
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	K	Diphtheria antitoxin	0356	0.36	$17.86	$4.82	$3.57
90371	K	Hep b ig, im	0356	0.36	$17.86	$4.82	$3.57
90375	K	Rabies ig, im/sc	0356	0.36	$17.86	$4.82	$3.57
90376	K	Rabies ig, heat treated	0356	0.36	$17.86	$4.82	$3.57
90378	K	Rsv ig, im	0356	0.36	$17.86	$4.82	$3.57
90379	K	Rsv ig, iv	0356	0.36	$17.86	$4.82	$3.57
90384	E	Rh ig, full-dose, im					
90385	K	Rh ig, minidose, im	0356	0.36	$17.86	$4.82	$3.57
90386	E	Rh ig, iv					
90389	K	Tetanus ig, im	0356	0.36	$17.86	$4.82	$3.57
90393	K	Vaccina ig, im	0356	0.36	$17.86	$4.82	$3.57
90396	K	Varicella-zoster ig, im	0356	0.36	$17.86	$4.82	$3.57
90399	E	Immune globulin					
90471	N	Immunization admin					
90472	N	Immunization admin, each add					
90476	K	Adenovirus vaccine, type 4	0356	0.36	$17.86	$4.82	$3.57
90477	K	Adenovirus vaccine, type 7	0356	0.36	$17.86	$4.82	$3.57
90581	K	Anthrax vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90585	K	Bcg vaccine, percut	0356	0.36	$17.86	$4.82	$3.57
90586	K	Bcg vaccine, intravesical	0356	0.36	$17.86	$4.82	$3.57
90632	K	Hep a vaccine, adult im	0356	0.36	$17.86	$4.82	$3.57
90633	K	Hep a vacc, ped/adol, 2 dose	0356	0.36	$17.86	$4.82	$3.57
90634	K	Hep a vacc, ped/adol, 3 dose	0356	0.36	$17.86	$4.82	$3.57
90636	K	Hep a/hep b vacc, adult im	0356	0.36	$17.86	$4.82	$3.57
90645	K	Hib vaccine, hboc, im	0355	0.19	$9.42	$5.05	$1.88
90646	K	Hib vaccine, prp-d, im	0355	0.19	$9.42	$5.05	$1.88
90647	K	Hib vaccine, prp-omp, im	0355	0.19	$9.42	$5.05	$1.88
90648	K	Hib vaccine, prp-t, im	0355	0.19	$9.42	$5.05	$1.88
90657	K	Flu vaccine, 6-35 mo, im	0354	0.13	$6.33		
90658	K	Flu vaccine, 3 yrs, im	0354	0.13	$6.33		
90659	K	Flu vaccine, whole, im	0354	0.13	$6.33		
90660	K	Flu vaccine, nasal	0354	0.13	$6.33		
90665	K	Lyme disease vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90669	K	Pneumococcal vaccine, ped	0356	0.36	$17.86	$4.82	$3.57
90675	K	Rabies vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90676	K	Rabies vaccine, id	0356	0.36	$17.86	$4.82	$3.57
90680	K	Rotovirus vaccine, oral	0356	0.36	$17.86	$4.82	$3.57
90690	K	Typhoid vaccine, oral	0356	0.36	$17.86	$4.82	$3.57
90691	K	Typhoid vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90692	K	Typhoid vaccine, h-p, sc/id	0356	0.36	$17.86	$4.82	$3.57
90693	K	Typhoid vaccine, akd, sc	0356	0.36	$17.86	$4.82	$3.57
90700	K	Dtap vaccine, im	0355	0.19	$9.42	$5.05	$1.88
90701	K	Dtp vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90702	K	Dt vaccine, im	0355	0.19	$9.42	$5.05	$1.88
90703	K	Tetanus vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90704	K	Mumps vaccine, sc	0355	0.19	$9.42	$5.05	$1.88
90705	K	Measles vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90706	K	Rubella vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90707	K	Mmr vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90708	K	Measles-rubella vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90709	K	Rubella & mumps vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90710	K	Mmrv vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90712	K	Oral poliovirus vaccine	0356	0.36	$17.86	$4.82	$3.57
90713	K	Poliovirus, ipv, sc	0355	0.19	$9.42	$5.05	$1.88
90716	K	Chicken pox vaccine, sc	0355	0.19	$9.42	$5.05	$1.88
90717	K	Yellow fever vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90718	K	Td vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90719	K	Diphtheria vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90720	K	Dtp/hib vaccine, im	0355	0.19	$9.42	$5.05	$1.88

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
90721	K	Dtap/hib vaccine, im	0355	0.19	$9.42	$5.05	$1.88
*90723	K	DTAP-HepB-IPV vaccine	0356	0.36	$17.86	$4.82	$3.57
90725	K	Cholera vaccine, injectable	0356	0.36	$17.86	$4.82	$3.57
90727	K	Plague vaccine, im	0355	0.19	$9.42	$5.05	$1.88
90732	K	Pneumococcal vaccine, adult	0354	0.13	$6.33		
90733	K	Meningococcal vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
90735	K	Encephalitis vaccine, sc	0356	0.36	$17.86	$4.82	$3.57
*90740	K	Hep B vaccine, 3 dose sched	0356	0.36	$17.86	$4.82	$3.57
*90743	K	Hep B vaccine, 2 dose sched	0356	0.36	$17.86	$4.82	$3.57
90744	K	Hep b vaccine, ped/adol, im	0356	0.36	$17.86	$4.82	$3.57
90746	K	Hep b vaccine, adult, im	0356	0.36	$17.86	$4.82	$3.57
90747	K	Hep b vaccine, ill pat, im	0356	0.36	$17.86	$4.82	$3.57
90748	K	Hep b/hib vaccine, im	0356	0.36	$17.86	$4.82	$3.57
90749	K	Vaccine toxoid	0355	0.19	$9.42	$5.05	$1.88
90780	E	IV infusion therapy, 1 hour					
90781	E	IV infusion, additional hour					
90782	X	Injection, sc/im	0359	0.96	$47.61	$9.52	$9.52
90783	X	Injection, ia	0359	0.96	$47.61	$9.52	$9.52
90784	X	Injection, iv	0359	0.96	$47.61	$9.52	$9.52
90788	X	Injection of antibiotic	0359	0.96	$47.61	$9.52	$9.52
90799	X	Ther/prophylactic/dx inject	0359	0.96	$47.61	$9.52	$9.52
90801	S	Psy dx interview	0323	1.85	$91.75	$22.48	$18.35
90802	S	Intac psy dx interview	0323	1.85	$91.75	$22.48	$18.35
90804	S	Psytx, office, 20-30 min	0322	1.32	$65.46	$14.22	$13.09
90805	S	Psytx, off, 20-30 min w/e&m	0322	1.32	$65.46	$14.22	$13.09
90806	S	Psytx, off, 45-50 min	0323	1.85	$91.75	$22.48	$18.35
90807	S	Psytx, off, 45-50 min w/e&m	0323	1.85	$91.75	$22.48	$18.35
90808	S	Psytx, office, 75-80 min	0323	1.85	$91.75	$22.48	$18.35
90809	S	Psytx, off, 75-80, w/e&m	0323	1.85	$91.75	$22.48	$18.35
90810	S	Intac psytx, off, 20-30 min	0322	1.32	$65.46	$14.22	$13.09
90811	S	Intac psytx, 20-30, w/e&m	0322	1.32	$65.46	$14.22	$13.09
90812	S	Intac psytx, off, 45-50 min	0323	1.85	$91.75	$22.48	$18.35
90813	S	Intac psytx, 45-50 min w/e&m	0323	1.85	$91.75	$22.48	$18.35
90814	S	Intac psytx, off, 75-80 min	0323	1.85	$91.75	$22.48	$18.35
90815	S	Intac psytx, 75-80 w/e&m	0323	1.85	$91.75	$22.48	$18.35
90816	S	Psytx, hosp, 20-30 min	0322	1.32	$65.46	$14.22	$13.09
90817	S	Psytx, hosp, 20-30 min w/e&m	0322	1.32	$65.46	$14.22	$13.09
90818	S	Psytx, hosp, 45-50 min	0323	1.85	$91.75	$22.48	$18.35
90819	S	Psytx, hosp, 45-50 min w/e&m	0323	1.85	$91.75	$22.48	$18.35
90821	S	Psytx, hosp, 75-80 min	0323	1.85	$91.75	$22.48	$18.35
90822	S	Psytx, hosp, 75-80 min w/e&m	0323	1.85	$91.75	$22.48	$18.35
90823	S	Intac psytx, hosp, 20-30 min	0322	1.32	$65.46	$14.22	$13.09
90824	S	Intac psytx, hsp 20-30 w/e&m	0322	1.32	$65.46	$14.22	$13.09
90826	S	Intac psytx, hosp, 45-50 min	0323	1.85	$91.75	$22.48	$18.35
90827	S	Intac psytx, hsp 45-50 w/e&m	0323	1.85	$91.75	$22.48	$18.35
90828	S	Intac psytx, hosp, 75-80 min	0323	1.85	$91.75	$22.48	$18.35
90829	S	Intac psytx, hsp 75-80 w/e&m	0323	1.85	$91.75	$22.48	$18.35
90845	S	Psychoanalysis	0323	1.85	$91.75	$22.48	$18.35
90846	S	Family psytx w/o patient	0324	1.87	$92.74	$20.19	$18.55
90847	S	Family psytx w/patient	0324	1.87	$92.74	$20.19	$18.55
90849	S	Multiple family group psytx	0325	1.55	$76.88	$19.96	$15.38
90853	S	Group psychotherapy	0325	1.55	$76.88	$19.96	$15.38
90857	S	Intac group psytx	0325	1.55	$76.88	$19.96	$15.38
90862	X	Medication management	0374	1.17	$58.03	$13.08	$11.61
90865	S	Narcosynthesis	0323	1.85	$91.75	$22.48	$18.35
90870	S	Electroconvulsive therapy	0320	3.68	$182.51	$80.06	$36.50
90871	S	Electroconvulsive therapy	0320	3.68	$182.51	$80.06	$36.50
90875	E	Psychophysiological therapy					
90876	E	Psychophysiological therapy					
90880	S	Hypnotherapy	0323	1.85	$91.75	$22.48	$18.35
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	1.32	$65.46	$14.22	$13.09
90901	S	Biofeedback train, any meth	0321	1.26	$62.49	$29.25	$12.50
90911	S	Biofeedback peri/uro/rectal	0321	1.26	$62.49	$29.25	$12.50
90918	A	ESRD related services, month					
90919	A	ESRD related services, month					
90920	A	ESRD related services, month					
90921	A	ESRD related services, month					
90922	A	ESRD related services, day					
90923	A	Esrd related services, day					
90924	A	Esrd related services, day					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
90925	A	Esrd related services, day					
90935	S	Hemodialysis, one evaluation	0170	6.68	$331.30	$72.26	$66.26
90937	E	Hemodialysis, repeated eval					
*90940	N	Hemodyalysis access study					
90945	S	Dialysis, one evaluation	0170	6.68	$331.30	$72.26	$66.26
90947	E	Dialysis, repeated eval					
90989	E	Dialysis training, complete					
90993	E	Dialysis training, incompl					
90997	E	Hemoperfusion					
90999	E	Dialysis procedure					
91000	X	Esophageal intubation	0361	3.53	$175.07	$88.09	$35.01
91010	X	Esophagus motility study	0361	3.53	$175.07	$88.09	$35.01
91011	X	Esophagus motility study	0361	3.53	$175.07	$88.09	$35.01
91012	X	Esophagus motility study	0361	3.53	$175.07	$88.09	$35.01
91020	X	Gastric motility	0361	3.53	$175.07	$88.09	$35.01
91030	X	Acid perfusion of esophagus	0360	1.38	$68.44	$34.75	$13.69
91032	X	Esophagus, acid reflux test	0361	3.53	$175.07	$88.09	$35.01
91033	X	Prolonged acid reflux test	0361	3.53	$175.07	$88.09	$35.01
91052	X	Gastric analysis test	0361	3.53	$175.07	$88.09	$35.01
91055	X	Gastric intubation for smear	0360	1.38	$68.44	$34.75	$13.69
91060	X	Gastric saline load test	0361	3.53	$175.07	$88.09	$35.01
91065	X	Breath hydrogen test	0360	1.38	$68.44	$34.75	$13.69
91100	X	Pass intestine bleeding tube	0360	1.38	$68.44	$34.75	$13.69
91105	X	Gastric intubation treatment	0360	1.38	$68.44	$34.75	$13.69
91122	T	Anal pressure record	0165	3.89	$192.92	$91.76	$38.58
*91132	X	Electrogastrography	0360	1.38	$68.44	$34.75	$13.69
*91133	X	Electrogastrography	0360	1.38	$68.44	$34.75	$13.69
91299	X	Gastroenterology procedure	0360	1.38	$68.44	$34.75	$13.69
92002	V	Eye exam, new patient	0601	1.00	$49.60	$9.92	$9.92
92004	V	Eye exam, new patient	0602	1.66	$82.33	$16.47	$16.47
92012	V	Eye exam established pat	0601	1.00	$49.60	$9.92	$9.92
92014	V	Eye exam & treatment	0602	1.66	$82.33	$16.47	$16.47
92015	E	Refraction					
92018	S	New eye exam & treatment	0231	2.64	$130.94	$59.87	$26.19
92019	S	Eye exam & treatment	0231	2.64	$130.94	$59.87	$26.19
92020	S	Special eye evaluation	0230	0.98	$48.61	$22.48	$9.72
92060	S	Special eye evaluation	0230	0.98	$48.61	$22.48	$9.72
92065	S	Orthoptic/pleoptic training	0230	0.98	$48.61	$22.48	$9.72
92070	N	Fitting of contact lens					
92081	S	Visual field examination(s)	0230	0.98	$48.61	$22.48	$9.72
92082	S	Visual field examination(s)	0230	0.98	$48.61	$22.48	$9.72
92083	S	Visual field examination(s)	0230	0.98	$48.61	$22.48	$9.72
92100	N	Serial tonometry exam(s)					
92120	S	Tonography & eye evaluation	0230	0.98	$48.61	$22.48	$9.72
92130	S	Water provocation tonography	0230	0.98	$48.61	$22.48	$9.72
92135	S	Opthalmic dx imaging	0231	2.64	$130.94	$59.87	$26.19
92140	S	Glaucoma provocative tests	0231	2.64	$130.94	$59.87	$26.19
92225	S	Special eye exam, initial	0230	0.98	$48.61	$22.48	$9.72
92226	S	Special eye exam, subsequent	0231	2.64	$130.94	$59.87	$26.19
92230	S	Eye exam with photos	0231	2.64	$130.94	$59.87	$26.19
92235	S	Eye exam with photos	0231	2.64	$130.94	$59.87	$26.19
92240	S	Icg angiography	0231	2.64	$130.94	$59.87	$26.19
92250	S	Eye exam with photos	0230	0.98	$48.61	$22.48	$9.72
92260	S	Ophthalmoscopy/dynamometry	0230	0.98	$48.61	$22.48	$9.72
92265	S	Eye muscle evaluation	0230	0.98	$48.61	$22.48	$9.72
92270	S	Electro-oculography	0230	0.98	$48.61	$22.48	$9.72
92275	S	Electroretinography	0216	2.87	$142.34	$64.69	$28.47
92283	S	Color vision examination	0230	0.98	$48.61	$22.48	$9.72
92284	S	Dark adaptation eye exam	0231	2.64	$130.94	$59.87	$26.19
92285	S	Eye photography	0230	0.98	$48.61	$22.48	$9.72
92286	S	Internal eye photography	0231	2.64	$130.94	$59.87	$26.19
92287	S	Internal eye photography	0231	2.64	$130.94	$59.87	$26.19
92310	E	Contact lens fitting					
92311	X	Contact lens fitting	0362	0.51	$25.30	$9.63	$5.06
92312	X	Contact lens fitting	0362	0.51	$25.30	$9.63	$5.06
92313	X	Contact lens fitting	0362	0.51	$25.30	$9.63	$5.06
92314	E	Prescription of contact lens					
92315	X	Prescription of contact lens	0362	0.51	$25.30	$9.63	$5.06
92316	X	Prescription of contact lens	0362	0.51	$25.30	$9.63	$5.06
92317	X	Prescription of contact lens	0362	0.51	$25.30	$9.63	$5.06
92325	X	Modification of contact lens	0362	0.51	$25.30	$9.63	$5.06
92326	X	Replacement of contact lens	0362	0.51	$25.30	$9.63	$5.06
92330	S	Fitting of artificial eye	0230	0.98	$48.61	$22.48	$9.72
92335	N	Fitting of artificial eye					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
92340	E	Fitting of spectacles					
92341	E	Fitting of spectacles					
92342	E	Fitting of spectacles					
92352	X	Special spectacles fitting	0362	0.51	$25.30	$9.63	$5.06
92353	X	Special spectacles fitting	0362	0.51	$25.30	$9.63	$5.06
92354	X	Special spectacles fitting	0362	0.51	$25.30	$9.63	$5.06
92355	X	Special spectacles fitting	0362	0.51	$25.30	$9.63	$5.06
92358	X	Eye prosthesis service	0362	0.51	$25.30	$9.63	$5.06
92370	E	Repair & adjust spectacles					
92371	X	Repair & adjust spectacles	0362	0.51	$25.30	$9.63	$5.06
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	0.98	$48.61	$22.48	$9.72
92502	T	Ear and throat examination	0251	1.68	$83.32	$27.99	$16.66
92504	N	Ear microscopy examination					
92506	A	Speech/hearing evaluation					
92507	A	Speech/hearing therapy					
92508	A	Speech/hearing therapy					
92510	A	Rehab for ear implant					
92511	T	Nasopharyngoscopy	0071	0.55	$27.28	$14.22	$5.46
92512	X	Nasal function studies	0363	2.83	$140.36	$53.22	$28.07
92516	X	Facial nerve function test	0363	2.83	$140.36	$53.22	$28.07
92520	X	Laryngeal function studies	0363	2.83	$140.36	$53.22	$28.07
92525	E	Oral function evaluation					
92526	A	Oral function therapy					
92531	N	Spontaneous nystagmus study					
92532	N	Positional nystagmus study					
92533	N	Caloric vestibular test					
92534	N	Optokinetic nystagmus					
92541	X	Spontaneous nystagmus test	0363	2.83	$140.36	$53.22	$28.07
92542	X	Positional nystagmus test	0363	2.83	$140.36	$53.22	$28.07
92543	X	Caloric vestibular test	0363	2.83	$140.36	$53.22	$28.07
92544	X	Optokinetic nystagmus test	0363	2.83	$140.36	$53.22	$28.07
92545	X	Oscillating tracking test	0363	2.83	$140.36	$53.22	$28.07
92546	X	Sinusoidal rotational test	0363	2.83	$140.36	$53.22	$28.07
92547	X	Supplemental electrical test	0363	2.83	$140.36	$53.22	$28.07
92548	X	Posturography	0363	2.83	$140.36	$53.22	$28.07
92551	E	Pure tone hearing test, air					
92552	X	Pure tone audiometry, air	0364	0.68	$33.72	$13.31	$6.74
92553	X	Audiometry, air & bone	0364	0.68	$33.72	$13.31	$6.74
92555	X	Speech threshold audiometry	0364	0.68	$33.72	$13.31	$6.74
92556	X	Speech audiometry, complete	0364	0.68	$33.72	$13.31	$6.74
92557	X	Comprehensive hearing test	0365	1.47	$72.91	$22.48	$14.58
92559	E	Group audiometric testing					
92560	E	Bekesy audiometry, screen					
92561	X	Bekesy audiometry, diagnosis	0365	1.47	$72.91	$22.48	$14.58
92562	X	Loudness balance test	0365	1.47	$72.91	$22.48	$14.58
92563	X	Tone decay hearing test	0365	1.47	$72.91	$22.48	$14.58
92564	X	Sisi hearing test	0365	1.47	$72.91	$22.48	$14.58
92565	X	Stenger test, pure tone	0365	1.47	$72.91	$22.48	$14.58
92567	X	Tympanometry	0364	0.68	$33.72	$13.31	$6.74
92568	X	Acoustic reflex testing	0365	1.47	$72.91	$22.48	$14.58
92569	X	Acoustic reflex decay test	0365	1.47	$72.91	$22.48	$14.58
92571	X	Filtered speech hearing test	0365	1.47	$72.91	$22.48	$14.58
92572	X	Staggered spondaic word test	0365	1.47	$72.91	$22.48	$14.58
92573	X	Lombard test	0365	1.47	$72.91	$22.48	$14.58
92575	X	Sensorineural acuity test	0365	1.47	$72.91	$22.48	$14.58
92576	X	Synthetic sentence test	0365	1.47	$72.91	$22.48	$14.58
92577	X	Stenger test, speech	0365	1.47	$72.91	$22.48	$14.58
92579	X	Visual audiometry (vra)	0365	1.47	$72.91	$22.48	$14.58
92582	X	Conditioning play audiometry	0365	1.47	$72.91	$22.48	$14.58
92583	X	Select picture audiometry	0365	1.47	$72.91	$22.48	$14.58
92584	X	Electrocochleography	0363	2.83	$140.36	$53.22	$28.07
92585	S	Auditory evoked potential	0216	2.87	$142.34	$64.69	$28.47
*92586	S	Auditory evoked potentials, ltd	0971	1.55	$76.88		$15.38
92587	X	Evoked auditory test	0363	2.83	$140.36	$53.22	$28.07
92588	X	Evoked auditory test	0363	2.83	$140.36	$53.22	$28.07
92589	X	Auditory function test(s)	0365	1.47	$72.91	$22.48	$14.58
92590	E	Hearing aid exam, one ear					
92591	E	Hearing aid exam, both ears					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
92592	E	Hearing aid check, one ear					
92593	E	Hearing aid check, both ears					
92594	E	Electro hearng aid test, one					
92595	E	Electro hearng aid tst, both					
92596	X	Ear protector evaluation	0365	1.47	$72.91	$22.48	$14.58
92597D	E	Voice prosthetic evaluation					
92598D	E	Voice prosthetic modification					
92599	X	ENT procedure/service	0364	0.68	$33.72	$13.31	$6.74
92950	S	Heart/lung resuscitation cpr	0094	4.51	$223.68	$105.29	$44.74
92953	S	Temporary external pacing	0094	4.51	$223.68	$105.29	$44.74
92960	S	Cardioversion electric, ext	0094	4.51	$223.68	$105.29	$44.74
92961	S	Cardioversion, electric, int	0094	4.51	$223.68	$105.29	$44.74
92970	C	Cardioassist, internal					
92971	C	Cardioassist, external					
92975	C	Dissolve clot, heart vessel					
92977	T	Dissolve clot, heart vessel	0120	1.66	$82.33	$42.67	$16.47
92978	S	Intravasc us, heart add-on	0267	2.72	$134.90	$80.06	$26.98
92979	S	Intravasc us, heart add-on	0267	2.72	$134.90	$80.06	$26.98
92980	T	Insert intracoronary stent	0104	14.94	$740.96	$339.51	$148.19
92981	T	Insert intracoronary stent	0104	14.94	$740.96	$339.51	$148.19
92982	T	Coronary artery dilation	0082	51.01	$2,529.89	$1,351.74	$505.98
92984	T	Coronary artery dilation	0082	51.01	$2,529.89	$1,351.74	$505.98
92986	C	Revision of aortic valve					
92987	C	Revision of mitral valve					
92990	C	Revision of pulmonary valve					
92992	C	Revision of heart chamber					
92993	C	Revision of heart chamber					
92995	T	Coronary atherectomy	0083	29.70	$1,473.00	$794.30	$294.60
92996	T	Coronary atherectomy add-on	0083	29.70	$1,473.00	$794.30	$294.60
92997	C	Pul art balloon repr, percut					
92998	C	Pul art balloon repr, percut					
93000	E	Electrocardiogram, complete					
93005	X	Electrocardiogram, tracing	0099	0.38	$18.85	$14.68	$3.77
93010	E	Electrocardiogram report					
93012	X	Transmission of ecg	0097	1.62	$80.35	$62.40	$16.07
93014	E	Report on transmitted ecg					
93015	E	Cardiovascular stress test					
93016	E	Cardiovascular stress test					
93017	X	Cardiovascular stress test	0100	1.70	$84.32	$71.57	$16.86
93018	E	Cardiovascular stress test					
93024	X	Cardiac drug stress test	0100	1.70	$84.32	$71.57	$16.86
93040	E	Rhythm ECG with report					
93041	X	Rhythm ECG, tracing	0099	0.38	$18.85	$14.68	$3.77
93042	E	Rhythm ECG, report					
93224	E	ECG monitor/report, 24 hrs					
93225	X	ECG monitor/record, 24 hrs	0100	1.70	$84.32	$71.57	$16.86
93226	X	ECG monitor/report, 24 hrs	0100	1.70	$84.32	$71.57	$16.86
93227	E	ECG monitor/review, 24 hrs					
93230	E	ECG monitor/report, 24 hrs					
93231	X	Ecg monitor/record, 24 hrs	0100	1.70	$84.32	$71.57	$16.86
93232	X	ECG monitor/report, 24 hrs	0100	1.70	$84.32	$71.57	$16.86
93233	E	ECG monitor/review, 24 hrs					
93235	E	ECG monitor/report, 24 hrs					
93236	X	ECG monitor/report, 24 hrs	0100	1.70	$84.32	$71.57	$16.86
93237	E	ECG monitor/review, 24 hrs					
93268	E	ECG record/review					
93270	X	ECG recording	0097	1.62	$80.35	$62.40	$16.07
93271	X	Ecg/monitoring and analysis	0097	1.62	$80.35	$62.40	$16.07
93272	E	Ecg/review,interpret only					
93278	X	ECG/signal-averaged	0099	0.38	$18.85	$14.68	$3.77
93303	S	Echo transthoracic	0269	4.40	$218.22	$114.01	$43.64
93304	S	Echo transthoracic	0269	4.40	$218.22	$114.01	$43.64
93307	S	Echo exam of heart	0269	4.40	$218.22	$114.01	$43.64
93308	S	Echo exam of heart	0269	4.40	$218.22	$114.01	$43.64
93312	S	Echo transesophageal	0270	5.55	$275.25	$150.26	$55.05
93313	S	Echo transesophageal	0270	5.55	$275.25	$150.26	$55.05
93314	N	Echo transesophageal					
93315	S	Echo transesophageal	0270	5.55	$275.25	$150.26	$55.05
93316	S	Echo transesophageal	0270	5.55	$275.25	$150.26	$55.05
93317	N	Echo transesophageal					
*93318	S	Echo transesophageal	0270	5.55	$275.25	$150.26	$55.05
93320	S	Doppler echo exam, heart	0269	4.40	$218.22	$114.01	$43.64
93321	S	Doppler echo exam, heart	0269	4.40	$218.22	$114.01	$43.64
93325	S	Doppler color flow add-on	0269	4.40	$218.22	$114.01	$43.64

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
93350	S	Echo transthoracic	0269	4.40	$218.22	$114.01	$43.64
93501	T	Right heart catheterization	0080	31.55	$1,564.75	$838.92	$312.95
93503	T	Insert/place heart catheter	0103	13.09	$649.21	$295.70	$129.84
93505	T	Biopsy of heart lining	0103	13.09	$649.21	$295.70	$129.84
93508	N	Cath placement, angiography					
93510	T	Left heart catheterization	0080	31.55	$1,564.75	$838.92	$312.95
93511	T	Left heart catheterization	0080	31.55	$1,564.75	$838.92	$312.95
93514	T	Left heart catheterization	0080	31.55	$1,564.75	$838.92	$312.95
93524	T	Left heart catheterization	0080	31.55	$1,564.75	$838.92	$312.95
93526	T	Rt & Lt heart catheters	0080	31.55	$1,564.75	$838.92	$312.95
93527	T	Rt & Lt heart catheters	0080	31.55	$1,564.75	$838.92	$312.95
93528	T	Rt & Lt heart catheters	0080	31.55	$1,564.75	$838.92	$312.95
93529	T	Rt, Lt heart catheterization	0080	31.55	$1,564.75	$838.92	$312.95
93530	T	Rt heart cath, congenital	0080	31.55	$1,564.75	$838.92	$312.95
93531	T	R & l heart cath, congenital	0080	31.55	$1,564.75	$838.92	$312.95
93532	T	R & l heart cath, congenital	0080	31.55	$1,564.75	$838.92	$312.95
93533	T	R & l heart cath, congenital	0080	31.55	$1,564.75	$838.92	$312.95
93536	T	Insert circulation assi	0103	13.09	$649.21	$295.70	$129.84
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					
93561	N	Cardiac output measurement					
93562	N	Cardiac output measurement					
93571	N	Heart flow reserve measure					
93572	N	Heart flow reserve measure					
93600	S	Bundle of His recording	0087	9.53	$472.65	$214.72	$94.53
93602	S	Intra-atrial recording	0087	9.53	$472.65	$214.72	$94.53
93603	S	Right ventricular recording	0087	9.53	$472.65	$214.72	$94.53
93607	S	Left ventricular recording	0087	9.53	$472.65	$214.72	$94.53
93609	S	Mapping of tachycardia	0087	9.53	$472.65	$214.72	$94.53
93610	S	Intra-atrial pacing	0087	9.53	$472.65	$214.72	$94.53
93612	S	Intraventricular pacing	0087	9.53	$472.65	$214.72	$94.53
93615	S	Esophageal recording	0087	9.53	$472.65	$214.72	$94.53
93616	S	Esophageal recording	0087	9.53	$472.65	$214.72	$94.53
93618	S	Heart rhythm pacing	0087	9.53	$472.65	$214.72	$94.53
93619	S	Electrophysiology evaluation	0085	27.06	$1,342.07	$654.48	$268.41
93620	S	Electrophysiology evaluation	0085	27.06	$1,342.07	$654.48	$268.41
93621	S	Electrophysiology evaluation	0085	27.06	$1,342.07	$654.48	$268.41
93622	S	Electrophysiology evaluation	0085	27.06	$1,342.07	$654.48	$268.41
93623	S	Stimulation, pacing heart	0087	9.53	$472.65	$214.72	$94.53
93624	S	Electrophysiologic study	0087	9.53	$472.65	$214.72	$94.53
93631	S	Heart pacing, mapping	0087	9.53	$472.65	$214.72	$94.53
93640	S	Evaluation heart device	0084	10.70	$530.68	$177.79	$106.14
93641	S	Electrophysiology evaluation	0084	10.70	$530.68	$177.79	$106.14
93642	S	Electrophysiology evaluation	0084	10.70	$530.68	$177.79	$106.14
93650	S	Ablate heart dysrhythm focus	0086	47.62	$2,361.76	$1,265.37	$472.35
93651	S	Ablate heart dysrhythm focus	0086	47.62	$2,361.76	$1,265.37	$472.35
93652	S	Ablate heart dysrhythm focus	0086	47.62	$2,361.76	$1,265.37	$472.35
93660	S	Tilt table evaluation	0101	4.47	$221.70	$128.84	$44.34
*93662	S	Intracardiac ECG	0270	5.55	$275.25	$150.26	$55.05
*93668	E	Peripheral vascular rehab					
93720	E	Total body plethysmography					
93721	S	Plethysmography tracing	0096	2.06	$102.16	$61.48	$20.43
93722	E	Plethysmography report					
93724	S	Analyze pacemaker system	0102	0.45	$22.32	$12.62	$4.46
93727	S	Analyze ilr system	0102	0.45	$22.32	$12.62	$4.46
93731	S	Analyze pacemaker system	0102	0.45	$22.32	$12.62	$4.46
93732	S	Analyze pacemaker system	0102	0.45	$22.32	$12.62	$4.46
93733	S	Telephone analy, pacemaker	0102	0.45	$22.32	$12.62	$4.46
93734	S	Analyze pacemaker system	0102	0.45	$22.32	$12.62	$4.46
93735	S	Analyze pacemaker system	0102	0.45	$22.32	$12.62	$4.46
93736	S	Telephone analy, pacemaker	0102	0.45	$22.32	$12.62	$4.46
93737	S	Analyze cardio/defibrillator	0102	0.45	$22.32	$12.62	$4.46
93738	S	Analyze cardio/defibrillator	0102	0.45	$22.32	$12.62	$4.46
93740	S	Temperature gradient studies	0096	2.06	$102.16	$61.48	$20.43
93741	S	Analyze ht pace device sngl	0102	0.45	$22.32	$12.62	$4.46
93742	S	Analyze ht pace device sngl	0102	0.45	$22.32	$12.62	$4.46
93743	S	Analyze ht pace device dual	0102	0.45	$22.32	$12.62	$4.46

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
93744	S	Analyze ht pace device dual	0102	0.45	$22.32	$12.62	$4.46
93760	E	Cephalic thermogram					
93762	E	Peripheral thermogram					
93770	N	Measure venous pressure					
93784	E	Ambulatory BP monitoring					
93786	E	Ambulatory BP recording					
93788	E	Ambulatory BP analysis					
93790	E	Review/report BP recording					
93797	S	Cardiac rehab	0095	0.64	$31.74	$16.98	$6.35
93798	S	Cardiac rehab/monitor	0095	0.64	$31.74	$16.98	$6.35
93799	S	Cardiovascular procedure	0096	2.06	$102.16	$61.48	$20.43
93875	S	Extracranial study	0096	2.06	$102.16	$61.48	$20.43
93880	S	Extracranial study	0267	2.72	$134.90	$80.06	$26.98
93882	S	Extracranial study	0267	2.72	$134.90	$80.06	$26.98
93886	S	Intracranial study	0267	2.72	$134.90	$80.06	$26.98
93888	S	Intracranial study	0267	2.72	$134.90	$80.06	$26.98
93922	S	Extremity study	0096	2.06	$102.16	$61.48	$20.43
93923	S	Extremity study	0096	2.06	$102.16	$61.48	$20.43
93924	S	Extremity study	0096	2.06	$102.16	$61.48	$20.43
93925	S	Lower extremity study	0267	2.72	$134.90	$80.06	$26.98
93926	S	Lower extremity study	0267	2.72	$134.90	$80.06	$26.98
93930	S	Upper extremity study	0267	2.72	$134.90	$80.06	$26.98
93931	S	Upper extremity study	0267	2.72	$134.90	$80.06	$26.98
93965	S	Extremity study	0096	2.06	$102.16	$61.48	$20.43
93970	S	Extremity study	0267	2.72	$134.90	$80.06	$26.98
93971	S	Extremity study	0267	2.72	$134.90	$80.06	$26.98
93975	S	Vascular study	0267	2.72	$134.90	$80.06	$26.98
93976	S	Vascular study	0267	2.72	$134.90	$80.06	$26.98
93978	S	Vascular study	0267	2.72	$134.90	$80.06	$26.98
93979	S	Vascular study	0267	2.72	$134.90	$80.06	$26.98
93980	S	Penile vascular study	0267	2.72	$134.90	$80.06	$26.98
93981	S	Penile vascular study	0267	2.72	$134.90	$80.06	$26.98
93990	S	Doppler flow testing	0267	2.72	$134.90	$80.06	$26.98
94010	X	Breathing capacity test	0367	0.83	$41.16	$20.65	$8.23
94014	X	Patient recorded spirometry	0369	2.34	$116.06	$58.50	$23.21
94015	X	Patient recorded spirometry	0369	2.34	$116.06	$58.50	$23.21
94016	X	Review patient spirometry	0369	2.34	$116.06	$58.50	$23.21
94060	X	Evaluation of wheezing	0368	1.66	$82.33	$42.44	$16.47
94070	X	Evaluation of wheezing	0369	2.34	$116.06	$58.50	$23.21
94150	N	Vital capacity test					
94200	X	Lung function test (MBC/MVV)	0367	0.83	$41.16	$20.65	$8.23
94240	X	Residual lung capacity	0368	1.66	$82.33	$42.44	$16.47
94250	X	Expired gas collection	0367	0.83	$41.16	$20.65	$8.23
94260	X	Thoracic gas volume	0368	1.66	$82.33	$42.44	$16.47
94350	X	Lung nitrogen washout curve	0368	1.66	$82.33	$42.44	$16.47
94360	X	Measure airflow resistance	0368	1.66	$82.33	$42.44	$16.47
94370	X	Breath airway closing volume	0368	1.66	$82.33	$42.44	$16.47
94375	X	Respiratory flow volume loop	0367	0.83	$41.16	$20.65	$8.23
94400	X	CO2 breathing response curve	0367	0.83	$41.16	$20.65	$8.23
94450	X	Hypoxia response curve	0367	0.83	$41.16	$20.65	$8.23
94620	X	Pulmonary stress test/simple	0368	1.66	$82.33	$42.44	$16.47
94621	X	Pulm stress test/complex	0369	2.34	$116.06	$58.50	$23.21
94640	S	Airway inhalation treatment	0077	0.43	$21.33	$12.62	$4.27
94642	S	Aerosol inhalation treatment	0078	1.34	$66.46	$29.13	$13.29
94650	S	Pressure breathing (IPPB)	0077	0.43	$21.33	$12.62	$4.27
94651	S	Pressure breathing (IPPB)	0077	0.43	$21.33	$12.62	$4.27
94652	C	Pressure breathing (IPPB)					
94656	S	Initial ventilator mgmt	0079	3.18	$157.72	$107.70	$31.54
94657	S	Continued ventilator mgmt	0079	3.18	$157.72	$107.70	$31.54
94660	S	Pos airway pressure, CPAP	0079	3.18	$157.72	$107.70	$31.54
94662	S	Neg press ventilation, cnp	0079	3.18	$157.72	$107.70	$31.54
94664	S	Aerosol or vapor inhalations	0077	0.43	$21.33	$12.62	$4.27
94665	S	Aerosol or vapor inhalations	0077	0.43	$21.33	$12.62	$4.27
94667	S	Chest wall manipulation	0077	0.43	$21.33	$12.62	$4.27
94668	S	Chest wall manipulation	0077	0.43	$21.33	$12.62	$4.27
94680	X	Exhaled air analysis, o2	0367	0.83	$41.16	$20.65	$8.23
94681	X	Exhaled air analysis, o2/co2	0368	1.66	$82.33	$42.44	$16.47
94690	X	Exhaled air analysis	0367	0.83	$41.16	$20.65	$8.23
94720	X	Monoxide diffusing capacity	0367	0.83	$41.16	$20.65	$8.23
94725	X	Membrane diffusion capacity	0368	1.66	$82.33	$42.44	$16.47
94750	X	Pulmonary compliance study	0368	1.66	$82.33	$42.44	$16.47
94760	N	Measure blood oxygen level					
94761	N	Measure blood oxygen level					
94762	N	Measure blood oxygen level					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
94770	X	Exhaled carbon dioxide test	0367	0.83	$41.16	$20.65	$8.23
94772	X	Breath recording, infant	0369	2.34	$116.06	$58.50	$23.21
94799	X	Pulmonary service/procedure	0367	0.83	$41.16	$20.65	$8.23
95004	X	Allergy skin tests	0370	0.57	$28.27	$11.81	$5.65
95010	X	Sensitivity skin tests	0370	0.57	$28.27	$11.81	$5.65
95015	X	Sensitivity skin tests	0370	0.57	$28.27	$11.81	$5.65
95024	X	Allergy skin tests	0370	0.57	$28.27	$11.81	$5.65
95027	X	Skin end point titration	0370	0.57	$28.27	$11.81	$5.65
95028	X	Allergy skin tests	0370	0.57	$28.27	$11.81	$5.65
95044	X	Allergy patch tests	0370	0.57	$28.27	$11.81	$5.65
95052	X	Photo patch test	0370	0.57	$28.27	$11.81	$5.65
95056	X	Photosensitivity tests	0370	0.57	$28.27	$11.81	$5.65
95060	X	Eye allergy tests	0370	0.57	$28.27	$11.81	$5.65
95065	X	Nose allergy test	0370	0.57	$28.27	$11.81	$5.65
95070	X	Bronchial allergy tests	0369	2.34	$116.06	$58.50	$23.21
95071	X	Bronchial allergy tests	0369	2.34	$116.06	$58.50	$23.21
95075	X	Ingestion challenge test	0361	3.53	$175.07	$88.09	$35.01
95078	X	Provocative testing	0370	0.57	$28.27	$11.81	$5.65
95115	X	Immunotherapy, one injection	0371	0.32	$15.87	$3.67	$3.17
95117	X	Immunotherapy injections	0371	0.32	$15.87	$3.67	$3.17
95120	E	Immunotherapy, one injection					
95125	E	Immunotherapy, many antigens					
95130	E	Immunotherapy, insect venom					
95131	E	Immunotherapy, insect venoms					
95132	E	Immunotherapy, insect venoms					
95133	E	Immunotherapy, insect venoms					
95134	E	Immunotherapy, insect venoms					
95144	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95145	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95146	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95147	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95148	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95149	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95165	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95170	X	Antigen therapy services	0371	0.32	$15.87	$3.67	$3.17
95180	X	Rapid desensitization	0370	0.57	$28.27	$11.81	$5.65
95199	X	Allergy immunology services	0370	0.57	$28.27	$11.81	$5.65
95805	S	Multiple sleep latency test	0213	11.15	$553.00	$290.42	$110.60
95806	S	Sleep study, unattended	0213	11.15	$553.00	$290.42	$110.60
95807	S	Sleep study, attended	0213	11.15	$553.00	$290.42	$110.60
95808	S	Polysomnography, 1-3	0213	11.15	$553.00	$290.42	$110.60
95810	S	Polysomnography, 4 or more	0213	11.15	$553.00	$290.42	$110.60
95811	S	Polysomnography w/cpap	0213	11.15	$553.00	$290.42	$110.60
95812	S	Electroencephalogram (EEG)	0213	11.15	$553.00	$290.42	$110.60
95813	S	Electroencephalogram (EEG)	0213	11.15	$553.00	$290.42	$110.60
95816	S	Electroencephalogram (EEG)	0214	2.32	$115.06	$58.50	$23.01
95819	S	Electroencephalogram (EEG)	0214	2.32	$115.06	$58.50	$23.01
95822	S	Sleep electroencephalogram	0214	2.32	$115.06	$58.50	$23.01
95824	S	Electroencephalography	0214	2.32	$115.06	$58.50	$23.01
95827	S	Night electroencephalogram	0213	11.15	$553.00	$290.42	$110.60
95829	S	Surgery electrocorticogram	0214	2.32	$115.06	$58.50	$23.01
95830	E	Insert electrodes for EEG					
95831	N	Limb muscle testing, manual					
95832	N	Hand muscle testing, manual					
95833	N	Body muscle testing, manual					
95834	N	Body muscle testing, manual					
95851	N	Range of motion measurements					
95852	N	Range of motion measurements					
95857	S	Tensilon test	0215	1.15	$57.04	$30.05	$11.41
95858	S	Tensilon test & myogram	0215	1.15	$57.04	$30.05	$11.41
95860	S	Muscle test, one limb	0215	1.15	$57.04	$30.05	$11.41
95861	S	Muscle test, two limbs	0215	1.15	$57.04	$30.05	$11.41
95863	S	Muscle test, 3 limbs	0216	2.87	$142.34	$64.69	$28.47
95864	S	Muscle test, 4 limbs	0215	1.15	$57.04	$30.05	$11.41
95867	S	Muscle test, head or neck	0216	2.87	$142.34	$64.69	$28.47
95868	S	Muscle test, head or neck	0216	2.87	$142.34	$64.69	$28.47
95869	S	Muscle test, thor paraspinal	0215	1.15	$57.04	$30.05	$11.41
95870	S	Muscle test, nonparaspinal	0215	1.15	$57.04	$30.05	$11.41
95872	S	Muscle test, one fiber	0215	1.15	$57.04	$30.05	$11.41
95875	S	Limb exercise test	0217	5.87	$291.13	$156.68	$58.23
95900	S	Motor nerve conduction test	0215	1.15	$57.04	$30.05	$11.41
95903	S	Motor nerve conduction test	0215	1.15	$57.04	$30.05	$11.41
95904	S	Sense/mixed n conduction tst	0215	1.15	$57.04	$30.05	$11.41
95920	S	Intraop nerve test add-on	0216	2.87	$142.34	$64.69	$28.47

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
95921	S	Autonomic nerv function test	0216	2.87	$142.34	$64.69	$28.47
95922	S	Autonomic nerv function test	0216	2.87	$142.34	$64.69	$28.47
95923	S	Autonomic nerv function test	0216	2.87	$142.34	$64.69	$28.47
95925	S	Somatosensory testing	0216	2.87	$142.34	$64.69	$28.47
95926	S	Somatosensory testing	0216	2.87	$142.34	$64.69	$28.47
95927	S	Somatosensory testing	0216	2.87	$142.34	$64.69	$28.47
95930	S	Visual evoked potential test	0216	2.87	$142.34	$64.69	$28.47
95933	S	Blink reflex test	0215	1.15	$57.04	$30.05	$11.41
95934	S	H-reflex test	0215	1.15	$57.04	$30.05	$11.41
95936	S	H-reflex test	0216	2.87	$142.34	$64.69	$28.47
95937	S	Neuromuscular junction test	0215	1.15	$57.04	$30.05	$11.41
95950	S	Ambulatory eeg monitoring	0217	5.87	$291.13	$156.68	$58.23
95951	S	EEG monitoring/videorecord	0213	11.15	$553.00	$290.42	$110.60
95953	S	EEG monitoring/computer	0213	11.15	$553.00	$290.42	$110.60
95954	S	EEG monitoring/giving drugs	0213	11.15	$553.00	$290.42	$110.60
95955	S	EEG during surgery	0214	2.32	$115.06	$58.50	$23.01
95956	N	Eeg monitoring, cable/radio					
95957	N	EEG digital analysis					
95958	S	EEG monitoring/function test	0213	11.15	$553.00	$290.42	$110.60
95961	S	Electrode stimulation, brain	0216	2.87	$142.34	$64.69	$28.47
95962	S	Electrode stim, brain add-on	0216	2.87	$142.34	$64.69	$28.47
95970	S	Analyze neurostim, no prog	0102	0.45	$22.32	$12.62	$4.46
95971	S	Analyze neurostim, simple	0102	0.45	$22.32	$12.62	$4.46
95972	S	Analyze neurostim, complex	0102	0.45	$22.32	$12.62	$4.46
95973	S	Analyze neurostim, complex	0102	0.45	$22.32	$12.62	$4.46
95974	S	Cranial neurostim, complex	0102	0.45	$22.32	$12.62	$4.46
95975	S	Cranial neurostim, complex	0102	0.45	$22.32	$12.62	$4.46
95999	N	Neurological procedure					
96100	X	Psychological testing	0373	3.21	$159.20	$44.96	$31.84
96105	X	Assessment of aphasia	0373	3.21	$159.20	$44.96	$31.84
96110	X	Developmental test, lim	0373	3.21	$159.20	$44.96	$31.84
96111	X	Developmental test, extend	0373	3.21	$159.20	$44.96	$31.84
96115	X	Neurobehavior status exam	0373	3.21	$159.20	$44.96	$31.84
96117	X	Neuropsych test battery	0373	3.21	$159.20	$44.96	$31.84
96400	E	Chemotherapy, sc/im					
96405	E	Intralesional chemo admin					
96406	E	Intralesional chemo admin					
96408	E	Chemotherapy, push technique					
96410	E	Chemotherapy,infusion method					
96412	E	Chemo, infuse method add-on					
96414	E	Chemo, infuse method add-on					
96420	E	Chemotherapy, push technique					
96422	E	Chemotherapy,infusion method					
96423	E	Chemo, infuse method add-on					
96425	E	Chemotherapy,infusion method					
96440	E	Chemotherapy, intracavitary					
96445	E	Chemotherapy, intracavitary					
96450	E	Chemotherapy, into CNS					
96520	E	Pump refilling, maintenance					
96530	E	Pump refilling, maintenance					
96542	E	Chemotherapy injection					
96545	E	Provide chemotherapy agent					
96549	E	Chemotherapy, unspecified					
96570	T	Photodynamic tx, 30 min	0973	5.16	$255.91		$51.18
96571	T	Photodynamic tx, addl 15 min	0973	5.16	$255.91		$51.18
96900	S	Ultraviolet light therapy	0001	0.47	$23.31	$8.49	$4.66
96902	N	Trichogram					
96910	S	Photochemotherapy with UV-B	0001	0.47	$23.31	$8.49	$4.66
96912	S	Photochemotherapy with UV-A	0001	0.47	$23.31	$8.49	$4.66
96913	S	Photochemotherapy, UV-A or B	0001	0.47	$23.31	$8.49	$4.66
96999	S	Dermatological procedure	0001	0.47	$23.31	$8.49	$4.66
97001	A	Pt evaluation					
97002	A	Pt re-evaluation					
97003	A	Ot evaluation					
97004	A	Ot re-evaluation					
97010	A	Hot or cold packs therapy					
97012	A	Mechanical traction therapy					
97014	A	Electric stimulation therapy					
97016	A	Vasopneumatic device therapy					
97018	A	Paraffin bath therapy					
97020	A	Microwave therapy					
97022	A	Whirlpool therapy					
97024	A	Diathermy treatment					
97026	A	Infrared therapy					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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					
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 mngment training					
97537	A	Community/work reintegration					
97542	A	Wheelchair mngment training					
97545	A	Work hardening					
97546	A	Work hardening add-on					
*97601	A	Wound care selective					
*97602	N	Wound care non-selective					
97703	A	Prosthetic checkout					
97750	A	Physical performance test					
97770D	A	Cognitive skills development					
97780	E	Acupuncture w/o stimul					
97781	E	Acupuncture w/stimul					
97799	A	Physical medicine procedure					
*97802	E	Medical nutrition					
*97803	E	Medical nutrition					
*97804	E	Medical nutrition					
98925	S	Osteopathic manipulation	0060	0.77	$38.19	$7.80	$7.64
98926	S	Osteopathic manipulation	0060	0.77	$38.19	$7.80	$7.64
98927	S	Osteopathic manipulation	0060	0.77	$38.19	$7.80	$7.64
98928	S	Osteopathic manipulation	0060	0.77	$38.19	$7.80	$7.64
98929	S	Osteopathic manipulation	0060	0.77	$38.19	$7.80	$7.64
98940	S	Chiropractic manipulation	0060	0.77	$38.19	$7.80	$7.64
98941	S	Chiropractic manipulation	0060	0.77	$38.19	$7.80	$7.64
98942	S	Chiropractic manipulation	0060	0.77	$38.19	$7.80	$7.64
98943	E	Chiropractic manipulation					
99000	E	Specimen handling					
99001	E	Specimen handling					
99002	E	Device handling					
99024	E	Postop follow-up visit					
99025	E	Initial surgical evaluation					
99050	E	Medical services after hrs					
99052	E	Medical services at night					
99054	E	Medical servcs, unusual hrs					
99056	E	Non-office medical services					
99058	E	Office emergency care					
99070	E	Special supplies					
99071	E	Patient education materials					
99075	E	Medical testimony					
99078	E	Group health education					
99080	E	Special reports or forms					
99082	E	Unusual physician travel					
99090	E	Computer data analysis					
99100	E	Special anesthesia service					
99116	E	Anesthesia with hypothermia					
99135	E	Special anesthesia procedure					
99140	E	Emergency anesthesia					
99141	N	Sedation, iv/im or inhalant					
99142	N	Sedation, oral/rectal/nasal					
99170	T	Anogenital exam, child	0192	2.38	$118.04	$35.33	$23.61
*99172	E	Visual function screening					
99173	E	Visual screening test					
99175	N	Induction of vomiting					
99183	E	Hyperbaric oxygen therapy					
99185	N	Regional hypothermia					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
99186	N	Total body hypothermia					
99190	C	Special pump services					
99191	C	Special pump services					
99192	C	Special pump services					
99195	X	Phlebotomy	0372	0.43	$21.33	$10.09	$4.27
99199	E	Special service/proc/report					
99201	V	Office/outpatient visit, new	0600	0.98	$48.61	$9.72	$9.72
99202	V	Office/outpatient visit, new	0600	0.98	$48.61	$9.72	$9.72
99203	V	Office/outpatient visit, new	0601	1.00	$49.60	$9.92	$9.92
99204	V	Office/outpatient visit, new	0602	1.66	$82.33	$16.47	$16.47
99205	V	Office/outpatient visit, new	0602	1.66	$82.33	$16.47	$16.47
99211	V	Office/outpatient visit, est	0600	0.98	$48.61	$9.72	$9.72
99212	V	Office/outpatient visit, est	0600	0.98	$48.61	$9.72	$9.72
99213	V	Office/outpatient visit, est	0601	1.00	$49.60	$9.92	$9.92
99214	V	Office/outpatient visit, est	0602	1.66	$82.33	$16.47	$16.47
99215	V	Office/outpatient visit, est	0602	1.66	$82.33	$16.47	$16.47
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	0.98	$48.61	$9.72	$9.72
99242	V	Office consultation	0600	0.98	$48.61	$9.72	$9.72
99243	V	Office consultation	0601	1.00	$49.60	$9.92	$9.92
99244	V	Office consultation	0602	1.66	$82.33	$16.47	$16.47
99245	V	Office consultation	0602	1.66	$82.33	$16.47	$16.47
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	0.98	$48.61	$9.72	$9.72
99272	V	Confirmatory consultation	0600	0.98	$48.61	$9.72	$9.72
99273	V	Confirmatory consultation	0601	1.00	$49.60	$9.92	$9.92
99274	V	Confirmatory consultation	0602	1.66	$82.33	$16.47	$16.47
99275	V	Confirmatory consultation	0602	1.66	$82.33	$16.47	$16.47
99281	V	Emergency dept visit	0610	1.34	$66.46	$20.65	$13.29
99282	V	Emergency dept visit	0610	1.34	$66.46	$20.65	$13.29
99283	V	Emergency dept visit	0611	2.11	$104.65	$36.47	$20.93
99284	V	Emergency dept visit	0612	3.19	$158.21	$54.14	$31.64
99285	V	Emergency dept visit	0612	3.19	$158.21	$54.14	$31.64
99288	E	Direct advanced life support					
99291	S	Critical care, first hour	0620	8.60	$426.53	$152.78	$85.31
99292	N	Critical care, addl 30 min					
99295	C	Neonatal critical care					
99296	C	Neonatal critical care					
99297	C	Neonatal critical care					
99298	C	Neonatal critical care					
99301	E	Nursing facility care					
99302	E	Nursing facility care					
99303	E	Nursing facility care					
99311	E	Nursing fac care, subseq					
99312	E	Nursing fac care, subseq					
99313	E	Nursing fac care, subseq					
99315	E	Nursing fac discharge day					
99316	E	Nursing fac discharge day					
99321	E	Rest home visit, new patient					
99322	E	Rest home visit, new patient					
99323	E	Rest home visit, new patient					
99331	E	Rest home visit, est pat					
99332	E	Rest home visit, est pat					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
99333	E	Rest home visit, est pat					
99341	E	Home visit, new patient					
99342	E	Home visit, new patient					
99343	E	Home visit, new patient					
99344	E	Home visit, new patient					
99345	E	Home visit, new patient					
99347	E	Home visit, est patient					
99348	E	Home visit, est patient					
99349	E	Home visit, est patient					
99350	E	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	E	Physician standby services					
99361	E	Physician/team conference					
99362	E	Physician/team conference					
99371	E	Physician phone consultation					
99372	E	Physician phone consultation					
99373	E	Physician phone consultation					
99374	E	Home health care supervision					
99375D	E	Home health care supervision					
99377	E	Hospice care supervision					
99378D	E	Hospice care supervision					
99379	E	Nursing fac care supervision					
99380	E	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	N	Initial care, normal newborn					
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	4.51	$223.68	$105.29	$44.74
99450	E	Life/disability evaluation					
99455	E	Disability examination					
99456	E	Disability examination					
99499	E	Unlisted e&m service					
A0021	E	Outside state ambulance serv					
A0030D	A	Air ambulance service					
A0040D	A	Helicopter ambulance service					
A0050D	A	Water amb service emergency					
A0080	E	Noninterest escort in non er					
A0090	E	Interest escort in non er					
A0100	E	Nonemergency transport taxi					
A0110	E	Nonemergency transport bus					
A0120	E	Noner transport mini-bus					
A0130	E	Noner transport wheelch van					
A0140	E	Nonemergency transport air					
A0160	E	Noner transport case worker					
A0170	E	Noner transport parking fees					
A0180	E	Noner transport lodgng recip					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A0190	E	Noner transport meals recip					
A0200	E	Noner transport lodgng escrt					
A0210	E	Noner transport meals escort					
A0225	A	Neonatal emergency transport					
A0300D	A	Ambulance basic non-emer all					
A0302D	A	Ambulance basic emergeny all					
A0304D	A	Amb adv non-er no serv all					
A0306D	A	Amb adv non-er spec serv all					
A0308D	A	Amb adv er no spec serv all					
A0310D	A	Amb adv er spec serv all					
A0320D	A	Amb basic non-er + supplies					
A0322D	A	Amb basic emerg + supplies					
A0324D	A	Adv non-er serv sep mileage					
A0326D	A	Adv non-er no serv sep mile					
A0328D	A	Adv er no serv sep mileage					
A0330D	A	Adv er spec serv sep mile					
A0340D	A	Amb basic non-er + mileage					
A0342D	A	Ambul basic emer + mileage					
A0344D	A	Amb adv non-er no serv +mile					
A0346D	A	Amb adv non-er serv + mile					
A0348D	A	Adv emer no spec serv + mile					
A0350D	A	Adv emer spec serv + mileage					
A0360D	A	Basic non-er sep mile & supp					
A0362D	A	Basic emer sep mile & supply					
A0364D	A	Adv non-er no serv sep mi&su					
A0366D	A	Adv non-er serv sep mil&supp					
A0368	A	Adv er no serv sep mile&supp					
A0370D	A	Adv er spec serv sep mi&supp					
A0380D	A	Basic life support mileage					
A0382	A	Basic support routine suppls					
A0384	A	Bls defibrillation supplies					
A0390D	A	Advanced life support mileag					
A0392	A	Als defibrillation supplies					
A0394	A	Als IV drug therapy supplies					
A0396	A	Als esophageal intub suppls					
A0398	A	Als routine disposble suppls					
A0420	A	Ambulance waiting 1/2 hr					
A0422	A	Ambulance 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					
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					
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	E	Supp for self-adm injections					
A4212	E	Non coring needle or stylet					
A4213	E	20+ CC syringe only					
A4214	A	30 CC sterile water/saline					
A4215	E	Sterile needle					
A4220	E	Infusion pump refill kit					
A4221	A	Maint drug infus cath per wk					
A4222	A	Drug infusion pump supplies					
A4230	A	Infus insulin pump non needl					
A4231	A	Infusion insulin pump needle					
A4232	A	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					
A4250	E	Urine reagent strips/tablets					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
* Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A4253	A	Blood glucose/reagent strips					
A4254	A	Battery for glucose monitor					
A4255	A	Glucose monitor platforms					
A4256	A	Calibrator solution/chips					
A4258	A	Lancet device each					
A4259	A	Lancets per box					
A4260	E	Levonorgestrel implant					
A4261	E	Cervical cap contraceptive					
A4262	N	Temporary tear duct plug					
A4263	N	Permanent tear duct plug					
A4265	A	Paraffin					
A4270	A	Disposable endoscope sheath					
A4280	A	Brst prsths adhsv attchmnt					
A4290	N	Sacral nerve stim test lead					
A4300	A	Cath impl vasc access portal					
A4301	A	Implantable access syst perc					
A4305	A	Drug delivery system >=50 ML					
A4306	A	Drug delivery system <=5 ML					
A4310	A	Insert tray w/o bag/cath					
A4311	A	Catheter w/o bag 2-way latex					
A4312	A	Cath w/o bag 2-way silicone					
A4313	A	Catheter w/bag 3-way					
A4314	A	Cath w/drainage 2-way latex					
A4315	A	Cath w/drainage 2-way silcne					
A4316	A	Cath w/drainage 3-way					
A4319	A	Sterile H2O irrigation solut					
A4320	A	Irrigation tray					
A4321	A	Cath therapeutic irrig agent					
A4322	A	Irrigation syringe					
A4323	A	Saline irrigation solution					
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					
A4329	A	External catheter start set					
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 bag					
A4359	A	Urinary suspensory w/o leg b					
A4361	A	Ostomy face plate					
A4362	A	Solid skin barrier					
A4364	A	Ostomy/cath adhesive					
A4365	A	Ostomy adhesive remover wipe					
A4367	A	Ostomy belt					
A4368	A	Ostomy filter					
A4369	A	Skin barrier liquid per oz					
A4370	A	Skin barrier paste per oz					
A4371	A	Skin barrier powder per oz					
A4372	A	Skin barrier solid 4x4 equiv					
A4373	A	Skin barrier with flange					
A4374	A	Skin barrier extended wear					
A4375	A	Drainable plastic pch w fcpl					
A4376	A	Drainable rubber pch w fcplt					
A4377	A	Drainable plstic pch w/o fp					
A4378	A	Drainable rubber pch w/o fp					
A4379	A	Urinary plastic pouch w fcpl					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A4380	A	Urinary rubber pouch w fcplt					
A4381	A	Urinary plastic pouch w/o fp					
A4382	A	Urinary hvy plstc pch w/o fp					
A4383	A	Urinary rubber pouch w/o fp					
A4384	A	Ostomy faceplt/silicone ring					
A4385	A	Ost skn barrier sld ext wear					
A4386	A	Ost skn barrier w flng ex wr					
A4387	A	Ost clsd pouch w att 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					
A4421	A	Ostomy supply misc					
A4454	A	Tape all types all sizes					
A4455	A	Adhesive remover per ounce					
A4460	A	Elastic compression bandage					
A4462	A	Abdmnl drssng holder/binder					
A4464	A	Joint support device/garment					
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					
A4550	E	Surgical trays					
A4554	E	Disposable underpads					
A4556	A	Electrodes, pair					
A4557	A	Lead wires, pair					
A4558	A	Conductive paste or gel					
A4560D	A	Pessary					
A4561	N	Pessary rubber, any type					
A4562	N	Pessary, non rubber,any type					
A4565	A	Slings					
A4570	N	Splint					
A4572	A	Rib belt					
A4575	E	Hyperbaric o2 chamber disps					
A4580	N	Cast supplies (plaster)					
A4590	N	Special casting material					
A4595	A	TENS suppl 2 lead per month					
A4608	A	Transtracheal oxygen cath					
A4611	A	Heavy duty battery					
A4612	A	Battery cables					
A4613	A	Battery charger					
A4614	A	Hand-held PEFR meter					
A4615	A	Cannula nasal					
A4616	A	Tubing (oxygen) per foot					
A4617	A	Mouth piece					
A4618	A	Breathing circuits					
A4619	A	Face tent					
A4620	A	Variable concentration mask					
A4621	A	Tracheotomy mask or collar					
A4622	A	Tracheostomy or larngectomy					
A4623	A	Tracheostomy inner cannula					
A4624	A	Tracheal suction tube					
A4625	A	Trach care kit for new trach					
A4626	A	Tracheostomy cleaning brush					
A4627	E	Spacer bag/reservoir					
A4628	A	Oropharyngeal suction cath					
A4629	A	Tracheostomy care kit					
A4630	A	Repl bat t.e.n.s. own by pt					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A4631	A	Wheelchair battery					
A4635	A	Underarm crutch pad					
A4636	A	Handgrip for cane etc					
A4637	A	Repl tip cane/crutch/walker					
A4640	A	Alternating pressure pad					
A4641	N	Diagnostic imaging agent					
A4642	G	Satumomab pendetide per dose	0704		$712.50		$86.93
A4643	N	High dose contrast MRI					
A4644	N	Contrast 100-199 MGs iodine					
A4645	N	Contrast 200-299 MGs iodine					
A4646	N	Contrast 300-399 MGs iodine					
A4647	N	Supp- paramagnetic contr mat					
A4649	A	Surgical supplies					
A4650	A	Supp esrd centrifuge					
A4655	A	Esrd syringe/needle					
A4660	A	Esrd blood pressure device					
A4663	A	Esrd blood pressure cuff					
A4670	E	Auto blood pressure monitor					
A4680	A	Activated carbon filters					
A4690	A	Dialyzers					
A4700	A	Standard dialysate solution					
A4705	A	Bicarb dialysate solution					
A4712	A	Sterile water					
A4714	A	Treated water for dialysis					
A4730	A	Fistula cannulation set dial					
A4735	A	Local/topical anesthetics					
A4740	A	Esrd shunt accessory					
A4750	A	Arterial or venous tubing					
A4755	A	Arterial and venous tubing					
A4760	A	Standard testing solution					
A4765	A	Dialysate concentrate					
A4770	A	Blood testing supplies					
A4771	A	Blood clotting time tube					
A4772	A	Dextrostick/glucose strips					
A4773	A	Hemostix					
A4774	A	Ammonia test paper					
A4780	A	Esrd sterilizing agent					
A4790	A	Esrd cleansing agents					
A4800	A	Heparin/antidote dialysis					
A4820	A	Supplies hemodialysis kit					
A4850	A	Rubber tipped hemostats					
A4860	A	Disposable catheter caps					
A4870	A	Plumbing/electrical work					
A4880	A	Water storage tanks					
A4890	A	Contracts/repair/maintenance					
A4900	A	Capd supply kit					
A4901	A	Ccpd supply kit					
A4905	A	Ipd supply kit					
A4910	A	Esrd nonmedical supplies					
A4912	A	Gomco drain bottle					
A4913	A	Esrd supply					
A4914	A	Preparation kit					
A4918	A	Venous pressure clamp					
A4919	A	Supp dialysis dialyzer holde					
A4920	A	Harvard pressure clamp					
A4921	A	Measuring cylinder					
A4927	A	Gloves					
A5051	A	Pouch clsd w barr attached					
A5052	A	Clsd ostomy pouch w/o barr					
A5053	A	Clsd ostomy pouch faceplate					
A5054	A	Clsd ostomy pouch w/flange					
A5055	A	Stoma cap					
A5061	A	Pouch drainable w barrier at					
A5062	A	Drnble ostomy pouch w/o barr					
A5063	A	Drain ostomy pouch w/flange					
A5064	E	Drain ostomy pouch w/fceplte					
A5065D	E	Drain ostomy pouch w/fceplte					
A5071	A	Urinary pouch w/barrier					
A5072	A	Urinary pouch w/o barrier					
A5073	A	Urinary pouch on barr w/flng					
A5074	E	Urinary pouch w/faceplate					
A5075	E	Urinary pouch on faceplate					
A5081	A	Continent stoma plug					
A5082	A	Continent stoma catheter					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A5093	A	Ostomy accessory convex inse					
A5102	A	Bedside drain btl w/wo tube					
A5105	A	Urinary suspensory					
A5112	A	Urinary leg bag					
A5113	A	Latex leg strap					
A5114	A	Foam/fabric leg strap					
A5119	A	Skin barrier wipes box pr 50					
A5121	A	Solid skin barrier 6x6					
A5122	A	Solid skin barrier 8x8					
A5123	A	Skin barrier with flange					
A5126	A	Disk/foam pad +or- adhesive					
A5131	A	Appliance cleaner					
A5149D	A	Incontinence/ostomy supply					
A5200	A	Percutaneous catheter anchor					
A5500	A	Diab shoe for density insert					
A5501	A	Diabetic custom molded shoe					
A5502	A	Diabetic shoe density insert					
A5503	A	Diabetic shoe w/roller/rockr					
A5504	A	Diabetic shoe with wedge					
A5505	A	Diab shoe w/metatarsal bar					
A5506	A	Diabetic shoe w/off set heel					
A5507	A	Modification diabetic shoe					
A5508	A	Diabetic deluxe shoe					
A6020	A	Collagen wound dressing					
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					
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 brdr					
A6212	A	Foam drg <=16 sq in w/border					
A6213	A	Foam drg >16<=48 sq in w/bdr					
A6214	A	Foam drg > 48 sq in w/border					
A6215	A	Foam dressing wound filler					
A6216	A	Non-sterile gauze<=16 sq in					
A6217	A	Non-sterile gauze>16<=48 sq					
A6218	A	Non-sterile gauze > 48 sq in					
A6219	A	Gauze <= 16 sq in w/border					
A6220	A	Gauze >16 <=48 sq in w/bordr					
A6221	A	Gauze > 48 sq in w/border					
A6222	A	Gauze <=16 in no w/sal w/o b					
A6223	A	Gauze >16<=48 no w/sal w/o b					
A6224	A	Gauze > 48 in no w/sal w/o b					
A6228	A	Gauze <= 16 sq in water/sal					
A6229	A	Gauze >16<=48 sq in watr/sal					
A6230	A	Gauze > 48 sq in water/salne					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A6243	A	Hydrogel drg >16<=48 w/o bdr					
A6244	A	Hydrogel drg >48 in w/o bdr					
A6245	A	Hydrogel drg <= 16 in w/bdr					
A6246	A	Hydrogel drg >16<=48 in w/b					
A6247	A	Hydrogel drg > 48 sq in w/b					
A6248	A	Hydrogel drsg gel filler					
A6250	A	Skin seal protect moisturizr					
A6251	A	Absorpt drg <=16 sq in w/o b					
A6252	A	Absorpt drg >16 <=48 w/o bdr					
A6253	A	Absorpt drg > 48 sq in w/o b					
A6254	A	Absorpt drg <=16 sq in w/bdr					
A6255	A	Absorpt drg >16<=48 in w/bdr					
A6256	A	Absorpt drg > 48 sq in w/bdr					
A6257	A	Transparent film <= 16 sq in					
A6258	A	Transparent film >16<=48 in					
A6259	A	Transparent film > 48 sq in					
A6260	A	Wound cleanser any type/size					
A6261	A	Wound filler gel/paste /oz					
A6262	A	Wound filler dry form / gram					
A6263	A	Non-sterile elastic gauze/yd					
A6264	A	Non-sterile no elastic gauze					
A6265	A	Tape per 18 sq inches					
A6266	A	Impreg gauze no h2O/sal/yard					
A6402	A	Sterile gauze <= 16 sq in					
A6403	A	Sterile gauze>16 <= 48 sq in					
A6404	A	Sterile gauze > 48 sq in					
A6405	A	Sterile elastic gauze /yd					
A6406	A	Sterile non-elastic gauze/yd					
A7000	A	Disposable canister for pump					
A7001	A	Nondisposable pump canister					
A7002	A	Tubing used w suction pump					
A7003	A	Nebulizer administration set					
A7004	A	Disposable nebulizer sml vol					
A7005	A	Nondisposable nebulizer set					
A7006	A	Filtered nebulizer admin set					
A7007	A	Lg vol nebulizer disposable					
A7008	A	Disposable nebulizer prefill					
A7009	A	Nebulizer reservoir bottle					
A7010	A	Disposable corrugated tubing					
A7011	A	Nondispos corrugated tubing					
A7012	A	Nebulizer water collec devic					
A7013	A	Disposable compressor filter					
A7014	A	Compressor nondispos filter					
A7015	A	Aerosol mask used w nebulize					
A7016	A	Nebulizer dome & mouthpiece					
A7017	A	Nebulizer not used w oxygen					
A7018	A	Water distilled w/nebulizer					
A7019	A	Saline solution dispenser					
A7020	A	Sterile H2O or NSS w lgv neb					
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					
A9150	E	Misc/exper non-prescript dru					
A9160	E	Podiatrist non-covered servi					
A9170	E	Chiropractor non-covered ser					
A9190	E	Misc/expe personal comfort i					
A9270	E	Non-covered item or service					
A9300	E	Exercise equipment					
*A9500	G	Technetium TC 99m sestamibi	1600		$109.25		$13.33
A9502	G	Technetium TC99M tetrofosmin	0705		$136.80		$16.69
*A9503	G	Technetium TC 99m medronate	1601		$38.38		$4.68
*A9504	G	Technetium tc 99m apcitide	1602		$47.50		$5.80
*A9505	G	Thallous chloride TL 201/mci	1603		$28.50		$3.48
*A9507	G	Indium/111 capromab pendetid	1604		$1,008.90		$135.19
A9508	G	Iobenguane sulfate I-131	1045		$1,140.00		$139.08
A9510	G	Technetium TC99m Disofenin	1205		$427.50		$57.29
A9600	G	Strontium-89 chloride	0701		$783.75		$95.62
A9605	G	Samarium sm153 lexidronamm	0702		$942.09		$134.87

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
A9700	N	Echocardiography Contrast					
A9900	E	Supply/accessory/service					
A9901	E	Delivery/set up/dispensing					
B4034	A	Enter feed supkit syr by day					
B4035	A	Enteral feed supp pump per d					
B4036	A	Enteral feed sup kit grav by					
B4081	A	Enteral ng tubing w/ stylet					
B4082	A	Enteral ng tubing w/o stylet					
B4083	A	Enteral stomach tube levine					
B4084	A	Gastrostomy/jejunostomy tubi					
B4085	A	Gastrostomy tube w/ring each					
B4150	A	Enteral formulae category i					
B4151	A	Enteral formulae category i-					
B4152	A	Enteral formulae category ii					
B4153	A	Enteral formulae category ii					
B4154	A	Enteral formulae category IV					
B4155	A	Enteral formulae category v					
B4156	A	Enteral formulae category vi					
B4164	A	Parenteral 50% dextrose solu					
B4168	A	Parenteral sol amino acid 3.					
B4172	A	Parenteral sol amino acid 5.					
B4176	A	Parenteral sol amino acid 7-					
B4178	A	Parenteral sol amino acid >					
B4180	A	Parenteral sol carb > 50%					
B4184	A	Parenteral sol lipids 10%					
B4186	A	Parenteral sol lipids 20%					
B4189	A	Parenteral sol amino acid &					
B4193	A	Parenteral sol 52-73 gm prot					
B4197	A	Parenteral sol 74-100 gm pro					
B4199	A	Parenteral sol > 100gm prote					
B4216	A	Parenteral nutrition additiv					
B4220	A	Parenteral supply kit premix					
B4222	A	Parenteral supply kit homemi					
B4224	A	Parenteral administration ki					
B5000	A	Parenteral sol renal-amirosy					
B5100	A	Parenteral sol hepatic-fream					
B5200	A	Parenteral sol stres-brnch c					
B9000	A	Enter infusion pump w/o alrm					
B9002	A	Enteral infusion pump w/ ala					
B9004	A	Parenteral infus pump portab					
B9006	A	Parenteral infus pump statio					
B9998	A	Enteral supp not otherwise c					
B9999	A	Parenteral supp not othrws c					
C1000	H	PerclosClosr ProstarArt Vas	1000				
C1001	H	AcuNav-diagnstic ultrsnd ca	1001				
C1003	H	Cath, ablation, Livewire TC	1003				
C1004	H	Fast-Cath,Swartz,SAFL,CSTA	1004				
C1005D	E	Sensar IOL					
C1006	H	ARRAY post chamb IOL	1006				
C1007	H	Ams 700 penile prosthesis	1007				
C1008	H	Urolume-implt uretheral stent	1008				
C1009	K	Plasma, cryoprecipitate-reduced, unit	1009	0.86	$42.76		$8.55
C1010	K	Blood, L/R, CMV-neg	1010	2.88	$142.84		$28.57
C1011	K	Platelets, L/R, CMV-neg, unit	1011	11.86	$588.15		$117.63
C1012	K	Platelet concentrate, L/R, irradiated, unit	1012	1.92	$95.23		$19.05
C1013	K	Platelet concentrate, L/R, unit	1013	1.18	$58.30		$11.66
C1014	K	Platelets, aph/pher, L/R, unit	1014	8.93	$443.11		$88.62
C1016	K	Blood, L/R, froz/deglycerol/washed	1016	7.15	$354.68		$70.94
C1017	K	Platelets, aph/pher, L/R, CMV-neg, unit	1017	9.33	$462.54		$92.51
C1018	K	Blood, L/R, irradiated	1018	3.13	$155.48		$31.10
C1019	K	Platelets, aph/pher, L/R, irradiated, unit	1019	9.64	$478.09		$95.62
C1024	J	Quinupristin 150 mg/dalfopriston 350 mg	1024		$159.60		$20.50
C1025	H	Marinr CS Cath	1025				
C1026	H	RF Perfrmr cath 5F RF Marinr	1026				
C1027	H	Magic x/short, Radius14mm	1027				
C1028	H	Prcis Twst trnsvg anch sys	1028				
C1029	H	CRE guided balloon dil cath	1029				
C1030	H	Cthtr:Mrshal,Blu Max Utr Dmnd	1030				
C1031D	E	MR Comp/mod LeVeen ned elect					
C1033	H	Sonicath mdl 37-410	1033				
C1034	H	SURPASS, Long30 SURPASS-cath	1034				
C1035	H	Cath, Ultra ICE	1035				
C1036	H	R port/reservoir impl dev	1036				
C1037	H	Vaxcelchronic dialysis cath	1037				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
C1038	H	UltraCross Imaging Cath	1038				
C1039	H	Wallstent, tracheobronchial	1039				
C1040	H	WALLSTENT: TIPS (shunt)	1040				
C1042	H	Wallstent, biliary	1042				
C1043	H	Atherectomy sys, coronary	1043				
C1045	G	I-131 MIBG (ioben-sulfate) O.5mCi	1045		$1,140.00		$139.08
C1047	H	Noga/Navi-Star cath	1047				
C1048	H	NeuroCyberneticPros: gen	1048				
C1050	H	Prosorba column	1410				
C1051	H	Oasis Thrombectomy Cath	1051				
C1053	H	EnSite 3000 catheter	1053				
C1054	H	Hydrolyser Thromb Cath 6/7F	1054				
C1055	H	Transesoph 210, 210-S Cath	1055				
C1056	H	Thermachoice II Cath	1056				
C1057	H	Micromark Tissue Marker	1057				
C1059	G	Carticel,auto cult-chndr cyte	1059		$14,250.00		$2,010.00
C1060	H	ACS multi-link tristor/ultra	1060				
*C1061	H	ACS Viking Guiding cath	1061				
*C1063	H	EndoTak Endurance EZ, RX lead	1063				
*C1067	H	Megalink biliary stent	1067				
*C1068	H	Pulsar DDD pmkr	1068				
*C1069	H	Discovery DR, pmaker	1069				
*C1071	H	Pulsar Max, Pulsar SR pmkr	1071				
*C1072	H	Guidant: blln dil cath	1072				
*C1073	H	Morcellator	1073				
*C1074	H	RX/OTW Viatrac-peri dil cath	1074				
*C1075	H	Guidant: lead	1075				
*C1076	H	Ventak mini sc defib	1076				
*C1077	H	Ventak VR Prizm VR, sc defib	1077				
*C1078	H	Ventak: Prizm, AVIIIDR defib	1078				
*C1079	G	CO 57/58 0.5 mCi	1079		$264.10		$32.22
*C1084	G	Denileukin diftitox, 300 mcg	1084		$942.88		$126.35
*C1086	G	Temozolomide, 5 mg	1086		$5.70		$.76
*C1087	G	I-123 per uCi capsule	1087		$.84		$.10
*C1088	T	LaserOptic tx sys	0980	38.67	$1,917.89		$383.58
*C1089	G	CO 57, 0.5 mCi	1089		$91.20		$11.13
*C1090	G	IN 111 Chloride, per mCi	1090		$152.00		$18.54
*C1091	G	IN 111 Oxyquinoline, per 5 mCi	1091		$508.25		$62.01
*C1092	G	IN 111 Pentetate, per 1.5 mCi	1092		$769.50		$93.88
*C1094	J	TC 99M Albumin aggr, per vial	1094		$102.05		$13.67
*C1095	G	TC 99M Depreotide, per vial	1095		$760.00		$101.84
*C1096	G	TC 99M Exametazime, per dose	1096		$34.20		$4.17
*C1097	G	TC 99M Mebrofenin, per vial	1097		$445.31		$63.75
*C1098	G	TC 99M Pentetate, per vial	1098		$46.76		$5.71
*C1099	J	TC 99M Pyrophosphate, per vial	1099		$42.75		$5.22
*C1100	H	Medtronic AVE GT1 guidewire	1100				
*C1101	H	MedtronicAVE Zuma guidecath	1101				
*C1102	H	Syngergy Neurostim Genrtr	1102				
*C1103	H	Micro Jewel Defibrillator	1103				
*C1104	H	RF Conductor Ablative Cath	1104				
*C1105	H	Sigma 300VDD pacmker	1105				
*C1106	H	SynergyEZ Pt Progrmr	1106				
*C1107	H	Torqr, Solist cath	1107				
*C1109	H	Implantable anchor: Ethicon	1109				
*C1110	H	Stable Mapper, cath electrd	1110				
*C1111	H	AneuRxAort-Uni-Ilicstnt&cath	1111				
*C1112	H	AneuRx Stent graft/del.cath	1112				
*C1113	H	Tlnt Endo Sprng Stnt Grft Sys	1113				
*C1114	H	TalntSprgStnt+Graf endo pros	1114				
*C1115	H	5038S,5038,5038L pace lead	1115				
*C1116	H	CapSureSP pacing Lead	1116				
*C1117	H	Ancure Endograft Del Sys	1117				
*C1118	H	Sigma300DR LegIIDR,pacemkr	1118				
*C1119	H	Sprint6932,6943 defib lead	1119				
*C1120	H	Sprint6942,6945 defib lead	1120				
*C1121	H	Gem defibrillator	1121				
*C1122	G	TC 99M arcitumomab per dose	1122		$22.80		$2.78
*C1123	H	Gem II VR defibrillator	1123				
*C1124	H	InterStim Test Stim Kit	1124				
*C1125	H	Kappa 400SR,Ttopaz II SR pmkr	1125				
*C1126	H	Kappa 700 DR pacemakr	1126				
*C1127	H	Kappa 700SR,pmkr sgl chamber	1127				
*C1128	H	Kappa 700D,Ruby IID pmkr	1128				
*C1129	H	Kappa 700VDD,pacmkr	1129				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C1130	H	Sigm200D,LGCY IID sc pmkr	1130				
*C1131	H	Sigma 200DR, pmker	1131				
*C1132	H	Sigma300,200SR Leg II:sc pac	1132				
*C1133	H	Sigma SR, Vita SR, pmaker	1133				
*C1134	H	Sigma 300D pmker	1134				
*C1135	H	Entity DR 5326L/R	1135				
*C1136	H	Affinity DR 5330L/R	1136				
*C1137	H	CardioSEAL implant syst	1137				
*C1143	H	AddVent mod 2060BL,VDD	1143				
*C1144	H	Afnty SR 5130,Integrity SR,pmkr	1144				
*C1145	H	Angio-Seal 6fr, 8fr	1145				
C1146D	E	VETT tube					
*C1147	H	AV Plus DX 1368: lead	1147				
*C1148	H	Contour MD sc defib	1148				
*C1149	H	Entity DC 5226R, 5226 pmkr	1149				
*C1151	H	Passiveplus DX lead, 10mdls	1151				
*C1152	H	LifeSite Access System	1152				
*C1153	H	Regency SC+ 2402L pmker	1153				
*C1154	H	SPL:SPOI,02,04- defib lead	1154				
*C1155	H	Repliform 8 sq cm	1155				
*C1156	H	Tr 1102TrSR+ 2260L,2264L,5131	1156				
*C1157	H	Trilogy DCT 2318L pmkr	1157				
*C1158	H	TVL lead SV01,SV02,SV04	1158				
*C1159	H	TVL RV02,RV06,RV07: lead	1159				
*C1160	H	TVL-ADX 1559: lead	1160				
*C1161	H	Tendril DX, 1388 pacing lead	1161				
*C1162	H	TempoDr, TrilogyDR+DC pmkr	1162				
*C1163	H	Tendril SDX, 1488T pacing lead	1163				
*C1164	H	Iodine-125 brachytx seed	1164				
*C1166	G	Cytarabine liposomal, 10 mg	1166		$371.45		$49.77
*C1167	J	Epirubicin hcl, 2 mg	1167		$24.94		$3.34
C1170D	E	ABBI disp biopsy device					
*C1171	H	Autosuture site marker stple	1171				
*C1172	H	Spacemaker dissect ballon	1172				
*C1173	H	Cor stnt S540, S670, o-wire stn	1173				
*C1174	H	Bard brachytx needle	1174				
C1175D	E	Biopsy device, MIBB Device					
C1176D	E	Mammotome HH Probe w/Vac Sys					
C1177D	E	11-G Mammotome Probe					
*C1178	G	Busulfan IV, 6 mg	1178		$26.48		$3.55
C1179D	E	14-G Mammotome Probe					
*C1180	H	Vigor SR, SC, pmkr	1180				
*C1181	H	Meridian SSI, SC, pmkr	1181				
*C1182	H	Pulsar SSI, SC, pmkr	1182				
*C1183	H	Jade IIS, Sigma 300S,SC, pmkr	1183				
*C1184	H	Sigma 200S, SC, pmkr	1184				
*C1188	G	I 131, per mCi	1188		$5.86		$.75
*C1200	G	TC 99M Sodium Glucoheptonate, per vial	1200		$113.05		$13.79
*C1201	G	TC 99M succimer, per vial	1201		$135.66		$16.55
*C1202	G	TC 99M Sulfur Colloid, per dose	1202		$38.00		$4.64
*C1203	G	Verteporfin for Injection	1203		$1,458.25		$195.41
*C1205	G	TC 99M Disofenin, per vial	1205		$427.50		$57.29
*C1207	G	Octreotide acetate depot 1mg	1207		$135.10		$16.48
*C1300	S	Hyperbaric O2 per 30 min under pressure	0971	1.55	$76.88		$15.38
*C1302	H	Lead, defibrillator, TVL SQ01	1302				
*C1303	H	CapSure Fix 6940/4068-110, lead	1303				
*C1304	H	Sonicath mdl 37-416,-418	1304				
*C1305	G	Apligraf	1305		$1,157.81		$163.31
*C1306	H	NeuroCyberneticPros: lead	1306				
*C1311	H	Trilogy DR+/DAO pmkr	1311				
*C1312	H	Magic WALLSTENTstent-Mini	1312				
*C1313	H	Magic medium, Radius 31mm	1313				
*C1314	H	Magic WALLSTENT stent-Long	1314				
*C1315	H	Vigor DR, Meridian DR pmkr	1315				
*C1316	H	Meridian DDD pmkr	1316				
*C1317	H	Discovery SR, pmkr	1317				
*C1318	H	Meridian SR pmakr	1318				
*C1319	H	WALLSTENT: enteral	1319				
*C1320	H	WALLSTENT:iliac	1320				
C1321D	E	Palate/Base of Tongue electr					
C1322D	E	Turbinate Somnoplasty electr					
C1323D	E	VAPR/T disp electrode					
C1324D	E	Ligasure disposable electrode					
*C1325	H	Pallidium -103 seed	1325				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C1326	H	Angio-jet rheolytic thromb cath	1326				
*C1328	H	ANS Renew NS trnsmtr	1328				
C1329D	E	Versapoint disp electrode					
*C1333	H	PALMAZ Corinthian bill stent	1333				
*C1334	H	Crown,Mini-crown,CrossLC	1334				
*C1335	H	Mesh, Prolene	1335				
*C1336	H	Constant Flow Imp Pump	1336				
*C1337	H	IsoMed 8472-20/35/60	1337				
*C1348	G	I 131 per mCi solution	1348		$146.57		$17.88
*C1350	H	ProstaSeed, I125, per source	1350				
*C1351	H	CapSure Fix lead	1351				
*C1352	H	Gem II defib	1352				
*C1353	H	Itrel Interstm neurostim+ext	1353				
*C1354	H	Kappa 400DR,Diamond II 820DR	1354				
*C1355	H	Kappa 600DR, Vita DR	1355				
*C1356	H	Profile MD V-186HV3 sc defib	1356				
*C1357	H	Angstrom MD V-190HV3 sc defib	1357				
*C1358	H	Affinity DC 5230R, 5230 pmkr	1358				
*C1359	H	Pulsar,Pulsar Max DR,pmkr	1359				
*C1360D	T	Ocular photodynamic therapy	0235	2.94	$145.81	$78.91	$29.16
*C1361	H	Reveal Cardiac Recorder	1108				
*C1362	H	Herculink,OTW SDS bil stent	1411				
*C1363	H	Gem DR, DC, defib	1363				
*C1364	H	Photon DR V-230HV3 DC defib	1364				
*C1365	H	Guidewire, Hi-Torque14/18/35	1365				
*C1366	H	Guidewire,PTCA, Hi-Torque	1366				
*C1367	H	Guidewire, Hi-Torque CrossIt	1367				
C1368D	E	On-Q Pain Mgt Sys					
*C1369	H	ANS Renew Stim Sys recvr	1369				
*C1370	H	Tension-Free Vaginal Tape	1370				
*C1371	H	Symp Nitinol Transhep Bil Sys	1371				
*C1372	H	Cordis Nitinol bil stent	1372				
*C1375	H	Stent, coronary, NIR	1375				
*C1376	H	ANS Renew Stim Sys lead/ex	1376				
*C1377	H	Specify 3988 neuro lead	1377				
*C1378	H	InterStim Tx 3080/3886 lead	1378				
*C1379	H	Pisces-Quad 3887 lead	1379				
*C1420	H	StapleTac2 Bone w/Dermis	1420				
*C1421	H	StapleTac2 Bone wo Dermis	1421				
*C1450	H	Orthosphere Arthroplasty	1450				
*C1451	H	Orthosphere Arthroplasty Kit	1451				
*C1500	H	Atherectomy sys, peripheral	1500				
*C1700	H	Authen Mick TP brachy needle	1700				
*C1701	H	Medtec MT-BT-5201 -25 ndl	1701				
*C1702	H	WWMT brachytx needle	1702				
*C1703	H	Mentor Prostate Brachy	1703				
*C1704	H	MT-BT-5001-25/5051-25	1704				
*C1705	H	Best Flexi Brachy Needle	1705				
*C1706	H	Indigo Prostate Seeding Ndl	1706				
*C1707	H	Varisource Implt Ndl	1707				
*C1708	H	UroMed Prostate Seed Ndl	1708				
*C1709	H	Remington Brachytx Needle	1709				
*C1710	H	US Biopsy Prostate Needle	1710				
*C1711	H	MD Tech brachytx needle	1711				
*C1712	H	Imagyn brachytx needle	1712				
*C1790	H	Iridium 192 HDR	1790				
*C1791	H	OncoSeed, Rapid Strand I-125	1791				
*C1792	H	UroMed I-125 Brachy seed	1792				
*C1793	H	Bard InterSource P-103 seed	1793				
*C1794	H	Bard IsoSeed P-103 seed	1794				
*C1795	H	Bard BrachySource I-125	1795				
*C1796	H	SourceTech Med I-125	1796				
*C1797	H	Draximage I-125 seed	1797				
*C1798	H	Syncor I-125 PharmaSeed	1798				
*C1799	H	I-Plant I-125 Brachytx seed	1799				
*C1800	H	Pd-103 brachytx seed	1800				
*C1801	H	IoGold I-125 brachytx seed	1801				
*C1802	H	Brachytherapy seed, Iridium 192	1802				
*C1803	H	Best Iodine 125 brachytx sds	1803				
*C1804	H	Best Palladium 103 seeds	1804				
*C1805	H	IsoStar Iodine-125 seeds	1805				
*C1806	H	Gold 198 brachy seeds	1806				
*C1810	H	D114S Dilatation Cath	1810				
*C1811	H	Surgical Dynamics Anchors	1811				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C1812	H	OBL Anchors	1812				
*C1850	H	Repliform 14/21 sq cm	1850				
*C1851	H	Repliform 24/28 sq cm	1851				
*C1852	H	TransCyte, per 247 sq cm	1852				
*C1853	H	Suspend, per 8/14 sq cm	1853				
*C1854	H	Suspend, per 24/28 sq cm	1854				
*C1855	H	Suspend, per 36 sq cm	1855				
*C1856	H	Suspend, per 48 sq cm	1856				
*C1857	H	Suspend, per 84 sq cm	1857				
*C1858	H	DuraDerm, per 8/14 sq cm	1858				
*C1859	H	DuraDerm, per 21/24/28 sq cm	1859				
*C1860	H	DuraDerm, per 48 sq cm	1860				
*C1861	H	DuraDerm, per 36 sq cm	1861				
*C1862	H	DuraDerm, per 72 sq cm	1862				
*C1863	H	DuraDerm, per 84 sq cm	1863				
*C1864	H	SpermaTex,per 13.44 sq cm	1864				
*C1865	H	FasLata, per 8/14 sq cm	1865				
*C1866	H	FasLata, per 24/28 sq cm	1866				
*C1867	H	FasLata, per 36/48 sq cm	1867				
*C1868	H	FasLata, per 96 sq cm	1868				
*C1869	H	Gore Thyroplasty Dev	1869				
*C1870	H	DermMatrix, per 16 sq cm	1870				
*C1871	H	DermMatrix, 32 or 64 sq cm	1871				
*C1872	H	Dermagraft, per 37.5 sq cm	1872				
*C1873	H	Bard 3DMax Mesh	1873				
*C1929	H	Maverick PTCA Cath	1929				
*C1930	H	Coyote Dil Cath,20/30/40mm	1930				
*C1931	H	Talon Dil Cath	1931				
*C1932	H	Scimed Remedy Dil Cath	1932				
*C1933	H	Opti-Plast XL/Centurion Cath	1933				
*C1934	H	Ultraverse 3.5F Bal Dil Cath	1934				
*C1935	H	Workhorse PTA Bal Cath	1935				
*C1936	H	Uromax Ultra Bal Dil Cath	1936				
*C1937	H	Synergy Balloon Dil Cath	1937				
*C1938	H	UroForce Bal Dil Cath	1938				
*C1939	H	Raptor, Ninja PTCA Dil Cath	1939				
*C1940	H	PowerFlex,OPTA 5/LP Bal Cath	1940				
*C1941	H	Jupiter PTA Dil Cath	1941				
*C1942	H	Cordis Maxi LD PTA Bal Cath	1942				
*C1943	H	RXCrossSail OTW OpenSail	1943				
*C1944	H	Rapid Exchange Bil Dil Cath	1944				
*C1945	H	Savvy PTA Dil Cath	1945				
*C1946	H	R1s Rapid Dil Cath	1946				
*C1947	H	Gazelle Bal Dil Cath	1947				
*C1948	H	Pursuit Balloon Cath	1948				
*C1949	H	Oracle Megasonics Cath	1949				
*C1979	H	Visions PV/Avanar US Cath	1979				
*C1980	H	Atlantis SR Coronary Cath	1980				
*C1981	H	PTCA Catheters	1981				
*C2000	H	Orbiter ST Steerable Cath	2000				
*C2001	H	Constellation Diag Cath	2001				
*C2002	H	Irvine 5F Inquiry Diag EP Cath	2002				
*C2003	H	Irvine 6F Inquiry Diag EP Cath	2003				
*C2004	H	Biosense EP Cath--Octapolar	2004				
*C2005	H	Biosense EP Cath--Hexapolar	2005				
*C2006	H	Biosense EP Cath--Decapolar	2006				
*C2007	H	Irvine 6F Luma-Cath EP Cath	2007				
*C2008	H	Luma-Cath EP Cath 81910-15	2008				
*C2009	H	Irvine 7F Luma-Cath EP Cath	2009				
*C2010	H	Fixed Curve EP Cath	2010				
*C2011	H	Deflectable Tip Cath--Quad	2011				
*C2012	H	Celsius Abln Cath	2012				
*C2013	H	Celsius Large Abln Cath	2013				
*C2014	H	Celsius II Asym Abln Cath	2014				
*C2015	H	Celsius II Sym Abln Cath	2015				
*C2016	H	Navi-Star DS, Navi-Star Ther	2016				
*C2017	H	Navi-Star Abln Cath	2017				
*C2018	H	Polaris T Ablation Cath	2018				
*C2019	H	EP Deflectable Cath	2019				
*C2020	H	Catheter, ablation, Blazer II XP	2020				
*C2021	H	SilverFlex EP Cath	2021				
*C2022	H	CP Chilli Cooled Abln Cath	2022				
*C2023	H	Chilli Cld AblnCath-std, lg	2023				
*C2100	H	CP CS Reference Cath	2100				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C2101	H	CP RV Reference Cath	2101				
*C2102	H	CP Radii 7F EP Cath	2102				
*C2103	H	CP Radii 7F EP Cath w/Track	2103				
*C2104	H	Lasso Deflectable Cath	2104				
*C2151	H	Veripath Guiding Cath	2151				
*C2152	H	Cordis Vista Brite Tip Cath	2152				
*C2153	H	Bard Viking Cath	2153				
*C2200	H	Arrow-Trerotola PTD Cath	2200				
*C2300	H	Varisource Stnd Catheters	2300				
*C2597	H	CliniCath/kit 16/18 sgl/dbl	2597				
*C2598	H	CliniCath 18/20/24G-single	2598				
*C2599	H	CliniCath 16/18G-double	2599				
C2600D	E	Gold Probe Catheter					
*C2601	H	Bard DL Ureteral Cath	2601				
*C2602	H	Vitesse Laser Cath 1.4/1.7mm	2602				
*C2603	H	Vitesse Laser Cath 2.0mm	2603				
*C2604	H	Vitesse E Laser Cath 2.0mm	2604				
*C2605	H	Extreme Laser Catheter	2605				
*C2606	H	SpineCath XL Catheter	2606				
*C2607	H	SpineCath Intradiscal Cath	2607				
*C2608	H	Scimed 6F Wiseguide Cath	2608				
*C2609	H	Flexima Bil Drainage Cath	2609				
*C2610	H	FlexTipPlus Intraspinal Cath	2610				
*C2611	H	AlgoLine Intraspinal Cath	2611				
*C2612	H	InDura Catheter	2612				
*C2676	E	Response CV Catheter					
*C2700	H	MycroPhylax Plus SC defib	2700				
*C2701	H	Phylax XM SC defib	2701				
*C2702	H	Ventak Prizm 2 VR Defib	2702				
*C2703	H	Ventak Prizm VR HE Defib	2703				
*C2704	H	Ventak Mini IV+ Defib	2704				
*C2801	H	Defender IV DR 612 DC defib	2801				
*C2802	H	Phylax AV DC defib	2802				
*C2803	H	Ventak Prizm DR HE Defib	2803				
*C2804	H	Ventak Prizm 2 DR Defib	2804				
*C2805	H	Jewel AF 7250 Defib	2805				
*C2806	H	GEM VR 7227 Defib	2806				
*C2807	H	Contak CD 1823	2807				
*C2808	H	Contak TR 1241	2808				
*C3001	H	Kainox SL/RV defib lead	3001				
*C3002	H	EasyTrak Defib Lead	3002				
*C3003	H	Endotak SQ Array XP lead	3003				
*C3004	H	Intervene Defib Lead	3004				
*C3400	H	Siltex Spectrum,Contour Prof	3400				
*C3401	H	Saline-Filled Spectrum	3401				
*C3500	H	Mentor Alpha I Inf Penile Pros	3500				
*C3510	H	AMS 800 Urinary Pros	3510				
*C3551	H	Choice/PT Graphix/Luge/Trooper	3551				
*C3552	H	Hi-Torque Whisper	3552				
*C3553	H	Cordis guidewires	3553				
*C3554	H	Jindo guidewire	3554				
*C3555	H	Wholey Hi-Torque Plus GW	3555				
*C3556	H	Wave/FlowWire Guidewire	3556				
*C3557	H	HyTek guidewire	3557				
*C3800	H	SynchroMed EL infusion pump	3800				
*C3801	H	Arrow/MicroJect PCA Sys	3801				
*C3851	H	Elastic UV IOL AA-4203T/TF/TL	3851				
*C4000	H	Opus G 4621, 4624 SC pmkr	4000				
*C4001	H	Opus S 4121/4124 SC pmkr	4001				
*C4002	H	Talent 113 SC pmkr	4002				
*C4003	H	Kairos SR SC pmkr	4003				
*C4004	H	Actros SR, Actros SLR SC pmkr	4004				
*C4005	H	Philos SR/SR-B SC pmkr	4005				
*C4006	H	Pulsar Max II SR pmkr	4006				
*C4007	H	Marathon SR pmkr	4007				
*C4008	H	Discovery II SSI pmkr	4008				
*C4009	H	Discovery II SR pmkr	4009				
*C4300	H	Integrity AFx DR 5342 pmkr	4300				
*C4301	H	Integrity AFx DR 5346 pmkr	4301				
*C4302	H	Affinity VDR 5430 pmkr	4302				
*C4303	H	Brio 112 DC pmkr	4303				
*C4304	H	Brio 212, Talent 213/223 DC pmkr	4304				
*C4305	H	Brio 222 DC pmkr	4305				
*C4306	H	Brio 220 DC pmkr	4306				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C4307	H	Kairos DR DC pmkr	4307				
*C4308	H	Inos2, Inos2+ DC pmkr	4308				
*C4309	H	Actros DR,D,DR-A,SLR DC pmkr	4309				
*C4310	H	Actros DR-B DC pmkr	4310				
*C4311	H	Philos DR/DR-B/SLR DC pmkr	4311				
*C4312	H	Pulsar Max II DR pmkr	4312				
*C4313	H	Marathon DR pmkr	4313				
*C4314	H	Momentum DR pmkr	4314				
*C4315	H	Selection AFm pmkr	4315				
*C4316	H	Discovery II DR	4316				
*C4317	H	Discovery II DDD	4317				
*C4600	H	Snynox,Polyrox,Elox,Retrox	4600				
*C4601	E	Aescula LV pmkr lead					
*C4602	H	Tendril SDX, 1488K pmkr lead	4602				
*C4603	H	Oscor/Flexion pmkr lead	4603				
*C4604	H	CrystallineActFix,CapsureFix	4604				
*C4605	H	CapSure Epi pmkr lead	4605				
*C4606	H	Flextend pmkr lead	4606				
*C4607	H	FinelineII/EZ, ThinlineII/EZ	4607				
*C5000	H	BX Velocity w/Hepacoat	5000				
*C5001	H	Memotherm Bil Stent, sm, med	5001				
*C5002	H	Memotherm Bil Stent, large	5002				
*C5003	H	Memotherm Bil Stent, x-large	5003				
*C5004	H	PalmazCorinthian IQ Bil Stent	5004				
*C5005	H	PalmazCorinthian IQ Trans/Bil	5005				
*C5006	H	PalmazTrans Bil Stent Sys-Med	5006				
*C5007	H	PalmazTrans XL Bil Stent--40mm	5007				
*C5008	H	PalmazTrans XL Bil Stent--50mm	5008				
*C5009	H	Stent, biliary, Biliary VistaFlex Stent	5009				
*C5010	H	Rapid Exchange Bil Stent Sys	5010				
*C5011	H	Stent, biliary, IntraStent, IntraStent LP	5011				
*C5012	H	Stent, biliary, IntraStent DoubleStrut LD	5012				
*C5013	H	IntraStent DoubleStrut, XS	5013				
*C5014	H	AVE Bridge Stent Sys-10/17/28	5014				
*C5015	H	AVE/X3 Bridge Sys, 40-100	5015				
*C5016	H	Biliary stent single use cov	5016				
*C5017	H	WallstentRP Bil--20/40/60/68mm	5017				
*C5018	H	WallstentRP Bil--80/94mm	5018				
*C5019	H	Flexima Bil Stent Sys	5019				
*C5020	H	Smart Nitinol Stent--20mm	5020				
*C5021	H	Smart Nitinol Stent--40/60mm	5021				
*C5022	H	Smart Nitinol Stent--80mm	5022				
*C5023	H	BX Velocity Stent--8/13mm	5023				
*C5024	H	BX Velocity Stent--18mm	5024				
*C5025	H	BX Velocity Stent--23mm	5025				
*C5026	H	BX Velocity Stent--28/33mm	5026				
*C5027	H	BX Velocity w/Hep--8/13mm	5027				
*C5028	H	BX Velocity w/Hep--18mm	5028				
*C5029	H	BX Velocity w/Hep--23mm	5029				
*C5030	H	Stent, coronary, S660 9/12mm	5030				
*C5031	H	Stent,coronary, S660 15/18mm	5031				
*C5032	H	Stent,coronary, S660 24/30mm	5032				
*C5033	H	Niroyal Stent Sys, 9mm	5033				
*C5034	H	Niroyal Stent Sys, 12/15mm	5034				
*C5035	H	Niroyal Stent Sys, 18mm	5035				
*C5036	H	Niroyal Stent Sys, 25mm	5036				
*C5037	H	Niroyal Stent Sys, 31mm	5037				
*C5038	H	BX Velocity Stent w/Raptor	5038				
*C5039	H	IntraCoil Periph Stent--40mm	5039				
*C5040	H	IntraCoil Periph Stent--60mm	5040				
*C5041	H	BeStent Over-the-Wire 24/30mm	5041				
*C5042	H	BeStent Over-the-Wire 18mm	5042				
*C5043	H	BeStent Over-the-Wire 15mm	5043				
*C5044	H	BeStent Over-the-Wire 9/12mm	5044				
*C5045	H	Multilink Tetra Cor Stent Sys	5045				
*C5046	H	Radius 20mm cor stent	5046				
*C5047	H	Niroyal Elite Cor Stent Sys	5047				
*C5048	H	GR II Coronary Stent	5048				
*C5130	H	Wilson-Cook Colonic Z-Stent	5130				
*C5131	H	Bard Colorectal Stent-60mm	5131				
*C5132	H	Bard Colorectal Stent-80mm	5132				
*C5133	H	Bard Colorectal Stent-100mm	5133				
*C5134	H	Enteral Wallstent--90mm	5134				
*C5279	H	Contour/Percuflex Stent	5279				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C5280	H	Inlay Dbl Ureteral Stent	5280				
*C5281	H	Wallgraft Trach Sys 70mm	5281				
*C5282	H	Wallgraft Trach Sys 20/30/50	5282				
*C5283	H	Wallstent/RP TIPS --80mm	5283				
*C5284	H	Wallstent TrachUltraFlex	5284				
*C5600	H	Closure dev, VasoSeal ES	5600				
*C5601	H	VasoSeal Model 1000	5601				
*C6001	H	Composix Mesh 8/21 in	6001				
*C6002	H	Composix Mesh 32 in	6002				
*C6003	H	Composix Mesh 48 in	6003				
*C6004	H	Composix Mesh 80 in	6004				
*C6005	H	Composix Mesh 140 in	6005				
*C6006	H	Composix Mesh 144 in	6006				
*C6012	H	Pelvicol Collagen 8/14 sq cm	6012				
*C6013	H	Pelvicol Collagen 21/24/28 sq cm	6013				
*C6014	H	Pelvicol Collagen 40sq cm	6014				
*C6015	H	Pelvicol Collagen 48 sq cm	6015				
*C6016	H	Pelvicol Collagen 96 sq cm	6016				
*C6017	H	Gore-Tex DualMesh 75/96 sq cm	6017				
*C6018	H	Gore-Tex DualMesh 150 sq cm	6018				
*C6019	H	Gore-Tex DualMesh 285 sq cm	6019				
*C6020	H	Gore-Tex DualMesh 432 sq cm	6020				
*C6021	H	Gore-Tex DualMesh 600 sq cm	6021				
*C6022	H	Gore-Tex DualMesh 884 sq cm	6022				
*C6023	H	Gore-TexPlus 1mm, 75/96sq cm	6023				
*C6024	H	Gore-TexPlus 1mm, 150sq cm	6024				
*C6025	H	Gore-TexPlus 1mm, 285sq cm	6025				
*C6026	H	Gore-TexPlus 1mm, 432sq cm	6026				
*C6027	H	Gore-TexPlus 1mm, 600sq cm	6027				
*C6028	H	Gore-TexPlus 1mm, 884 sq cm	6028				
*C6029	H	Gore-TexPlus 2mm, 150 sq cm	6029				
*C6030	H	Gore-TexPlus 2mm, 285 sq cm	6030				
*C6031	H	Gore-TexPlus 2mm, 432 sq cm	6031				
*C6032	H	Gore-TexPlus 2mm, 600 sq cm	6032				
*C6033	H	Gore-TexPlus 2mm, 884 sq cm	6033				
*C6034	H	Bard ePTFE: 15 sq cm--2mm	6034				
*C6035	H	Bard ePTFE150sqcm-1mm,75-2mm	6035				
*C6036	H	Bard ePTFE: 50/75sqcm-1,2mm	6036				
*C6037	H	Bard ePTFE: 300sq cm-1,2mm	6037				
*C6038	H	Bard ePTFE: 600sq cm-1mm	6038				
*C6039	H	Bard ePTFE: 884sq cm-1mm	6039				
*C6040	H	Bard ePTFE: 600sq cm-2mm	6040				
*C6041	H	Bard ePTFE: 884sq cm-2mm	6041				
*C6050	H	Female Sling Sys w/wo Matrl	6050				
*C6051	H	Stratasis Urethral Sling, 20/40 cm	6051				
*C6052	H	Stratasis Urethral Sling, 60 cm	6052				
*C6053	H	Surgisis Soft Graft	6053				
*C6054	H	Surgisis Enhanced Graft	6054				
*C6055	H	Surgisis Enhanced Tissue	6055				
*C6056	H	Surgisis Soft Tissue Graft	6056				
*C6057	H	Surgisis Hernia Graft	6057				
*C6058	H	SurgiPro Hernia Plug, med/lg	6058				
*C6080	H	Male Sling Sys w/wo Matrl	6080				
*C6200	H	Exxcel Sft ePTFE vas graft	6200				
*C6201	H	Impra Venaflo--10/20cm	6201				
*C6202	H	Impra Venaflo-30/40cm	6202				
*C6203	H	Impra Venaflo-50cm,vt45	6203				
*C6204	H	Impra Venaflo-stepped	6204				
*C6205	H	Impra Carboflo--10cm	6205				
*C6206	H	Impra Carboflo--20cm	6206				
*C6207	H	Impra Carboflo--30/35/40cm	6207				
*C6208	H	Impra Carboflo--40/50cm	6208				
*C6209	H	Impra Carboflo--ctrflex	6209				
*C6210	H	Exxcel ePTFE vas graft	6210				
*C6300	H	Vanguard III Endovas Graft	6300				
*C6500	H	Preface Guiding Sheath	6500				
*C6501	H	Sheath, Soft Tip Sheaths	6501				
*C6502	H	Perry Exchange Dilator	6502				
*C6525	H	Spectranetics Laser Sheath	6525				
*C6600	H	Micro Litho Flex Probes	6600				
*C6650	H	Fast-Cath Guiding Introducer	6650				
*C6651	H	Seal-AwayGuiding Introducer	6651				
*C6652	H	Bard Excalibur Introducer	6652				
*C6700	H	Focal Seal-L	6700				

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
*C8099	H	Spectranetics Lead Lock Dev	8099				
C8100	H	Adhesion barrier, ADCON-L	8100				
*C8102	H	SurgiVision Esoph Coil	8102				
C8103D	E	Capio Capturing Dev					
*C8500	X	Atherocath-GTO	0991		$1,278.59		$255.72
*C8501	X	Pacemaker, single chamber, Vigor SSI	0992		$1,790.03		$358.01
*C8502	X	Livewire Steerable EP Cath	0988		$383.58		$76.72
*C8503	X	SyncroMed Vas Cath	0988		$383.58		$76.72
*C8504	X	VasoSeal Hemostasis Dev	0987		$127.86		$25.57
*C8505	X	SynchroMed Infusion Pump	0997		$8,182.98		$1,636.60
*C8506	X	Pmkr leads 4057M,4058M	0990		$895.01		$179.00
*C8507	X	6721L/M/S,6939 lead	0990		$895.01		$179.00
*C8508	X	Lead, defibrillator, CapSure 4965	0990		$895.01		$179.00
*C8509	X	Transvene 6933/6937 lead	0990		$895.01		$179.00
*C8510	X	Lead, defibrillator, DP-3238	0990		$895.01		$179.00
*C8511	X	Lead, defibrillator, EndoTak DSP	0996		$6,137.23		$1,227.45
*C8512	X	On-Point,Pisces-Quad lead	0990		$895.01		$179.00
*C8513	X	Pisces,Resume II lead	0990		$895.01		$179.00
*C8514	X	Dura II Penile Pros	0993		$2,557.18		$511.44
*C8515D	X	Alpha 1 narrow base prosthesis	0995		$4,602.92		$920.58
*C8516	X	Mentor Acu-Form/Mal Pros	0992		$1,790.03		$358.01
*C8517D	X	Ambicor prosthesis	0994		$3,580.05		$716.01
*C8518	X	Pacemaker, dual chamber, Vigor DDD	0994		$3,580.05		$716.01
*C8519	X	Pacemaker, dual chamber, Vista DDD	0994		$3,580.05		$716.01
*C8520	X	Pacemaker, single chamber, Legacy II S	0992		$1,790.03		$358.01
*C8521	X	Medtronic Mattrix rcvr/trmr	0997		$8,182.98		$1,636.60
*C8522	X	Palmaz Bal Stent	0990		$895.01		$179.00
*C8523	X	Wallstent Trans Bil	0991		$1,278.59		$255.72
*C8524	X	Wallstent Esop	0991		$1,278.59		$255.72
*C8525	X	Esoph stent--double	0992		$1,790.03		$358.01
*C8526	X	OptiPlast XT 5F PTA Cath	0987		$127.86		$25.57
*C8528	X	MS Classique Balloon Dilation Catheter	0987		$127.86		$25.57
*C8529	X	Crista Cath II Def 20-Pole	0990		$895.01		$179.00
*C8530	X	Gel-Filled/Smooth Mammary Pros	0989		$639.30		$127.86
*C8531	X	Wilson-Cook Esoph Z-Stent	0989		$639.30		$127.86
*C8532	X	UltraFlex Esoph	0991		$1,278.59		$255.72
*C8533	X	SynchroMed Vas Cath 8700A/V	0988		$383.58		$76.72
*C8534	X	AMS Malleable 650 Penile Prosthesis	0992		$1,790.03		$358.01
*C8535	X	Za/Spiral Z Bil Stent	0990		$895.01		$179.00
*C8536	X	Esoph Z Metal Stent	0991		$1,278.59		$255.72
*C8539	X	Quantum Dil Balloon	0987		$127.86		$25.57
*C8540	X	Flex-EZ Bal Dilator	0988		$383.58		$76.72
*C8541	X	Carson/Passprt Dil	0988		$383.58		$76.72
*C8542	X	UrethraMax Dil Cath	0987		$127.86		$25.57
*C8543	X	Amplatz Renal Dil	0987		$127.86		$25.57
*C8550	X	Livewire 5F, 7F EP Cath	0989		$639.30		$127.86
*C8551	X	Livewire 7F Duo-Decapolar	0990		$895.01		$179.00
*C8552	X	Santuro Fixed Curve Cath	0989		$639.30		$127.86
*C8597	X	Wisdom ST guidewire	0987		$127.86		$25.57
*C8598	X	SV Guidewire-5/8/14cm	0987		$127.86		$25.57
*C8599	X	Stabilizer XS guidewire	0987		$127.86		$25.57
*C8600	X	Shinobi Plus guidewire	0987		$127.86		$25.57
*C8650	X	XL Check-Flo Introducer	0987		$127.86		$25.57
*C8724	X	Octad neuro lead	0991		$1,278.59		$255.72
*C8725	X	SymMix neuro lead	0990		$895.01		$179.00
*C8748	X	Endotak SQ Patch defib lead	0990		$895.01		$179.00
*C8749	X	Endotak SQ Array defib lead	0993		$2,557.18		$511.44
*C8750	X	Unity VDDR dc pmkr	0994		$3,580.05		$716.01
*C8775	X	2188 Cor pmkr lead	0991		$1,278.59		$255.72
*C8776	X	Innomedica pmkr lead	0990		$895.01		$179.00
*C8777	X	Unipass pmkr lead	0991		$1,278.59		$255.72
*C8800	X	Lg Palmaz Bil Stent	0990		$895.01		$179.00
*C8801	X	Gianturco Bil Z Stent	0989		$639.30		$127.86
*C8802	X	Oasis Stent Intro Sys	0987		$127.86		$25.57
*C8830	X	Gianturco-Roubin Cor Snt	0991		$1,278.59		$255.72
*C8890	X	Perfluoron, per 2ml	0987		$127.86		$25.57
*C8891	X	Perfluoron, per 5/7ml	0988		$383.58		$76.72
C9000	G	Na chromate Cr51, per 0.25mCi	9000		$259.36		$34.75
C9001	J	Linezolid inj, 200mg	9001		$34.14		$4.57
C9002	J	Tenecteplase, 50mg/vial	9002		$2,612.50		$350.08
C9003	J	Palivizumab, per 50mg	9003		$664.49		$89.04
C9004	J	Gemtuzumab ozogamicin inj,5mg	9004		$1,929.69		$258.58
C9005	G	reteplase, 18.1 mg (one single-use vial)	9005		$1,306.25		$175.04
C9006	J	Tacrolimus inj, per 5mg (1 amp)	9006		$109.83		$14.72

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
C9007	G	Baclofen Intrathecal kit-1amp	9007		$79.80		$10.69
C9008	G	Baclofen Refill Kit--500mcg	9008		$222.30		$29.79
C9009	G	Baclofen Refill Kit--2000mcg	9009		$467.40		$62.63
C9010	G	Baclofen Refill Kit--4000mcg	9010		$820.80		$109.99
C9011	G	Caffeine Citrate, inj, 1ml	9011		$12.22		$1.57
*C9100	G	Iodinated I-131 Albumin	9100		$246.05		$30.02
C9102	G	51 Na chromate, 50uCi	9102		$216.60		$26.43
C9103	G	Na Iothalamate I-125, 10uCi	9103		$12.27		$1.50
C9104	G	Anti-thymocyte globulin,25mg	9104		$251.75		$33.73
C9105	G	Hep B imm glob, per 1 ml	9105		$152.00		$20.37
C9106	J	Sirolimus 1mg/ml	9106		$6.51		$.87
*C9107	J	Tinzaparin sodium, 2ml vial	9107		$159.60		$20.50
C9108	G	Thyrotropin alfa, 1.1 mg	9108		$494.00		$70.72
C9109	G	Tirofiban hcl, 6.25 mg	9109		$199.50		$28.56
C9500	K	Platelets, irradiated, each unit	9500	1.77	$87.97		$17.59
C9501	K	Platelets, pheresis, each unit	9501	9.69	$480.75		$96.15
C9502	K	Platelets, pheresis, irradiated, each unit	9502	10.52	$521.66		$104.33
C9503	K	Fresh frzn plasma, donor retested, unit	9503	1.65	$81.83		$16.37
C9504	K	Red blood cells, deglycerolized, unit	9504	4.35	$215.83		$43.17
C9505	K	Red blood cells, irradiated, each unit	9505	2.58	$127.86		$25.57
*C9700	T	Water-induced thermotherapy	0977	23.20	$1,150.63		$230.13
*C9701	S	Stretta Procedure	0976	18.05	$895.21		$179.04
*C9702	S	Chkmate Intra Brachytx Sys	0981	46.40	$2,301.26		$460.25
D0120	E	Periodic oral evaluation					
D0140	E	Limit oral eval problm focus					
D0150	S	Comprehensve oral evaluation	0330	1.51	$74.89	$14.98	$14.98
D0160	E	Extensv oral eval prob focus					
D0170	E	Re-eval,est pt,problem focus					
D0210	E	Intraor complete film series					
D0220	E	Intraoral periapical first f					
D0230	E	Intraoral periapical ea add					
D0240	S	Intraoral occlusal film	0330	1.51	$74.89	$14.98	$14.98
D0250	S	Extraoral first film	0330	1.51	$74.89	$14.98	$14.98
D0260	S	Extraoral ea additional film	0330	1.51	$74.89	$14.98	$14.98
D0270	S	Dental bitewing single film	0330	1.51	$74.89	$14.98	$14.98
D0272	S	Dental bitewings two films	0330	1.51	$74.89	$14.98	$14.98
D0274	S	Dental bitewings four films	0330	1.51	$74.89	$14.98	$14.98
D0277	S	Vert bitewings-sev to eight	0330	1.51	$74.89	$14.98	$14.98
D0290	E	Dental film skull/facial bon					
D0310	E	Dental saliography					
D0320	E	Dental tmj arthrogram incl i					
D0321	E	Dental other tmj films					
D0322	E	Dental tomographic survey					
D0330	E	Dental panoramic film					
D0340	E	Dental cephalometric film					
D0350	E	Oral/facial images					
D0415	E	Bacteriologic study					
D0425	E	Caries susceptibility test					
D0460	S	Pulp vitality test	0330	1.51	$74.89	$14.98	$14.98
D0470	E	Diagnostic casts					
D0472	S	Gross exam, prep & report	0330	1.51	$74.89	$14.98	$14.98
D0473	S	Micro exam, prep & report	0330	1.51	$74.89	$14.98	$14.98
D0474	S	Micro w exam of surg margins	0330	1.51	$74.89	$14.98	$14.98
D0480	S	Cytopath smear prep & report	0330	1.51	$74.89	$14.98	$14.98
D0501	S	Histopathologic examinations	0330	1.51	$74.89	$14.98	$14.98
D0502	S	Other oral pathology procedu	0330	1.51	$74.89	$14.98	$14.98
D0999	S	Unspecified diagnostic proce	0330	1.51	$74.89	$14.98	$14.98
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	1.51	$74.89	$14.98	$14.98
D1515	S	Fixed bilat space maintainer	0330	1.51	$74.89	$14.98	$14.98
D1520	S	Remove unilat space maintain	0330	1.51	$74.89	$14.98	$14.98
D1525	S	Remove bilat space maintain	0330	1.51	$74.89	$14.98	$14.98
D1550	S	Recement space maintainer	0330	1.51	$74.89	$14.98	$14.98
D2110	E	Amalgam one surface primary					
D2120	E	Amalgam two surfaces primary					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
D2130	E	Amalgam three surfaces prima					
D2131	E	Amalgam four/more surf prima					
D2140	E	Amalgam one surface permanen					
D2150	E	Amalgam two surfaces permane					
D2160	E	Amalgam three surfaces perma					
D2161	E	Amalgam 4 or > surfaces perm					
D2330	E	Resin one surface-anterior					
D2331	E	Resin two surfaces-anterior					
D2332	E	Resin three surfaces-anterio					
D2335	E	Resin 4/> surf or w incis an					
D2336	E	Composite resin crown					
D2337	E	Compo resin crown ant-perm					
D2380	E	Resin one surf poster primar					
D2381	E	Resin two surf poster primar					
D2382	E	Resin three/more surf post p					
D2385	E	Resin one surf poster perman					
D2386	E	Resin two surf poster perman					
D2387	E	Resin three/more surf post p					
D2388	E	Resin four/more, post perm					
D2410	E	Dental gold foil one surface					
D2420	E	Dental gold foil two surface					
D2430	E	Dental gold foil three surfa					
D2510	E	Dental inlay metalic 1 surf					
D2520	E	Dental inlay metallic 2 surf					
D2530	E	Dental inlay metl 3/more sur					
D2542	E	Dental onlay metallic 2 surf					
D2543	E	Dental onlay metallic 3 surf					
D2544	E	Dental onlay metl 4/more sur					
D2610	E	Inlay porcelain/ceramic 1 su					
D2620	E	Inlay porcelain/ceramic 2 su					
D2630	E	Dental onlay porc 3/more sur					
D2642	E	Dental onlay porcelin 2 surf					
D2643	E	Dental onlay porcelin 3 surf					
D2644	E	Dental onlay porc 4/more sur					
D2650	E	Inlay composite/resin one su					
D2651	E	Inlay composite/resin two su					
D2652	E	Dental inlay resin 3/mre sur					
D2662	E	Dental onlay resin 2 surface					
D2663	E	Dental onlay resin 3 surface					
D2664	E	Dental onlay resin 4/mre sur					
D2710	E	Crown resin laboratory					
D2720	E	Crown resin w/ high noble me					
D2721	E	Crown resin w/ base metal					
D2722	E	Crown resin w/ noble metal					
D2740	E	Crown porcelain/ceramic subs					
D2750	E	Crown porcelain w/ h noble m					
D2751	E	Crown porcelain fused base m					
D2752	E	Crown porcelain w/ noble met					
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					
D2953	E	Each addtnl cast post					
D2954	E	Prefab post/core + crown					
D2955	E	Post removal					
D2957	E	Each addtnl 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	1.51	$74.89	$14.98	$14.98

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
D2980	E	Crown repair					
D2999	S	Dental unspec restorative pr	0330	1.51	$74.89	$14.98	$14.98
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	1.51	$74.89	$14.98	$14.98
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	1.51	$74.89	$14.98	$14.98
D4210	E	Gingivectomy/plasty per quad					
D4211	E	Gingivectomy/plasty per toot					
D4220	E	Gingival curettage per quadr					
D4240	E	Gingival flap proc w/ planin					
D4245	E	Apically positioned flap					
D4249	E	Crown lengthen hard tissue					
D4260	S	Osseous surgery per quadrant	0330	1.51	$74.89	$14.98	$14.98
D4263	S	Bone replce graft first site	0330	1.51	$74.89	$14.98	$14.98
D4264	S	Bone replce graft each add	0330	1.51	$74.89	$14.98	$14.98
D4266	E	Guided tiss regen resorble					
D4267	E	Guided tiss regen nonresorb					
D4268	S	Surgical revision procedure	0330	1.51	$74.89	$14.98	$14.98
D4270	S	Pedicle soft tissue graft pr	0330	1.51	$74.89	$14.98	$14.98
D4271	S	Free soft tissue graft proc	0330	1.51	$74.89	$14.98	$14.98
D4273	S	Subepithelial tissue graft	0330	1.51	$74.89	$14.98	$14.98
D4274	E	Distal/proximal wedge proc					
D4320	E	Provision splnt intracoronal					
D4321	E	Provisional splint extracoro					
D4341	E	Periodontal scaling & root					
D4355	S	Full mouth debridement	0330	1.51	$74.89	$14.98	$14.98
D4381	S	Localized chemo delivery	0330	1.51	$74.89	$14.98	$14.98
D4910	E	Periodontal maint procedures					
D4920	E	Unscheduled dressing change					
D4999	E	Unspecified periodontal proc					
D5110	E	Dentures complete maxillary					
D5120	E	Dentures complete mandible					
D5130	E	Dentures immediat maxillary					
D5140	E	Dentures immediat mandible					
D5211	E	Dentures maxill part resin					
D5212	E	Dentures mand part resin					
D5213	E	Dentures maxill part metal					
D5214	E	Dentures mandibl part metal					
D5281	E	Removable partial denture					
D5410	E	Dentures adjust cmplt maxil					
D5411	E	Dentures adjust cmplt mand					
D5421	E	Dentures adjust part maxill					
D5422	E	Dentures adjust part mandbl					
D5510	E	Dentur repr broken compl bas					
D5520	E	Replace denture teeth complt					
D5610	E	Dentures repair resin base					
D5620	E	Rep part denture cast frame					
D5630	E	Rep partial denture clasp					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
D5640	E	Replace part denture teeth					
D5650	E	Add tooth to partial denture					
D5660	E	Add clasp to partial denture					
D5710	E	Dentures rebase cmplt maxil					
D5711	E	Dentures rebase cmplt mand					
D5720	E	Dentures rebase part maxill					
D5721	E	Dentures rebase part mandbl					
D5730	E	Denture reln cmplt maxil ch					
D5731	E	Denture reln cmplt mand chr					
D5740	E	Denture reln part maxil chr					
D5741	E	Denture reln part mand chr					
D5750	E	Denture reln cmplt max lab					
D5751	E	Denture reln cmplt mand lab					
D5760	E	Denture reln part maxil lab					
D5761	E	Denture reln part mand lab					
D5810	E	Denture interm cmplt maxill					
D5811	E	Denture interm cmplt mandbl					
D5820	E	Denture interm part maxill					
D5821	E	Denture interm part mandbl					
D5850	E	Denture tiss conditn maxill					
D5851	E	Denture tiss condtin mandbl					
D5860	E	Overdenture complete					
D5861	E	Overdenture partial					
D5862	E	Precision attachment					
D5867	E	Replacement of precision att					
D5875	E	Prosthesis modification					
D5899	E	Removable prosthodontic proc					
D5911	S	Facial moulage sectional	0330	1.51	$74.89	$14.98	$14.98
D5912	S	Facial moulage complete	0330	1.51	$74.89	$14.98	$14.98
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	1.51	$74.89	$14.98	$14.98
D5984	S	Radiation shield	0330	1.51	$74.89	$14.98	$14.98
D5985	S	Radiation cone locator	0330	1.51	$74.89	$14.98	$14.98
D5986	E	Fluoride applicator					
D5987	S	Commissure splint	0330	1.51	$74.89	$14.98	$14.98
D5988	E	Surgical splint					
D5999	E	Maxillofacial prosthesis					
D6010	E	Odontics endosteal implant					
D6020	E	Odontics abutment placement					
D6040	E	Odontics eposteal implant					
D6050	E	Odontics transosteal implnt					
D6055	E	Implant connecting bar					
D6056	E	Prefabricated abutment					
D6057	E	Custom abutment					
D6058	E	Abutment supported crown					
D6059	E	Abutment supported mtl crown					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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 suprtd fixd dent					
D6079	E	Implnt/abut suprtd 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 nobel 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					
D6519	E	Inlay/onlay porce/ceramic					
D6520	E	Dental retainer two surfaces					
D6530	E	Retainer metallic 3+ surface					
D6543	E	Dental retainr onlay 3 surf					
D6544	E	Dental retainr onlay 4/more					
D6545	E	Dental retainr cast metl					
D6548	E	Porcelain/ceramic retainer					
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					
D6920	S	Dental connector bar	0330	1.51	$74.89	$14.98	$14.98
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					
D6999	E	Fixed prosthodontic proc					
D7110	S	Oral surgery single tooth	0330	1.51	$74.89	$14.98	$14.98
D7120	S	Each add tooth extraction	0330	1.51	$74.89	$14.98	$14.98
D7130	S	Tooth root removal	0330	1.51	$74.89	$14.98	$14.98
D7210	S	Rem imp tooth w mucoper flp	0330	1.51	$74.89	$14.98	$14.98
D7220	S	Impact tooth remov soft tiss	0330	1.51	$74.89	$14.98	$14.98

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
D7230	S	Impact tooth remov part bony	0330	1.51	$74.89	$14.98	$14.98
D7240	S	Impact tooth remov comp bony	0330	1.51	$74.89	$14.98	$14.98
D7241	S	Impact tooth rem bony w/comp	0330	1.51	$74.89	$14.98	$14.98
D7250	S	Tooth root removal	0330	1.51	$74.89	$14.98	$14.98
D7260	S	Oral antral fistula closure	0330	1.51	$74.89	$14.98	$14.98
D7270	E	Tooth reimplantation					
D7272	E	Tooth transplantation					
D7280	E	Exposure impact tooth orthod					
D7281	E	Exposure tooth aid eruption					
D7285	E	Biopsy of oral tissue hard					
D7286	E	Biopsy of oral tissue soft					
D7290	E	Repositioning of teeth					
D7291	S	Transseptal fiberotomy	0330	1.51	$74.89	$14.98	$14.98
D7310	E	Alveoplasty w/ extraction					
D7320	E	Alveoplasty w/o extraction					
D7340	E	Vestibuloplasty ridge extens					
D7350	E	Vestibuloplasty exten graft					
D7410	E	Rad exc lesion up to 1.25 cm					
D7420	E	Lesion > 1.25 cm					
D7430	E	Exc benign tumor to 1.25 cm					
D7431	E	Benign tumor exc > 1.25 cm					
D7440	E	Malig tumor exc to 1.25 cm					
D7441	E	Malig tumor > 1.25 cm					
D7450	E	Rem odontogen cyst to 1.25cm					
D7451	E	Rem odontogen cyst > 1.25 cm					
D7460	E	Rem nonodonto cyst to 1.25cm					
D7461	E	Rem nonodonto cyst > 1.25 cm					
D7465	E	Lesion destruction					
D7471	E	Rem exostosis any site					
D7480	E	Partial ostectomy					
D7490	E	Mandible resection					
D7510	E	I&d absc intraoral soft tiss					
D7520	E	I&d abscess extraoral					
D7530	E	Removal fb skin/areolar tiss					
D7540	E	Removal of fb reaction					
D7550	E	Removal of sloughed off bone					
D7560	E	Maxillary sinusotomy					
D7610	E	Maxilla open reduct simple					
D7620	E	Clsd reduct simpl maxilla fx					
D7630	E	Open red simpl mandible fx					
D7640	E	Clsd red simpl mandible fx					
D7650	E	Open red simp malar/zygom fx					
D7660	E	Clsd red simp malar/zygom fx					
D7670	E	Closd rductn splint alveolus					
D7680	E	Reduct simple facial bone fx					
D7710	E	Maxilla open reduct compound					
D7720	E	Clsd reduct compd maxilla fx					
D7730	E	Open reduct compd mandble fx					
D7740	E	Clsd reduct compd mandble fx					
D7750	E	Open red comp malar/zygma fx					
D7760	E	Clsd red comp malar/zygma fx					
D7770	E	Open reduc compd alveolus fx					
D7780	E	Reduct compnd facial bone fx					
D7810	E	Tmj open reduct-dislocation					
D7820	E	Closed tmp manipulation					
D7830	E	Tmj manipulation under anest					
D7840	E	Removal of tmj condyle					
D7850	E	Tmj meniscectomy					
D7852	E	Tmj repair of joint disc					
D7854	E	Tmj excisn of joint membrane					
D7856	E	Tmj cutting of a muscle					
D7858	E	Tmj reconstruction					
D7860	E	Tmj cutting into joint					
D7865	E	Tmj reshaping components					
D7870	E	Tmj aspiration joint fluid					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	1.51	$74.89	$14.98	$14.98
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					
D7960	E	Frenulectomy/frenulotomy					
D7970	E	Excision hyperplastic tissue					
D7971	E	Excision pericoronal gingiva					
D7980	E	Sialolithotomy					
D7981	E	Excision of salivary gland					
D7982	E	Sialodochoplasty					
D7983	E	Closure of salivary fistula					
D7990	E	Emergency tracheotomy					
D7991	E	Dental coronoidectomy					
D7995	E	Synthetic graft facial bones					
D7996	E	Implant mandible for augment					
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 orthodontc 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					
D9610	E	Dent therapeutic drug inject					
D9630	S	Other drugs/medicaments	0330	1.51	$74.89	$14.98	$14.98
D9910	E	Dent appl desensitizing med					
D9911	E	Appl desensitizing resin					
D9920	E	Behavior management					
D9930	S	Treatment of complications	0330	1.51	$74.89	$14.98	$14.98
D9940	S	Dental occlusal guard	0330	1.51	$74.89	$14.98	$14.98
D9941	E	Fabrication athletic guard					
D9950	S	Occlusion analysis	0330	1.51	$74.89	$14.98	$14.98
D9951	S	Limited occlusal adjustment	0330	1.51	$74.89	$14.98	$14.98
D9952	S	Complete occlusal adjustment	0330	1.51	$74.89	$14.98	$14.98
D9970	E	Enamel microabrasion					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	A	Cane adjust/fixed with tip					
E0105	A	Cane adjust/fixed quad/3 pro					
E0110	A	Crutch forearm pair					
E0111	A	Crutch forearm each					
E0112	A	Crutch underarm pair wood					
E0113	A	Crutch underarm each wood					
E0114	A	Crutch underarm pair no wood					
E0116	A	Crutch underarm each no wood					
E0130	A	Walker rigid adjust/fixed ht					
E0135	A	Walker folding adjust/fixed					
E0141	A	Rigid walker wheeled wo seat					
E0142	A	Walker rigid wheeled with se					
E0143	A	Walker folding wheeled w/o s					
E0144	A	Enclosed walker w rear seat					
E0145	A	Walker whled seat/crutch att					
E0146	A	Folding walker wheels w seat					
E0147	A	Walker variable wheel resist					
E0148	A	Heavyduty walker no wheels					
E0149	A	Heavy duty wheeled walker					
E0153	A	Forearm crutch platform atta					
E0154	A	Walker platform attachment					
E0155	A	Walker wheel attachment,pair					
E0156	A	Walker seat attachment					
E0157	A	Walker crutch attachment					
E0158	A	Walker leg extenders set of4					
E0159	A	Brake for wheeled walker					
E0160	A	Sitz type bath or equipment					
E0161	A	Sitz bath/equipment w/faucet					
E0162	A	Sitz bath chair					
E0163	A	Commode chair stationry fxd					
E0164	A	Commode chair mobile fixed a					
E0165	A	Commode chair stationry det					
E0166	A	Commode chair mobile detach					
E0167	A	Commode chair pail or pan					
E0168	A	Heavyduty/wide commode chair					
E0175	A	Commode chair foot rest					
E0176	A	Air pressre pad/cushion nonp					
E0177	A	Water press pad/cushion nonp					
E0178	A	Gel pressre pad/cushion nonp					
E0179	A	Dry pressre pad/cushion nonp					
E0180	A	Press pad alternating w pump					
E0181	A	Press pad alternating w/ pum					
E0182	A	Pressure pad alternating pum					
E0184	A	Dry pressure mattress					
E0185	A	Gel pressure mattress pad					
E0186	A	Air pressure mattress					
E0187	A	Water pressure mattress					
E0188	E	Synthetic sheepskin pad					
E0189	E	Lambswool sheepskin pad					
E0191	A	Protector heel or elbow					
E0192	A	Pad wheelchr low press/posit					
E0193	A	Powered air flotation bed					
E0194	A	Air fluidized bed					
E0196	A	Gel pressure mattress					
E0197	A	Air pressure pad for mattres					
E0198	A	Water pressure pad for mattr					
E0199	A	Dry pressure pad for mattres					
E0200	A	Heat lamp without stand					
E0202	A	Phototherapy light w/ photom					
E0205	A	Heat lamp with stand					
E0210	A	Electric heat pad standard					
E0215	A	Electric heat pad moist					
E0217	A	Water circ heat pad w pump					
E0218	E	Water circ cold pad w pump					
E0220	A	Hot water bottle					
E0225	A	Hydrocollator unit					
E0230	A	Ice cap or collar					
E0235	A	Paraffin bath unit portable					
E0236	A	Pump for water circulating p					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
E0238	A	Heat pad non-electric moist					
E0239	A	Hydrocollator unit portable					
E0241	E	Bath tub wall rail					
E0242	E	Bath tub rail floor					
E0243	E	Toilet rail					
E0244	E	Toilet seat raised					
E0245	E	Tub stool or bench					
E0246	E	Transfer tub rail attachment					
E0249	A	Pad water circulating heat u					
E0250	A	Hosp bed fixed ht w/ mattres					
E0251	A	Hosp bed fixd ht w/o mattres					
E0255	A	Hospital bed var ht w/ mattr					
E0256	A	Hospital bed var ht w/o matt					
E0260	A	Hosp bed semi-electr w/ matt					
E0261	A	Hosp bed semi-electr w/o mat					
E0265	A	Hosp bed total electr w/ mat					
E0266	A	Hosp bed total elec w/o matt					
E0270	E	Hospital bed institutional t					
E0271	A	Mattress innerspring					
E0272	A	Mattress foam rubber					
E0273	E	Bed board					
E0274	E	Over-bed table					
E0275	A	Bed pan standard					
E0276	A	Bed pan fracture					
E0277	A	Powered pres-redu air mattrs					
E0280	A	Bed cradle					
E0290	A	Hosp bed fx ht w/o rails w/m					
E0291	A	Hosp bed fx ht w/o rail w/o					
E0292	A	Hosp bed var ht w/o rail w/o					
E0293	A	Hosp bed var ht w/o rail w/					
E0294	A	Hosp bed semi-elect w/ mattr					
E0295	A	Hosp bed semi-elect w/o matt					
E0296	A	Hosp bed total elect w/ matt					
E0297	A	Hosp bed total elect w/o mat					
E0298	A	Heavyduty/xtra wide hosp bed					
E0305	A	Rails bed side half length					
E0310	A	Rails bed side full length					
E0315	E	Bed accessory brd/tbl/supprt					
E0325	A	Urinal male jug-type					
E0326	A	Urinal female jug-type					
E0350	E	Control unit bowel system					
E0352	E	Disposable pack w/bowel syst					
E0370	E	Air elevator for heel					
E0371	A	Nonpower mattress overlay					
E0372	A	Powered air mattress overlay					
E0373	A	Nonpowered pressure mattress					
E0424	A	Stationary compressed gas O2					
E0425	E	Gas system stationary compre					
E0430	E	Oxygen system gas portable					
E0431	A	Portable gaseous O2					
E0434	A	Portable liquid O2					
E0435	E	Oxygen system liquid portabl					
E0439	A	Stationary liquid O2					
E0440	E	Oxygen system liquid station					
E0441	A	Oxygen contents gas per/unit					
E0442	A	Oxygen contents liq per/unit					
E0443	A	Port O2 contents gas/unit					
E0444	A	Port O2 contents liq/unit					
E0450	A	Volume vent stationary/porta					
E0455	A	Oxygen tent excl croup/ped t					
E0457	A	Chest shell					
E0459	A	Chest wrap					
E0460	A	Neg press vent portabl/statn					
E0462	A	Rocking bed w/ or w/o side r					
E0480	A	Percussor elect/pneum home m					
E0500	A	Ippb all types					
E0550	A	Humidif extens supple w ippb					
E0555	A	Humidifier for use w/ regula					
E0560	A	Humidifier supplemental w/ i					
E0565	A	Compressor air power source					
E0570	A	Nebulizer with compression					
E0571	A	Aerosol compressor for svneb					
E0572	A	Aerosol compressor adjust pr					
E0574	A	Ultrasonic generator w svneb					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
E0575	A	Nebulizer ultrasonic					
E0580	A	Nebulizer for use w/ regulat					
E0585	A	Nebulizer w/ compressor & he					
E0590	A	Dispensing fee dme neb drug					
E0600	A	Suction pump portab hom modl					
E0601	A	Cont airway pressure device					
E0602	E	Breast pump					
E0605	A	Vaporizer room type					
E0606	A	Drainage board postural					
E0607	A	Blood glucose monitor home					
E0608	A	Apnea monitor					
E0609	A	Blood gluc mon w/special fea					
E0610	A	Pacemaker monitr audible/vis					
E0615	A	Pacemaker monitr digital/vis					
E0616	N	Cardiac event recorder					
E0617	A	Automatic ext defibrillator					
E0621	A	Patient lift sling or seat					
E0625	E	Patient lift bathroom or toi					
E0627	A	Seat lift incorp lift-chair					
E0628	A	Seat lift for pt furn-electr					
E0629	A	Seat lift for pt furn-non-el					
E0630	A	Patient lift hydraulic					
E0635	A	Patient lift electric					
E0650	A	Pneuma compresor non-segment					
E0651	A	Pneum compressor segmental					
E0652	A	Pneum compres w/cal pressure					
E0655	A	Pneumatic appliance half arm					
E0660	A	Pneumatic appliance full leg					
E0665	A	Pneumatic appliance full arm					
E0666	A	Pneumatic appliance half leg					
E0667	A	Seg pneumatic appl full leg					
E0668	A	Seg pneumatic appl full arm					
E0669	A	Seg pneumatic appli half leg					
E0671	A	Pressure pneum appl full leg					
E0672	A	Pressure pneum appl full arm					
E0673	A	Pressure pneum appl half leg					
E0690	A	Ultraviolet cabinet					
E0700	E	Safety equipment					
E0710	E	Restraints any type					
E0720	A	Tens two lead					
E0730	A	Tens four lead					
E0731	A	Conductive garment for tens/					
E0740	E	Incontinence treatment systm					
E0744	A	Neuromuscular stim for scoli					
E0745	A	Neuromuscular stim for shock					
E0746	E	Electromyograph biofeedback					
E0747	A	Elec osteogen stim not spine					
E0748	A	Elec osteogen stim spinal					
E0749	N	Elec osteogen stim implanted					
E0751D	N	Pulse generator or receiver					
E0753	N	Neurostimulator electrodes					
E0755	E	Electronic salivary reflex s					
E0756	N	Implantable pulse generator					
E0757	N	Implantable RF receiver					
E0758	A	External RF transmitter					
E0760	E	Osteogen ultrasound stimltor					
E0765	A	Nerve stimulator for tx n&v					
E0776	A	Iv pole					
E0779	A	Amb infusion pump mechanical					
E0780	A	Mech amb infusion pump <8hrs					
E0781	A	External ambulatory infus pu					
E0782	N	Non-programble infusion pump					
E0783	N	Programmable infusion pump					
E0784	A	Ext amb infusn pump insulin					
E0785	N	Replacement impl pump cathet					
E0786	N	Implantable pump replacement					
E0791	A	Parenteral infusion pump sta					
E0830	A	Ambulatory traction device					
E0840	A	Tract frame attach headboard					
E0850	A	Traction stand free standing					
E0855	A	Cervical traction equipment					
E0860	A	Tract equip cervical tract					
E0870	A	Tract frame attach footboard					
E0880	A	Trac stand free stand extrem					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
E0890	A	Traction frame attach pelvic					
E0900	A	Trac stand free stand pelvic					
E0910	A	Trapeze bar attached to bed					
E0920	A	Fracture frame attached to b					
E0930	A	Fracture frame free standing					
E0935	A	Exercise device passive moti					
E0940	A	Trapeze bar free standing					
E0941	A	Gravity assisted traction de					
E0942	A	Cervical head harness/halter					
E0943	A	Cervical pillow					
E0944	A	Pelvic belt/harness/boot					
E0945	A	Belt/harness extremity					
E0946	A	Fracture frame dual w cross					
E0947	A	Fracture frame attachmnts pe					
E0948	A	Fracture frame attachmnts ce					
E0950	E	Tray					
E0951	E	Loop heel					
E0952	E	Loop tie					
E0953	E	Pneumatic tire					
E0954	E	Wheelchair semi-pneumatic ca					
E0958	E	Whlchr att- conv 1 arm drive					
E0959	E	Amputee adapter					
E0961	E	Wheelchair brake extension					
E0962	A	Wheelchair 1 inch cushion					
E0963	A	Wheelchair 2 inch cushion					
E0964	A	Wheelchair 3 inch cushion					
E0965	A	Wheelchair 4 inch cushion					
E0966	E	Wheelchair head rest extensi					
E0967	E	Wheelchair hand rims					
E0968	E	Wheelchair commode seat					
E0969	E	Wheelchair narrowing device					
E0970	E	Wheelchair no. 2 footplates					
E0971	E	Wheelchair anti-tipping devi					
E0972	A	Transfer board or device					
E0973	E	Wheelchair adjustabl height					
E0974	E	Wheelchair grade-aid					
E0975	E	Wheelchair reinforced seat u					
E0976	E	Wheelchair reinforced back u					
E0977	E	Wheelchair wedge cushion					
E0978	E	Wheelchair belt w/airplane b					
E0979	E	Wheelchair belt with velcro					
E0980	E	Wheelchair safety vest					
E0990	E	Whellchair elevating leg res					
E0991	E	Wheelchair upholstry seat					
E0992	E	Wheelchair solid seat insert					
E0993	E	Wheelchair back upholstery					
E0994	E	Wheelchair arm rest					
E0995	E	Wheelchair calf rest					
E0996	E	Wheelchair tire solid					
E0997	E	Wheelchair caster w/ a fork					
E0998	E	Wheelchair caster w/o a fork					
E0999	E	Wheelchr pneumatic tire w/wh					
E1000	E	Wheelchair tire pneumatic ca					
E1001	E	Wheelchair wheel					
E1031	A	Rollabout chair with casters					
E1035	A	Patient transfer system					
E1050	E	Whelchr fxd full length arms					
E1060	E	Wheelchair detachable arms					
E1065	E	Wheelchair power attachment					
E1066	E	Wheelchair battery charger					
E1069	E	Wheelchair deep cycle batter					
E1070	E	Wheelchair detachable foot r					
E1083	E	Hemi-wheelchair fixed arms					
E1084	E	Hemi-wheelchair detachable a					
E1085	E	Hemi-wheelchair fixed arms					
E1086	E	Hemi-wheelchair detachable a					
E1087	E	Wheelchair lightwt fixed arm					
E1088	E	Wheelchair lightweight det a					
E1089	E	Wheelchair lightwt fixed arm					
E1090	E	Wheelchair lightweight det a					
E1091	E	Wheelchair youth					
E1092	E	Wheelchair wide w/ leg rests					
E1093	E	Wheelchair wide w/ foot rest					
E1100	E	Whchr s-recl fxd arm leg res					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
E1110	E	Wheelchair semi-recl detach					
E1130	E	Whlchr stand fxd arm ft rest					
E1140	E	Wheelchair standard detach a					
E1150	E	Wheelchair standard w/ leg r					
E1160	E	Wheelchair fixed arms					
E1170	E	Whlchr ampu fxd arm leg rest					
E1171	E	Wheelchair amputee w/o leg r					
E1172	E	Wheelchair amputee detach ar					
E1180	E	Wheelchair amputee w/ foot r					
E1190	E	Wheelchair amputee w/ leg re					
E1195	E	Wheelchair amputee heavy dut					
E1200	E	Wheelchair amputee fixed arm					
E1210	E	Whlchr moto ful arm leg rest					
E1211	E	Wheelchair motorized w/ det					
E1212	E	Wheelchair motorized w full					
E1213	E	Wheelchair motorized w/ det					
E1220	E	Whlchr special size/constrc					
E1221	E	Wheelchair spec size w foot					
E1222	E	Wheelchair spec size w/ leg					
E1223	E	Wheelchair spec size w foot					
E1224	E	Wheelchair spec size w/ leg					
E1225	E	Wheelchair spec sz semi-recl					
E1226	E	Wheelchair spec sz full-recl					
E1227	E	Wheelchair spec sz spec ht a					
E1228	E	Wheelchair spec sz spec ht b					
E1230	A	Power operated vehicle					
E1240	E	Whchr litwt det arm leg rest					
E1250	E	Wheelchair lightwt fixed arm					
E1260	E	Wheelchair lightwt foot rest					
E1270	E	Wheelchair lightweight leg r					
E1280	E	Whchr h-duty det arm leg res					
E1285	E	Wheelchair heavy duty fixed					
E1290	E	Wheelchair hvy duty detach a					
E1295	E	Wheelchair heavy duty fixed					
E1296	E	Wheelchair special seat heig					
E1297	E	Wheelchair special seat dept					
E1298	E	Wheelchair spec seat depth/w					
E1300	E	Whirlpool portable					
E1310	A	Whirlpool non-portable					
E1340	A	Repair for DME, per 15 min					
E1353	A	Oxygen supplies regulator					
E1355	A	Oxygen supplies stand/rack					
E1372	A	Oxy suppl heater for nebuliz					
E1375D	A	Oxygen suppl nebulizer porta					
E1377D	E	Oxygen concentrator to 244 c					
E1378D	E	Oxygen concentrator to 488 c					
E1379D	E	Oxygen concentrator to 732 c					
E1380D	E	Oxygen concentrator to 976 c					
E1381D	E	Oxygen concentrat to 1220 cu					
E1382D	E	Oxygen concentrat to 1464 cu					
E1383D	E	Oxygen concentrat to 1708 cu					
E1384D	E	Oxygen concentrat to 1952 cu					
E1385D	E	Oxygen concentrator > 1952 c					
E1390	A	Oxygen concentrator					
E1399	A	Durable medical equipment mi					
E1405	A	O2/water vapor enrich w/heat					
E1406	A	O2/water vapor enrich w/o he					
E1510	A	Kidney dialysate delivry sys					
E1520	A	Heparin infusion pump for di					
E1530	A	Air bubble detector for dial					
E1540	A	Pressure alarm for dialysis					
E1550	A	Bath conductivity meter					
E1560	A	Blood leak detector for dial					
E1570	A	Adjustable chair for esrd pt					
E1575	A	Transducer protector/fluid b					
E1580	A	Unipuncture control system					
E1590	A	Hemodialysis machine					
E1592	A	Auto interm peritoneal dialy					
E1594	A	Cycler dialysis machine					
E1600	A	Deliv/install equip for dial					
E1610	A	Reverse osmosis water purifi					
E1615	A	Deionizer water purification					
E1620	A	Blood pump for dialysis					
E1625	A	Water softening system					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
E1630	A	Reciprocating peritoneal dia					
E1632	A	Wearable artificial kidney					
E1635	A	Compact travel hemodialyzer					
E1636	A	Sorbent cartridges for dialy					
E1640	A	Replacement components for d					
E1699	A	Dialysis equipment unspecifi					
E1700	A	Jaw motion rehab system					
E1701	A	Repl cushions for jaw motion					
E1702	A	Repl measr scales jaw motion					
E1800	A	Adjust elbow ext/flex device					
E1805	A	Adjust wrist ext/flex device					
E1810	A	Adjust knee ext/flex device					
E1815	A	Adjust ankle ext/flex device					
E1820	A	Soft interface material					
E1825	A	Adjust finger ext/flex devc					
E1830	A	Adjust toe ext/flex device					
E1900	A	Speech communication device					
G0001	A	Drawing blood for specimen					
G0002	N	Temporary urinary catheter					
G0004	E	ECG transm phys review & int					
G0005	X	ECG 24 hour recording	0097	1.62	$80.35	$62.40	$16.07
G0006	X	ECG transmission & analysis	0097	1.62	$80.35	$62.40	$16.07
G0007	N	ECG phy review & interpret					
G0008	K	Admin influenza virus vac	0354	0.13	$6.33		
G0009	K	Admin pneumococcal vaccine	0354	0.13	$6.33		
G0010	N	Admin hepatitis b vaccine					
G0015	X	Post symptom ECG tracing	0097	1.62	$80.35	$62.40	$16.07
G0016	E	Post symptom ECG md review					
G0025	X	Collagen skin test kit	0343	0.45	$22.32	$12.16	$4.46
G0026	A	Fecal leukocyte examination					
G0027	A	Semen analysis					
G0030	S	PET imaging prev PET single	0285	15.06	$746.92	$415.21	$149.38
G0031	S	PET imaging prev PET multple	0285	15.06	$746.92	$415.21	$149.38
G0032	S	PET follow SPECT 78464 singl	0285	15.06	$746.92	$415.21	$149.38
G0033	S	PET follow SPECT 78464 mult	0285	15.06	$746.92	$415.21	$149.38
G0034	S	PET follow SPECT 76865 singl	0285	15.06	$746.92	$415.21	$149.38
G0035	S	PET follow SPECT 78465 mult	0285	15.06	$746.92	$415.21	$149.38
G0036	S	PET follow cornry angio sing	0285	15.06	$746.92	$415.21	$149.38
G0037	S	PET follow cornry angio mult	0285	15.06	$746.92	$415.21	$149.38
G0038	S	PET follow myocard perf sing	0285	15.06	$746.92	$415.21	$149.38
G0039	S	PET follow myocard perf mult	0285	15.06	$746.92	$415.21	$149.38
G0040	S	PET follow stress echo singl	0285	15.06	$746.92	$415.21	$149.38
G0041	S	PET follow stress echo mult	0285	15.06	$746.92	$415.21	$149.38
G0042	S	PET follow ventriculogm sing	0285	15.06	$746.92	$415.21	$149.38
G0043	S	PET follow ventriculogm mult	0285	15.06	$746.92	$415.21	$149.38
G0044	S	PET following rest ECG singl	0285	15.06	$746.92	$415.21	$149.38
G0045	S	PET following rest ECG mult	0285	15.06	$746.92	$415.21	$149.38
G0046	S	PET follow stress ECG singl	0285	15.06	$746.92	$415.21	$149.38
G0047	S	PET follow stress ECG mult	0285	15.06	$746.92	$415.21	$149.38
G0050	S	Residual urine by ultrasound	0265	1.17	$58.03	$38.08	$11.61
G0101	V	CA screen;pelvic/breast exam	0601	1.00	$49.60	$9.92	$9.92
G0102	N	Prostate ca screening; dre					
G0103	A	Psa, total screening					
G0104	S	CA screen;flexi sigmoidscope	0159	2.83	$140.36		$35.09
G0105	S	Colorectal scrn; hi risk ind	0158	7.98	$395.78		$98.94
G0106	S	Colon CA screen;barium enema	0157	1.79	$88.78		$22.19
G0107	A	CA screen; fecal blood test					
G0108	A	Diab manage trn per indiv					
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					
G0120	S	Colon ca scrn; barium enema	0157	1.79	$88.78		$22.19
G0121	E	Colon ca scrn not hi rsk ind					
G0122	S	Colon ca scrn; barium enema	0157	1.79	$88.78		$22.19
G0123	A	Screen cerv/vag thin layer					
G0124	A	Screen c/v thin layer by MD					
G0125	S	Lung image (PET)	0981	46.40	$2,301.26		$460.25
G0126	S	Lung image (PET) staging	0981	46.40	$2,301.26		$460.25
G0127	T	Trim nail(s)	0009	0.74	$36.70	$9.63	$7.34

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
G0128	E	CORF skilled nursing service					
G0129	P	Partial hosp prog service	0033	4.17	$206.82	$48.17	$41.36
G0130	X	Single energy x-ray study	0261	1.38	$68.44	$38.77	$13.69
G0131	S	CT scan, bone density study	0282	2.38	$118.04	$94.51	$23.61
G0132	S	CT scan, bone density study	0282	2.38	$118.04	$94.51	$23.61
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	E	HHCP-serv of pt,ea 15 min					
G0152	E	HHCP-serv of ot,ea 15 min					
G0153	E	HHCP-svs of s/l path,ea 15mn					
G0154	E	HHCP-svs of rn,ea 15 min					
G0155	E	HHCP-svs of csw,ea 15 min					
G0156	E	HHCP-svs of aide,ea 15 min					
G0159D	T	Perc declot dialysis graft	0103	13.09	$649.21	$295.70	$129.84
*G0160D	S	Cryo. ablation, prostate	0981	46.40	$2,301.26		$460.25
G0161D	X	Echo guide for cryo probes	0268	2.23	$110.60	$69.51	$22.12
G0163	S	Pet for rec of colorectal ca	0981	46.40	$2,301.26		$460.25
G0164	S	Pet for lymphoma staging	0981	46.40	$2,301.26		$460.25
G0165	S	Pet,rec of melanoma/met ca	0981	46.40	$2,301.26		$460.25
G0166	T	Extrnl counterpulse, per tx	0972	3.09	$153.26		$30.65
G0167	E	Hyperbaric oz tx;no md reqrd					
G0168	T	Wound closure by adhesive	0970	0.52	$25.79		$5.16
G0169D	T	Removal tissue; no anesthsia	0013	0.91	$45.13	$17.66	$9.03
G0170D	T	Skin biograft	0025	3.74	$185.49	$70.66	$37.10
G0171D	T	Skin biograft add-on	0025	3.74	$185.49	$70.66	$37.10
G0172D	P	Partial hosp prog service	0033	4.17	$206.82	$48.17	$41.36
G0173	S	Stereotactic radiosurgery	0302	8.21	$407.18	$216.55	$81.44
G0174	S	IMRT , per session	0302	8.21	$407.18	$216.55	$81.44
G0175	V	Interdisciplinary team conf	0602	1.66	$82.33	$16.47	$16.47
*G0176	P	OPPS/PHP;activity therapy	0033	4.17	$206.82	$48.17	$41.36
*G0177	P	OPPS/PHP; train & educ serv	0033	4.17	$206.82	$48.17	$41.36
*G0178	S	Intensity modulated radiation	0302	8.21	$407.18	$216.55	$81.44
*G0179	E	Phys recertification, HHA pt					
*G0180	E	Phys certification, HHA pt					
*G0181	E	Home health care supervision					
*G0182	E	Hospice care supervision					
*G0183	T	Ocular photodynamic therapy	0235	2.94	$145.81	$78.91	$29.16
*G0184	T	Ocular photocoagulation	0235	33.96	$1,684.28	$852.68	$336.86
*G0185	T	Transpuppillary thermotx	0235	6.70	$332.29	$147.96	$66.46
*G0186	T	Dstry eye lesn,fdr vssl tech	0235	6.70	$332.29	$147.96	$66.46
*G0187	T	Dstry mclr drusen,photocoag	0235	33.96	$1,684.28	$852.68	$336.86
*G0188	X	Xray lwr extrmty-full lngth		1.38	$68.44	$38.77	$13.69
*G0190	N	Immunization administration					
*G0191	N	Immunization admin,each add					
*G0192	N	Immunization oral/intranasal					
*G0195	A	Clinical eval, swallowing					
*G0196	A	Radioisotope eval, swallowing					
*G0197	A	Eval, speech generating device					
*G0198	A	Trng, speech generating device					
*G0199	A	Re-evaluation, speech device					
*G0200	A	Eval, voice prosthetic					
*G0201	A	Trng, voice prosthetic					
*G9001	E	Coordinated care fee					
*G9002	E	Coordinated care fee					
*G9003	E	Coordinated care fee					
*G9004	E	Coordinated care fee					
*G9005	E	Coordinated care fee					
*G9006	E	Coordinated care fee					
*G9007	E	Coordinated care fee					
*G9008	E	Coordinated care fee					
*G9016	A	Demo-smoking cessation coun					
J0120	N	Tetracyclin injection					
*J0130	G	Abciximab injection	1605		$513.02		$68.74
J0150	K	Injection adenosine 6 MG	0917	0.36	$17.86		$3.57
J0151	E	Adenosine injection					
J0170	N	Adrenalin epinephrin inject					
J0190	N	Inj biperiden lactate/5 mg					
J0200	N	Alatrofloxacin mesylate					
J0205	G	Alglucerase injection	0900		$37.53		$5.03
J0207	G	Amifostine	7000		$350.31		$46.94

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
J0210	N	Methyldopate hcl injection					
J0256	G	Alpha 1 proteinase inhibitor	0901		$2.09		$.28
J0270	E	Alprostadil for injection					
J0275	E	Alprostadil urethral suppos					
J0280	N	Aminophyllin 250 MG inj					
J0282	N	Amiodarone HCl					
J0285	N	Amphotericin B					
J0286	G	Amphotericin B lipid complex	7001		$95.00		$12.73
J0290	N	Ampicillin 500 MG inj					
J0295	N	Ampicillin sodium per 1.5 gm					
J0300	N	Amobarbital 125 MG inj					
J0330	N	Succinycholine chloride inj					
J0340	N	Nandrolon phenpropionate inj					
*J0350	G	Injection anistreplase 30 u	1606		$2,693.80		$360.97
J0360	N	Hydralazine hcl injection					
J0380	N	Inj metaraminol bitartrate					
J0390	N	Chloroquine injection					
J0395	N	Arbutamine HCl injection					
J0400	N	Inj trimethaphan camsylate					
J0456	N	Azithromycin					
J0460	N	Atropine sulfate injection					
J0470	N	Dimecaprol injection					
J0475	N	Baclofen 10 MG injection					
J0476	E	Baclofen 50 mcg intrathecal trial					
J0500	N	Dicyclomine injection					
J0510	N	Benzquinamide injection					
J0515	N	Inj benztropine mesylate					
J0520	N	Bethanechol chloride inject					
J0530	N	Penicillin g benzathine inj					
J0540	N	Penicillin g benzathine inj					
J0550	N	Penicillin g benzathine inj					
J0560	N	Penicillin g benzathine inj					
J0570	N	Penicillin g benzathine inj					
J0580	N	Penicillin g benzathine inj					
J0585	G	Botulinum toxin a per unit	0902		$4.39		$.59
J0590	N	Ethylnorepinephrine hcl inj					
J0600	N	Edetate calcium disodium inj					
J0610	N	Calcium gluconate injection					
J0620	N	Calcium glycer & lact/10 ML					
J0630	N	Calcitonin salmon injection					
J0635	N	Calcitriol injection					
J0640	G	Leucovorin calcium injection	0725		$49.73		$6.66
J0670	N	Inj mepivacaine HCL/10 ml					
J0690	N	Cefazolin sodium injection					
J0694	N	Cefoxitin sodium injection					
J0695	N	Cefonocid sodium injection					
J0696	N	Ceftriaxone sodium injection					
J0697	N	Sterile cefuroxime injection					
J0698	N	Cefotaxime sodium injection					
J0702	N	Betamethasone acet&sod phosp					
J0704	N	Betamethasone sod phosp/4 MG					
J0710	N	Cephapirin sodium injection					
J0713	N	Inj ceftazidime per 500 mg					
J0715	N	Ceftizoxime sodium / 500 MG					
J0720	N	Chloramphenicol sodium injec					
J0725	N	Chorionic gonadotropin/1000u					
J0730	N	Chlorpheniramin maleate inj					
J0735	N	Clonidine hydrochloride					
J0740	N	Cidofovir injection					
J0743	N	Cilastatin sodium injection					
J0745	N	Inj codeine phosphate /30 MG					
J0760	N	Colchicine injection					
J0770	N	Colistimethate sodium inj					
J0780	N	Prochlorperazine injection					
J0800	N	Corticotropin injection					
J0810	N	Cortisone injection					
J0835	N	Inj cosyntropin per 0.25 MG					
J0850	G	Cytomegalovirus imm IV /vial	0903		$370.50		$49.65
J0895	N	Deferoxamine mesylate inj					
J0900	N	Testosterone enanthate inj					
J0945	N	Brompheniramine maleate inj					
J0970	N	Estradiol valerate injection					
J1000	N	Depo-estradiol cypionate inj					
J1020	N	Methylprednisolone 20 MG inj					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
J1030	N	Methylprednisolone 40 MG inj					
J1040	N	Methylprednisolone 80 MG inj					
J1050	N	Medroxyprogesterone inj					
J1055	E	Medrxyprogester acetate inj					
J1060	N	Testosterone cypionate 1 ML					
J1070	N	Testosterone cypionat 100 MG					
J1080	N	Testosterone cypionat 200 MG					
J1090	N	Testosterone cypionate 50 MG					
J1095	N	Inj dexamethasone acetate					
J1100	N	Dexamethasone sodium phos					
J1110	N	Inj dihydroergotamine mesylt					
J1120	N	Acetazolamid sodium injectio					
J1160	N	Digoxin injection					
J1165	N	Phenytoin sodium injection					
J1170	N	Hydromorphone injection					
J1180	N	Dyphylline injection					
J1190	G	Dexrazoxane HCl injection	0726		$161.11		$21.59
J1200	N	Diphenhydramine hcl injectio					
J1205	N	Chlorothiazide sodium inj					
J1212	N	Dimethyl sulfoxide 50% 50 ML					
J1230	N	Methadone injection					
J1240	N	Dimenhydrinate injection					
J1245	K	Dipyridamole injection	0917	0.36	$17.86		$3.57
J1250	N	Inj dobutamine HCL/250 mg					
J1260	G	Dolasetron mesylate	0750		$14.81		$1.98
J1320	N	Amitriptyline injection					
J1325	G	Epoprostenol injection	7003		$16.53		$2.22
*J1327	G	Eptifibatide injection	1607		$12.57		$1.68
J1330	N	Ergonovine maleate injection					
J1362	N	Erythromycin glucep / 250 MG					
J1364	N	Erythro lactobionate /500 MG					
J1380	N	Estradiol valerate 10 MG inj					
J1390	N	Estradiol valerate 20 MG inj					
J1410	N	Inj estrogen conjugate 25 MG					
J1435	N	Injection estrone per 1 MG					
J1436	G	Etidronate disodium inj	0727		$63.65		$8.53
*J1438	G	Etanercept injection	1608		$134.42		$18.01
J1440	G	Filgrastim 300 mcg injection	0728		$171.38		$22.96
J1441	G	Filgrastim 480 mcg injection	7049		$273.03		$35.06
J1450	N	Fluconazole					
J1452	N	Intraocular Fomivirsen na 1.65 MG					
J1455	N	Foscarnet sodium injection					
J1460	N	Gamma globulin 1 CC inj					
J1470	E	Gamma globulin 2 CC inj					
J1480	E	Gamma globulin 3 CC inj					
J1490	E	Gamma globulin 4 CC inj					
J1500	E	Gamma globulin 5 CC inj					
J1510	E	Gamma globulin 6 CC inj					
J1520	E	Gamma globulin 7 CC inj					
J1530	E	Gamma globulin 8 CC inj					
J1540	E	Gamma globulin 9 CC inj					
J1550	E	Gamma globulin 10 CC inj					
J1560	E	Gamma globulin > 10 CC inj					
J1561	G	Immune globulin 500 mg	0905		$27.28		$3.33
J1562D	G	Immune globulin 5 gms	7004		$272.80		$33.28
J1563D	N	IV immune globulin 1 GM					
J1565	G	RSV-ivig	0906		$427.73		$57.32
J1570	K	Ganciclovir sodium injection	0907	0.45	$22.26		$4.45
J1580	N	Garamycin gentamicin inj					
J1600	N	Gold sodium thiomaleate inj					
J1610	N	Glucagon hydrochloride/1 MG					
J1620	G	Gonadorelin hydroch/ 100 mcg	7005		$14.80		$1.98
J1626	G	Granisetron HCl injection	0764		$1.85		$.25
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	G	Enoxaparin sodium 10 mg	9998		$5.53		$.79
J1670	G	Tetanus immune globulin inj	0908		$102.60		$13.75
J1690	N	Prednisolone tebutate inj					
J1700	N	Hydrocortisone acetate inj					
J1710	N	Hydrocortisone sodium ph inj					
J1720	N	Hydrocortisone sodium succ i					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
J1730	N	Diazoxide injection					
J1739	N	Hydroxyprogesterone cap 125					
J1741	N	Hydroxyprogesterone cap 250					
J1742	N	Ibutilide fumarate injection					
J1745	G	Infliximab injection	7043		$58.08		$7.78
J1750	N	Iron dextran					
J1785	G	Injection imiglucerase /unit	0916		$3.75		$.50
J1790	N	Droperidol injection					
J1800	N	Propranolol injection					
J1810	G	Droperidol/fentanyl inj	7047		$7.02		$.90
J1820	N	Insulin injection					
J1825	G	Interferon beta-1a	0909		$204.73		$27.43
J1830	G	Interferon beta-1b / .25 MG	0910		$57.00		$7.64
J1840	N	Kanamycin sulfate 500 MG inj					
J1850	N	Kanamycin sulfate 75 MG inj					
J1885	N	Ketorolac tromethamine inj					
J1890	N	Cephalothin sodium injection					
J1910	N	Kutapressin injection					
J1930	N	Propiomazine injection					
J1940	N	Furosemide injection					
J1950	G	Leuprolide acetate /3.75 MG	0800		$492.71		$63.27
J1955	N	Inj levocarnitine per 1 gm					
J1956	N	Levofloxacin injection					
J1960	N	Levorphanol tartrate inj					
J1970	N	Methotrimeprazine injection					
J1980	N	Hyoscyamine sulfate inj					
J1990	N	Chlordiazepoxide injection					
J2000	N	Lidocaine injection					
J2010	N	Lincomycin injection					
J2060	N	Lorazepam injection					
J2150	N	Mannitol injection					
J2175	N	Meperidine hydrochl /100 MG					
J2180	N	Meperidine/promethazine inj					
J2210	N	Methylergonovin maleate inj					
J2240	N	Metocurine iodide injection					
J2250	N	Inj midazolam hydrochloride					
J2260	K	Inj milrinone lactate / 5 ML	7007	0.47	$23.31		$4.66
J2270	N	Morphine sulfate injection					
J2271	N	Morphine so4 injection 100mg					
J2275	G	Morphine sulfate injection	7010		$7.41		$.99
J2300	N	Inj nalbuphine hydrochloride					
J2310	N	Inj naloxone hydrochloride					
J2320	N	Nandrolone decanoate 50 MG					
J2321	N	Nandrolone decanoate 100 MG					
J2322	N	Nandrolone decanoate 200 MG					
J2330	N	Thiothixene injection					
J2350	N	Niacinamide/niacin injection					
J2352	G	Octreotide acetate injection	7031		$115.34		$15.46
J2355	G	Oprelvekin injection	7011		$236.31		$31.67
J2360	N	Orphenadrine injection					
J2370	N	Phenylephrine hcl injection					
J2400	N	Chloroprocaine hcl injection					
J2405	G	Ondansetron hcl injection	0768		$6.09		$.82
J2410	N	Oxymorphone hcl injection					
J2430	G	Pamidronate disodium /30 MG	0730		$232.51		$31.16
J2440	N	Papaverin hcl injection					
J2460	N	Oxytetracycline injection					
J2480	N	Hydrochlorides of opium inj					
J2500	N	Paricalcitol					
J2510	N	Penicillin g procaine inj					
J2512	N	Inj pentagastrin per 2 ML					
J2515	N	Pentobarbital sodium inj					
J2540	N	Penicillin g potassium inj					
J2543	N	Piperacillin/tazobactam					
J2545	A	Pentamidine isethionte/300mg					
J2550	N	Promethazine hcl injection					
J2560	N	Phenobarbital sodium inj					
J2590	N	Oxytocin injection					
J2597	E	Inj desmopressin acetate					
J2640	N	Prednisolone sodium ph inj					
J2650	N	Prednisolone acetate inj					
J2670	N	Totazoline hcl injection					
J2675	N	Inj progesterone per 50 MG					
J2680	N	Fluphenazine decanoate 25 MG					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
J2690	N	Procainamide hcl injection					
J2700	N	Oxacillin sodium injection					
J2710	N	Neostigmine methylslfte inj					
J2720	N	Inj protamine sulfate/10 MG					
J2725	N	Inj protirelin per 250 mcg					
J2730	N	Pralidoxime chloride inj					
J2760	N	Phentolaine mesylate inj					
J2765	G	Metoclopramide hcl injection	0754		$2.00		$.27
J2770	G	Quinupristin/dalfopristin	1024		$102.05		$13.67
J2780	N	Ranitidine hydrochloride inj					
J2790	G	Rho d immune globulin inj	0884		$35.91		$4.38
*J2792	G	Rho(D) immune globulin h, sd	1609		$20.55		$2.51
J2795	N	Ropivacaine HCl injection					
J2800	N	Methocarbamol injection					
J2810	N	Inj theophylline per 40 MG					
J2820	G	Sargramostim injection	0731		$27.42		$3.67
J2860	N	Secobarbital sodium inj					
J2910	N	Aurothioglucose injection					
J2912	N	Sodium chloride injection					
J2915	N	NA Ferric Gluconate Complex					
J2920	N	Methylprednisolone injection					
J2930	N	Methylprednisolone injection					
J2950	N	Promazine hcl injection					
J2970	N	Methicillin sodium injection					
J2993	G	Reteplase injection	9005		$1,306.25		$175.04
J2994D	G	Reteplase double bolus	0914		$2,612.50		$350.08
J2995	K	Inj streptokinase /250000 IU	0911	1.76	$87.25		$17.45
J2996D	K	Alteplase recombinant inj	0915	3.80	$188.46		$37.69
J2997	G	Alteplase recombinant, 1 mg	7048	0.38	$18.70		$3.74
J3000	N	Streptomycin injection					
J3010	G	Fentanyl citrate injection	7014		$.98		$.13
J3030	N	Sumatriptan succinate / 6 MG					
J3070	N	Pentazocine hcl injection					
J3080	N	Chlorprothixene injection					
J3105	N	Terbutaline sulfate inj					
J3120	N	Testosterone enanthate inj					
J3130	N	Testosterone enanthate inj					
J3140	N	Testosterone suspension inj					
J3150	N	Testosteron propionate inj					
J3230	N	Chlorpromazine hcl injection					
*J3240	E	Thyrotropin injection					
J3245	G	Tirofiban hydrochloride	7041		$399.00		$53.47
J3250	N	Trimethobenzamide hcl inj					
J3260	N	Tobramycin sulfate injection					
J3265	N	Injection torsemide 10 mg/ml					
J3270	N	Imipramine hcl injection					
J3280	G	Thiethylperazine maleate inj	0755		$5.02		$.67
J3301	N	Triamcinolone acetonide inj					
J3302	N	Triamcinolone diacetate inj					
J3303	N	Triamcinolone hexacetonl inj					
J3305	G	Inj trimetrexate glucoronate	7045		$69.83		$9.36
J3310	N	Perphenazine injection					
J3320	N	Spectinomycn di-hcl inj					
J3350	N	Urea injection					
J3360	N	Diazepam injection					
J3364	N	Urokinase 5000 IU injection					
J3365	K	Urokinase 250,000 IU inj	7036	6.78	$336.29		$67.26
J3370	N	Vancomycin hcl injection					
J3390	N	Methoxamine injection					
J3400	N	Triflupromazine hcl inj					
J3410	N	Hydroxyzine hcl injection					
J3420	N	Vitamin b12 injection					
J3430	N	Vitamin k phytonadione inj					
J3450	N	Mephentermine sulfate inj					
J3470	N	Hyaluronidase injection					
J3475	N	Inj magnesium sulfate					
J3480	N	Inj potassium chloride					
J3485	N	Zidovudine					
J3490	N	Drugs unclassified injection					
J3520	E	Edetate disodium per 150 mg					
J3530	N	Nasal vaccine inhalation					
J3535	E	Metered dose inhaler drug					
J3570	E	Laetrile amygdalin vit B17					
J7030	N	Normal saline solution infus					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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	G	Factor viii	0925		$.88		$.12
J7191	G	Factor VIII (porcine)	0926		$2.09		$.28
J7192	G	Factor viii recombinant	0927		$1.17		$.16
J7194	G	Factor ix complex	0928		$.71		$.10
J7197	G	Antithrombin iii injection	0930		$.82		$.11
J7198	G	Anti-inhibitor	0929		$1.43		$.19
J7199	E	Hemophilia clot factor noc					
J7300	E	Intraut copper contraceptive					
J7310	G	Ganciclovir long act implant	0913		$4,750.00		$636.50
J7315	G	Sodium hyaluronate injection	7315		$125.59		$16.83
*J7320	G	Hylan G-F 20 injection	1611		$204.87		$27.45
J7330	G	Cultured chondrocytes implnt	1059		$14,250.00		$2,010.00
J7500	G	Azathioprine oral 50mg	0886		$1.24		$.17
J7501	G	Azathioprine parenteral	0887		$67.88		$9.10
J7502	G	Cyclosporine oral 100 mg	0888		$5.80		$.78
J7504	G	Lymphocyte immune globulin	0890		$249.13		$30.39
J7505	G	Muromonab-CD3, 5 mg	7038		$741.00		$99.29
J7506	N	Prednisone oral					
J7507	G	Tacrolimus oral per 1 MG	0891		$2.66		$.36
J7508	E	Tacrolimus oral per 5 MG					
J7509	N	Methylprednisolone oral					
J7510	N	Prednisolone oral per 5 mg					
*J7513	G	Daclizumab, parenteral	1612		$397.29		$53.24
J7515	N	Cyclosporine oral 25 mg					
J7516	G	Cyclosporin parenteral 250mg	0889		$15.81		$2.12
J7517	N	Mycophenolate mofetil oral					
J7520	G	Sirolimus, oral	9106		$6.51		$.87
J7525	E	Tacrolimus injection					
J7599	E	Immunosuppressive drug noc					
J7608	A	Acetylcysteine inh sol u d					
J7610D	A	Acetylcysteine 10% injection					
J7615D	A	Acetylcysteine 20% injection					
J7618	A	Albuterol inh sol con					
J7619	A	Albuterol inh sol u d					
J7620D	A	Albuterol sulfate .083%/ml					
J7625D	A	Albuterol sulfate .5% inj					
J7627D	A	Bitolterolmesylate inhal sol					
J7628	A	Bitolterol mes inhal sol con					
J7629	A	Bitolterol mes inh sol u d					
J7630D	A	Cromolyn sodium injection					
J7631	A	Cromolyn sodium inh sol u d					
J7635	A	Atropine inhal sol con					
J7636	A	Atropine inhal sol unit dose					
J7637	A	Dexamethasone inhal sol con					
J7638	A	Dexamethasone inhal sol u d					
J7639	A	Dornase alpha inhal sol u d					
J7640D	A	Epinephrine injection					
J7642	A	Glycopyrrolate inhal sol con					
J7643	A	Glycopyrrolate inhal sol u d					
J7644	A	Ipratropium brom inh sol u d					
J7645D	A	Ipratropium bromide .02%/ml					
J7648	A	Isoetharine hcl inh sol con					
J7649	A	Isoetharine hcl inh sol u d					
J7650D	A	Isoetharine hcl .1% inj					
J7651D	A	Isoetharine hcl .125% inj					
J7652D	A	Isoetharine hcl .167% inj					
J7653D	A	Isoetharine hcl .2%/ inj					
J7654D	A	Isoetharine hcl .25% inj					
J7655D	A	Isoetharine hcl 1% inj					
J7658	A	Isoproterenolhcl inh sol con					
J7659	A	Isoproterenol hcl inh sol ud					
J7660D	A	Isoproterenol hcl .5% inj					
J7665D	A	Isoproterenol hcl 1% inj					
J7668	A	Metaproterenol inh sol con					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
J7669	A	Metaproterenol inh sol u d					
J7670D	A	Metaproterenol sulfate .4%					
J7672D	A	Metaproterenol sulfate .6%					
J7675D	A	Metaproterenol sulfate 5%					
J7680	A	Terbutaline so4 inh sol con					
J7681	A	Terbutaline so4 inh sol u d					
J7682	A	Tobramycin inhalation sol					
J7683	A	Triamcinolone inh sol con					
J7684	A	Triamcinolone inh sol u d					
J7699	A	Inhalation solution for DME					
J7799	A	Non-inhalation drug for DME					
J8499	E	Oral prescrip drug non chemo					
J8510	G	Oral busulfan	7015		$1.73		$.23
J8520	G	Capecitabine, oral, 150 mg	7042		$1.94		$.26
J8521	N	Capecitabine, oral, 500 mg					
J8530	G	Cyclophosphamide oral 25 MG	0801		$2.12		$.28
J8560	G	Etoposide oral 50 MG	0802		$45.95		$6.16
J8600	G	Melphalan oral 2 MG	0803		$2.07		$.30
J8610	G	Methotrexate oral 2.5 MG	0826		$2.92		$.39
J8700	G	Temozolmide, oral 5 mg	1086		$5.70		$.76
J8999	E	Oral prescription drug chemo					
J9000	G	Doxorubic hcl 10 MG vl chemo	0847		$15.79		$2.12
J9001	G	Doxorubicin hcl liposome inj	7046		$311.72		$41.77
J9015	G	Aldesleukin/single use vial	0807		$569.76		$76.35
J9020	G	Asparaginase injection	0814		$57.41		$7.69
J9031	G	Bcg live intravesical vac	0809		$159.39		$19.45
J9040	G	Bleomycin sulfate injection	0857		$294.48		$39.46
J9045	G	Carboplatin injection	0811		$98.90		$13.25
J9050	G	Carmus bischl nitro inj	0812		$103.27		$13.84
J9060	G	Cisplatin 10 MG injection	0813		$42.18		$5.65
J9062	E	Cisplatin 50 MG injection					
J9065	G	Inj cladribine per 1 MG	0858		$53.47		$7.16
J9070	G	Cyclophosphamide 100 MG inj	0815		$6.13		$.82
J9080	E	Cyclophosphamide 200 MG inj					
J9090	E	Cyclophosphamide 500 MG inj					
J9091	E	Cyclophosphamide 1.0 grm inj					
J9092	E	Cyclophosphamide 2.0 grm inj					
J9093	G	Cyclophosphamide lyophilized	0816		$6.13		$.82
J9094	E	Cyclophosphamide lyophilized					
J9095	E	Cyclophosphamide lyophilized					
J9096	E	Cyclophosphamide lyophilized					
J9097	E	Cyclophosphamide lyophilized					
J9100	G	Cytarabine hcl 100 MG inj	0817		$5.94		$.80
J9110	E	Cytarabine hcl 500 MG inj					
J9120	G	Dactinomycin actinomycin d	0818		$12.73		$1.71
J9130	G	Dacarbazine 10 MG inj	0819		$1.13		$.15
J9140	E	Dacarbazine 200 MG inj					
J9150	G	Daunorubicin	0820		$80.04		$10.73
J9151	G	Daunorubicin citrate liposom	0821		$64.60		$8.66
J9160	G	Denileukin diftitox, 300 mcg	1084		$942.88		$126.35
J9165	G	Diethylstilbestrol injection	0822		$4.20		$.56
J9170	G	Docetaxel	0823		$283.65		$38.01
J9180	E	Epirubicin HCl injection					
J9181	G	Etoposide 10 MG inj	0824		$4.06		$.54
J9182	E	Etoposide 100 MG inj					
J9185	G	Fludarabine phosphate inj	0842		$237.03		$31.76
J9190	G	Fluorouracil injection	0859		$2.75		$.37
J9200	G	Floxuridine injection	0827		$129.56		$17.36
J9201	G	Gemcitabine HCl	0828		$88.46		$11.85
J9202	G	Goserelin acetate implant	0810		$446.49		$59.83
J9206	G	Irinotecan injection	0830		$117.81		$15.79
J9208	G	Ifosfomide injection	0831		$141.50		$18.96
J9209	G	Mesna injection	0732		$36.51		$4.89
J9211	G	Idarubicin hcl injection	0832		$341.38		$45.75
J9212	G	Interferon alfacon-1	0833		$3.91		$.52
J9213	G	Interferon alfa-2a inj	0834		$33.22		$4.45
J9214	G	Interferon alfa-2b inj	0836		$11.28		$1.51
J9215	G	Interferon alfa-n3 inj	0865		$7.86		$1.05
J9216	G	Interferon gamma 1-b inj	0838		$199.50		$26.73
J9217	G	Leuprolide acetate suspnsion	9217		$592.60		$79.40
J9218	G	Leuprolide acetate injection	0861		$22.90		$3.07
J9219	N	Leuprolide acetate implant					
J9230	G	Mechlorethamine hcl inj	0839		$11.01		$1.48
J9245	G	Inj melphalan hydrochl 50 MG	0840		$363.48		$48.71

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
J9250	G	Methotrexate sodium inj	0841		$.45		$.06
J9260	E	Methotrexate sodium inj					
J9265	G	Paclitaxel injection	0863		$173.50		$23.25
J9266	G	Pegaspargase/singl dose vial	0843		$1,321.65		$177.10
J9268	G	Pentostatin injection	0844		$1,562.75		$209.41
J9270	G	Plicamycin (mithramycin) inj	0860		$93.80		$12.57
J9280	G	Mitomycin 5 MG inj	0862		$121.65		$16.30
J9290	E	Mitomycin 20 MG inj					
J9291	E	Mitomycin 40 MG inj					
J9293	G	Mitoxantrone hydrochl / 5 MG	0864		$223.02		$29.88
J9310	G	Rituximab cancer treatment	0849		$420.29		$56.32
J9320	G	Streptozocin injection	0850		$65.79		$8.82
J9340	G	Thiotepa injection	0851		$100.30		$13.44
J9350	G	Topotecan	0852		$573.75		$76.88
*J9355	G	Trastuzumab	1613		$48.85		$6.55
*J9357	G	Valrubicin, 200 mg	1614		$423.23		$56.71
J9360	G	Vinblastine sulfate inj	0853		$4.11		$.55
J9370	G	Vincristine sulfate 1 MG inj	0854		$30.16		$4.04
J9375	E	Vincristine sulfate 2 MG inj					
J9380	E	Vincristine sulfate 5 MG inj					
J9390	G	Vinorelbine tartrate/10 mg	0855		$75.51		$10.12
J9600	G	Porfimer sodium	0856		$2,603.67		$348.89
J9999	E	Chemotherapy drug					
K0001	A	Standard wheelchair					
K0002	A	Stnd hemi (low seat) whlchr					
K0003	A	Lightweight wheelchair					
K0004	A	High strength ltwt whlchr					
K0005	A	Ultralightweight wheelchair					
K0006	A	Heavy duty wheelchair					
K0007	A	Extra heavy duty wheelchair					
K0008	A	Cstm manual wheelchair/base					
K0009	A	Other manual wheelchair/base					
K0010	A	Stnd wt frame power whlchr					
K0011	A	Stnd wt pwr whlchr w control					
K0012	A	Ltwt portbl power whlchr					
K0013	A	Custom power whlchr base					
K0014	A	Other power whlchr base					
K0015	A	Detach non-adjus hght armrst					
K0016	A	Detach adjust armrst cmplete					
K0017	A	Detach adjust armrest base					
K0018	A	Detach adjust armrst upper					
K0019	A	Arm pad each					
K0020	A	Fixed adjust armrest pair					
K0021	A	Anti-tipping device each					
K0022	A	Reinforced back upholstery					
K0023	A	Planr back insrt foam w/strp					
K0024	A	Plnr back insrt foam w/hrdwr					
K0025	A	Hook-on headrest extension					
K0026	A	Back upholst lgtwt whlchr					
K0027	A	Back upholst other whlchr					
K0028	A	Manual fully reclining back					
K0029	A	Reinforced seat upholstery					
K0030	A	Solid plnr seat sngl dnsfoam					
K0031	A	Safety belt/pelvic strap					
K0032	A	Seat uphols lgtwt whlchr					
K0033	A	Seat upholstery other whlchr					
K0034	A	Heel loop each					
K0035	A	Heel loop with ankle strap					
K0036	A	Toe loop each					
K0037	A	High mount flip-up footrest					
K0038	A	Leg strap each					
K0039	A	Leg strap h style each					
K0040	A	Adjustable angle footplate					
K0041	A	Large size footplate each					
K0042	A	Standard size footplate each					
K0043	A	Ftrst lower extension tube					
K0044	A	Ftrst upper hanger bracket					
K0045	A	Footrest complete assembly					
K0046	A	Elevat legrst low extension					
K0047	A	Elevat legrst up hangr brack					
K0048	A	Elevate legrest complete					
K0049	A	Calf pad each					
K0050	A	Ratchet assembly					
K0051	A	Cam relese assem ftrst/lgrst					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
K0052	A	Swingaway detach footrest					
K0053	A	Elevate footrest articulate					
K0054	A	Seat wdth 10-12/15/17/20 wc					
K0055	A	Seat dpth 15/17/18 ltwt wc					
K0056	A	Seat ht <17 or >=21 ltwt wc					
K0057	A	Seat wdth 19/20 hvy dty wc					
K0058	A	Seat dpth 17/18 power wc					
K0059	A	Plastic coated handrim each					
K0060	A	Steel handrim each					
K0061	A	Aluminum handrim each					
K0062	A	Handrim 8-10 vert/obliq proj					
K0063	A	Hndrm 12-16 vert/obliq proj					
K0064	A	Zero pressure tube flat free					
K0065	A	Spoke protectors					
K0066	A	Solid tire any size each					
K0067	A	Pneumatic tire any size each					
K0068	A	Pneumatic tire tube each					
K0069	A	Rear whl complete solid tire					
K0070	A	Rear whl compl pneum tire					
K0071	A	Front castr compl pneum tire					
K0072	A	Frnt cstr cmpl sem-pneum tir					
K0073	A	Caster pin lock each					
K0074	A	Pneumatic caster tire each					
K0075	A	Semi-pneumatic caster tire					
K0076	A	Solid caster tire each					
K0077	A	Front caster assem complete					
K0078	A	Pneumatic caster tire tube					
K0079	A	Wheel lock extension pair					
K0080	A	Anti-rollback device pair					
K0081	A	Wheel lock assembly complete					
K0082	A	22 nf deep cycl acid battery					
K0083	A	22 nf gel cell battery each					
K0084	A	Grp 24 deep cycl acid battry					
K0085	A	Group 24 gel cell battery					
K0086	A	U-1 lead acid battery each					
K0087	A	U-1 gel cell battery each					
K0088	A	Battry chrgr acid/gel cell					
K0089	A	Battery charger dual mode					
K0090	A	Rear tire power wheelchair					
K0091	A	Rear tire tube power whlchr					
K0092	A	Rear assem cmplt powr whlchr					
K0093	A	Rear zero pressure tire tube					
K0094	A	Wheel tire for power base					
K0095	A	Wheel tire tube each base					
K0096	A	Wheel assem powr base complt					
K0097	A	Wheel zero presure tire tube					
K0098	A	Drive belt power wheelchair					
K0099	A	Pwr wheelchair front caster					
K0100	A	Amputee adapter pair					
K0101	A	One-arm drive attachment					
K0102	A	Crutch and cane holder					
K0103	A	Transfer board < 25″					
K0104	A	Cylinder tank carrier					
K0105	A	Iv hanger					
K0106	A	Arm trough each					
K0107	A	Wheelchair tray					
K0108	A	W/c component-accessory NOS					
K0112	A	Trunk vest supprt innr frame					
K0113	A	Trunk vest suprt w/o inr frm					
K0114	A	Whlchr back suprt inr frame					
K0115	A	Back module orthotic system					
K0116	A	Back & seat modul orthot sys					
K0182D	A	Water distilled w/ nebulizer					
K0183	A	Nasal application device					
K0184	A	Nasal pillows/seals pair					
K0185	A	Pos airway pressure headgear					
K0186	A	Pos airway prssure chinstrap					
K0187	A	Pos airway pressure tubing					
K0188	A	Pos airway pressure filter					
K0189	A	Filter nondisposable w PAP					
K0195	A	Elevating whlchair leg rests					
K0268	A	Humidifier nonheated w PAP					
K0269D	A	Aerosol compressor cpap dev					
K0270D	A	Ultrasonic generator w nebul					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
K0280D	A	Extension drainage tubing					
K0281D	A	Lubricant catheter insertion					
K0283D	A	Saline solution dispenser					
K0407D	A	Urinary cath skin attachment					
K0408D	A	Urinary cath leg strap					
K0409D	A	Sterile H2O irrigation solut					
K0410D	A	Male ext cath w/adh coating					
K0411D	A	Male ext cath w/adh strip					
K0415	E	RX antiemetic drg, oral NOS					
K0416	E	Rx antiemetic drg,rectal NOS					
K0440D	A	Nasal prosthesis					
K0441D	A	Midfacial prosthesis					
K0442D	A	Orbital prosthesis					
K0443D	A	Upper facial prosthesis					
K0444D	A	Hemi-facial prosthesis					
K0445D	A	Auricular prosthesis					
K0446D	A	Partial facial prosthesis					
K0447D	A	Nasal septal prosthesis					
K0448D	A	Unspec maxillofacial prosth					
K0449D	A	Repair maxillofacial prosth					
K0450D	A	Liq adhes for facial prosth					
K0451D	A	Adhesive remover wipes					
K0452	A	Wheelchair bearings					
K0455	A	Pump uninterrupted infusion					
K0456D	A	Heavyduty/xtra wide hosp bed					
K0457D	A	Heavyduty/wide commode chair					
K0458D	A	Heavyduty walker no wheels					
K0459D	A	Heavy duty wheeled walker					
K0460	A	WC power add-on joystick					
K0461	A	WC power add-on tiller cntrl					
K0462	A	Temporary replacement eqpmnt					
K0501D	A	Aerosol compressor for svneb					
K0529D	A	Sterile H20 or nss w lv neb					
K0531	A	Heated humidifier used w pap					
K0532	A	Noninvasive assist wo backup					
K0533	A	Noninvasive assist w backup					
K0534	A	Invasive assist w backup					
K0535D	A	Gauze, impregnated hydrogel					
K0536D	A	Gauze, impregnated hydrogel					
K0537D	A	Gauze, impregnated hydrogel					
K0541	A	Speech generating device					
K0542	A	Speech generating device					
K0543	A	Speech generating device					
K0544	A	Speech generating device					
K0545	A	Speech generating software					
K0546	A	Accessory for sgd,mntng syst					
K0547	A	Accessory for sgd,not clasfd					
L0100	A	Cerv craniosten helmet mold					
L0110	A	Cerv craniostenosis hel non-					
L0120	A	Cerv flexible non-adjustable					
L0130	A	Flex thermoplastic collar mo					
L0140	A	Cervical semi-rigid adjustab					
L0150	A	Cerv semi-rig adj molded chn					
L0160	A	Cerv semi-rig wire occ/mand					
L0170	A	Cervical collar molded to pt					
L0172	A	Cerv col thermplas foam 2 pi					
L0174	A	Cerv col foam 2 piece w thor					
L0180	A	Cer post col occ/man sup adj					
L0190	A	Cerv collar supp adj cerv ba					
L0200	A	Cerv col supp adj bar & thor					
L0210	A	Thoracic rib belt					
L0220	A	Thor rib belt custom fabrica					
L0300	A	TLSO flex surgical support					
L0310	A	Tlso flexible custom fabrica					
L0315	A	Tlso flex elas rigid post pa					
L0317	A	Tlso flex hypext elas post p					
L0320	A	Tlso a-p contrl w apron frnt					
L0330	A	Tlso ant-pos-lateral control					
L0340	A	Tlso a-p-l-rotary with apron					
L0350	A	Tlso flex compress jacket cu					
L0360	A	Tlso flex compress jacket mo					
L0370	A	Tlso a-p-l-rotary hyperexten					
L0380	A	Tlso a-p-l-rot w/ pos extens					
L0390	A	Tlso a-p-l control molded					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L0400	A	Tlso a-p-l w interface mater					
L0410	A	Tlso a-p-l two piece constr					
L0420	A	Tlso a-p-l 2 piece w interfa					
L0430	A	Tlso a-p-l w interface custm					
L0440	A	Tlso a-p-l overlap frnt cust					
L0500	A	Lso flex surgical support					
L0510	A	Lso flexible custom fabricat					
L0515	A	Lso flex elas w/ rig post pa					
L0520	A	Lso a-p-l control with apron					
L0530	A	Lso ant-pos control w apron					
L0540	A	Lso lumbar flexion a-p-l					
L0550	A	Lso a-p-l control molded					
L0560	A	Lso a-p-l w interface					
L0565	A	Lso a-p-l control custom					
L0600	A	Sacroiliac flex surg support					
L0610	A	Sacroiliac flexible custm fa					
L0620	A	Sacroiliac semi-rig w apron					
L0700	A	Ctlso a-p-l control molded					
L0710	A	Ctlso a-p-l control w/ inter					
L0810	A	Halo cervical into jckt vest					
L0820	A	Halo cervical into body jack					
L0830	A	Halo cerv into milwaukee typ					
L0860	A	Magnetic resonanc image comp					
L0900	A	Torso/ptosis support					
L0910	A	Torso & ptosis supp custm fa					
L0920	A	Torso/pendulous abd support					
L0930	A	Pendulous abdomen supp custm					
L0940	A	Torso/postsurgical support					
L0950	A	Post surg support custom fab					
L0960	A	Post surgical support pads					
L0970	A	Tlso corset front					
L0972	A	Lso corset front					
L0974	A	Tlso full corset					
L0976	A	Lso full corset					
L0978	A	Axillary crutch extension					
L0980	A	Peroneal straps pair					
L0982	A	Stocking supp grips set of f					
L0984	A	Protective body sock each					
L0999	A	Add to spinal orthosis NOS					
L1000	A	Ctlso milwauke initial model					
L1010	A	Ctlso axilla sling					
L1020	A	Kyphosis pad					
L1025	A	Kyphosis pad floating					
L1030	A	Lumbar bolster pad					
L1040	A	Lumbar or lumbar rib pad					
L1050	A	Sternal pad					
L1060	A	Thoracic pad					
L1070	A	Trapezius sling					
L1080	A	Outrigger					
L1085	A	Outrigger bil w/ vert extens					
L1090	A	Lumbar sling					
L1100	A	Ring flange plastic/leather					
L1110	A	Ring flange plas/leather mol					
L1120	A	Covers for upright each					
L1200	A	Furnsh initial orthosis only					
L1210	A	Lateral thoracic extension					
L1220	A	Anterior thoracic extension					
L1230	A	Milwaukee type superstructur					
L1240	A	Lumbar derotation pad					
L1250	A	Anterior asis pad					
L1260	A	Anterior thoracic derotation					
L1270	A	Abdominal pad					
L1280	A	Rib gusset (elastic) each					
L1290	A	Lateral trochanteric pad					
L1300	A	Body jacket mold to patient					
L1310	A	Post-operative body jacket					
L1499	A	Spinal orthosis NOS					
L1500	A	Thkao mobility frame					
L1510	A	Thkao standing frame					
L1520	A	Thkao swivel walker					
L1600	A	Abduct hip flex frejka w cvr					
L1610	A	Abduct hip flex frejka covr					
L1620	A	Abduct hip flex pavlik harne					
L1630	A	Abduct control hip semi-flex					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L1640	A	Pelv band/spread bar thigh c					
L1650	A	HO abduction hip adjustable					
L1660	A	HO abduction static plastic					
L1680	A	Pelvic & hip control thigh c					
L1685	A	Post-op hip abduct custom fa					
L1686	A	HO post-op hip abduction					
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					
L1832	A	KO adj jnt pos rigid support					
L1834	A	Ko w/0 joint rigid molded to					
L1840	A	Ko derot ant cruciate custom					
L1843	A	KO single upright custom fit					
L1844	A	Ko w/adj jt rot cntrl molded					
L1845	A	Ko w/ adj flex/ext rotat cus					
L1846	A	Ko w adj flex/ext rotat mold					
L1847	A	KO adjustable w air chambers					
L1850	A	Ko swedish type					
L1855	A	Ko plas doub upright jnt mol					
L1858	A	Ko polycentric pneumatic pad					
L1860	A	Ko supracondylar socket mold					
L1870	A	Ko doub upright lacers molde					
L1880	A	Ko doub upright cuffs/lacers					
L1885	A	Knee upright w/resistance					
L1900	A	Afo sprng wir drsflx calf bd					
L1902	A	Afo ankle gauntlet					
L1904	A	Afo molded ankle gauntlet					
L1906	A	Afo multiligamentus ankle su					
L1910	A	Afo sing bar clasp attach sh					
L1920	A	Afo sing upright w/ adjust s					
L1930	A	Afo plastic					
L1940	A	Afo molded to patient plasti					
L1945	A	Afo molded plas rig ant tib					
L1950	A	Afo spiral molded to pt plas					
L1960	A	Afo pos solid ank plastic mo					
L1970	A	Afo plastic molded w/ankle j					
L1980	A	Afo sing solid stirrup calf					
L1990	A	Afo doub solid stirrup calf					
L2000	A	Kafo sing fre stirr thi/calf					
L2010	A	Kafo sng solid stirrup w/o j					
L2020	A	Kafo dbl solid stirrup band/					
L2030	A	Kafo dbl solid stirrup w/o j					
L2035	A	KAFO plastic pediatric size					
L2036	A	Kafo plas doub free knee mol					
L2037	A	Kafo plas sing free knee mol					
L2038	A	Kafo w/o joint multi-axis an					
L2039	A	KAFO,plstic,medlat rotat con					
L2040	A	Hkafo torsion bil rot straps					
L2050	A	Hkafo torsion cable hip pelv					
L2060	A	Hkafo torsion ball bearing j					
L2070	A	Hkafo torsion unilat rot str					
L2080	A	Hkafo unilat torsion cable					
L2090	A	Hkafo unilat torsion ball br					
L2102	A	Afo tibial fx cast plstr mol					
L2104	A	Afo tib fx cast synthetic mo					
L2106	A	Afo tib fx cast plaster mold					
L2108	A	Afo tib fx cast molded to pt					
L2112	A	Afo tibial fracture soft					
L2114	A	Afo tib fx semi-rigid					
L2116	A	Afo tibial fracture rigid					
L2122	A	Kafo fem fx cast plaster mol					
L2124	A	Kafo fem fx cast synthet mol					
L2126	A	Kafo fem fx cast thermoplas					
L2128	A	Kafo fem fx cast molded to p					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L2132	A	Kafo femoral fx cast soft					
L2134	A	Kafo fem fx cast semi-rigid					
L2136	A	Kafo femoral fx cast rigid					
L2180	A	Plas shoe insert w ank joint					
L2182	A	Drop lock knee					
L2184	A	Limited motion knee joint					
L2186	A	Adj motion knee jnt lerman t					
L2188	A	Quadrilateral brim					
L2190	A	Waist belt					
L2192	A	Pelvic band & belt thigh fla					
L2200	A	Limited ankle motion ea jnt					
L2210	A	Dorsiflexion assist each joi					
L2220	A	Dorsi & plantar flex ass/res					
L2230	A	Split flat caliper stirr & p					
L2240	A	Round caliper and plate atta					
L2250	A	Foot plate molded stirrup at					
L2260	A	Reinforced solid stirrup					
L2265	A	Long tongue stirrup					
L2270	A	Varus/valgus strap padded/li					
L2275	A	Plastic mod low ext pad/line					
L2280	A	Molded inner boot					
L2300	A	Abduction bar jointed adjust					
L2310	A	Abduction bar-straight					
L2320	A	Non-molded lacer					
L2330	A	Lacer molded to patient mode					
L2335	A	Anterior swing band					
L2340	A	Pre-tibial shell molded to p					
L2350	A	Prosthetic type socket molde					
L2360	A	Extended steel shank					
L2370	A	Patten bottom					
L2375	A	Torsion ank & half solid sti					
L2380	A	Torsion straight knee joint					
L2385	A	Straight knee joint heavy du					
L2390	A	Offset knee joint each					
L2395	A	Offset knee joint heavy duty					
L2397	A	Suspension sleeve lower ext					
L2405	A	Knee joint drop lock ea jnt					
L2415	A	Knee joint cam lock each joi					
L2425	A	Knee disc/dial lock/adj flex					
L2430	A	Knee jnt ratchet lock ea jnt					
L2435	A	Knee joint polycentric joint					
L2492	A	Knee lift loop drop lock rin					
L2500	A	Thi/glut/ischia wgt bearing					
L2510	A	Th/wght bear quad-lat brim m					
L2520	A	Th/wght bear quad-lat brim c					
L2525	A	Th/wght bear nar m-l brim mo					
L2526	A	Th/wght bear nar m-l brim cu					
L2530	A	Thigh/wght bear lacer non-mo					
L2540	A	Thigh/wght bear lacer molded					
L2550	A	Thigh/wght bear high roll cu					
L2570	A	Hip clevis type 2 posit jnt					
L2580	A	Pelvic control pelvic sling					
L2600	A	Hip clevis/thrust bearing fr					
L2610	A	Hip clevis/thrust bearing lo					
L2620	A	Pelvic control hip heavy dut					
L2622	A	Hip joint adjustable flexion					
L2624	A	Hip adj flex ext abduct cont					
L2627	A	Plastic mold recipro hip & c					
L2628	A	Metal frame recipro hip & ca					
L2630	A	Pelvic control band & belt u					
L2640	A	Pelvic control band & belt b					
L2650	A	Pelv & thor control gluteal					
L2660	A	Thoracic control thoracic ba					
L2670	A	Thorac cont paraspinal uprig					
L2680	A	Thorac cont lat support upri					
L2750	A	Plating chrome/nickel pr bar					
L2755	A	Carbon graphite lamination					
L2760	A	Extension per extension per					
L2770	A	Low ext orthosis per bar/jnt					
L2780	A	Non-corrosive finish					
L2785	A	Drop lock retainer each					
L2795	A	Knee control full kneecap					
L2800	A	Knee cap medial or lateral p					
L2810	A	Knee control condylar pad					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L2820	A	Soft interface below knee se					
L2830	A	Soft interface above knee se					
L2840	A	Tibial length sock fx or equ					
L2850	A	Femoral lgth sock fx or equa					
L2860	A	Torsion mechanism knee/ankle					
L2999	A	Lower extremity orthosis NOS					
L3000	E	Ft insert ucb berkeley shell					
L3001	E	Foot insert remov molded spe					
L3002	E	Foot insert plastazote or eq					
L3003	E	Foot insert silicone gel eac					
L3010	E	Foot longitudinal arch suppo					
L3020	E	Foot longitud/metatarsal sup					
L3030	E	Foot arch support remov prem					
L3040	E	Ft arch suprt premold longit					
L3050	E	Foot arch supp premold metat					
L3060	E	Foot arch supp longitud/meta					
L3070	E	Arch suprt att to sho longit					
L3080	E	Arch supp att to shoe metata					
L3090	E	Arch supp att to shoe long/m					
L3100	E	Hallus-valgus nght dynamic s					
L3140	E	Abduction rotation bar shoe					
L3150	E	Abduct rotation bar w/o shoe					
L3160	E	Shoe styled positioning dev					
L3170	E	Foot plastic heel stabilizer					
L3201	E	Oxford w supinat/pronat inf					
L3202	E	Oxford w/ supinat/pronator c					
L3203	E	Oxford w/ supinator/pronator					
L3204	E	Hightop w/ supp/pronator inf					
L3206	E	Hightop w/ supp/pronator chi					
L3207	E	Hightop w/ supp/pronator jun					
L3208	E	Surgical boot each infant					
L3209	E	Surgical boot each child					
L3211	E	Surgical boot each junior					
L3212	E	Benesch boot pair infant					
L3213	E	Benesch boot pair child					
L3214	E	Benesch boot pair junior					
L3215	E	Orthopedic ftwear ladies oxf					
L3216	E	Orthoped ladies shoes dpth i					
L3217	E	Ladies shoes hightop depth i					
L3218	E	Ladies surgical boot each					
L3219	E	Orthopedic mens shoes oxford					
L3221	E	Orthopedic mens shoes dpth i					
L3222	E	Mens shoes hightop depth inl					
L3223	E	Mens surgical boot each					
L3224	A	Woman's shoe oxford brace					
L3225	A	Man's shoe oxford brace					
L3230	E	Custom shoes depth inlay					
L3250	E	Custom mold shoe remov prost					
L3251	E	Shoe molded to pt silicone s					
L3252	E	Shoe molded plastazote cust					
L3253	E	Shoe molded plastazote cust					
L3254	E	Orth foot non-stndard size/w					
L3255	E	Orth foot non-standard size/					
L3257	E	Orth foot add charge split s					
L3260	E	Ambulatory surgical boot eac					
L3265	E	Plastazote sandal each					
L3300	E	Sho lift taper to metatarsal					
L3310	E	Shoe lift elev heel/sole neo					
L3320	E	Shoe lift elev heel/sole cor					
L3330	E	Lifts elevation metal extens					
L3332	E	Shoe lifts tapered to one-ha					
L3334	E	Shoe lifts elevation heel /i					
L3340	E	Shoe wedge sach					
L3350	E	Shoe heel wedge					
L3360	E	Shoe sole wedge outside sole					
L3370	E	Shoe sole wedge between sole					
L3380	E	Shoe clubfoot wedge					
L3390	E	Shoe outflare wedge					
L3400	E	Shoe metatarsal bar wedge ro					
L3410	E	Shoe metatarsal bar between					
L3420	E	Full sole/heel wedge btween					
L3430	E	Sho heel count plast reinfor					
L3440	E	Heel leather reinforced					
L3450	E	Shoe heel sach cushion type					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L3455	E	Shoe heel new leather standa					
L3460	E	Shoe heel new rubber standar					
L3465	E	Shoe heel thomas with wedge					
L3470	E	Shoe heel thomas extend to b					
L3480	E	Shoe heel pad & depress for					
L3485	E	Shoe heel pad removable for					
L3500	E	Ortho shoe add leather insol					
L3510	E	Orthopedic shoe add rub insl					
L3520	E	O shoe add felt w leath insl					
L3530	E	Ortho shoe add half sole					
L3540	E	Ortho shoe add full sole					
L3550	E	O shoe add standard toe tap					
L3560	E	O shoe add horseshoe toe tap					
L3570	E	O shoe add instep extension					
L3580	E	O shoe add instep velcro clo					
L3590	E	O shoe convert to sof counte					
L3595	E	Ortho shoe add march bar					
L3600	E	Trans shoe calip plate exist					
L3610	E	Trans shoe caliper plate new					
L3620	E	Trans shoe solid stirrup exi					
L3630	E	Trans shoe solid stirrup new					
L3640	E	Shoe dennis browne splint bo					
L3649	E	Orthopedic shoe modifica NOS					
L3650	A	Shlder fig 8 abduct restrain					
L3660	A	Abduct restrainer canvas&web					
L3670	A	Acromio/clavicular canvas&we					
L3675	A	Canvas vest SO					
L3700	A	Elbow orthoses elas w stays					
L3710	A	Elbow elastic with metal joi					
L3720	A	Forearm/arm cuffs free motio					
L3730	A	Forearm/arm cuffs ext/flex a					
L3740	A	Cuffs adj lock w/ active con					
L3760	A	EO withjoint, Prefabricated					
L3800	A	Whfo short opponen no attach					
L3805	A	Whfo long opponens no attach					
L3807	A	Whfo w inflatable airchamber					
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	E	Torsion mechanism wrist/elbo					
L3900	A	Hinge extension/flex wrist/f					
L3901	A	Hinge ext/flex wrist finger					
L3902	A	Whfo ext power compress gas					
L3904	A	Whfo electric custom fitted					
L3906	A	Wrist gauntlet molded to pt					
L3907	A	Whfo wrst gauntlt thmb spica					
L3908	A	Wrist cock-up non-molded					
L3910	A	Whfo swanson design					
L3912	A	Flex glove w/elastic finger					
L3914	A	WHO wrist extension cock-up					
L3916	A	Whfo wrist extens w/ outrigg					
L3918	A	HFO knuckle bender					
L3920	A	Knuckle bender with outrigge					
L3922	A	Knuckle bend 2 seg to flex j					
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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L3946	A	HFO composite elastic					
L3948	A	Finger knuckle bender					
L3950	A	Oppenheimer w/ knuckle bend					
L3952	A	Oppenheimer w/ rev knuckle 2					
L3954	A	Spreading hand					
L3956	A	Add joint upper ext orthosis					
L3960	A	Sewho airplan desig abdu pos					
L3962	A	Sewho erbs palsey design abd					
L3963	A	Molded w/ articulating elbow					
L3964	A	Seo mobile arm sup att to wc					
L3965	A	Arm supp att to wc rancho ty					
L3966	A	Mobile arm supports reclinin					
L3968	A	Friction dampening arm supp					
L3969	A	Monosuspension arm/hand supp					
L3970	A	Elevat proximal arm support					
L3972	A	Offset/lat rocker arm w/ ela					
L3974	A	Mobile arm support supinator					
L3980	A	Upp ext fx orthosis humeral					
L3982	A	Upper ext fx orthosis rad/ul					
L3984	A	Upper ext fx orthosis wrist					
L3985	A	Forearm hand fx orth w/ wr h					
L3986	A	Humeral rad/ulna wrist fx or					
L3995	A	Sock fracture or equal each					
L3999	A	Upper limb orthosis NOS					
L4000	A	Repl girdle milwaukee orth					
L4010	A	Replace trilateral socket br					
L4020	A	Replace quadlat socket brim					
L4030	A	Replace socket brim cust fit					
L4040	A	Replace molded thigh lacer					
L4045	A	Replace non-molded thigh lac					
L4050	A	Replace molded calf lacer					
L4055	A	Replace non-molded calf lace					
L4060	A	Replace high roll cuff					
L4070	A	Replace prox & dist upright					
L4080	A	Repl met band kafo-afo prox					
L4090	A	Repl met band kafo-afo calf/					
L4100	A	Repl leath cuff kafo prox th					
L4110	A	Repl leath cuff kafo-afo cal					
L4130	A	Replace pretibial shell					
L4205	A	Ortho dvc repair per 15 min					
L4210	A	Orth dev repair/repl minor p					
L4350	A	Pneumatic ankle cntrl splint					
L4360	A	Pneumatic walking splint					
L4370	A	Pneumatic full leg splint					
L4380	A	Pneumatic knee splint					
L4392	A	Replace AFO soft interface					
L4394	A	Replace foot drop spint					
L4396	A	Static AFO					
L4398	A	Foot drop splint recumbent					
L5000	A	Sho insert w arch toe filler					
L5010	A	Mold socket ank hgt w/ toe f					
L5020	A	Tibial tubercle hgt w/ toe f					
L5050	A	Ank symes mold sckt sach ft					
L5060	A	Symes met fr leath socket ar					
L5100	A	Molded socket shin sach foot					
L5105	A	Plast socket jts/thgh lacer					
L5150	A	Mold sckt ext knee shin sach					
L5160	A	Mold socket bent knee shin s					
L5200	A	Kne sing axis fric shin sach					
L5210	A	No knee/ankle joints w/ ft b					
L5220	A	No knee joint with artic ali					
L5230	A	Fem focal defic constant fri					
L5250	A	Hip canad sing axi cons fric					
L5270	A	Tilt table locking hip sing					
L5280	A	Hemipelvect canad sing axis					
L5300	A	Bk sach soft cover & finish					
L5310	A	Knee disart sach soft cv/fin					
L5320	A	Ak open end sach soft cv/fin					
L5330	A	Hip canadian sach sft cv/fin					
L5340	A	Hemipelvectomy canad cv/fin					
L5400	A	Postop dress & 1 cast chg bk					
L5410	A	Postop dsg bk ea add cast ch					
L5420	A	Postop dsg & 1 cast chg ak/d					
L5430	A	Postop dsg ak ea add cast ch					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
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					
L5624	A	Test socket above knee					
L5626	A	Test socket hip disarticulat					
L5628	A	Test socket hemipelvectomy					
L5629	A	Below knee acrylic socket					
L5630	A	Syme typ expandabl wall sckt					
L5631	A	Ak/knee disartic acrylic soc					
L5632	A	Symes type ptb brim design s					
L5634	A	Symes type poster opening so					
L5636	A	Symes type medial opening so					
L5637	A	Below knee total contact					
L5638	A	Below knee leather socket					
L5639	A	Below knee wood socket					
L5640	A	Knee disarticulat leather so					
L5642	A	Above knee leather socket					
L5643	A	Hip flex inner socket ext fr					
L5644	A	Above knee wood socket					
L5645	A	Ak flexibl inner socket ext					
L5646	A	Below knee air cushion socke					
L5647	A	Below knee suction socket					
L5648	A	Above knee air cushion socke					
L5649	A	Isch containmt/narrow m-l so					
L5650	A	Tot contact ak/knee disart s					
L5651	A	Ak flex inner socket ext fra					
L5652	A	Suction susp ak/knee disart					
L5653	A	Knee disart expand wall sock					
L5654	A	Socket insert symes					
L5655	A	Socket insert below knee					
L5656	A	Socket insert knee articulat					
L5658	A	Socket insert above knee					
L5660	A	Sock insrt syme silicone gel					
L5661	A	Multi-durometer symes					
L5662	A	Socket insert bk silicone ge					
L5663	A	Sock knee disartic silicone					
L5664	A	Socket insert ak silicone ge					
L5665	A	Multi-durometer below knee					
L5666	A	Below knee cuff suspension					
L5667	A	Socket insert w lock lower					
L5668	A	Socket insert w/o lock lower					
L5669	A	Below knee socket w/o lock					
L5670	A	Bk molded supracondylar susp					
L5672	A	Bk removable medial brim sus					
L5674	A	Bk latex sleeve suspension/e					
L5675	A	Bk latex sleeve susp/eq hvy					
L5676	A	Bk knee joints single axis p					
L5677	A	Bk knee joints polycentric p					
L5678	A	Bk joint covers pair					
L5680	A	Bk thigh lacer non-molded					
L5682	A	Bk thigh lacer glut/ischia m					
L5684	A	Bk fork strap					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L5686	A	Bk back check					
L5688	A	Bk waist belt webbing					
L5690	A	Bk waist belt padded and lin					
L5692	A	Ak pelvic control belt light					
L5694	A	Ak pelvic control belt pad/l					
L5695	A	Ak sleeve susp neoprene/equa					
L5696	A	Ak/knee disartic pelvic join					
L5697	A	Ak/knee disartic pelvic band					
L5698	A	Ak/knee disartic silesian ba					
L5699	A	Shoulder harness					
L5700	A	Replace socket below knee					
L5701	A	Replace socket above knee					
L5702	A	Replace socket hip					
L5704	A	Custom shape covr below knee					
L5705	A	Custm shape cover above knee					
L5706	A	Custm shape cvr knee disart					
L5707	A	Custm shape cover hip disart					
L5710	A	Kne-shin exo sng axi mnl loc					
L5711	A	Knee-shin exo mnl lock ultra					
L5712	A	Knee-shin exo frict swg & st					
L5714	A	Knee-shin exo variable frict					
L5716	A	Knee-shin exo mech stance ph					
L5718	A	Knee-shin exo frct swg & sta					
L5722	A	Knee-shin pneum swg frct exo					
L5724	A	Knee-shin exo fluid swing ph					
L5726	A	Knee-shin ext jnts fld swg e					
L5728	A	Knee-shin fluid swg & stance					
L5780	A	Knee-shin pneum/hydra pneum					
L5785	A	Exoskeletal bk ultralt mater					
L5790	A	Exoskeletal ak ultra-light m					
L5795	A	Exoskel hip ultra-light mate					
L5810	A	Endoskel knee-shin mnl lock					
L5811	A	Endo knee-shin mnl lck ultra					
L5812	A	Endo knee-shin frct swg & st					
L5814	A	Endo knee-shin hydral swg ph					
L5816	A	Endo knee-shin polyc mch sta					
L5818	A	Endo knee-shin frct swg & st					
L5822	A	Endo knee-shin pneum swg frc					
L5824	A	Endo knee-shin fluid swing p					
L5826	A	Miniature knee joint					
L5828	A	Endo knee-shin fluid swg/sta					
L5830	A	Endo knee-shin pneum/swg pha					
L5840	A	Multi-axial knee/shin system					
L5845	A	Knee-shin sys stance flexion					
L5846	A	Knee-shin sys microprocessor					
L5850	A	Endo ak/hip knee extens assi					
L5855	A	Mech hip extension assist					
L5910	A	Endo below knee alignable sy					
L5920	A	Endo ak/hip alignable system					
L5925	A	Above knee manual lock					
L5930	A	High activity knee frame					
L5940	A	Endo bk ultra-light material					
L5950	A	Endo ak ultra-light material					
L5960	A	Endo hip ultra-light materia					
L5962	A	Below knee flex cover system					
L5964	A	Above knee flex cover system					
L5966	A	Hip flexible cover system					
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					
L5999	A	Lowr extremity prosthes NOS					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L6000	A	Par hand robin-aids thum rem					
L6010	A	Hand robin-aids little/ring					
L6020	A	Part hand robin-aids no fing					
L6050	A	Wrst MLd sck flx hng tri pad					
L6055	A	Wrst mold sock w/exp interfa					
L6100	A	Elb mold sock flex hinge pad					
L6110	A	Elbow mold sock suspension t					
L6120	A	Elbow mold doub splt soc ste					
L6130	A	Elbow stump activated lock h					
L6200	A	Elbow mold outsid lock hinge					
L6205	A	Elbow molded w/ expand inter					
L6250	A	Elbow inter loc elbow forarm					
L6300	A	Shlder disart int lock elbow					
L6310	A	Shoulder passive restor comp					
L6320	A	Shoulder passive restor cap					
L6350	A	Thoracic intern lock elbow					
L6360	A	Thoracic passive restor comp					
L6370	A	Thoracic passive restor cap					
L6380	A	Postop dsg cast chg wrst/elb					
L6382	A	Postop dsg cast chg elb dis/					
L6384	A	Postop dsg cast chg shlder/t					
L6386	A	Postop ea cast chg & realign					
L6388	A	Postop applicat rigid dsg on					
L6400	A	Below elbow prosth tiss shap					
L6450	A	Elb disart prosth tiss shap					
L6500	A	Above elbow prosth tiss shap					
L6550	A	Shldr disar prosth tiss shap					
L6570	A	Scap thorac prosth tiss shap					
L6580	A	Wrist/elbow bowden cable mol					
L6582	A	Wrist/elbow bowden cbl dir f					
L6584	A	Elbow fair lead cable molded					
L6586	A	Elbow fair lead cable dir fo					
L6588	A	Shdr fair lead cable molded					
L6590	A	Shdr fair lead cable direct					
L6600	A	Polycentric hinge pair					
L6605	A	Single pivot hinge pair					
L6610	A	Flexible metal hinge pair					
L6615	A	Disconnect locking wrist uni					
L6616	A	Disconnect insert locking wr					
L6620	A	Flexion-friction wrist unit					
L6623	A	Spring-ass rot wrst w/ latch					
L6625	A	Rotation wrst w/ cable lock					
L6628	A	Quick disconn hook adapter o					
L6629	A	Lamination collar w/ couplin					
L6630	A	Stainless steel any wrist					
L6632	A	Latex suspension sleeve each					
L6635	A	Lift assist for elbow					
L6637	A	Nudge control elbow lock					
L6640	A	Shoulder abduction joint pai					
L6641	A	Excursion amplifier pulley t					
L6642	A	Excursion amplifier lever ty					
L6645	A	Shoulder flexion-abduction j					
L6650	A	Shoulder universal joint					
L6655	A	Standard control cable extra					
L6660	A	Heavy duty control cable					
L6665	A	Teflon or equal cable lining					
L6670	A	Hook to hand cable adapter					
L6672	A	Harness chest/shlder saddle					
L6675	A	Harness figure of 8 sing con					
L6676	A	Harness figure of 8 dual con					
L6680	A	Test sock wrist disart/bel e					
L6682	A	Test sock elbw disart/above					
L6684	A	Test socket shldr disart/tho					
L6686	A	Suction socket					
L6687	A	Frame typ socket bel elbow/w					
L6688	A	Frame typ sock above elb/dis					
L6689	A	Frame typ socket shoulder di					
L6690	A	Frame typ sock interscap-tho					
L6691	A	Removable insert each					
L6692	A	Silicone gel insert or equal					
L6693	A	Lockingelbow forearm cntrbal					
L6700	A	Terminal device model #3					
L6705	A	Terminal device model #5					
L6710	A	Terminal device model #5x					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L6715	A	Terminal device model #5xa					
L6720	A	Terminal device model #6					
L6725	A	Terminal device model #7					
L6730	A	Terminal device model #7lo					
L6735	A	Terminal device model #8					
L6740	A	Terminal device model #8x					
L6745	A	Terminal device model #88x					
L6750	A	Terminal device model #10p					
L6755	A	Terminal device model #10x					
L6765	A	Terminal device model #12p					
L6770	A	Terminal device model #99x					
L6775	A	Terminal device model #555					
L6780	A	Terminal device model #ss555					
L6790	A	Hooks-accu hook or equal					
L6795	A	Hooks-2 load or equal					
L6800	A	Hooks-aprl vc or equal					
L6805	A	Modifier wrist flexion unit					
L6806	A	Trs grip vc or equal					
L6807	A	Term device grip1/2 or equal					
L6808	A	Term device infant or child					
L6809	A	Trs super sport passive					
L6810	A	Pincher tool otto bock or eq					
L6825	A	Hands dorrance vo					
L6830	A	Hand aprl vc					
L6835	A	Hand sierra vo					
L6840	A	Hand becker imperial					
L6845	A	Hand becker lock grip					
L6850	A	Term dvc-hand becker plylite					
L6855	A	Hand robin-aids vo					
L6860	A	Hand robin-aids vo soft					
L6865	A	Hand passive hand					
L6867	A	Hand detroit infant hand					
L6868	A	Passive inf hand steeper/hos					
L6870	A	Hand child mitt					
L6872	A	Hand nyu child hand					
L6873	A	Hand mech inf steeper or equ					
L6875	A	Hand bock vc					
L6880	A	Hand bock vo					
L6890	A	Production glove					
L6895	A	Custom glove					
L6900	A	Hand restorat thumb/1 finger					
L6905	A	Hand restoration multiple fi					
L6910	A	Hand restoration no fingers					
L6915	A	Hand restoration replacmnt g					
L6920	A	Wrist 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					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L7274	A	Proportional ctl 12 volt uta					
L7360	A	Six volt bat otto bock/eq ea					
L7362	A	Battery chrgr six volt otto					
L7364	A	Twelve volt battery utah/equ					
L7366	A	Battery chrgr 12 volt utah/e					
L7499	A	Upper extremity prosthes NOS					
L7500	A	Prosthetic dvc repair hourly					
L7510	A	Prosthetic device repair rep					
L7520	A	Repair prosthesis per 15 min					
L7900	A	Vacuum erection system					
L8000	A	Mastectomy bra					
L8010	A	Mastectomy sleeve					
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	E	Compression stocking BK30-40					
L8120	E	Compression stocking BK40-50					
L8130	E	Gc stocking thighlngth 18-30					
L8140	E	Gc stocking thighlngth 30-40					
L8150	E	Gc stocking thighlngth 40-50					
L8160	E	Gc stocking full lngth 18-30					
L8170	E	Gc stocking full lngth 30-40					
L8180	E	Gc stocking full lngth 40-50					
L8190	E	Gc stocking waistlngth 18-30					
L8195	E	Gc stocking waistlngth 30-40					
L8200	E	Gc stocking waistlngth 40-50					
L8210	E	Gc stocking custom made					
L8220	E	Gc stocking lymphedema					
L8230	E	Gc stocking garter belt					
L8239	E	G compression stocking NOS					
L8300	A	Truss single w/ standard pad					
L8310	A	Truss double w/ standard pad					
L8320	A	Truss addition to std pad wa					
L8330	A	Truss add to std pad scrotal					
L8400	A	Sheath below knee					
L8410	A	Sheath above knee					
L8415	A	Sheath upper limb					
L8417	A	Pros sheath/sock w gel cushn					
L8420	A	Prosthetic sock multi ply BK					
L8430	A	Prosthetic sock multi ply AK					
L8435	A	Pros sock multi ply upper lm					
L8440	A	Shrinker below knee					
L8460	A	Shrinker above knee					
L8465	A	Shrinker upper limb					
L8470	A	Pros sock single ply BK					
L8480	A	Pros sock single ply AK					
L8485	A	Pros sock single ply upper l					
L8490	A	Air seal suction reten systm					
L8499	A	Unlisted misc prosthetic ser					
L8500	A	Artificial larynx					
L8501	A	Tracheostomy speaking valve					
L8600	N	Implant breast silicone/eq					
L8603	N	Collagen imp urinary 2.5 CC					
L8606	N	Synthetic implnt urinary 1ml					
L8610	N	Ocular implant					
L8612	N	Aqueous shunt prosthesis					
L8613	N	Ossicular implant					
*L8614	H	Cochlear device/system	1002				
L8619	A	Replace cochlear processor					
L8630	N	Metacarpophalangeal implant					
L8641	N	Metatarsal joint implant					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
L8642	N	Hallux implant					
L8658	N	Interphalangeal joint implnt					
L8670	N	Vascular graft, synthetic					
L8699	N	Prosthetic implant NOS					
L9900	A	O&P supply/accessory/service					
M0064	X	Visit for drug monitoring	0374	1.17	$58.03	$13.08	$11.61
M0075	E	Cellular therapy					
M0076	E	Prolotherapy					
M0100	E	Intragastric hypothermia					
M0300	E	IV chelationtherapy					
M0301	E	Fabric wrapping of aneurysm					
M0302	T	Assessment of cardiac output	0970	0.52	$25.79		$5.16
P2028	A	Cephalin floculation test					
P2029	A	Congo red blood test					
P2031	E	Hair analysis					
P2033	A	Blood thymol turbidity					
P2038	A	Blood mucoprotein					
P3000	A	Screen pap by tech w md supv					
P3001	E	Screening pap smear by phys					
P7001	E	Culture bacterial urine					
P9010	K	Whole blood for transfusion	0950	2.08	$103.33		$20.67
P9011	E	Blood split unit					
P9012	K	Cryoprecipitate each unit	0952	0.70	$34.70		$6.94
P9013D	K	Unit/s blood fibrinogen	0953	0.48	$23.80		$4.76
P9016	K	Leukocyte poor blood, unit	0954	2.83	$140.35		$28.07
P9017	K	One donor fresh frozn plasma	0955	2.26	$111.85		$22.37
P9018D	K	Plasma protein fract, unit	0956	1.26	$62.49		$12.50
P9019	K	Platelet concentrate unit	0957	0.98	$48.55		$9.71
P9020	K	Plaelet rich plasma unit	0958	1.16	$57.54		$11.51
P9021	K	Red blood cells unit	0959	2.04	$101.31		$20.26
P9022	K	Washed red blood cells unit	0960	3.81	$188.75		$37.75
P9023	K	Frozen plasma, pooled, sd	0949	2.94	$145.76		$29.15
P9031	K	Platelets leukocytes reduced	0954	2.83	$140.35		$28.07
P9032	K	Platelets, irradiated	9500	1.77	$87.97		$17.59
P9033	K	Platelets leukoreduced irrad	0954	2.83	$140.35		$28.07
P9034	K	Platelets, pheresis	9501	9.69	$480.75		$96.15
P9035	K	Platelet pheres leukoreduced	9501	9.69	$480.75		$96.15
P9036	K	Platelet pheresis irradiated	9502	10.52	$521.66		$104.33
P9037	K	Plate pheres leukoredu irrad	9501	9.69	$480.75		$96.15
P9038	K	RBC irradiated	9505	2.58	$127.86		$25.57
P9039	K	RBC deglycerolized	9504	4.35	$215.83		$43.17
P9040	K	RBC leukoreduced irradiated	9504	4.35	$215.83		$43.17
P9041	K	Albumin(human), 5%, 500 ML	0961	2.77	$137.38		$27.48
P9042	K	Albumin (human), 25%, 50 ML	0962	1.38	$68.44		$13.69
P9043	K	Plasma protein fraction	0956	1.26	$62.49		$12.50
P9044	K	Cryoprecipitate reduced plasma	1009	0.86	$42.76		$8.55
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					
Q0034D	K	Admin of influenza vaccine	0354	0.13	$6.33		
Q0035	X	Cardiokymography	0100	1.70	$84.32	$71.57	$16.86
Q0081	T	Infusion ther other than che	0120	1.66	$82.33	$42.67	$16.47
Q0082D	P	Activity therapy w/partial h	0033	4.17	$206.82	$48.17	$41.36
Q0083	S	Chemo by other than infusion	0116	2.34	$116.06	$23.21	$23.21
Q0084	S	Chemotherapy by infusion	0117	1.84	$91.26	$71.80	$18.25
Q0085	S	Chemo by both infusion and o	0118	2.90	$143.83	$72.03	$28.77
Q0086	A	Physical therapy evaluation/					
Q0091	T	Obtaining screen pap smear	0191	1.19	$59.02	$17.43	$11.80
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	G	Non esrd epoetin alpha inj	0733		$11.40		$1.53
Q0144	E	Azithromycin dihydrate, oral					
Q0156D	K	Human albumin 5%	0961	2.77	$137.38		$27.48
Q0157D	K	Human albumin 25%	0962	1.38	$68.44		$13.69
Q0160	G	Factor IX non-recombinant	0931		$.72		$.10
Q0161	G	Factor IX recombinant	0932		$1.12		$.10
Q0163	G	Diphenhydramine HCl 50mg	1400		$1.18		$.16
Q0164	G	Prochlorperazine maleate 5mg	1401		$1.31		$.18
Q0165	E	Prochlorperazine maleate10mg					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
Q0166	G	Granisetron HCl 1 mg oral	0765		$44.70		$5.99
Q0167	G	Dronabinol 2.5mg oral	0762		$3.20		$.48
Q0168	E	Dronabinol 5mg oral					
Q0169	G	Promethazine HCl 12.5mg oral	1402		$.03		
Q0170	E	Promethazine HCl 25 mg oral					
Q0171	G	Chlorpromazine HCl 10mg oral	1403		$.55		$.07
Q0172	E	Chlorpromazine HCl 25mg oral					
Q0173	G	Trimethobenzamide HCl 250mg	1404		$.36		$.05
Q0174	G	Thiethylperazine maleate10mg	1405		$.69		$.09
Q0175	G	Perphenazine 4mg oral	1406		$.71		$.10
Q0176	E	Perphenazine 8mg oral					
Q0177	G	Hydroxyzine pamoate 25mg	1407		$.20		$.03
Q0178	E	Hydroxyzine pamoate 50mg					
Q0179	G	Ondansetron HCl 8mg oral	0769		$25.15		$3.37
Q0180	G	Dolasetron mesylate oral	0763		$65.21		$8.74
Q0181	G	Unspecified oral anti-emetic	0761		$.60		$.08
Q0183	N	Nonmetabolic active tissue					
Q0184	N	Metabolically active tissue					
Q0185	N	Metabolic active D/E tissue					
Q0186D	E	Paramedic intercept, rural					
Q0187	G	Factor viia recombinant	1409		$1,596.00		$213.86
Q0188D	N	Contrast medium					
Q1001	E	Ntiol category 1					
Q1002	E	Ntiol category 2					
Q1003	E	Ntiol category 3					
Q1004	E	Ntiol category 4					
Q1005	E	Ntiol category 5					
Q2001	N	Cabergoline, 0.5 mg, oral					
Q2002	G	Elliot's B solution, per ml	7022		$14.25		$1.91
Q2003	G	Aprotinin, 10,000 kiu	7019		$196.35		$26.31
Q2004	G	Treatment for bladder calculi, per 500 ml	7023		$23.54		$3.15
Q2005	G	Corticorelin ovine triflutate, per 0.1 mg	7024		$353.88		$45.77
Q2006	G	Digoxin immune FAB (Ovine), 40 mg vial	7025		$530.44		$64.71
Q2007	G	Ethanolamine oleate, 100 mg	7026		$27.21		$3.65
Q2008	G	Fomepizole, 1.5 mg	7027		$728.33		$97.60
Q2009	G	Fosphenytoin, 50 mg	7028		$8.55		$1.15
Q2010	G	Glatiramer acetate, 20 mg	7029		$27.40		$3.67
Q2011	G	Hemin, 1 mg	7030		$.90		$.12
Q2012	G	Pegademase bovine inj 25 I.U	7039		$139.33		$18.67
Q2013	G	Pentastarch 10% inj, 100 ml	7040		$15.11		$2.04
Q2014	G	Sermorelin acetate, 0.5 mg	7032		$15.78		$2.11
Q2015	G	Somatrem, 5 mg	7033		$199.50		$26.73
Q2016	G	Somatropin, 1 mg (any derivation)	7034		$39.90		$5.35
Q2017	G	Teniposide, 50 mg	7035		$195.28		$26.17
Q2018	G	Urofollitropin, 75 I.U.	7037		$69.73		$9.34
*Q2019	G	Basiliximab, 20 mg	1615		$1,250.01		$167.50
*Q2020	G	Histrelin Acetate, 0.5 mg	1616		$14.91		$2.00
*Q2021	G	Lepirdin, 50 mg	1617		$124.49		$16.68
*Q2022	G	Von Willebrand factor, per iu	1618		$.95		$.13
Q3001	H	Brachytherapy Seeds	0918				
*Q3002	G	Ga 67, per mCi	1619		$25.97		$3.17
*Q3003	G	TC 99M Bicisate, per vial	1620		$417.53		$55.95
*Q3004	G	Xe 133, per mCi	1621		$28.50		$3.66
*Q3005	G	TC 99M Mertiatide, per vial	1622		$185.82		$24.90
*Q3006	G	TC 99M Gluceptate	1623		$22.61		$2.76
*Q3007	G	P32 sodium, per mCi	1624		$74.10		$9.04
*Q3008	G	IN 111 Pentetreotide, per mCi	1625		$283.42		$37.98
*Q3009	G	TC 99M Oxidronate, per vial	1626		$38.38		$4.68
*Q3010	G	TC-99 labeled red blood cell, per test	1627		$38.95		$4.75
*Q3011	G	P32 phosphate chromic, per mCi	1628		$137.12		$16.73
Q9920	A	Epoetin with hct <= 20					
Q9921	A	Epoetin with hct = 21					
Q9922	A	Epoetin with hct = 22					
Q9923	A	Epoetin with hct = 23					
Q9924	A	Epoetin with hct = 24					
Q9925	A	Epoetin with hct = 25					
Q9926	A	Epoetin with hct = 26					
Q9927	A	Epoetin with hct = 27					
Q9928	A	Epoetin with hct = 28					
Q9929	A	Epoetin with hct = 29					
Q9930	A	Epoetin with hct = 30					
Q9931	A	Epoetin with hct = 31					
Q9932	A	Epoetin with hct = 32					
Q9933	A	Epoetin with hct = 33					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
Q9934	A	Epoetin with hct = 34					
Q9935	A	Epoetin with hct = 35					
Q9936	A	Epoetin with hct = 36					
Q9937	A	Epoetin with hct = 37					
Q9938	A	Epoetin with hct = 38					
Q9939	A	Epoetin with hct = 39					
Q9940	A	Epoetin with hct >= 40					
R0070	N	Transport portable x-ray					
R0075	N	Transport port x-ray multipl					
R0076	N	Transport portable EKG					
V2020	A	Vision svcs frames purchases					
V2025	E	Eyeglasses delux frames					
V2100	A	Lens spher single plano 4.00					
V2101	A	Single visn sphere 4.12-7.00					
V2102	A	Singl visn sphere 7.12-20.00					
V2103	A	Spherocylindr 4.00d/12-2.00d					
V2104	A	Spherocylindr 4.00d/2.12-4d					
V2105	A	Spherocylinder 4.00d/4.25-6d					
V2106	A	Spherocylinder 4.00d/>6.00d					
V2107	A	Spherocylinder 4.25d/12-2d					
V2108	A	Spherocylinder 4.25d/2.12-4d					
V2109	A	Spherocylinder 4.25d/4.25-6d					
V2110	A	Spherocylinder 4.25d/over 6d					
V2111	A	Spherocylindr 7.25d/.25-2.25					
V2112	A	Spherocylindr 7.25d/2.25-4d					
V2113	A	Spherocylindr 7.25d/4.25-6d					
V2114	A	Spherocylinder over 12.00d					
V2115	A	Lens lenticular bifocal					
V2116	A	Nonaspheric lens bifocal					
V2117	A	Aspheric lens bifocal					
V2118	A	Lens aniseikonic single					
V2199	A	Lens single vision not oth c					
V2200	A	Lens spher bifoc plano 4.00d					
V2201	A	Lens sphere bifocal 4.12-7.0					
V2202	A	Lens sphere bifocal 7.12-20.					
V2203	A	Lens sphcyl bifocal 4.00d/.1					
V2204	A	Lens sphcy bifocal 4.00d/2.1					
V2205	A	Lens sphcy bifocal 4.00d/4.2					
V2206	A	Lens sphcy bifocal 4.00d/ove					
V2207	A	Lens sphcy bifocal 4.25-7d/.					
V2208	A	Lens sphcy bifocal 4.25-7/2.					
V2209	A	Lens sphcy bifocal 4.25-7/4.					
V2210	A	Lens sphcy bifocal 4.25-7/ov					
V2211	A	Lens sphcy bifo 7.25-12/.25-					
V2212	A	Lens sphcyl bifo 7.25-12/2.2					
V2213	A	Lens sphcyl bifo 7.25-12/4.2					
V2214	A	Lens sphcyl bifocal over 12.					
V2215	A	Lens lenticular bifocal					
V2216	A	Lens lenticular nonaspheric					
V2217	A	Lens lenticular aspheric bif					
V2218	A	Lens aniseikonic bifocal					
V2219	A	Lens bifocal seg width over					
V2220	A	Lens bifocal add over 3.25d					
V2299	A	Lens bifocal speciality					
V2300	A	Lens sphere trifocal 4.00d					
V2301	A	Lens sphere trifocal 4.12-7.					
V2302	A	Lens sphere trifocal 7.12-20					
V2303	A	Lens sphcy trifocal 4.0/.12-					
V2304	A	Lens sphcy trifocal 4.0/2.25					
V2305	A	Lens sphcy trifocal 4.0/4.25					
V2306	A	Lens sphcyl trifocal 4.00/>6					
V2307	A	Lens sphcy trifocal 4.25-7/.					
V2308	A	Lens sphc trifocal 4.25-7/2.					
V2309	A	Lens sphc trifocal 4.25-7/4.					
V2310	A	Lens sphc trifocal 4.25-7/>6					
V2311	A	Lens sphc trifo 7.25-12/.25-					
V2312	A	Lens sphc trifo 7.25-12/2.25					
V2313	A	Lens sphc trifo 7.25-12/4.25					
V2314	A	Lens sphcyl trifocal over 12					
V2315	A	Lens lenticular trifocal					
V2316	A	Lens lenticular nonaspheric					
V2317	A	Lens lenticular aspheric tri					
V2318	A	Lens aniseikonic trifocal					
V2319	A	Lens trifocal seg width > 28					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
V2320	A	Lens trifocal add over 3.25d					
V2399	A	Lens trifocal speciality					
V2410	A	Lens variab asphericity sing					
V2430	A	Lens variable asphericity bi					
V2499	A	Variable asphericity lens					
V2500	A	Contact lens pmma spherical					
V2501	A	Cntct lens pmma-toric/prism					
V2502	A	Contact lens pmma bifocal					
V2503	A	Cntct lens pmma color vision					
V2510	A	Cntct gas permeable sphericl					
V2511	A	Cntct toric prism ballast					
V2512	A	Cntct lens gas permbl bifocl					
V2513	A	Contact lens extended wear					
V2520	A	Contact lens hydrophilic					
V2521	A	Cntct lens hydrophilic toric					
V2522	A	Cntct lens hydrophil bifocl					
V2523	A	Cntct lens hydrophil extend					
V2530	A	Contact lens gas impermeable					
V2531	A	Contact lens gas permeable					
V2599	A	Contact lens/es other type					
V2600	A	Hand held low vision aids					
V2610	A	Single lens spectacle mount					
V2615	A	Telescop/othr compound lens					
V2623	A	Plastic eye prosth custom					
V2624	A	Polishing artifical eye					
V2625	A	Enlargemnt of eye prosthesis					
V2626	A	Reduction of eye prosthesis					
V2627	A	Scleral cover shell					
V2628	A	Fabrication & fitting					
V2629	A	Prosthetic eye other type					
V2630	N	Anter chamber intraocul lens					
V2631	N	Iris support intraoclr lens					
V2632	N	Post chmbr intraocular lens					
V2700	A	Balance lens					
V2710	A	Glass/plastic slab off prism					
V2715	A	Prism lens/es					
V2718	A	Fresnell prism press-on lens					
V2730	A	Special base curve					
V2740	A	Rose tint plastic					
V2741	A	Non-rose tint plastic					
V2742	A	Rose tint glass					
V2743	A	Non-rose tint glass					
V2744	A	Tint photochromatic lens/es					
V2750	A	Anti-reflective coating					
V2755	A	UV lens/es					
V2760	A	Scratch resistant coating					
V2770	A	Occluder lens/es					
V2780	A	Oversize lens/es					
V2781	E	Progressive lens per lens					
V2785	F	Corneal tissue processing					
V2790	N	Amniotic membrane					
V2799	A	Miscellaneous vision service					
V5008	E	Hearing screening					
V5010	E	Assessment for hearing aid					
V5011	E	Hearing aid fitting/checking					
V5014	E	Hearing aid repair/modifying					
V5020	E	Conformity evaluation					
V5030	E	Body-worn hearing aid air					
V5040	E	Body-worn hearing aid bone					
V5050	E	Body-worn hearing aid in ear					
V5060	E	Behind ear hearing aid					
V5070	E	Glasses air conduction					
V5080	E	Glasses bone conduction					
V5090	E	Hearing aid dispensing fee					
V5100	E	Body-worn bilat hearing aid					
V5110	E	Hearing aid dispensing fee					
V5120	E	Body-worn binaur hearing aid					
V5130	E	In ear binaural hearing aid					
V5140	E	Behind ear binaur hearing ai					
V5150	E	Glasses binaural hearing aid					
V5160	E	Dispensing fee binaural					
V5170	E	Within ear cros hearing aid					
V5180	E	Behind ear cros hearing aid					
V5190	E	Glasses cros hearing aid					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
V5200	E	Cros hearing aid dispens fee					
V5210	E	In ear bicros hearing aid					
V5220	E	Behind ear bicros hearing ai					
V5230	E	Glasses bicros hearing aid					
V5240	E	Dispensing fee bicros					
V5299	E	Hearing service					
V5336	E	Repair communication device					
V5362	A	Speech screening					
V5363	A	Language screening					
V5364	A	Dysphagia screening					
25310	T	Transplant forearm tendon	0051	27.76	$1,376.79	$675.24	$275.36
25312	T	Transplant forearm tendon	0051	27.76	$1,376.79	$675.24	$275.36
25315	T	Revise palsy hand tendon(s)	0051	27.76	$1,376.79	$675.24	$275.36
25316	T	Revise palsy hand tendon(s)	0051	27.76	$1,376.79	$675.24	$275.36
25320	T	Repair/revise wrist joint	0051	27.76	$1,376.79	$675.24	$275.36
25332	T	Revise wrist joint	0047	22.09	$1,095.58	$537.03	$219.12
25335	T	Realignment of hand	0051	27.76	$1,376.79	$675.24	$275.36
25337	T	Reconstruct ulna/radioulnar	0051	27.76	$1,376.79	$675.24	$275.36
25350	T	Revision of radius	0051	27.76	$1,376.79	$675.24	$275.36
25355	T	Revision of radius	0051	27.76	$1,376.79	$675.24	$275.36
25360	T	Revision of ulna	0050	21.13	$1,047.96	$513.86	$209.59
25365	T	Revise radius & ulna	0050	21.13	$1,047.96	$513.86	$209.59
25370	T	Revise radius or ulna	0051	27.76	$1,376.79	$675.24	$275.36
25375	T	Revise radius & ulna	0051	27.76	$1,376.79	$675.24	$275.36
25390	C	Shorten radius or ulna					
25391	C	Lengthen radius or ulna					
25392	C	Shorten radius & ulna					
25393	C	Lengthen radius & ulna					
25400	T	Repair radius or ulna	0050	21.13	$1,047.96	$513.86	$209.59
25405	T	Repair/graft radius or ulna	0050	21.13	$1,047.96	$513.86	$209.59
25415	T	Repair radius & ulna	0050	21.13	$1,047.96	$513.86	$209.59
25420	C	Repair/graft radius & ulna					
25425	T	Repair/graft radius or ulna	0051	27.76	$1,376.79	$675.24	$275.36
25426	T	Repair/graft radius & ulna	0051	27.76	$1,376.79	$675.24	$275.36
25440	T	Repair/graft wrist bone	0051	27.76	$1,376.79	$675.24	$275.36
25441	T	Reconstruct wrist joint	0048	29.06	$1,441.26	$725.94	$288.25
25442	T	Reconstruct wrist joint	0048	29.06	$1,441.26	$725.94	$288.25
25443	T	Reconstruct wrist joint	0048	29.06	$1,441.26	$725.94	$288.25
25444	T	Reconstruct wrist joint	0048	29.06	$1,441.26	$725.94	$288.25
25445	T	Reconstruct wrist joint	0048	29.06	$1,441.26	$725.94	$288.25
25446	T	Wrist replacement	0048	29.06	$1,441.26	$725.94	$288.25
25447	T	Repair wrist joint(s)	0047	22.09	$1,095.58	$537.03	$219.12
25449	T	Remove wrist joint implant	0047	22.09	$1,095.58	$537.03	$219.12
25450	T	Revision of wrist joint	0051	27.76	$1,376.79	$675.24	$275.36
25455	T	Revision of wrist joint	0051	27.76	$1,376.79	$675.24	$275.36
25490	T	Reinforce radius	0051	27.76	$1,376.79	$675.24	$275.36
25491	T	Reinforce ulna	0051	27.76	$1,376.79	$675.24	$275.36
25492	T	Reinforce radius and ulna	0051	27.76	$1,376.79	$675.24	$275.36
25500	T	Treat fracture of radius	0044	2.17	$107.63	$38.08	$21.53
25505	T	Treat fracture of radius	0044	2.17	$107.63	$38.08	$21.53
25515	T	Treat fracture of radius	0046	22.29	$1,105.50	$535.76	$221.10
25520	T	Treat fracture of radius	0044	2.17	$107.63	$38.08	$21.53
25525	T	Treat fracture of radius	0046	22.29	$1,105.50	$535.76	$221.10
25526	T	Treat fracture of radius	0046	22.29	$1,105.50	$535.76	$221.10
25530	T	Treat fracture of ulna	0044	2.17	$107.63	$38.08	$21.53
25535	T	Treat fracture of ulna	0044	2.17	$107.63	$38.08	$21.53
25545	T	Treat fracture of ulna	0046	22.29	$1,105.50	$535.76	$221.10
25560	T	Treat fracture radius & ulna	0044	2.17	$107.63	$38.08	$21.53
25565	T	Treat fracture radius & ulna	0044	2.17	$107.63	$38.08	$21.53
25574	T	Treat fracture radius & ulna	0046	22.29	$1,105.50	$535.76	$221.10
25575	T	Treat fracture radius/ulna	0046	22.29	$1,105.50	$535.76	$221.10
25600	T	Treat fracture radius/ulna	0044	2.17	$107.63	$38.08	$21.53
25605	T	Treat fracture radius/ulna	0044	2.17	$107.63	$38.08	$21.53
25611	T	Treat fracture radius/ulna	0046	22.29	$1,105.50	$535.76	$221.10
25620	T	Treat fracture radius/ulna	0046	22.29	$1,105.50	$535.76	$221.10
25622	T	Treat wrist bone fracture	0044	2.17	$107.63	$38.08	$21.53
25624	T	Treat wrist bone fracture	0044	2.17	$107.63	$38.08	$21.53
25628	T	Treat wrist bone fracture	0046	22.29	$1,105.50	$535.76	$221.10
25630	T	Treat wrist bone fracture	0044	2.17	$107.63	$38.08	$21.53
25635	T	Treat wrist bone fracture	0044	2.17	$107.63	$38.08	$21.53
25645	T	Treat wrist bone fracture	0046	22.29	$1,105.50	$535.76	$221.10
25650	T	Treat wrist bone fracture	0044	2.17	$107.63	$38.08	$21.53
25660	T	Treat wrist dislocation	0044	2.17	$107.63	$38.08	$21.53
25670	T	Treat wrist dislocation	0046	22.29	$1,105.50	$535.76	$221.10

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
25675	T	Treat wrist dislocation	0044	2.17	$107.63	$38.08	$21.53
25676	T	Treat wrist dislocation	0046	22.29	$1,105.50	$535.76	$221.10
25680	T	Treat wrist fracture	0044	2.17	$107.63	$38.08	$21.53
25685	T	Treat wrist fracture	0046	22.29	$1,105.50	$535.76	$221.10
25690	T	Treat wrist dislocation	0044	2.17	$107.63	$38.08	$21.53
25695	T	Treat wrist dislocation	0046	22.29	$1,105.50	$535.76	$221.10
25800	T	Fusion of wrist joint	0051	27.76	$1,376.79	$675.24	$275.36
25805	T	Fusion/graft of wrist joint	0051	27.76	$1,376.79	$675.24	$275.36
25810	T	Fusion/graft of wrist joint	0051	27.76	$1,376.79	$675.24	$275.36
25820	T	Fusion of hand bones	0053	11.32	$561.42	$253.49	$112.28
25825	T	Fuse hand bones with graft	0054	19.66	$975.06	$472.33	$195.01
25830	T	Fusion, radioulnar jnt/ulna	0051	27.76	$1,376.79	$675.24	$275.36
25900	C	Amputation of forearm					
25905	C	Amputation of forearm					
25907	T	Amputation follow-up surgery	0049	15.04	$745.93	$356.95	$149.19
25909	C	Amputation follow-up surgery					
25915	C	Amputation of forearm					
25920	C	Amputate hand at wrist					
25922	T	Amputate hand at wrist	0049	15.04	$745.93	$356.95	$149.19
25924	C	Amputation follow-up surgery					
25927	C	Amputation of hand					
25929	T	Amputation follow-up surgery	0026	12.11	$600.61	$277.92	$120.12
25931	C	Amputation follow-up surgery					
25999	T	Forearm or wrist surgery	0044	2.17	$107.63	$38.08	$21.53
26010	T	Drainage of finger abscess	0006	2.00	$99.19	$33.95	$19.84
26011	T	Drainage of finger abscess	0007	3.68	$182.51	$72.03	$36.50
26020	T	Drain hand tendon sheath	0053	11.32	$561.42	$253.49	$112.28
26025	T	Drainage of palm bursa	0053	11.32	$561.42	$253.49	$112.28
26030	T	Drainage of palm bursa(s)	0053	11.32	$561.42	$253.49	$112.28
26034	T	Treat hand bone lesion	0053	11.32	$561.42	$253.49	$112.28
26035	T	Decompress fingers/hand	0053	11.32	$561.42	$253.49	$112.28
26037	T	Decompress fingers/hand	0053	11.32	$561.42	$253.49	$112.28
26040	T	Release palm contracture	0054	19.66	$975.06	$472.33	$195.01
26045	T	Release palm contracture	0054	19.66	$975.06	$472.33	$195.01
26055	T	Incise finger tendon sheath	0053	11.32	$561.42	$253.49	$112.28
26060	T	Incision of finger tendon	0053	11.32	$561.42	$253.49	$112.28
26070	T	Explore/treat hand joint	0053	11.32	$561.42	$253.49	$112.28
26075	T	Explore/treat finger joint	0053	11.32	$561.42	$253.49	$112.28
26080	T	Explore/treat finger joint	0053	11.32	$561.42	$253.49	$112.28
26100	T	Biopsy hand joint lining	0053	11.32	$561.42	$253.49	$112.28
26105	T	Biopsy finger joint lining	0053	11.32	$561.42	$253.49	$112.28
26110	T	Biopsy finger joint lining	0053	11.32	$561.42	$253.49	$112.28
26115	T	Removal of hand lesion	0022	12.49	$619.45	$292.94	$123.89
26116	T	Removal of hand lesion	0022	12.49	$619.45	$292.94	$123.89
26117	T	Remove tumor, hand/finger	0022	12.49	$619.45	$292.94	$123.89
26121	T	Release palm contracture	0054	19.66	$975.06	$472.33	$195.01
26123	T	Release palm contracture	0054	19.66	$975.06	$472.33	$195.01
26125	T	Release palm contracture	0054	19.66	$975.06	$472.33	$195.01
26130	T	Remove wrist joint lining	0053	11.32	$561.42	$253.49	$112.28
26135	T	Revise finger joint, each	0054	19.66	$975.06	$472.33	$195.01
26140	T	Revise finger joint, each	0053	11.32	$561.42	$253.49	$112.28
26145	T	Tendon excision, palm/finger	0053	11.32	$561.42	$253.49	$112.28
26160	T	Remove tendon sheath lesion	0053	11.32	$561.42	$253.49	$112.28
26170	T	Removal of palm tendon, each	0053	11.32	$561.42	$253.49	$112.28
26180	T	Removal of finger tendon	0053	11.32	$561.42	$253.49	$112.28
26185	T	Remove finger bone	0053	11.32	$561.42	$253.49	$112.28
26200	T	Remove hand bone lesion	0053	11.32	$561.42	$253.49	$112.28
26205	T	Remove/graft bone lesion	0054	19.66	$975.06	$472.33	$195.01
26210	T	Removal of finger lesion	0053	11.32	$561.42	$253.49	$112.28
26215	T	Remove/graft finger lesion	0053	11.32	$561.42	$253.49	$112.28
26230	T	Partial removal of hand bone	0053	11.32	$561.42	$253.49	$112.28
26235	T	Partial removal, finger bone	0053	11.32	$561.42	$253.49	$112.28
26236	T	Partial removal, finger bone	0053	11.32	$561.42	$253.49	$112.28
26250	T	Extensive hand surgery	0053	11.32	$561.42	$253.49	$112.28
26255	T	Extensive hand surgery	0054	19.66	$975.06	$472.33	$195.01
26260	T	Extensive finger surgery	0053	11.32	$561.42	$253.49	$112.28
26261	T	Extensive finger surgery	0053	11.32	$561.42	$253.49	$112.28
26262	T	Partial removal of finger	0053	11.32	$561.42	$253.49	$112.28
26320	T	Removal of implant from hand	0020	6.51	$322.87	$130.53	$64.57
26350	T	Repair finger/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26352	T	Repair/graft hand tendon	0054	19.66	$975.06	$472.33	$195.01
26356	T	Repair finger/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26357	T	Repair finger/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26358	T	Repair/graft hand tendon	0054	19.66	$975.06	$472.33	$195.01

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
26370	T	Repair finger/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26372	T	Repair/graft hand tendon	0054	19.66	$975.06	$472.33	$195.01
26373	T	Repair finger/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26390	T	Revise hand/finger tendon	0054	19.66	$975.06	$472.33	$195.01
26392	T	Repair/graft hand tendon	0054	19.66	$975.06	$472.33	$195.01
26410	T	Repair hand tendon	0053	11.32	$561.42	$253.49	$112.28
26412	T	Repair/graft hand tendon	0054	19.66	$975.06	$472.33	$195.01
26415	T	Excision, hand/finger tendon	0054	19.66	$975.06	$472.33	$195.01
26416	T	Graft hand or finger tendon	0054	19.66	$975.06	$472.33	$195.01
26418	T	Repair finger tendon	0053	11.32	$561.42	$253.49	$112.28
26420	T	Repair/graft finger tendon	0054	19.66	$975.06	$472.33	$195.01
26426	T	Repair finger/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26428	T	Repair/graft finger tendon	0054	19.66	$975.06	$472.33	$195.01
26432	T	Repair finger tendon	0053	11.32	$561.42	$253.49	$112.28
26433	T	Repair finger tendon	0053	11.32	$561.42	$253.49	$112.28
26434	T	Repair/graft finger tendon	0054	19.66	$975.06	$472.33	$195.01
26437	T	Realignment of tendons	0053	11.32	$561.42	$253.49	$112.28
26440	T	Release palm/finger tendon	0053	11.32	$561.42	$253.49	$112.28
26442	T	Release palm & finger tendon	0054	19.66	$975.06	$472.33	$195.01
26445	T	Release hand/finger tendon	0053	11.32	$561.42	$253.49	$112.28
26449	T	Release forearm/hand tendon	0054	19.66	$975.06	$472.33	$195.01
26450	T	Incision of palm tendon	0053	11.32	$561.42	$253.49	$112.28
26455	T	Incision of finger tendon	0053	11.32	$561.42	$253.49	$112.28
26460	T	Incise hand/finger tendon	0053	11.32	$561.42	$253.49	$112.28
26471	T	Fusion of finger tendons	0053	11.32	$561.42	$253.49	$112.28
26474	T	Fusion of finger tendons	0053	11.32	$561.42	$253.49	$112.28
26476	T	Tendon lengthening	0053	11.32	$561.42	$253.49	$112.28
26477	T	Tendon shortening	0053	11.32	$561.42	$253.49	$112.28
26478	T	Lengthening of hand tendon	0053	11.32	$561.42	$253.49	$112.28
26479	T	Shortening of hand tendon	0053	11.32	$561.42	$253.49	$112.28
26480	T	Transplant hand tendon	0054	19.66	$975.06	$472.33	$195.01
26483	T	Transplant/graft hand tendon	0054	19.66	$975.06	$472.33	$195.01
26485	T	Transplant palm tendon	0054	19.66	$975.06	$472.33	$195.01
26489	T	Transplant/graft palm tendon	0054	19.66	$975.06	$472.33	$195.01
26490	T	Revise thumb tendon	0054	19.66	$975.06	$472.33	$195.01
26492	T	Tendon transfer with graft	0054	19.66	$975.06	$472.33	$195.01
26494	T	Hand tendon/muscle transfer	0054	19.66	$975.06	$472.33	$195.01
26496	T	Revise thumb tendon	0054	19.66	$975.06	$472.33	$195.01
26497	T	Finger tendon transfer	0054	19.66	$975.06	$472.33	$195.01
26498	T	Finger tendon transfer	0054	19.66	$975.06	$472.33	$195.01
26499	T	Revision of finger	0054	19.66	$975.06	$472.33	$195.01
26500	T	Hand tendon reconstruction	0053	11.32	$561.42	$253.49	$112.28
26502	T	Hand tendon reconstruction	0054	19.66	$975.06	$472.33	$195.01
26504	T	Hand tendon reconstruction	0054	19.66	$975.06	$472.33	$195.01
26508	T	Release thumb contracture	0053	11.32	$561.42	$253.49	$112.28
26510	T	Thumb tendon transfer	0054	19.66	$975.06	$472.33	$195.01
26516	T	Fusion of knuckle joint	0054	19.66	$975.06	$472.33	$195.01
26517	T	Fusion of knuckle joints	0054	19.66	$975.06	$472.33	$195.01
26518	T	Fusion of knuckle joints	0054	19.66	$975.06	$472.33	$195.01
26520	T	Release knuckle contracture	0053	11.32	$561.42	$253.49	$112.28
26525	T	Release finger contracture	0053	11.32	$561.42	$253.49	$112.28
26530	T	Revise knuckle joint	0047	22.09	$1,095.58	$537.03	$219.12
26531	T	Revise knuckle with implant	0048	29.06	$1,441.26	$725.94	$288.25
26535	T	Revise finger joint	0047	22.09	$1,095.58	$537.03	$219.12
26536	T	Revise/implant finger joint	0048	29.06	$1,441.26	$725.94	$288.25
26540	T	Repair hand joint	0053	11.32	$561.42	$253.49	$112.28
26541	T	Repair hand joint with graft	0054	19.66	$975.06	$472.33	$195.01
26542	T	Repair hand joint with graft	0053	11.32	$561.42	$253.49	$112.28
26545	T	Reconstruct finger joint	0054	19.66	$975.06	$472.33	$195.01
26546	T	Repair nonunion hand	0054	19.66	$975.06	$472.33	$195.01
26548	T	Reconstruct finger joint	0054	19.66	$975.06	$472.33	$195.01
26550	T	Construct thumb replacement	0054	19.66	$975.06	$472.33	$195.01
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	19.66	$975.06	$472.33	$195.01
26556	C	Toe joint transfer					
26560	T	Repair of web finger	0053	11.32	$561.42	$253.49	$112.28
26561	T	Repair of web finger	0054	19.66	$975.06	$472.33	$195.01
26562	T	Repair of web finger	0054	19.66	$975.06	$472.33	$195.01
26565	T	Correct metacarpal flaw	0054	19.66	$975.06	$472.33	$195.01
26567	T	Correct finger deformity	0054	19.66	$975.06	$472.33	$195.01
26568	T	Lengthen metacarpal/finger	0054	19.66	$975.06	$472.33	$195.01
26580	T	Repair hand deformity	0054	19.66	$975.06	$472.33	$195.01

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
26585	T	Repair finger deformity	0054	19.66	$975.06	$472.33	$195.01
26587	T	Reconstruct extra finger	0053	11.32	$561.42	$253.49	$112.28
26590	T	Repair finger deformity	0054	19.66	$975.06	$472.33	$195.01
26591	T	Repair muscles of hand	0054	19.66	$975.06	$472.33	$195.01
26593	T	Release muscles of hand	0053	11.32	$561.42	$253.49	$112.28
26596	T	Excision constricting tissue	0054	19.66	$975.06	$472.33	$195.01
26597	T	Release of scar contracture	0054	19.66	$975.06	$472.33	$195.01
26600	T	Treat metacarpal fracture	0044	2.17	$107.63	$38.08	$21.53
26605	T	Treat metacarpal fracture	0044	2.17	$107.63	$38.08	$21.53
26607	T	Treat metacarpal fracture	0044	2.17	$107.63	$38.08	$21.53
26608	T	Treat metacarpal fracture	0046	22.29	$1,105.50	$535.76	$221.10
26615	T	Treat metacarpal fracture	0046	22.29	$1,105.50	$535.76	$221.10
26641	T	Treat thumb dislocation	0044	2.17	$107.63	$38.08	$21.53
26645	T	Treat thumb fracture	0044	2.17	$107.63	$38.08	$21.53
26650	T	Treat thumb fracture	0046	22.29	$1,105.50	$535.76	$221.10
26665	T	Treat thumb fracture	0046	22.29	$1,105.50	$535.76	$221.10
26670	T	Treat hand dislocation	0044	2.17	$107.63	$38.08	$21.53
26675	T	Treat hand dislocation	0045	11.02	$546.55	$277.12	$109.31
26676	T	Pin hand dislocation	0046	22.29	$1,105.50	$535.76	$221.10
26685	T	Treat hand dislocation	0046	22.29	$1,105.50	$535.76	$221.10
26686	T	Treat hand dislocation	0046	22.29	$1,105.50	$535.76	$221.10
26700	T	Treat knuckle dislocation	0043	1.64	$81.34	$25.46	$16.27
26705	T	Treat knuckle dislocation	0045	11.02	$546.55	$277.12	$109.31
26706	T	Pin knuckle dislocation	0044	2.17	$107.63	$38.08	$21.53
26715	T	Treat knuckle dislocation	0046	22.29	$1,105.50	$535.76	$221.10
26720	T	Treat finger fracture, each	0043	1.64	$81.34	$25.46	$16.27
26725	T	Treat finger fracture, each	0043	1.64	$81.34	$25.46	$16.27
26727	T	Treat finger fracture, each	0046	22.29	$1,105.50	$535.76	$221.10
26735	T	Treat finger fracture, each	0046	22.29	$1,105.50	$535.76	$221.10
26740	T	Treat finger fracture, each	0043	1.64	$81.34	$25.46	$16.27
26742	T	Treat finger fracture, each	0044	2.17	$107.63	$38.08	$21.53
26746	T	Treat finger fracture, each	0046	22.29	$1,105.50	$535.76	$221.10
26750	T	Treat finger fracture, each	0043	1.64	$81.34	$25.46	$16.27
26755	T	Treat finger fracture, each	0043	1.64	$81.34	$25.46	$16.27
26756	T	Pin finger fracture, each	0046	22.29	$1,105.50	$535.76	$221.10
26765	T	Treat finger fracture, each	0046	22.29	$1,105.50	$535.76	$221.10
26770	T	Treat finger dislocation	0043	1.64	$81.34	$25.46	$16.27
26775	T	Treat finger dislocation	0045	11.02	$546.55	$277.12	$109.31
26776	T	Pin finger dislocation	0046	22.29	$1,105.50	$535.76	$221.10
26785	T	Treat finger dislocation	0046	22.29	$1,105.50	$535.76	$221.10
26820	T	Thumb fusion with graft	0054	19.66	$975.06	$472.33	$195.01
26841	T	Fusion of thumb	0054	19.66	$975.06	$472.33	$195.01
26842	T	Thumb fusion with graft	0054	19.66	$975.06	$472.33	$195.01
26843	T	Fusion of hand joint	0054	19.66	$975.06	$472.33	$195.01
26844	T	Fusion/graft of hand joint	0054	19.66	$975.06	$472.33	$195.01
26850	T	Fusion of knuckle	0054	19.66	$975.06	$472.33	$195.01
26852	T	Fusion of knuckle with graft	0054	19.66	$975.06	$472.33	$195.01
26860	T	Fusion of finger joint	0054	19.66	$975.06	$472.33	$195.01
26861	T	Fusion of finger jnt, add-on	0054	19.66	$975.06	$472.33	$195.01
26862	T	Fusion/graft of finger joint	0054	19.66	$975.06	$472.33	$195.01
26863	T	Fuse/graft added joint	0054	19.66	$975.06	$472.33	$195.01
26910	T	Amputate metacarpal bone	0054	19.66	$975.06	$472.33	$195.01
26951	T	Amputation of finger/thumb	0053	11.32	$561.42	$253.49	$112.28
26952	T	Amputation of finger/thumb	0053	11.32	$561.42	$253.49	$112.28
26989	T	Hand/finger surgery	0043	1.64	$81.34	$25.46	$16.27
26990	T	Drainage of pelvis lesion	0049	15.04	$745.93	$356.95	$149.19
26991	T	Drainage of pelvis bursa	0049	15.04	$745.93	$356.95	$149.19
26992	C	Drainage of bone lesion					
27000	T	Incision of hip tendon	0049	15.04	$745.93	$356.95	$149.19
27001	T	Incision of hip tendon	0050	21.13	$1,047.96	$513.86	$209.59
27003	T	Incision of hip tendon	0050	21.13	$1,047.96	$513.86	$209.59
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	27.76	$1,376.79	$675.24	$275.36
27035	C	Denervation of hip joint					
27036	C	Excision of hip joint/muscle					
27040	T	Biopsy of soft tissues	0021	10.49	$520.26	$236.51	$104.05
27041	T	Biopsy of soft tissues	0022	12.49	$619.45	$292.94	$123.89
27047	T	Remove hip/pelvis lesion	0022	12.49	$619.45	$292.94	$123.89
27048	T	Remove hip/pelvis lesion	0022	12.49	$619.45	$292.94	$123.89
27049	T	Remove tumor, hip/pelvis	0022	12.49	$619.45	$292.94	$123.89
27050	T	Biopsy of sacroiliac joint	0049	15.04	$745.93	$356.95	$149.19

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
27052	T	Biopsy of hip joint	0049	15.04	$745.93	$356.95	$149.19
27054	C	Removal of hip joint lining					
27060	T	Removal of ischial bursa	0049	15.04	$745.93	$356.95	$149.19
27062	T	Remove femur lesion/bursa	0049	15.04	$745.93	$356.95	$149.19
27065	T	Removal of hip bone lesion	0049	15.04	$745.93	$356.95	$149.19
27066	T	Removal of hip bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
27067	T	Remove/graft hip bone lesion	0050	21.13	$1,047.96	$513.86	$209.59
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	21.13	$1,047.96	$513.86	$209.59
27086	T	Remove hip foreign body	0019	4.00	$198.39	$78.91	$39.68
27087	T	Remove hip foreign body	0049	15.04	$745.93	$356.95	$149.19
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	N	Inject sacroiliac joint					
27097	T	Revision of hip tendon	0050	21.13	$1,047.96	$513.86	$209.59
27098	T	Transfer tendon to pelvis	0050	21.13	$1,047.96	$513.86	$209.59
27100	T	Transfer of abdominal muscle	0051	27.76	$1,376.79	$675.24	$275.36
27105	T	Transfer of spinal muscle	0051	27.76	$1,376.79	$675.24	$275.36
27110	T	Transfer of iliopsoas muscle	0051	27.76	$1,376.79	$675.24	$275.36
27111	T	Transfer of iliopsoas muscle	0051	27.76	$1,376.79	$675.24	$275.36
27120	C	Reconstruction of hip socket					
27122	C	Reconstruction of hip socket					
27125	C	Partial hip replacement					
27130	C	Total hip replacement					
27132	C	Total hip replacement					
27134	C	Revise hip joint replacement					
27137	C	Revise hip joint replacement					
27138	C	Revise hip joint replacement					
27140	C	Transplant 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	0044	2.17	$107.63	$38.08	$21.53
27194	T	Treat pelvic ring fracture	0045	11.02	$546.55	$277.12	$109.31
27200	T	Treat tail bone fracture	0043	1.64	$81.34	$25.46	$16.27
27202	T	Treat tail bone fracture	0046	22.29	$1,105.50	$535.76	$221.10
27215	C	Treat pelvic fracture(s)					
27216	C	Treat pelvic ring fracture					
27217	C	Treat pelvic ring fracture					
27218	C	Treat pelvic ring fracture					
27220	T	Treat hip socket fracture	0044	2.17	$107.63	$38.08	$21.53
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	0044	2.17	$107.63	$38.08	$21.53
27232	C	Treat thigh fracture					
27235	C	Treat thigh fracture					
27236	C	Treat thigh fracture					
27238	T	Treat thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27240	C	Treat thigh fracture					
27244	C	Treat thigh fracture					
27245	C	Treat thigh fracture					

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

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

CPT/ HCPCS	HOPD Status Indicator	Description	APC	Relative Weight	Payment Rate	National Unadjusted Coinsurance	Minimum Unadjusted Coinsurance
27246	T	Treat thigh fracture	0044	2.17	$107.63	$38.08	$21.53
27248	C	Treat thigh fracture					
27250	T	Treat hip dislocation	0044	2.17	$107.63	$38.08	$21.53
27252	T	Treat hip dislocation	0045	11.02	$546.55	$277.12	$109.31
27253	C	Treat hip dislocation					
27254	C	Treat hip dislocation					
27256	T	Treat hip dislocation	0044	2.17	$107.63	$38.08	$21.53
27257	T	Treat hip dislocation	0045	11.02	$546.55	$277.12	$109.31
27258	C	Treat hip dislocation					
27259	C	Treat hip dislocation					
27265	T	Treat hip dislocation	0044	2.17	$107.63	$38.08	$21.53
27266	T	Treat hip dislocation	0047	22.09	$1,095.58	$537.03	$219.12
27275	T	Manipulation of hip joint	0045	11.02	$546.55	$277.12	$109.31

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

Addendum C—[Reserved]

ADDENDUM D.—STATUS INDICATORS: HOW VARIOUS SERVICES ARE TREATED UNDER THE HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Indicator	Service	Status
A	Pulmonary Rehabilitation Clinical Trial	Not Paid Under Ourpatient PPS.
C	Inpatient Procedures	Admit Patient; Bill as Inpatient.
A	Durable Medical Equipment, Prosthetics and Orthotics	DMEPOS Fee Schedule.
E	Non-Covered Items and Services	Not Paid Under Outpatient PPS.
A	Physical, Occupational and Speech Therapy	Rehabilitation Fee Schedule.
A	Ambulance	Ambulance Fee Schedule.
A	EPO for ESRD Patients	National Rate.
A	Clinical Diagnostic Laboratory Services	Laboratory Fee Schedule.
A	Physician Services for ESRD Patients	Not Paid Under Outpatient PPS.
A	Screening Mammography	Lower of Charges or National Rate.
N	Incidental Services, packaged into APC Rate	Packaged.
P	Partial Hospitalization	Paid Per Diem APC.
S	Significant Procedure, Not Discounted When Multiple	Paid Under Outpatient PPS.
T	Significant Procedure, Multiple Procedure Reduction Applies	Paid Under Outpatient PPS.
V	Visit to Clinic or Emergency Department	Paid Under Outpatient PPS.
X	Ancillary Service	Paid Under Outpatient PPS.
F	Acquisition of Corneal Tissue	Paid at Reasonable Cost.
G	Current Drug/Biological Pass-Through	Additional Payment.
H	Device Pass-Through	Additional Payment.
J	New Drug/Biological Pass-Through	Additional Payment.
K	Non Pass-Through Drug/Biological	Paid Under Outpatient PPS.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES

[Calendar Year 2001]

CPT/ HCPCS	HOPD 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
*16036	C	Incision of burn scab
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, remove fixation device
20661	C	Application of head brace
20662	C	Application of pelvis brace

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
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

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
21150	C	Reconstruct midface, lefort
21151	C	Reconstruct midface, lefort
21154	C	Reconstruct midface, lefort
21155	C	Reconstruct midface, lefort
21159	C	Reconstruct midface, lefort
21160	C	Reconstruct midface, lefort
21172	C	Reconstruct orbit/forehead
21175	C	Reconstruct orbit/forehead
21179	C	Reconstruct entire forehead
21180	C	Reconstruct entire forehead
21182	C	Reconstruct cranial bone
21183	C	Reconstruct cranial bone
21184	C	Reconstruct cranial bone
21188	C	Reconstruction of midface
21193	C	Reconstruct lower jaw bone
21194	C	Reconstruct lower jaw bone
21195	C	Reconstruct lower jaw bone
21196	C	Reconstruct lower jaw bone
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
21356	C	Treat cheek bone 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
21390	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
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
21557	C	Remove tumor, neck/chest
21615	C	Removal of rib
21616	C	Removal of rib and nerves
21620	C	Partial removal of sternum
21627	C	Sternal debridement
21630	C	Extensive sternum surgery
21632	C	Extensive sternum surgery
21705	C	Revision of neck muscle/rib
21740	C	Reconstruction of sternum
21750	C	Repair of sternum separation
21810	C	Treatment of rib fracture(s)
21825	C	Treat sternum fracture
22100	C	Remove part of neck vertebra
22101	C	Remove part, thorax vertebra
22102	C	Remove part, lumbar vertebra
22103	C	Remove extra spine segment
22110	C	Remove part of neck vertebra
22112	C	Remove part, thorax vertebra
22114	C	Remove part, lumbar vertebra
22116	C	Remove extra spine segment
22210	C	Revision of neck spine
22212	C	Revision of thorax spine
22214	C	Revision of lumbar spine
22216	C	Revise, extra spine segment
22220	C	Revision of neck spine

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
22222	C	Revision of thorax 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
22548	C	Neck spine fusion
22554	C	Neck spine fusion
22556	C	Thorax spine fusion
22558	C	Lumbar spine fusion
22585	C	Additional spinal fusion
22590	C	Spine & skull spinal fusion
22595	C	Neck spinal fusion
22600	C	Neck spine fusion
22610	C	Thorax spine fusion
22612	C	Lumbar spine fusion
22614	C	Spine fusion, extra segment
22630	C	Lumbar spine fusion
22632	C	Spine fusion, extra segment
22800	C	Fusion of spine
22802	C	Fusion of spine
22804	C	Fusion of spine
22808	C	Fusion of spine
22810	C	Fusion of spine
22812	C	Fusion of spine
22818	C	Kyphectomy, 1-2 segments
22819	C	Kyphectomy, 3 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
23035	C	Drain shoulder bone lesion
23125	C	Removal of collar bone
23195	C	Removal of head of humerus
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
23395	C	Muscle transfer, shoulder/arm
23397	C	Muscle transfers
23400	C	Fixation of shoulder blade
23440	C	Remove/transplant tendon
23470	C	Reconstruct shoulder joint
23472	C	Reconstruct shoulder joint
23900	C	Amputation of arm & girdle
23920	C	Amputation at shoulder joint
24149	C	Radical resection of elbow
24150	C	Extensive humerus surgery
24151	C	Extensive humerus surgery
24152	C	Extensive radius surgery
24153	C	Extensive radius surgery
24900	C	Amputation of upper arm
24920	C	Amputation of upper arm
24930	C	Amputation follow-up surgery
24931	C	Amputate upper arm & implant

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
24940	C	Revision of upper arm
25170	C	Extensive forearm surgery
25390	C	Shorten radius or ulna
25391	C	Lengthen radius or ulna
25392	C	Shorten radius & ulna
25393	C	Lengthen radius & ulna
25420	C	Repair/graft radius & ulna
25900	C	Amputation of forearm
25905	C	Amputation of forearm
25909	C	Amputation follow-up surgery
25915	C	Amputation of forearm
25920	C	Amputate hand at wrist
25924	C	Amputation follow-up surgery
25927	C	Amputation of hand
25931	C	Amputation follow-up surgery
26551	C	Great toe-hand transfer
26553	C	Single 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
27035	C	Denervation of hip joint
27036	C	Excision of hip joint/muscle
27054	C	Removal of hip joint lining
27070	C	Partial removal of hip bone
27071	C	Partial removal of hip bone
27075	C	Extensive hip surgery
27076	C	Extensive hip surgery
27077	C	Extensive hip surgery
27078	C	Extensive hip surgery
27079	C	Extensive hip surgery
27090	C	Removal of hip prosthesis
27091	C	Removal of hip prosthesis
27120	C	Reconstruction of hip socket
27122	C	Reconstruction of hip socket
27125	C	Partial hip replacement
27130	C	Total hip replacement
27132	C	Total hip replacement
27134	C	Revise hip joint replacement
27137	C	Revise hip joint replacement
27138	C	Revise hip joint replacement
27140	C	Transplant 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
27215	C	Treat pelvic fracture(s)
27216	C	Treat pelvic ring fracture
27217	C	Treat pelvic ring fracture
27218	C	Treat pelvic ring fracture
27222	C	Treat hip socket fracture
27226	C	Treat hip wall fracture
27227	C	Treat hip fracture(s)
27228	C	Treat hip fracture(s)
27232	C	Treat thigh fracture
27235	C	Treat thigh fracture

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.

*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
27446	C	Revision of knee joint
27447	C	Total knee replacement
27448	C	Incision of thigh
27450	C	Incision of thigh
27454	C	Realignment of thigh bone
27455	C	Realignment of knee
27457	C	Realignment of knee
27465	C	Shortening of thigh bone
27466	C	Lengthening of thigh bone
27468	C	Shorten/lengthen thighs
27470	C	Repair of thigh
27472	C	Repair/graft of thigh
27475	C	Surgery to stop leg growth
27477	C	Surgery to stop leg growth
27479	C	Surgery to stop leg growth
27485	C	Surgery to stop leg growth
27486	C	Revise/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
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

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
27888	C	Amputation of foot at ankle
28800	C	Amputation of midfoot
28805	C	Amputation thru metatarsal
31225	C	Removal of upper jaw
31230	C	Removal of upper jaw
31290	C	Nasal/sinus endoscopy, surg
31291	C	Nasal/sinus endoscopy, surg
31292	C	Nasal/sinus endoscopy, surg
31293	C	Nasal/sinus endoscopy, surg
31294	C	Nasal/sinus endoscopy, surg
31360	C	Removal of larynx
31365	C	Removal of larynx
31367	C	Partial removal of larynx
31368	C	Partial removal of larynx
31370	C	Partial removal of larynx
31375	C	Partial removal of larynx
31380	C	Partial removal of larynx
31382	C	Partial removal of larynx
31390	C	Removal of larynx & pharynx
31395	C	Reconstruct larynx & pharynx
31582	C	Revision of larynx
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
31785	C	Remove windpipe lesion
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
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	C	Drain, percut, 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

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
32652	C	Thoracoscopy, surgical
32653	C	Thoracoscopy, surgical
32654	C	Thoracoscopy, surgical
32655	C	Thoracoscopy, surgical
32656	C	Thoracoscopy, surgical
32657	C	Thoracoscopy, surgical
32658	C	Thoracoscopy, surgical
32659	C	Thoracoscopy, surgical
32660	C	Thoracoscopy, surgical
32661	C	Thoracoscopy, surgical
32662	C	Thoracoscopy, surgical
32663	C	Thoracoscopy, surgical
32664	C	Thoracoscopy, surgical
32665	C	Thoracoscopy, surgical
32800	C	Repair lung hernia
32810	C	Close chest after drainage
32815	C	Close bronchial fistula
32820	C	Reconstruct injured chest
32850	C	Donor pneumonectomy
32851	C	Lung transplant, single
32852	C	Lung transplant 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 revascularize (tmr)
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
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

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
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, simple fontan
33617	C	Repair, modified fontan
33619	C	Repair single ventricle
33641	C	Repair heart septum defect
33645	C	Revision of heart veins
33647	C	Repair heart septum defects
33660	C	Repair of heart defects
33665	C	Repair of heart defects
33670	C	Repair of heart chambers
33681	C	Repair heart septum defect

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
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
33968	C	Remove aortic assist device
33970	C	Aortic circulation assist
33971	C	Aortic circulation assist
33973	C	Insert balloon device

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
33974	C	Remove intra-aortic balloon
33975	C	Implant ventricular device
33976	C	Implant ventricular device
33977	C	Remove ventricular device
33978	C	Remove ventricular device
34001	C	Removal of artery clot
34051	C	Removal of artery clot
34151	C	Removal of artery clot
34401	C	Removal of vein clot
34451	C	Removal of vein clot
34502	C	Reconstruct vena cava
*34800	C	Repair abdominal aortic aneurysm
*34802	C	Repair abdominal aortic aneurysm
*34804	C	Repair abdominal aortic aneurysm
*34808	C	Repair abdominal aortic aneurysm
*34812	C	Repair abdominal aortic aneurysm
*34813	C	Repair abdominal aortic aneurysm
*34820	C	Repair abdominal aortic aneurysm
*34825	C	Repair abdominal aortic aneurysm
*34826	C	Repair abdominal aortic aneurysm
*34830	C	Repair abdominal aortic aneurysm
*34831	C	Repair abdominal aortic aneurysm
*34832	C	Repair abdominal aortic aneurysm
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
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

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.

*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
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
35511	C	Artery bypass graft
35515	C	Artery bypass graft
35516	C	Artery bypass graft
35518	C	Artery bypass graft
35521	C	Artery bypass graft
35526	C	Artery bypass graft
35531	C	Artery bypass graft
35533	C	Artery bypass graft
35536	C	Artery bypass graft
35541	C	Artery bypass graft
35546	C	Artery bypass graft
35548	C	Artery bypass graft
35549	C	Artery bypass graft
35551	C	Artery bypass graft
35556	C	Artery bypass graft
35558	C	Artery bypass graft
35560	C	Artery bypass graft
35563	C	Artery bypass graft
35565	C	Artery bypass graft
35566	C	Artery bypass graft
35571	C	Artery bypass graft
35582	C	Vein bypass graft
35583	C	Vein bypass graft
35585	C	Vein bypass graft
35587	C	Vein bypass graft
*35600	C	Harvest artery graft
35601	C	Artery bypass graft
35606	C	Artery bypass graft
35612	C	Artery bypass graft
35616	C	Artery bypass graft
35621	C	Artery bypass graft
35623	C	Bypass graft, not vein
35626	C	Artery bypass graft
35631	C	Artery bypass graft
35636	C	Artery bypass graft
35641	C	Artery bypass graft
35642	C	Artery bypass graft
35645	C	Artery bypass graft
35646	C	Artery bypass graft
35650	C	Artery bypass graft
35651	C	Artery bypass graft
35654	C	Artery bypass graft
35656	C	Artery bypass graft
35661	C	Artery bypass graft
35663	C	Artery bypass graft
35665	C	Artery bypass graft

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
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
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
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
38700	C	Removal of lymph nodes, neck
38724	C	Removal of lymph nodes, neck
38746	C	Remove thoracic lymph nodes
38747	C	Remove abdominal lymph nodes
38765	C	Remove groin lymph nodes
38770	C	Remove pelvis lymph nodes
38780	C	Remove abdomen lymph nodes
39000	C	Exploration of chest
39010	C	Exploration of chest
39200	C	Removal chest lesion
39220	C	Removal chest lesion
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

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
42842	C	Extensive surgery of throat
42845	C	Extensive surgery of throat
42894	C	Revision of pharyngeal walls
42953	C	Repair throat, esophagus
42961	C	Control throat bleeding
42971	C	Control nose/throat bleeding
43030	C	Throat muscle surgery
43045	C	Incision of esophagus
43100	C	Excision of esophagus lesion
43101	C	Excision of esophagus lesion
43107	C	Removal of esophagus
43108	C	Removal of esophagus
43112	C	Removal of esophagus
43113	C	Removal of esophagus
43116	C	Partial removal of esophagus
43117	C	Partial removal of esophagus
43118	C	Partial removal of esophagus
43121	C	Partial removal of esophagus
43122	C	Parital removal of esophagus
43123	C	Partial removal of esophagus
43124	C	Removal of esophagus
43135	C	Removal of esophagus pouch
43300	C	Repair of esophagus
43305	C	Repair esophagus and fistula
43310	C	Repair of esophagus
43312	C	Repair esophagus and fistula
43320	C	Fuse esophagus & stomach
43324	C	Revise esophagus & stomach
43325	C	Revise esophagus & stomach
43326	C	Revise esophagus & stomach
43330	C	Repair of esophagus
43331	C	Repair of esophagus
43340	C	Fuse esophagus & intestine
43341	C	Fuse esophagus & intestine
43350	C	Surgical opening, esophagus
43351	C	Surgical opening, esophagus
43352	C	Surgical opening, esophagus
43360	C	Gastrointestinal repair
43361	C	Gastrointestinal repair
43400	C	Ligate esophagus veins
43401	C	Esophagus surgery for veins
43405	C	Ligate/staple esophagus
43410	C	Repair esophagus wound
43415	C	Repair esophagus wound
43420	C	Repair esophagus opening
43425	C	Repair esophagus opening
43460	C	Pressure treatment esophagus
43496	C	Free jejunum flap, microvasc
43500	C	Surgical opening of stomach
43501	C	Surgical repair of stomach
43502	C	Surgical repair of stomach
43510	C	Surgical opening of stomach
43520	C	Incision of pyloric muscle
43605	C	Biopsy of stomach
43610	C	Excision of stomach lesion
43611	C	Excision of stomach lesion
43620	C	Removal of stomach
43621	C	Removal of stomach
43622	C	Removal of stomach
43631	C	Removal of stomach, partial
43632	C	Removal of stomach, partial

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.

*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
44015	C	Insert needle cath bowel
44020	C	Exploration of small bowel
44021	C	Decompress small bowel
44025	C	Incision of large bowel
44050	C	Reduce bowel obstruction
44055	C	Correct malrotation of bowel
44110	C	Excision of bowel lesion(s)
44111	C	Excision of bowel lesion(s)
44120	C	Removal of small intestine
44121	C	Removal of small intestine
44125	C	Removal of small intestine
*44130	C	Bowel to bowel fusion
*44132	C	Donor enterectomy
*44133	C	Donor enterectomy
*44135	C	Intestinal allotransplantation
*44136	C	Intestinal allotransplantation
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	Laparo, resect intestine
44300	C	Open bowel to skin
44310	C	Ileostomy/jejunostomy
44314	C	Revision of ileostomy
44316	C	Devise bowel pouch
44320	C	Colostomy
44322	C	Colostomy with biopsies
44345	C	Revision of colostomy
44346	C	Revision of colostomy
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

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
44625	C	Repair bowel opening
44626	C	Repair bowel opening
44640	C	Repair bowel-skin fistula
44650	C	Repair bowel fistula
44660	C	Repair bowel-bladder fistula
44661	C	Repair bowel-bladder fistula
44680	C	Surgical revision, intestine
44700	C	Suspend bowel w/prosthesis
44800	C	Excision of bowel pouch
44820	C	Excision of mesentery lesion
44850	C	Repair of mesentery
44899	C	Bowel surgery procedure
44900	C	Drain app abscess, open
44901	C	Drain app abscess, percut
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
45540	C	Correct rectal prolapse
45541	C	Correct rectal prolapse
45550	C	Repair rectum/remove sigmoid
45562	C	Exploration/repair of rectum
45563	C	Exploration/repair of rectum
45800	C	Repair 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
47001	C	Needle biopsy, liver add-on
47010	C	Open drainage, liver lesion
47011	C	Percut drain, liver lesion
47015	C	Inject/aspirate liver cyst
47100	C	Wedge biopsy of liver
47120	C	Partial removal of liver
47122	C	Extensive removal of liver
47125	C	Partial removal of liver
47130	C	Partial removal of liver
47133	C	Removal of donor liver
47134	C	Partial removal, donor liver
47135	C	Transplantation of liver
47136	C	Transplantation of liver
47300	C	Surgery for liver lesion
47350	C	Repair liver wound
47360	C	Repair liver wound
47361	C	Repair liver wound
47362	C	Repair liver wound
47400	C	Incision of liver duct
47420	C	Incision of bile duct
47425	C	Incision of bile duct

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
47460	C	Incise bile duct sphincter
47480	C	Incision of gallbladder
47490	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
48120	C	Removal of pancreas lesion
48140	C	Partial removal of pancreas
48145	C	Partial removal of pancreas
48146	C	Pancreatectomy
48148	C	Removal of pancreatic duct
48150	C	Partial removal of pancreas
48152	C	Pancreatectomy
48153	C	Pancreatectomy
48154	C	Pancreatectomy
48155	C	Removal of pancreas
48180	C	Fuse pancreas and bowel
48400	C	Injection, intraop add-on
48500	C	Surgery of pancreas cyst
48510	C	Drain pancreatic pseudocyst
48511	C	Drain pancreatic pseudocyst
48520	C	Fuse pancreas cyst and bowel
48540	C	Fuse pancreas cyst and bowel
48545	C	Pancreatorrhaphy
48547	C	Duodenal exclusion
48556	C	Removal, allograft pancreas
49000	C	Exploration of abdomen
49002	C	Reopening of abdomen
49010	C	Exploration behind abdomen
49020	C	Drain abdominal abscess
49021	C	Drain abdominal abscess
49040	C	Drain, open, abdom abscess
49041	C	Drain, percut, abdom abscess
49060	C	Drain, open, retrop abscess
49061	C	Drain, percut, retroper absc
49062	C	Drain to peritoneal cavity
49200	C	Removal of abdominal lesion
49201	C	Removal of abdominal lesion
49215	C	Excise sacral spine tumor
49220	C	Multiple surgery, abdomen
49255	C	Removal of omentum
49425	C	Insert abdomen-venous drain
49428	C	Ligation of shunt
49605	C	Repair umbilical lesion

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.
*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
49606	C	Repair umbilical lesion
49610	C	Repair umbilical lesion
49611	C	Repair umbilical lesion
49900	C	Repair of abdominal wall
49905	C	Omental flap
49906	C	Free omental flap, microvasc
50010	C	Exploration of kidney
50020	C	Renal abscess, open drain
50021	C	Renal abscess, percut drain
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
50135	C	Exploration of kidney
50205	C	Biopsy of kidney
50220	C	Removal of kidney
50225	C	Removal of kidney
50230	C	Removal of kidney
50234	C	Removal of kidney & ureter
50236	C	Removal of kidney & ureter
50240	C	Partial removal of kidney
50280	C	Removal of kidney lesion
50290	C	Removal of kidney lesion
50300	C	Removal of donor kidney
50320	C	Removal of donor kidney
50340	C	Removal of kidney
50360	C	Transplantation of kidney
50365	C	Transplantation of kidney
50370	C	Remove transplanted kidney
50380	C	Reimplantation of kidney
50400	C	Revision of kidney/ureter
50405	C	Revision of kidney/ureter
50500	C	Repair of kidney wound
50520	C	Close kidney-skin fistula
50525	C	Repair renal-abdomen fistula
50526	C	Repair renal-abdomen fistula
50540	C	Revision of horseshoe kidney
*50545	C	Laparoscopic nephrectomy
50546	C	Laparoscopic nephrectomy
50547	C	Laparo removal donor kidney
50548	C	Laparo-asst remove k/ureter
50570	C	Kidney endoscopy
50572	C	Kidney endoscopy
50574	C	Kidney endoscopy & biopsy
50575	C	Kidney endoscopy
50576	C	Kidney endoscopy & treatment
50578	C	Renal endoscopy/radiotracer
50580	C	Kidney endoscopy & treatment
50600	C	Exploration of ureter
50605	C	Insert ureteral support
50610	C	Removal of ureter stone
50620	C	Removal of ureter stone
50630	C	Removal of ureter stone
50650	C	Removal of ureter
50660	C	Removal of ureter
50700	C	Revision of ureter
50715	C	Release of ureter
50722	C	Release of ureter
50725	C	Release/revise ureter
50727	C	Revise ureter
50728	C	Revise ureter
50740	C	Fusion of ureter & kidney
50750	C	Fusion of ureter & kidney
50760	C	Fusion of ureters
50770	C	Splicing of ureters

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
50780	C	Reimplant ureter in bladder
50782	C	Reimplant ureter in bladder
50783	C	Reimplant ureter in bladder
50785	C	Reimplant ureter in bladder
50800	C	Implant ureter in bowel
50810	C	Fusion of ureter & bowel
50815	C	Urine shunt to bowel
50820	C	Construct bowel bladder
50825	C	Construct bowel bladder
50830	C	Revise urine flow
50840	C	Replace ureter by bowel
50845	C	Appendico-vesicostomy
50860	C	Transplant ureter to skin
50900	C	Repair of ureter
50920	C	Closure ureter/skin fistula
50930	C	Closure ureter/bowel fistula
50940	C	Release of ureter
51060	C	Removal of ureter stone
51525	C	Removal of bladder lesion
51530	C	Removal of bladder lesion
51535	C	Repair of ureter lesion
51550	C	Partial removal of bladder
51555	C	Partial removal of bladder
51565	C	Revise bladder & ureter(s)
51570	C	Removal of bladder
51575	C	Removal of bladder & nodes
51580	C	Remove bladder/revise tract
51585	C	Removal of bladder & nodes
51590	C	Remove bladder/revise tract
51595	C	Remove bladder/revise tract
51596	C	Remove bladder/create pouch
51597	C	Removal of pelvic structures
51800	C	Revision of bladder/urethra
51820	C	Revision of urinary tract
51840	C	Attach bladder/urethra
51841	C	Attach bladder/urethra
51845	C	Repair bladder neck
51860	C	Repair of bladder wound
51865	C	Repair of bladder wound
51900	C	Repair bladder/vagina lesion
51920	C	Close bladder-uterus fistula
51925	C	Hysterectomy/bladder repair
51940	C	Correction of bladder defect
51960	C	Revision of bladder & bowel
51980	C	Construct bladder opening
53085	C	Drainage of urinary leakage
53415	C	Reconstruction of urethra
53443	C	Reconstruction of urethra
54125	C	Removal of penis
54130	C	Remove penis & nodes
54135	C	Remove penis & nodes
54332	C	Revise penis/urethra
54336	C	Revise penis/urethra
54390	C	Repair penis and bladder
54430	C	Revision of penis
54535	C	Extensive testis surgery
54560	C	Exploration for testis
54650	C	Orchiopexy (Fowler-Stephens)
55600	C	Incise sperm duct pouch
55605	C	Incise sperm duct pouch
55650	C	Remove sperm duct pouch
55801	C	Removal of prostate
55810	C	Extensive prostate surgery
55812	C	Extensive prostate surgery
55815	C	Extensive prostate surgery
55821	C	Removal of prostate
55831	C	Removal of prostate
55840	C	Extensive prostate surgery
55842	C	Extensive prostate surgery
55845	C	Extensive prostate surgery
55862	C	Extensive prostate surgery

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
55865	C	Extensive prostate surgery
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
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
58150	C	Total hysterectomy
58152	C	Total hysterectomy
58180	C	Partial hysterectomy
58200	C	Extensive hysterectomy
58210	C	Extensive hysterectomy
58240	C	Removal of pelvis contents
58260	C	Vaginal hysterectomy
58262	C	Vaginal hysterectomy
58263	C	Vaginal hysterectomy
58267	C	Hysterectomy & vagina repair
58270	C	Hysterectomy & vagina repair
58275	C	Hysterectomy/revise vagina
58280	C	Hysterectomy/revise vagina
58285	C	Extensive hysterectomy
58400	C	Suspension of uterus
58410	C	Suspension of uterus
58520	C	Repair of ruptured uterus
58540	C	Revision of uterus
58605	C	Division of fallopian tube
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
58770	C	Create new tubal opening
58805	C	Drainage of ovarian cyst(s)
58822	C	Drain ovary abscess, percut
58823	C	Drain pelvic 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
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

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.

*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
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
61320	C	Open skull for drainage
61321	C	Open skull for drainage
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
61480	C	Incise skull for surgery
61490	C	Incise skull for surgery
61500	C	Removal of skull lesion
61501	C	Remove infected skull bone
61510	C	Removal of brain lesion
61512	C	Remove brain lining lesion
61514	C	Removal of brain abscess
61516	C	Removal of brain lesion
61518	C	Removal of brain lesion
61519	C	Remove brain lining lesion
61520	C	Removal of brain lesion
61521	C	Removal of brain lesion
61522	C	Removal of brain abscess
61524	C	Removal of brain lesion
61526	C	Removal of brain lesion
61530	C	Removal of brain lesion
61531	C	Implant brain electrodes
61533	C	Implant brain electrodes

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
61534	C	Removal of brain lesion
61535	C	Remove brain electrodes
61536	C	Removal of brain lesion
61538	C	Removal of brain tissue
61539	C	Removal of brain tissue
61541	C	Incision of brain tissue
61542	C	Removal of brain tissue
61543	C	Removal of brain tissue
61544	C	Remove & treat brain lesion
61545	C	Excision of brain tumor
61546	C	Removal of pituitary gland
61548	C	Removal of pituitary gland
61550	C	Release of skull seams
61552	C	Release of skull seams
61556	C	Incise skull/sutures
61557	C	Incise skull/sutures
61558	C	Excision of skull/sutures
61559	C	Excision of skull/sutures
61563	C	Excision of skull tumor
61564	C	Excision of skull tumor
61570	C	Remove 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
61626	C	Occlusion/embolization cath
61680	C	Intracranial vessel surgery
61682	C	Intracranial vessel surgery
61684	C	Intracranial vessel surgery
61686	C	Intracranial vessel surgery
61690	C	Intracranial vessel surgery
61692	C	Intracranial vessel surgery
*61697	C	Intracranial aneurysm surgery
*61698	C	Intracranial aneurysm surgery
61700	C	Inner skull vessel surgery
61702	C	Inner skull vessel surgery
61703	C	Clamp neck artery
61705	C	Revise circulation to head
61708	C	Revise circulation to head
61710	C	Revise circulation to head
61711	C	Fusion of skull arteries
61720	C	Incise skull/brain surgery

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
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
61791	C	Treat trigeminal tract
61850	C	Implant neuroelectrodes
61860	C	Implant neuroelectrodes
61862	C	Implant neurostimul, subcort
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
62180	C	Establish brain cavity shunt
62190	C	Establish brain cavity shunt
62192	C	Establish brain cavity shunt
62200	C	Establish brain cavity shunt
62201	C	Establish brain cavity shunt
62220	C	Establish brain cavity shunt
62223	C	Establish brain cavity shunt
62256	C	Remove brain cavity shunt
62258	C	Replace brain cavity shunt
62351	C	Implant spinal canal cath
63001	C	Removal of spinal lamina
63003	C	Removal of spinal lamina
63005	C	Removal of spinal lamina
63011	C	Removal of spinal lamina
63012	C	Removal of spinal lamina
63015	C	Removal of spinal lamina
63016	C	Removal of spinal lamina
63017	C	Removal of spinal lamina
63020	C	Neck spine disk surgery
63030	C	Low back disk surgery
63035	C	Spinal disk surgery add-on
63040	C	Neck spine disk surgery
63042	C	Low back disk surgery
*63043	C	Repair of skull
*63044	C	Repair of skull
63045	C	Removal of spinal lamina
63046	C	Removal of spinal lamina
63047	C	Removal of spinal lamina
63048	C	Remove spinal lamina add-on
63055	C	Decompress spinal cord
63056	C	Decompress spinal cord
63057	C	Decompress spine cord add-on
63064	C	Decompress spinal cord
63066	C	Decompress spine cord add-on
63075	C	Neck spine disk surgery
63076	C	Neck spine disk surgery
63077	C	Spine disk surgery, thorax
63078	C	Spine disk surgery, thorax
63081	C	Removal of vertebral body
63082	C	Remove vertebral body add-on
63085	C	Removal of vertebral body

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Copyright American Dental Association. All rights reserved.

*Code is new in 2001.

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
63086	C	Remove vertebral body add-on
63087	C	Removal of vertebral body
63088	C	Remove vertebral body add-on
63090	C	Removal of vertebral body
63091	C	Remove vertebral body add-on
63170	C	Incise spinal cord tract(s)
63172	C	Drainage of spinal cyst
63173	C	Drainage of spinal cyst
63180	C	Revise spinal cord ligaments
63182	C	Revise spinal cord ligaments
63185	C	Incise spinal column/nerves
63190	C	Incise spinal column/nerves
63191	C	Incise spinal column/nerves
63194	C	Incise spinal column & cord
63195	C	Incise spinal column & cord
63196	C	Incise spinal column & cord
63197	C	Incise spinal column & cord
63198	C	Incise spinal column & cord
63199	C	Incise spinal column & cord
63200	C	Release of spinal cord
63250	C	Revise spinal cord vessels
63251	C	Revise spinal cord vessels
63252	C	Revise spinal cord vessels
63265	C	Excise intraspinal lesion
63266	C	Excise intraspinal lesion
63267	C	Excise intraspinal lesion
63268	C	Excise intraspinal lesion
63270	C	Excise intraspinal lesion
63271	C	Excise intraspinal lesion
63272	C	Excise intraspinal lesion
63273	C	Excise intraspinal lesion
63275	C	Biopsy/excise spinal tumor
63276	C	Biopsy/excise spinal tumor
63277	C	Biopsy/excise spinal tumor
63278	C	Biopsy/excise spinal tumor
63280	C	Biopsy/excise spinal tumor
63281	C	Biopsy/excise spinal tumor
63282	C	Biopsy/excise spinal tumor
63283	C	Biopsy/excise spinal tumor

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
63285	C	Biopsy/excise spinal tumor
63286	C	Biopsy/excise spinal tumor
63287	C	Biopsy/excise spinal tumor
63290	C	Biopsy/excise spinal tumor
63300	C	Removal of vertebral body
63301	C	Removal of vertebral body
63302	C	Removal of vertebral body
63303	C	Removal of vertebral body
63304	C	Removal of vertebral body
63305	C	Removal of vertebral body
63306	C	Removal of vertebral body
63307	C	Removal of vertebral body
63308	C	Remove vertebral body add-on
63655	C	Implant neuroelectrodes
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
64752	C	Incision of vagus nerve
64755	C	Incision of stomach nerves
64760	C	Incision of vagus nerve
64763	C	Incise hip/thigh nerve
64766	C	Incise hip/thigh nerve
64802	C	Remove sympathetic nerves
64804	C	Remove sympathetic nerves
64809	C	Remove sympathetic nerves
64818	C	Remove sympathetic nerves
64820	C	Remove sympathetic nerves
64866	C	Fusion of facial/other nerve
64868	C	Fusion of facial/other nerve
65273	C	Repair of eye wound
69150	C	Extensive ear canal surgery
69155	C	Extensive ear/neck surgery
69502	C	Mastoidectomy
69535	C	Remove part of temporal bone
69554	C	Remove ear lesion
69950	C	Incise inner ear nerve

ADDENDUM E.—CPT CODES WHICH WILL BE PAID ONLY AS INPATIENT PROCEDURES—Continued

[Calendar Year 2001]

CPT/ HCPCS	HOPD status indicator	Description
69970	C	Remove inner ear lesion
75900	C	Arterial catheter exchange
*75952	C	Abdominal aortic aneurysm repair
*75953	C	Abdominal aortic aneurysm repair
92970	C	Cardioassist, internal
92971	C	Cardioassist, external
92975	C	Dissolve clot, heart vessel
92986	C	Revision of aortic valve
92987	C	Revision of mitral valve
92990	C	Revision of pulmonary valve
92992	C	Revision of heart chamber
92993	C	Revision of heart chamber
92997	C	Pul art balloon repr, percut
92998	C	Pul art balloon repr, percut
94652	C	Pressure breathing (IPPB)
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
99295	C	Neonatal critical care
99296	C	Neonatal critical care
99297	C	Neonatal critical care
99298	C	Neonatal critical care
99356	C	Prolonged service, inpatient
99357	C	Prolonged service, inpatient
99433	C	Normal newborn care/hospital

CPT codes and descriptions only are copyright American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Copyright American Dental Association. All rights reserved.

*Code is new in 2001.

ADDENDUM F—WAGE INDEX FOR URBAN AREAS

Urban Area (Constituent Counties)	Wage Index
0040 Abilene, −+*	0.8240
Taylor, TX	
0060 Aguadilla, PR	0.4391
Aguada, PR	
Aguadilla, PR	
Moca, PR	
0080 Akron, OH	0.9736
Portage, OH	
Summit, OH	
0120 Albany, GA	0.9933
Dougherty, GA	
Lee, GA	
0160 Albany-Schenectady-Troy, NY	0.8549
Albany, NY	
Montgomery, NY	
Rensselaer, NY	
Saratoga, NY	
Schenectady, NY	
Schoharie, NY	
0200 Albuquerque, NM	0.9136
Bernalillo, NM	
Sandoval, NM	
Valencia, NM	
0220 Alexandria, LA	0.8170
Rapides, LA	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
0240 Allentown-Bethlehem-Easton, PA	0.9925
Carbon, PA	
Lehigh, PA	
Northampton, PA	
0280 Altoona, PA	0.9346
Blair, PA	
0320 Amarillo, TX Potter, TX	0.8715
Randall, TX	
0380 Anchorage, AK	1.2865
Anchorage, AK	
0440 Ann Arbor, MI	1.1254
Lenawee, MI	
Livingston, MI	
Washtenaw, MI	
0450 Anniston, AL	0.8284
Calhoun, AL	
0460 Appleton-Oshkosh-Neenah, WI	0.9052
Calumet, WI	
Outagamie, WI	
Winnebago, WI	
0470 Arecibo, PR	0.4525
Arecibo, PR	
Camuy, PR	
Hatillo, PR	
0480 Asheville, NC	0.9516
Buncombe, NC	
Madison, NC	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
0500 Athens, GA	0.9739
Clarke, GA	
Madison, GA	
Oconee, GA	
0520 Atlanta, GA[1]	1.0096
Barrow, GA	
Bartow, GA	
Carroll, GA	
Cherokee, GA	
Clayton, GA	
Cobb, GA	
Coweta, GA	
DeKalb, GA	
Douglas, GA	
Fayette, GA	
Forsyth, GA	
Fulton, GA	
Gwinnett, GA	
Henry, GA	
Newton, GA	
Paulding, GA	
Pickens, GA	
Rockdale, GA	
Spalding, GA	
Walton, GA	
0560 Atlantic-Cape May, NJ	1.1182
Atlantic, NJ	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
Cape May, NJ	
0580 Auburn-Opelika, AL	0.8106
Lee, AL	
0600 Augusta-Aiken, GA–SC	0.9160
Columbia, GA	
McDuffie, GA	
Richmond, GA	
Aiken, SC	
Edgefield, SC	
0640 Austin-San Marcos, TX [1]	0.9577
Bastrop, TX	
Caldwell, TX	
Hays, TX	
Travis, TX	
Williamson, TX	
0680 Bakersfield, CA [2]	0.9861
Kern, CA	
0720 Baltimore, MD [1]	0.9365
Anne Arundel, MD	
Baltimore County, MD	
Baltimore City, MD	
Carroll, MD	
Harford, MD	
Howard, MD	
Queen Anne's, MD	
0733 Bangor, ME	0.9561
Penobscot, ME	
0743 Barnstable-Yarmouth, MA	1.3839
Barnstable, MA	
0760 Baton Rouge, LA	0.8842
Ascension, LA	
East Baton Rouge, LA	
Livingston, LA	
West Baton Rouge, LA	
0840 Beaumont-Port Arthur, TX	0.8744
Hardin, TX	
Jefferson, TX	
Orange, TX	
0860 Bellingham, WA	1.1439
Whatcom, WA	
0870 Benton Harbor, MI [2]	0.9021
Berrien, MI	
0875 Bergen-Passaic, NJ [1]	1.1605
Bergen, NJ	
Passaic, NJ	
0880 Billings, MT	0.9591
Yellowstone, MT	
0920 Biloxi-Gulfport-Pascagoula, MS	0.8236
Hancock, MS	
Harrison, MS	
Jackson, MS	
0960 Binghamton, NY	0.8690
Broome, NY	
Tioga, NY	
1000 Birmingham, AL	0.8477
Blount, AL	
Jefferson, AL	
St. Clair, AL	
Shelby, AL	
1010 Bismarck, ND	0.7897
Burleigh, ND	
Morton, ND	
1020 Bloomington, IN	0.8733
Monroe, IN	
1040 Bloomington-Normal, IL	0.9156
McLean, IL	
1080 Boise City, ID	0.9042
Ada, ID	
Canyon, ID	
1123 Boston-Worcester-Lawrence-Lowell-Brockton, MA–NH (MA Hospitals) [1, 2]	1.1204
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1123 Boston-Worcester-Lawrence-Lowell-Brockton, MA–NH (NH Hospitals) [1]	1.1160
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1125 Boulder-Longmont, CO	0.9731
Boulder, CO	
1145 Brazoria, TX	0.8658
Brazoria, TX	
1150 Bremerton, WA	1.0975
Kitsap, WA	
1240 Brownsville-Harlingen-San Benito, TX	0.8722
Cameron, TX	
1260 Bryan-College Station, TX	0.8237
Brazos, TX	
1280 Buffalo-Niagara Falls, NY [1]	0.9580
Erie, NY	
Niagara, NY	
1303 Burlington, VT	1.0735
Chittenden, VT	
Franklin, VT	
Grand Isle, VT	
1310 Caguas, PR	0.4562
Caguas, PR	
Cayey, PR	
Cidra, PR	
Gurabo, PR	
San Lorenzo, PR	
1320 Canton-Massillon, OH [2]	0.8670
Carroll, OH	
Stark, OH	
1350 Casper, WY [2]	0.8817
Natrona, WY	
1360 Cedar Rapids, IA	0.8736
Linn, IA	
1400 Champaign-Urbana, IL	0.9198
Champaign, IL	
1440 Charleston-North Charleston, SC	0.9067
Berkeley, SC	
Charleston, SC	
Dorchester, SC	
1480 Charleston, WV	0.9240
Kanawha, WV	
Putnam, WV	
1520 Charlotte-Gastonia-Rock Hill, NC–SC [1]	0.9391
Cabarrus, NC	
Gaston, NC	
Lincoln, NC	
Mecklenburg, NC	
Rowan, NC	
Stanly, NC	
Union, NC	
York, SC	
1540 Charlottesville, VA	1.0789
Albemarle, VA	
Charlottesville City, VA	
Fluvanna, VA	
Greene, VA	
1560 Chattanooga, TN–GA	0.9833
Catoosa, GA	
Dade, GA	
Walker, GA	
Hamilton, TN	
Marion, TN	
1580 Cheyenne, WY [2]	0.8817
Laramie, WY	
1600 Chicago, IL [1]	1.1146
Cook, IL	
DeKalb, IL	
DuPage, IL	
Grundy, IL	
Kane, IL	
Kendall, IL	
Lake, IL	
McHenry, IL	
Will, IL	
1620 Chico-Paradise, CA	0.9918
Butte, CA	
1640 Cincinnati, OH–KY–IN [1]	0.9415
Dearborn, IN	
Ohio, IN	
Boone, KY	
Campbell, KY	
Gallatin, KY	
Grant, KY	
Kenton, KY	
Pendleton, KY	
Brown, OH	
Clermont, OH	
Hamilton, OH	
Warren, OH	
1660 Clarksville-Hopkinsville, TN–KY	0.8277
Christian, KY	
Montgomery, TN	
1680 Cleveland-Lorain-Elyria, OH [1]	0.9593
Ashtabula, OH	
Cuyahoga, OH	
Geauga, OH	
Lake, OH	
Lorain, OH	
Medina, OH	
1720 Colorado Springs, CO	0.9697
El Paso, CO	
1740 Columbia, MO	0.8961
Boone, MO	
1760 Columbia, SC	0.9554
Lexington, SC	
Richland, SC	
1800 Columbus, GA–AL Russell, AL	0.8568
Chattahoochee, GA	
Harris, GA	
Muscogee, GA	
1840 Columbus, OH [1]	0.9619
Delaware, OH	
Fairfield, OH	
Franklin, OH	
Licking, OH	
Madison, OH	
Pickaway, OH	
1880 Corpus Christi, TX	0.8726
Nueces, TX	
San Patricio, TX	
1890 Corvallis, OR	1.1326
Benton, OR	
1900 Cumberland, MD–WV (MD Hospitals) [2]	0.8651
Allegany, MD	
Mineral, WV	
1900 Cumberland, MD–WV (WV Hospital)	0.8369
Allegany, MD	
Mineral, WV	
1920 Dallas, TX [1]	0.9913
Collin, TX	
Dallas, TX	
Denton, TX	
Ellis, TX	
Henderson, TX	
Hunt, TX	
Kaufman, TX	
Rockwall, TX	
1950 Danville, VA	0.8589
Danville City, VA	
Pittsylvania, VA	
1960 Davenport-Moline-Rock Island, IA–IL	0.8898

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
Scott, IA	
Henry, IL	
Rock Island, IL	
2000 Dayton-Springfield, OH	0.9442
Clark, OH	
Greene, OH	
Miami, OH	
Montgomery, OH	
2020 Daytona Beach, FL	0.9147
Flagler, FL	
Volusia, FL	
2030 Decatur, AL	0.8534
Lawrence, AL	
Morgan, AL	
2040 Decatur, IL [2]	0.8160
Macon, IL	
2080 Denver, CO [1]	1.0181
Adams, CO	
Arapahoe, CO	
Denver, CO	
Douglas, CO	
Jefferson, CO	
2120 Des Moines, IA	0.9118
Dallas, IA	
Polk, IA	
Warren, IA	
2160 Detroit, MI [1]	1.0510
Lapeer, MI	
Macomb, MI	
Monroe, MI	
Oakland, MI	
St. Clair, MI	
Wayne, MI	
2180 Dothan, AL	0.8013
Dale, AL	
Houston, AL	
2190 Dover, DE	1.0078
Kent, DE	
2200 Dubuque, IA	0.8746
Dubuque, IA	
2240 Duluth-Superior, MN–WI	1.0043
St. Louis, MN	
Douglas, WI	
2281 Dutchess County, NY	0.9491
Dutchess, NY	
2290 Eau Claire, WI [2]	0.8880
Chippewa, WI	
Eau Claire, WI	
2320 El Paso, TX	0.9346
El Paso, TX	
2330 Elkhart-Goshen, IN	0.9145
Elkhart, IN	
2335 Elmira, NY	0.8546
Chemung, NY	
2340 Enid, OK	0.8610
Garfield, OK	
2360 Erie, PA	0.8985
Erie, PA	
2400 Eugene-Springfield, OR	1.0965
Lane, OR	
2440 Evansville-Henderson, IN–KY (IN Hospitals) [2]	0.8602
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2440 Evansville-Henderson, IN–KY (KY Hospitals)	0.8173
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2520 Fargo-Moorhead, ND–MN	0.8749
Clay, MN	
Cass, ND	
2560 Fayetteville, NC	0.8655
Cumberland, NC	
2580 Fayetteville-Springdale-Rogers, AR	0.7910
Benton, AR	
Washington, AR	
2620 Flagstaff, AZ–UT	1.0686
Coconino, AZ	
Kane, UT	
2640 Flint, MI	1.1205
Genesee, MI	
2650 Florence, AL	0.7652
Colbert, AL	
Lauderdale, AL	
2655 Florence, SC	0.8777
Florence, SC	
2670 Fort Collins-Loveland, CO	1.0647
Larimer, CO	
2680 [1] Ft. Lauderdale, FL	1.0152
Broward, FL	
2700 Fort Myers-Cape Coral, FL	0.9247
Lee, FL	
2710 Fort Pierce-Port St. Lucie, FL	0.9622
Martin, FL	
St. Lucie, FL	
2720 Fort Smith, AR–OK	0.8052
Crawford, AR	
Sebastian, AR	
Sequoyah, OK	
2750 Fort Walton Beach, FL	0.9607
Okaloosa, FL	
2760 Fort Wayne, IN	0.8665
Adams, IN	
Allen, IN	
De Kalb, IN	
Huntington, IN	
Wells, IN	
Whitley, IN	
2800 Forth Worth-Arlington, TX [1]	0.9527
Hood, TX	
Johnson, TX	
Parker, TX	
Tarrant, TX	
2840 Fresno, CA	1.0104
Fresno, CA	
Madera, CA	
2880 Gadsden, AL	0.8423
Etowah, AL	
2900 Gainesville, FL	1.0074
Alachua, FL	
2920 Galveston-Texas City, TX	0.9918
Galveston, TX	
2960 Gary, IN	0.9454
Lake, IN	
Porter, IN	
2975 Glens Falls, NY [2]	0.8499
Warren, NY	
Washington, NY	
2980 Goldsboro, NC [2]	0.8441
Wayne, NC	
2985 Grand Forks, ND–MN	0.8954
Polk, MN	
Grand Forks, ND	
2995 Grand Junction, CO	0.9471
Mesa, CO	
3000 Grand Rapids-Muskegon-Holland, MI [1]	1.0248
Allegan, MI	
Kent, MI	
Muskegon, MI	
Ottawa, MI	
3040 Great Falls, MT	0.9330
Cascade, MT	
3060 Greeley, CO	0.9814
Weld, CO	
3080 Green Bay, WI	0.9308
Brown, WI	
3120 Greensboro-Winston-Salem-High Point, NC [1]	0.9124
Alamance, NC	
Davidson, NC	
Davie, NC	
Forsyth, NC Guilford, NC	
Randolph, NC	
Stokes, NC	
Yadkin, NC	
3150 Greenville, NC	0.9384
Pitt, NC	
3160 Greenville-Spartanburg-Anderson, SC	0.9003
Anderson, SC	
Cherokee, SC	
Greenville, SC	
Pickens, SC	
Spartanburg, SC	
3180 Hagerstown, MD	0.9409
Washington, MD	
3200 Hamilton-Middletown, OH	0.9061
Butler, OH	
3240 Harrisburg-Lebanon-Carlisle, PA	0.9386
Cumberland, PA	
Dauphin, PA	
Lebanon, PA	
Perry, PA	
3283 Hartford, CT [1, 2]	1.1715
Hartford, CT	
Litchfield, CT	
Middlesex, CT	
Tolland, CT	
3285 Hattiesburg, MS [2]	0.7491
Forrest, MS	
Lamar, MS	
3290 Hickory-Morganton-Lenoir, NC	0.8755
Alexander, NC	
Burke, NC	
Caldwell, NC	
Catawba, NC	
3320 Honolulu, HI	1.1866
Honolulu, HI	
3350 Houma, LA	0.8086
Lafourche, LA	
Terrebonne, LA	
3360 Houston, TX [1]	0.9732
Chambers, TX	
Fort Bend, TX	
Harris, TX	
Liberty, TX	
Montgomery, TX	
Waller, TX	
3400 Huntington-Ashland, WV–KY–OH	0.9876
Boyd, KY	
Carter, KY	
Greenup, KY	
Lawrence, OH	
Cabell, WV	
Wayne, WV	
3440 Huntsville, AL	0.8932
Limestone, AL	
Madison, AL	
3480 Indianapolis, IN [1]	0.9787
Boone, IN	
Hamilton, IN	
Hancock, IN	
Hendricks, IN	
Johnson, IN	
Madison, IN	
Marion, IN	
Morgan, IN	
Shelby, IN	
3500 Iowa City, IA	0.9657
Johnson, IA	
3520 Jackson, MI	0.9134
Jackson, MI	
3560 Jackson, MS	0.8812
Hinds, MS	
Madison, MS	
Rankin, MS	
3580 Jackson, TN	0.8796
Madison, TN	
Chester, TN	
3600 Jacksonville, FL [1]	0.9208
Clay, FL	
Duval, FL	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
Nassau, FL	
St. Johns, FL	
3605 Jacksonville, NC [2]	0.8441
Onslow, NC	
3610 Jamestown, NY [2]	0.8499
Chautauqua, NY	
3620 Janesville-Beloit, WI	0.9585
Rock, WI	
3640 Jersey City, NJ	1.1573
Hudson, NJ	
3660 Johnson City-Kingsport-Bristol, TN–VA	0.8328
Carter, TN	
Hawkins, TN	
Sullivan, TN	
Unicoi, TN	
Washington, TN	
Bristol City, VA	
Scott, VA	
Washington, VA	
3680 Johnstown, PA	0.8578
Cambria, PA	
Somerset, PA	
3700 Jonesboro, AR	0.7832
Craighead, AR	
3710 Joplin, MO	0.8148
Jasper, MO	
Newton, MO	
3720 Kalamazoo-Battlecreek, MI	1.0453
Calhoun, MI	
Kalamazoo, MI	
Van Buren, MI	
3740 Kankakee, IL	0.9902
Kankakee, IL	
3760 Kansas City, KS–MO [1]	0.9661
Johnson, KS	
Leavenworth, KS	
Miami, KS	
Wyandotte, KS	
Cass, MO	
Clay, MO	
Clinton, MO	
Jackson, MO	
Lafayette, MO	
Platte, MO	
Ray, MO	
3800 Kenosha, WI	0.9611
Kenosha, WI	
3810 Killeen-Temple, TX	1.0119
Bell, TX	
Coryell, TX	
3840 Knoxville, TN	0.8340
Anderson, TN	
Blount, TN	
Knox, TN	
Loudon, TN	
Sevier, TN	
Union, TN	
3850 Kokomo, IN	0.9525
Howard, IN	
Tipton, IN	
3870 La Crosse, WI–MN	0.9211
Houston, MN	
La Crosse, WI	
3880 Lafayette, LA	0.8490
Acadia, LA	
Lafayette, LA	
St. Landry, LA	
St. Martin, LA	
3920 Lafayette, IN	0.8834
Clinton, IN	
Tippecanoe, IN	
3960 Lake Charles, LA [2]	0.7713
Calcasieu, LA	
3980 Lakeland-Winter Haven, FL	0.8928
Polk, FL	
4000 Lancaster, PA	0.9259
Lancaster, PA	
4040 Lansing-East Lansing, MI	0.9934
Clinton, MI	
Eaton, MI	
Ingham, MI	
4080 Laredo, TX	0.8168
Webb, TX	
4100 Las Cruces, NM	0.8658
Dona Ana, NM	
4120 Las Vegas, NV–AZ [1]	1.0796
Mohave, AZ	
Clark, NV	
Nye, NV	
4150 Lawrence, KS	0.8190
Douglas, KS	
4200 Lawton, OK	0.8996
Comanche, OK	
4243 Lewiston-Auburn, ME	0.9036
Androscoggin, ME	
4280 Lexington, KY	0.8866
Bourbon, KY	
Clark, KY	
Fayette, KY	
Jessamine, KY	
Madison, KY	
Scott, KY	
Woodford, KY	
4320 Lima, OH	0.9320
Allen, OH	
Auglaize, OH	
4360 Lincoln, NE	0.9666
Lancaster, NE	
4400 Little Rock-North Little Rock, AR	0.8906
Faulkner, AR	
Lonoke, AR	
Pulaski, AR	
Saline, AR	
4420 Longview-Marshall, TX	0.8922
Gregg, TX	
Harrison, TX	
Upshur, TX	
4480 Los Angeles-Long Beach, CA [1]	1.2033
Los Angeles, CA	
4520 Louisville, KY–IN	0.9350
Clark, IN	
Floyd, IN	
Harrison, IN	
Scott, IN	
Bullitt, KY	
Jefferson, KY	
Oldham, KY	
4600 Lubbock, TX	0.8838
Lubbock, TX	
4640 Lynchburg, VA	0.8867
Amherst, VA	
Bedford, VA	
Bedford City, VA	
Campbell, VA	
Lynchburg City, VA	
4680 Macon, GA	0.8974
Bibb, GA	
Houston, GA	
Jones, GA	
Peach, GA	
Twiggs, GA	
4720 Madison, WI	1.0271
Dane, WI	
4800 Mansfield, OH	0.8690
Crawford, OH	
Richland, OH	
4840 Mayaguez, PR	0.4589
Anasco, PR	
Cabo Rojo, PR	
Hormigueros, PR	
Mayaguez, PR	
Sabana Grande, PR	
San German, PR	
4880 McAllen-Edinburg-Mission, TX	0.8566
Hidalgo, TX	
4890 Medford-Ashland, OR	1.0344
Jackson, OR	
4900 Melbourne-Titusville-Palm Bay, FL	0.9688
Brevard, Fl	
4920 Memphis, TN–AR–MS [1]	0.8723
Crittenden, AR	
DeSoto, MS	
Fayette, TN	
Shelby, TN	
Tipton, TN	
4940 Merced, CA [2]	0.9861
Merced, CA	
5000 Miami, FL [1]	1.0059
Dade, FL	
5015 Middlesex-Somerset-Hunterdon, NJ [1]	1.0333
Hunterdon, NJ	
Middlesex, NJ	
Somerset, NJ	
5080 Milwaukee-Waukesha, WI [1]	0.9767
Milwaukee, WI	
Ozaukee, WI	
Washington, WI	
Waukesha, WI	
5120 Minneapolis-St. Paul, MN–WI [1]	1.1017
Anoka, MN	
Carver, MN	
Chisago, MN	
Dakota, MN	
Hennepin, MN	
Isanti, MN	
Ramsey, MN	
Scott, MN	
Sherburne, MN	
Washington, MN	
Wright, MN	
Pierce, WI	
St. Croix, WI	
5140 Missoula, MT	0.9332
Missoula, MT	
5160 Mobile, AL	0.8163
Baldwin, AL	
Mobile, AL	
5170 Modesto, CA	1.0396
Stanislaus, CA	
5190 Monmouth-Ocean, NJ [1]	1.1283
Monmouth, NJ	
Ocean, NJ	
5200 Monroe, LA	0.8396
Ouachita, LA	
5240 Montgomery, AL	0.7653
Autauga, AL	
Elmore, AL	
Montgomery, AL	
5280 Muncie, IN	1.0969
Delaware, IN	
5330 Myrtle Beach, SC	0.8440
Horry, SC	
5345 Naples, FL	0.9661
Collier, FL	
5360 Nashville, TN [1]	0.9490
Cheatham, TN	
Davidson, TN	
Dickson, TN	
Robertson, TN	
Rutherford, TN	
Sumner, TN	
Williamson, TN	
Wilson, TN	
5380 Nassau-Suffolk, NY [1]	1.3932
Nassau, NY	
Suffolk, NY	
5483 New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT [1]	1.2034
Fairfield, CT	
New Haven, CT	
5523 New London-Norwich, CT	1.2063
New London, CT	
5560 New Orleans, LA [1]	0.9295
Jefferson, LA	
Orleans, LA	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
Plaquemines, LA	
St. Bernard, LA	
St. Charles, LA	
St. James, LA	
St. John The Baptist, LA	
St. Tammany, LA	
5600 New York, NY [1]	1.4651
Bronx, NY	
Kings, NY	
New York, NY	
Putnam, NY	
Queens, NY	
Richmond, NY	
Rockland, NY	
Westchester, NY	
5640 Newark, NJ [1]	1.0757
Essex, NJ	
Morris, NJ	
Sussex, NJ	
Union, NJ	
Warren, NJ	
5660 Newburgh, NY–PA	1.0847
Orange, NY	
Pike, PA	
5720 Norfolk-Virginia Beach-Newport News, VA-NC [1]	0.8422
Currituck, NC	
Chesapeake City, VA	
Gloucester, VA	
Hampton City, VA	
Isle of Wight, VA	
James City, VA	
Mathews, VA	
Newport News City, VA	
Norfolk City, VA	
Poquoson City, VA	
Portsmouth City, VA	
Suffolk City, VA	
Virginia Beach City VA	
Williamsburg City, VA	
York, VA	
5775 Oakland, CA [1]	1.4983
Alameda, CA	
Contra Costa, CA	
5790 Ocala, FL	0.9243
Marion, FL	
5800 Odessa-Midland, TX	0.9205
Ector, TX	
Midland, TX	
5880 Oklahoma City, OK [1]	0.8822
Canadian, OK	
Cleveland, OK	
Logan, OK	
McClain, OK	
Oklahoma, OK	
Pottawatomie, OK	
5910 Olympia, WA	1.0677
Thurston, WA	
5920 Omaha, NE–IA	0.9572
Pottawattamie, IA	
Cass, NE	
Douglas, NE	
Sarpy, NE	
Washington, NE	
5945 Orange County, CA [1]	1.1411
Orange, CA	
5960 Orlando, FL [1]	0.9610
Lake, FL	
Orange, FL	
Osceola, FL	
Seminole, FL	
5990 Owensboro, KY	0.8159
Daviess, KY	
6015 Panama City, FL	0.9010
Bay, FL	
6020 Parkersburg-Marietta, WV-OH (WV Hospitals)	0.8274
Washington, OH	
Wood, WV	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
6020 Parkersburg-Marietta, WV-OH (OH Hospitals) [2]	0.8670
Washington, OH	
Wood, WV	
6080 Pensacola, FL [2]	0.8928
Escambia, FL	
Santa Rosa, FL	
6120 Peoria-Pekin, IL	0.8646
Peoria, IL	
Tazewell, IL	
Woodford, IL	
6160 Philadelphia, PA–NJ [1]	1.0937
Burlington, NJ	
Camden, NJ	
Gloucester, NJ	
Salem, NJ	
Bucks, PA	
Chester, PA	
Delaware, PA	
Montgomery, PA	
Philadelphia, PA	
6200 Phoenix-Mesa, AZ [1]	0.9669
Maricopa, AZ	
Pinal, AZ	
6240 Pine Bluff, AR	0.7791
Jefferson, AR	
6280 Pittsburgh, PA [1]	0.9741
Allegheny, PA	
Beaver, PA	
Butler, PA	
Fayette, PA	
Washington, PA	
Westmoreland, PA	
6323 Pittsfield, MA [2]	1.1204
Berkshire, MA	
6340 Pocatello, ID	0.9076
Bannock, ID	
6360 Ponce, PR	0.5006
Guayanilla, PR	
Juana Diaz, PR	
Penuelas, PR	
Ponce, PR	
Villalba, PR	
Yauco, PR	
6403 Portland, ME	0.9748
Cumberland, ME	
Sagadahoc, ME	
York, ME	
6440 Portland-Vancouver, [1] OR-WA	1.0910
Clackamas, OR	
Columbia, OR	
Multnomah, OR	
Washington, OR	
Yamhill, OR	
Clark, WA	
6483 Providence-Warwick-Pawtucket, RI [1]	1.0864
Bristol, RI	
Kent, RI	
Newport, RI	
Providence, RI	
Washington, RI	
6520 Provo-Orem, UT	1.0041
Utah, UT	
6560 Pueblo, CO [2]	0.8968
Pueblo, CO	
6580 Punta Gorda, FL	0.9613
Charlotte, FL	
6600 Racine, WI	0.9246
Racine, WI	
6640 Raleigh-Durham-Chapel Hill, NC [1]	0.9646
Chatham, NC	
Durham, NC	
Franklin, NC	
Johnston, NC	
Orange, NC	
Wake, NC	
6660 Rapid City, SD	0.8865
Pennington, SD	
6680 Reading, PA	0.9152

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
Berks, PA	
690 Redding, CA	1.1664
Shasta, CA	
6720 Reno, NV	1.0550
Washoe, NV	
6740 Richland-Kennewick-Pasco, WA	1.1460
Benton, WA	
Franklin, WA	
6760 Richmond-Petersburg, VA	0.9617
Charles City County, VA	
Chesterfield, VA	
Colonial Heights City, VA	
Dinwiddie, VA	
Goochland, VA	
Hanover, VA	
Henrico, VA	
Hopewell City, VA	
New Kent, VA	
Petersburg City, VA	
Powhatan, VA	
Prince George, VA	
Richmond City, VA	
6780 Riverside-San Bernardino, CA [1]	1.1115
Riverside, CA	
San Bernardino, CA	
6800 Roanoke, VA	0.8782
Botetourt, VA	
Roanoke, VA	
Roanoke City, VA	
Salem City, VA	
6820 Rochester, MN	1.1315
Olmsted, MN	
6840 Rochester, NY [1]	0.9182
Genesee, NY	
Livingston, NY	
Monroe, NY	
Ontario, NY	
Orleans, NY	
Wayne, NY	
6880 Rockford, IL	0.8819
Boone, IL	
Ogle, IL	
Winnebago, IL	
6895 Rocky Mount, NC	0.8849
Edgecombe, NC	
Nash, NC	
6920 Sacramento, CA [1]	1.1957
El Dorado, CA	
Placer, CA	
Sacramento, CA	
6960 Saginaw-Bay City-Midland, MI	0.9575
Bay, MI	
Midland, MI	
Saginaw, MI	
6980 St. Cloud, MN	1.0016
Benton, MN	
Stearns, MN	
7000 St. Joseph, MO	0.9071
Andrew, MO	
Buchanan, MO	
7040 St. Louis, MO–IL [1]	0.9049
Clinton, IL	
Jersey, IL	
Madison, IL	
Monroe, IL	
St. Clair, IL	
Franklin, MO	
Jefferson, MO	
Lincoln, MO	
St. Charles, MO	
St. Louis, MO	
St. Louis City, MO	
Warren, MO	
7080 Salem, OR	1.0132
Marion, OR	
Polk, OR	
7120 Salinas, CA	1.4502
Monterey, CA	
7160 Salt Lake City-Ogden, UT [1]	0.9811

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
Davis, UT	
Salt Lake, UT	
Weber, UT	
7200 San Angelo, TX	0.8083
Tom Green, TX	
7240 San Antonio, TX [1]	0.8580
Bexar, TX	
Comal, TX	
Guadalupe, TX	
Wilson, TX	
7320 San Diego, CA [1]	1.1784
San Diego, CA	
7360 San Francisco, CA [1]	1.4193
Marin, CA	
San Francisco, CA	
San Mateo, CA	
7400 San Jose, CA [1]	1.3564
Santa Clara, CA	
7440 San Juan-Bayamon, PR [1]	0.4690
Aguas Buenas, PR	
Barceloneta, PR	
Bayamon, PR	
Canovanas, PR	
Carolina, PR	
Catano, PR	
Ceiba, PR	
Comerio, PR	
Corozal, PR	
Dorado, PR	
Fajardo, PR	
Florida, PR	
Guaynabo, PR	
Humacao, PR	
Juncos, PR	
Los Piedras, PR	
Loiza, PR	
Luguillo, PR	
Manati, PR	
Morovis, PR	
Naguabo, PR	
Naranjito, PR	
Rio Grande, PR	
San Juan, PR	
Toa Alta, PR	
Toa Baja, PR	
Trujillo Alto, PR	
Vega Alta, PR	
Vega Baja, PR	
Yabucoa, PR	
7460 San Luis Obispo-Atascadero-Paso Robles, CA	1.0673
San Luis Obispo, CA	
7480 Santa Barbara-Santa Maria-Lompoc, CA	1.0597
Santa Barbara, CA	
7485 Santa Cruz-Watsonville, CA	1.4095
Santa Cruz, CA	
7490 Santa Fe, NM	1.0537
Los Alamos, NM	
Santa Fe, NM	
7500 Santa Rosa, CA	1.2646
Sonoma, CA	
7510 Sarasota-Bradenton, FL	0.9809
Manatee, FL	
Sarasota, FL	
7520 Savannah, GA	0.9697
Bryan, GA	
Chatham, GA	
Effingham, GA	
7560 Scranton-Wilkes-Barre-Hazleton, PA [2]	0.8578
Columbia, PA	
Lackawanna, PA	
Luzerne, PA	
Wyoming, PA	
7600 Seattle-Bellevue-Everett, WA [1]	1.1016
Island, WA	
King, WA	
Snohomish, WA	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
7610 Sharon, PA [2]	0.8578
Mercer, PA	
7620 Sheboygan, WI [2]	0.8880
Sheboygan, WI	
7640 Sherman-Denison, TX	0.8795
Grayson, TX	
7680 Shreveport-Bossier City, LA	0.8750
Bossier, LA	
Caddo, LA	
Webster, LA	
7720 Sioux City, IA-NE	0.8473
Woodbury, IA	
Dakota, NE	
7760 Sioux Falls, SD	0.8790
Lincoln, SD	
Minnehaha, SD	
7800 South Bend, IN	1.0029
St. Joseph, IN	
7840 Spokane, WA	1.0513
Spokane, WA	
7880 Springfield, IL	0.8685
Menard, IL	
Sangamon, IL	
7920 Springfield, MO	0.8488
Christian, MO	
Greene, MO	
Webster, MO	
8003 Springfield, MA [2]	1.1204
Hampden, MA	
Hampshire, MA	
8050 State College, PA	0.9038
Centre, PA	
8080 Steubenville-Weirton, OH–WV [2] (OH Hospitals)	0.8670
Jefferson, OH	
Brooke, WV	
Hancock, WV	
8080 Steubenville-Weirton, OH–WV (WV Hospitals)	0.8548
Jefferson, OH	
Brooke, WV	
Hancock, WV	
8120 Stockton-Lodi, CA	1.0629
San Joaquin, CA	
8140 Sumter, SC [2]	0.8370
Sumter, SC	
8160 Syracuse, NY	0.9594
Cayuga, NY	
Madison, NY	
Onondaga, NY	
Oswego, NY	
8200 Tacoma, WA	1.1564
Pierce, WA	
8240 Tallahassee, FL [2]	0.8928
Gadsden, FL	
Leon, FL	
8280 Tampa-St. Petersburg-Clearwater, FL [1]	0.9099
Hernando, FL	
Hillsborough, FL	
Pasco, FL	
Pinellas, FL	
8320 Terre Haute, IN [2]	0.8602
Clay, IN	
Vermillion, IN	
Vigo, IN	
8360 Texarkana, AR-Texarkana, TX	0.8427
Miller, AR	
Bowie, TX	
8400 Toledo, OH	0.9664
Fulton, OH	
Lucas, OH	
Wood, OH	
8440 Topeka, KS	0.9117
Shawnee, KS	
8480 Trenton, NJ	1.0137
Mercer, NJ	
8520 Tucson, AZ	0.8821
Pima, AZ	

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
8560 Tulsa, OK	0.8454
Creek, OK	
Osage, OK	
Rogers, OK	
Tulsa, OK	
Wagoner, OK	
8600 Tuscaloosa, AL	0.8064
Tuscaloosa, AL	
8640 Tyler, TX	0.9404
Smith, TX	
8680 Utica-Rome, NY	0.8560
Herkimer, NY	
Oneida, NY	
8720 Vallejo-Fairfield-Napa, CA	1.2266
Napa, CA	
Solano, CA	
8735 Ventura, CA	1.0479
Ventura, CA	
8750 Victoria, TX	0.8154
Victoria, TX	
8760 Vineland-Millville-Bridgeton, NJ	1.0501
Cumberland, NJ	
8780 Visalia-Tulare-Porterville, CA [2]	0.9861
Tulare, CA	
8800 Waco, TX	0.8314
McLennan, TX	
8840 Washington, DC–MD–VA–WV [1]	1.0755
District of Columbia, DC	
Calvert, MD	
Charles, MD	
Frederick, MD	
Montgomery, MD	
Prince Georges, MD	
Alexandria City, VA	
Arlington, VA	
Clarke, VA	
Culpeper, VA	
Fairfax, VA	
Fairfax City, VA	
Falls Church City, VA	
Fauquier, VA	
Fredericksburg City, VA	
King George, VA	
Loudoun, VA	
Manassas City, VA	
Manassas Park City, VA	
Prince William, VA	
Spotsylvania, VA	
Stafford, VA	
Warren, VA	
Berkeley, WV	
Jefferson, WV	
8920 Waterloo-Cedar Falls, IA	0.8802
Black Hawk, IA	
8940 Wausau, WI	0.9426
Marathon, WI	
8960 [1] West Palm Beach-Boca Raton, FL	0.9615
Palm Beach, FL	
9000 Wheeling, WV–OH [2] (WV Hospitals)	0.8231
Belmont, OH	
Marshall, WV	
Ohio, WV	
9000 Wheeling, WV–OH [2] (OH Hospitals)	0.8670
Belmont, OH	
Marshall, WV	
Ohio, WV	
9040 Wichita, KS	0.9544
Butler, KS	
Harvey, KS	
Sedgwick, KS	
9080 Wichita Falls, TX	0.7668
Archer, TX	
Wichita, TX	
9140 Williamsport, PA [2]	0.8578
Lycoming, PA	
9160 Wilmington-Newark, DE–MD	1.1191
New Castle, DE	
Cecil, MD	
9200 Wilmington, NC	0.9402

ADDENDUM F—WAGE INDEX FOR URBAN AREAS—Continued

Urban Area (Constituent Counties)	Wage Index
New Hanover, NC	
Brunswick, NC	
9260 Yakima, WA [2]	1.0434
Yakima, WA	
9270 Yolo, CA	1.0199
Yolo, CA	
9280 York, PA	0.9264
York, PA	
9320 Youngstown-Warren, OH	0.9543
Columbiana, OH	
Mahoning, OH	
Trumbull, OH	
9340 Yuba City, CA	1.0706
Sutter, CA	
Yuba, CA	
9360 Yuma, AZ	0.9529
Yuma, AZ	

[1] Large Urban Area
[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 2001.

ADDENDUM G—WAGE INDEX FOR RURAL AREAS

Nonurban area	DWage index
Alabama	0.7528
Alaska	1.2392
Arizona	0.8317
Arkansas	0.7445
California	0.9861
Colorado	0.8968
Connecticut	1.1715
Delaware	0.9074
Florida	0.8928
Georgia	0.8329
Hawaii	1.1059
Idaho	0.8678
Illinois	0.8160
Indiana	0.8602
Iowa	0.8030
Kansas	0.7605
Kentucky	0.7931
Louisiana	0.7713
Maine	0.8766
Maryland	0.8651
Massachusetts	1.1204
Michigan	0.9021
Minnesota	0.8881
Mississippi	0.7491
Missouri	0.7707
Montana	0.8688
Nebraska	0.8109
Nevada	0.9232
New Hampshire	0.9845
New Jersey [1]	.....
New Mexico	0.8497
New York	0.8499
North Carolina	0.8441
North Dakota	0.7716
Ohio	0.8670
Oklahoma	0.7491
Oregon	1.0132
Pennsylvania	0.8578
Puerto Rico	0.4264
Rhode Island [1]	.....
South Carolina	0.8370
South Dakota	0.7570
Tennessee	0.7838
Texas	0.7507
Utah	0.9037
Vermont	0.9409
Virginia	0.8189
Washington	1.0434
West Virginia	0.8231
Wisconsin	0.8880

ADDENDUM G—WAGE INDEX FOR RURAL AREAS—Continued

Nonurban area	DWage index
Wyoming	0.8817

[1] All counties within the State are classified as urban.

ADDENDUM H—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED

Area	Wage Index
Abilene, TX	0.8240
Akron, OH	0.9736
Alexandria, LA	0.8170
Amarillo, TX	0.8715
Anchorage, AK	1.2865
Ann Arbor, MI	1.1064
Atlanta, GA	1.0096
Atlantic-Cape May, NJ	1.0822
Augusta-Aiken, GA–SC	0.9160
Barnstable-Yarmouth, MA	1.3583
Baton Rouge, LA	0.8734
Benton Harbor, MI	0.9021
Bergen-Passaic, NJ	1.1605
Billings, MT	0.9591
Binghamton, NY	0.8690
Birmingham, AL	0.8477
Bismarck, ND	0.7897
Bloomington-Normal, IL	0.9156
Boise City, ID	0.9042
Boston-Worcester-Lawrence-Lowell-Brockton, MA–NH (NH, RI, and VT Hospitals)	1.1160
Burlington, VT	1.0236
Casper, WY	0.8817
Champaign-Urbana, IL	0.9084
Charleston-North Charleston, SC	0.9067
Charleston, WV	0.8904
Charlotte-Gastonia-Rock Hill, NC–SC	0.9391
Chattanooga, TN–GA	0.9624
Chicago, IL	1.1015
Cincinnati, OH–KY–IN	0.9415
Clarksville-Hopkinsville, TN–KY	0.8277
Cleveland-Lorain-Elyria, OH	0.9593
Columbia, MO	0.8756
Columbia, SC	0.9433
Columbus, OH	0.9619
Dallas, TX	0.9913
Danville, VA	0.8212
Davenport-Moline-Rock Island, IA–IL	0.8898
Dayton-Springfield, OH	0.9442
Denver, CO	1.0181
Des Moines, IA	0.9011
Dothan, AL	0.8013
Dover, DE	0.9769
Duluth-Superior, MN–WI	1.0043
Eau Claire, WI	0.8880
Erie, PA	0.8985
Eugene-Springfield, OR	1.0965
Fargo-Moorhead, ND–MN	0.8517
Fayetteville, NC	0.8469
Flagstaff, AZ–UT	1.0525
Flint, MI	1.1058
Florence, AL	0.7652
Florence, SC	0.8777
Fort Collins-Loveland, CO	1.0647
Ft. Lauderdale, FL	1.0152
Fort Pierce-Port St. Lucie, FL	0.9622
Fort Smith, AR–OK	0.7947
Fort Walton Beach, FL	0.9358
Fort Wayne, IN	0.8665
Forth Worth-Arlington, TX	0.9527
Gadsden, AL	0.8423
Grand Forks, ND–MN	0.8954
Grand Junction, CO	0.9471
Grand Rapids-Muskegon-Holland, MI	1.0248
Great Falls, MT	0.9330
Greeley, CO	0.9573
Green Bay, WI	0.9308
Greensboro-Winston-Salem-High Point, NC	0.9124

ADDENDUM H—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage Index
Greenville, NC	0.9172
Greenville-Spartanburg-Anderson, SC	0.9003
Harrisburg-Lebanon-Carlisle, PA	0.9386
Hartford, CT (MA Hospital)	1.1420
Hattiesburg, MS	0.7491
Hickory-Morganton-Lenoir, NC	0.8577
Honolulu, HI	1.1866
Houston, TX	0.9732
Huntington-Ashland, WV–KY–OH	0.9605
Huntsville, AL	0.8779
Indianapolis, IN	0.9787
Jackson, MS	0.8698
Jackson, TN	0.8796
Jacksonville, FL	0.9208
Jersey City, NJ	1.1573
Johnson City-Kingsport-Bristol, TN–VA	0.8328
Joplin, MO	0.8148
Kalamazoo-Battlecreek, MI	1.0291
Kansas City, KS–MO	0.9509
Knoxville, TN	0.8340
Kokomo, IN	0.9525
Lafayette, LA	0.8490
Lansing-East Lansing, MI	0.9934
Las Cruces, NM	0.8510
Las Vegas, NV–AZ	1.0796
Lexington, KY	0.8712
Lima, OH	0.9320
Lincoln, NE	0.9666
Little Rock-North Little Rock, AR	0.8791
Longview-Marshall, TX	0.8732
Los Angeles-Long Beach, CA	1.2033
Louisville, KY–IN	0.9350
Lynchburg, VA	0.8749
Macon, GA	0.8974
Madison, WI	1.0271
Mansfield, OH	0.8690
Memphis, TN–AR–MS	0.8584
Milwaukee-Waukesha, WI	0.9767
Minneapolis-St. Paul, MN–WI	1.1017
Missoula, MT	0.9332
Mobile, AL	0.8163
Monmouth-Ocean, NJ	1.1283
Montgomery, AL	0.7653
Myrtle Beach, SC (NC Hospital)	0.8441
Nashville, TN	0.9301
New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT	1.2034
New London-Norwich, CT	1.1926
New Orleans, LA	0.9295
New York, NY	1.4463
Newburgh, NY–PA	1.0317
Norfolk-Virginia Beach-Newport News, VA–NC	0.8441
Oakland, CA	1.4983
Ocala, FL	0.9243
Odessa-Midland, TX	0.9074
Oklahoma City, OK	0.8822
Omaha, NE–IA	0.9572
Orange County, CA	1.1411
Orlando, FL	0.9610
Peoria-Pekin, IL	0.8646
Philadelphia, PA–NJ	1.0937
Pine Bluff, AR	0.7680
Pittsburgh, PA	0.9575
Pittsfield, MA (VT Hospital)	0.9914
Pocatello, ID	0.8715
Portland, ME	0.9629
Portland-Vancouver, OR–WA	1.0910
Provo-Orem, UT	1.0041
Raleigh-Durham-Chapel Hill, NC	0.9646
Rapid City, SD	0.8865
Redding, CA	1.1664
Reno, NV	1.0438
Richland-Kennewick-Pasco, WA	1.1147
Roanoke, VA	0.8782
Rochester, MN	1.1315
Rockford, IL	0.8819
Sacramento, CA	1.1957

ADDENDUM H—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage Index
Saginaw-Bay City-Midland, MI	0.9575
St. Cloud, MN	1.0016
St. Joseph, MO	0.8848
St. Louis, MO–IL	0.9049
Salinas, CA	1.4502
Salt Lake City-Ogden, UT	0.9811
San Diego, CA	1.1784
Santa Cruz-Watsonville, CA	1.3897
Santa Fe, NM	1.0000
Santa Rosa, CA	1.2398
Seattle-Bellevue-Everett, WA	1.1016
Sherman-Denison, TX	0.8795
Sioux City, IA–NE	0.8473
South Bend, IN	1.0029
Spokane, WA	1.0333
Springfield, IL	0.8685
Springfield, MO	0.8212

ADDENDUM H—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage Index
Syracuse, NY	0.9594
Tampa-St. Petersburg-Clearwater, FL	0.9099
Texarkana, AR-Texarkana, TX	0.8427
Toledo, OH	0.9664
Topeka, KS	0.9117
Tucson, AZ	0.8821
Tulsa, OK	0.8454
Tuscaloosa, AL	0.8064
Tyler, TX	0.9141
Victoria, TX	0.8154
Washington, DC–MD–VA–WV	1.0755
Waterloo-Cedar Falls, IA	0.8802
Wausau, WI	0.9426
Wichita, KS	0.9262
Rural Alabama	0.7528
Rural Florida	0.8928
Rural Illinois	0.8160

ADDENDUM H—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage Index
Rural Louisiana	0.7713
Rural Michigan	0.9021
Rural Minnesota	0.8881
Rural Missouri	0.7707
Rural Montana	0.8688
Rural Oregon	1.0132
Rural Texas	0.7507
Rural Washington	1.0434
Rural West Virginia	0.8231
Rural Wisconsin	0.8880
Rural Wyoming (NE Hospital)	0.8671

[FR Doc. 00–28475 Filed 11–2–00; 11:43 am]

BILLING CODE 4120–01–P