DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 416 and 488

[HCFA–1885–P]

RIN 0938–AH81

Medicare Program; Update of Ratesetting Methodology, Payment Rates, Payment Policies, and the List of Covered Surgical Procedures for Ambulatory Surgical Centers Effective October 1, 1998

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

ACTION: Proposed rule.

SUMMARY: In this rule we propose to—

- Update the criteria for determining which surgical procedures can be appropriately and safely performed in an ambulatory surgical center (ASC);
- Make additions to and deletions from the current list of Medicare covered ASC procedures based on the revised criteria;
- Rebase the ASC payment rates using cost, charge, and utilization data collected by a 1994 survey of ASCs;
- Refine the ratesetting methodology that was implemented by a final notice published on February 8, 1990 in the **Federal Register**;
- Require that ASC payment, coverage, and wage index updates be implemented annually on January 1 rather than having these updates occur randomly throughout the year;
- Reduce regulatory burden; and
- Make several technical policy changes.

This proposed rule implements requirements of section 1833(i)(1) and (2) of the Social Security Act.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 11, 1998.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1885-P, P.O. Box 26688, Baltimore, MD 21207–5178.

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

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

FOR FURTHER INFORMATION CONTACT: Joan H. Sanow, (410) 786–5723.

SUPPLEMENTARY INFORMATION: Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1885–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

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SUPPLEMENTARY INFORMATION:

I. Background

A. Legislative History

Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) provides that benefits under the Medicare Supplementary Medical Insurance program (Part B) include payment for facility services furnished in connection with surgical procedures specified by the Secretary and performed in an ambulatory surgical center (ASC).

The Secretary is to review and update the list of ASC procedures biennially.

To participate in the Medicare program as an ASC, a facility must meet the standards specified under section 1832(a)(2)(F)(i) of the Act and 42 CFR 416.25, which sets forth general conditions and requirements for ASCs.

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

The ASC payment rate is to be a standard overhead amount established on the basis of our estimate of a fair fee that takes into account the costs incurred by ASCs generally in providing facility services in connection with performing a specific procedure. The Report of the Conference Committee accompanying section 934 of the Omnibus Budget Reconciliation Act of 1980 (Public Law 96–499), which enacted the ASC benefit in December 1980, states, ''This overhead factor is expected to be calculated on a prospective basis * * * utilizing sample survey and similar techniques to establish reasonable estimated overhead allowances for each of the listed procedures which take account of volume (within reasonable limits).'' (See H.R. Rep. No 1479, 96th Cong., 2nd Sess. 134 (1980).)

In order to estimate the amount of those reasonable allowances, we are required by section 1833(i)(2)(A)(i) of the Act to survey the actual audited costs incurred by a representative sample of facilities in connection with a representative sample of procedures. This survey is to be conducted every five years, beginning no later than January 1, 1995.

Because payment for ASC facility services is subject to the usual Medicare Part B deductible and coinsurance requirements, Medicare pays participating ASCs 80 percent of the prospectively-determined rate, adjusted for regional wage variations.

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

Under section 1833(i)(3)(A), the aggregate payment to hospital outpatient departments for covered ASC procedures is equal to the lesser of the following amounts:

- The amount paid for the same services that would be paid to the hospital under section 1833(a)(2)(B) (that is, the lower of the hospital's reasonable costs or customary charges less deductibles and coinsurance).
- The amount determined under section 1833(i)(3)(B)(i) based on a blend of the lower of the hospital's reasonable costs or customary charges, less deductibles and coinsurance, and the amount that would be paid to a free-standing ASC in the same area for the same procedures.

Under section 1833(i)(3)(B)(i), the blend amount for a cost reporting period is the sum of the hospital cost proportion and the ASC cost proportion. Under section 1833(i)(3)(B)(ii), the hospital cost proportion and the ASC cost proportion for portions of cost reporting periods beginning on or after January 1, 1991 are 42 and 58 percent, respectively. Section 4521 of the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33) amended section 1833(i)(3)(B)(i)(II) of the Act to eliminate the formula-driven overpayment (FDO) for ASC procedures.

Section 13531 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) (Public Law 103–66), prohibited the Secretary from providing for any inflation update in the payment amounts for ASCs determined under section 1833(i)(2)(A) of the Act for fiscal years (FYs) 1994 and 1995. Section 13533 of OBRA 1993 established $150 as the amount of payment allowed for an IOL inserted during or subsequent to cataract surgery in an ASC on or after

January 1, 1994, and before January 1, 1999.

Section 141(a)(1) of the Social Security Act Amendments of 1994 (SSAA 1994) (Public Law 103–432) amended section 1833(i)(2)(A)(i) of the Act to require that a quinquennial survey of ASCs be taken beginning not later than January 1, 1995.

Section 141(a)(2) of SSAA 1994 added section 1833(i)(2)(C) to the Act to provide that, beginning with FY 1996, there be an adjustment for inflation during fiscal years when the Secretary does not update ASC rates based on actual audited costs determined by surveying a representative sample of facilities. Section 1833(i)(2)(C) of the Act provides that ASC payment rates are to increased by the percentage increase in the consumer price index for urban consumers (CPI–U), as estimated by the Secretary for the 12-month period ending with the midpoint of the year involved, beginning with FY 1996.

Section 141(a)(3) of SSAA 1994 amended section 1833(i)(1) of the Act to require the Secretary to consult with appropriate trade and professional organizations in specifying the procedures that constitute the ASC list.

Section 141(b) of SSAA 1994 requires the Secretary to establish a process for reviewing the appropriateness of the payment amount provided under section 1833(i)(2)(A)(iii) of the Act for IOLs with respect to a class of new-technology IOLs. That process is the subject of a separate notice of proposed rulemaking entitled ''Adjustment in Payment Amounts for New Technology Intraocular Lenses'' (BPD–831–P) published in the **Federal Register** on September 9, 1997 at 62 FR 46698.

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

B. Published Changes to ASC List

We published a final notice in the **Federal Register** on February 8, 1990 (55 FR 4526) in which we implemented a new ratesetting methodology that increased the number of ASC payment groups from four to the current eight groups. We assigned a new payment rate to each of the nearly 1500 current procedural technology (CPT) codes on the ASC list at that time, and we revised the ASC list to be consistent with CPT coding changes effected by The American Medical Association in 1988 and 1989.

Federal Register notices adding codes to and deleting codes from the ASC list were subsequently published as follows:

- December 31, 1991 notice with comment period (56 FR 67666) in which we added approximately 900 CPT codes to the ASC list, including CPT code 50590, Extracorporeal shock wave lithotripsy (ESWL).
- January 26, 1995 final notice with comment period (60 FR 5185) in which we updated the ASC list to reflect CPT changes that had occurred during the interval since publication of the December 31, 1991 notice. We deleted five codes from the ASC list on the basis of modified quantitative criteria that we adopted to determine whether or not a procedures should be retained on the list. We added nearly 30 codes that met our numeric criteria of adding to the list procedures performed at least 20 percent of the time on a hospital inpatient basis but no more than 50 percent of the time in a physician's office, based on national claims history data. We solicited public comment on certain additions to and deletions from the ASC list and the payment rates assigned to the additions. We respond to those comments in this notice.

C. Published Changes to ASC Payment Rates

In a final notice published in the **Federal Register** on February 8, 1990 (55 FR 4526), we explained the new ASC ratesetting methodology and increased the number of ASC payment groups from four to the current eight groups on the basis of ASC survey data collected in 1986. The rates that Medicare paid for services furnished on or after March 12, 1990 under the new eight-group payment methodology were published in a separate notice with comment period in the same February 8, 1990 **Federal Register** (55 FR 4577). Subsequent updates of the ASC payment rates are as follows:

- July 5, 1990 **Federal Register** notice with comment period (55 FR 27690) increased payment rates by a CPI–U factor of 4.21 percent;
- December 31, 1991 **Federal Register** notice with comment period (56 FR 67666) increased payment rates by a CPI–U factor of 5.1 percent and added a ninth payment group for ESWL;
- October 1, 1992 **Federal Register** notice with comment period (57 FR 45544) increased payment rates by a CPI–U factor of 3.5 percent;
- September 26, 1995 **Federal Register** notice (60 FR 49619) increased payment rates by a CPI–U factor of 3.2 percent;
- October 1, 1996 **Federal Register** notice (61 FR 51295) increased payment rates by a CPI–U factor of 2.6 percent;
- February 19, 1998 **Federal Register** notice (62 FR 8462) Increased payments rates by 0.6 percent effective for services furnished on or after October 1,1997.

The ASC payment rates implemented by this notice, which are currently in effect, are:

Group 1—$314	Group 5—$678.
Group 2—$422	Group 6—$789 (639 + 150 for IOL).
Group 3—$482	Group 7—$941.
Group 4—$595	Group 8—$928 (778 + 150 for IOL).

There is no payment rate shown for group 9 because of the decision in *American Lithotripsy Society* v. *Sullivan,* 785 F. Supp. 1034 (D.D.C. 1992) that prohibits payment for these services under the ASC benefit at this time. Payment for ESWL as an ASC service is discussed below.

D. Payment Rate for Extracorporeal Shock Wave Lithotripsy

In the **Federal Register** published December 7, 1990, (55 FR 50590), we published a notice proposing additions to and deletions from the ASC list. We solicited comments on our proposal to add CPT code 50590, Lithotripsy, extracorporeal shock wave, to the ASC list and on the Group 7 payment rate of $812 that we proposed as the ASC facility fee for the procedure. We also requested detailed information on facility charges and costs associated with providing ESWL services to help us evaluate the appropriateness of the proposed payment rate.

In the final notice with comment period published December 31, 1991 in the **Federal Register** (56 FR 67666), we established a payment rate for ESWL as new ASC payment group 9. We set the group 9 rate at $1,150, effective for services furnished on or after January 30, 1992. On January 30, 1992, the American Lithotripsy Society filed a complaint and motion to enjoin enforcement and implementation of the December 31, 1991 notice insofar as it concerned ESWL. In *American Lithotripsy Society* v. *Louis W. Sullivan, M.D., et al,* 785 F. Supp. 1034 (D.D.C. 1992), the American Lithotripsy Society challenged HCFA's determination that ESWL is a surgical procedure under the ASC benefit and the amount payable for ESWL services in an ASC. The plaintiff alleged that the $1,150 rate was not based on an estimate of a ''fair fee'' that took into account costs incurred by ASCs performing such services as required by section 1833(i)(2)(A) of the

Act and that the rate was not supported by the administrative record.

On March 12, 1992, the United States District Court for the District of Columbia held that HCFA's decision to classify ESWL as a surgical procedure was rationally justified. However, it remanded the final notice setting a rate for lithotripsy to the Secretary for further consideration and stayed the regulation, insofar as it related to ESWL, pending remand. On remand, the Secretary is required to publish all material information that is relevant to the setting of the ESWL rate, receive comments, and publish a final notice in accordance with the applicable statutes and regulations.

To comply with the court order, Medicare ceased paying an ASC facility fee for ESWL services furnished in Medicare approved ASCs and resumed making payment on a reasonable cost basis for ESWL furnished in a hospital outpatient setting. On October 1, 1993, we published a proposed notice with comment period in the **Federal Register** (58 FR 51355) in which we proposed a revised ASC payment rate of $1,000, based on further consideration of the data and methodology that we used to determine the rate. We explained in detail in the October 1, 1993 notice how we arrived at the proposed rate, and we solicited information on ESWL costs, charges, and utilization to enable us to further evaluate the appropriateness of the assumptions that we used to develop the proposed rate. The information submitted during the public comment period persuaded us to defer publication of a final notice and implementation of an ASC facility fee for ESWL, pending completion of the 1994 ASC survey that was about to be conducted. In this notice of proposed rulemaking we respond to the comments that were submitted timely following publication of the October 1, 1993 notice, and we propose an ASC payment rate for ESWL services that we have determined in accordance with the ratesetting methodology that is also proposed in this notice. In accordance with applicable statutes and regulations, this notice of proposed rulemaking includes all material information that is relevant to the setting of ASC payment rates, which includes a payment rate for ESWL. Publication of this notice of proposed rulemaking is followed by a 60-day public comment period. When the comment period closes, and following review of all comments submitted timely, we shall publish a final notice to implement rebased ASC payment rates for procedures on the ASC list, including ESWL.

E. ASC Town Meeting (July 1996)

Many of the policy changes proposed in this notice had their genesis in discussions and comments that emanated from an ASC ''Town Meeting'' that was held at the central office of the Health Care Financing Administration on July 25–26, 1996. The purpose of the Town Meeting was to give representatives of professional and trade associations and other parties with an interest in ASCs an opportunity to come together with HCFA staff to exchange information and ideas regarding Medicare ASC policy. More than 100 people from across the country attended, including physicians, nurses, ASC administrators, and representatives of independent and chain facilities, State licensing and certification agencies, and numerous professional societies and ASC trade associations. From the Town Meeting, we gained a greater understanding of some of the immediate and long-term issues and concerns facing ASC staff and partners, and we received numerous suggestions and recommendations on ways to strengthen the ASC benefit on behalf of Medicare beneficiaries.

The first day's meetings focussed on performance outcome measures for ASCs and conditions for coverage of ASCs. The second day of the meeting focussed on the criteria HCFA uses to determine which procedures should be placed on the ASC list and the method HCFA uses to set ASC payment rates. Following the Town Meeting, we received 79 written comments reiterating concerns and suggestions that were raised during the meeting itself.

Virtually every commenter submitted a critique of a grouping system that we presented at the meeting as a possible alternative to the current eight ASC payment groups. We had distributed to participants a listing of CPT surgical codes arranged in ''Ambulatory Patient Groups'' (APGs). These groups were developed by 3M Health Information Systems with the support of HCFA. The list was taken from *The Ambulatory Patient Groups Definitions Manual, Version 2.0.* Only groups of CPT codes were shown; no payment rates or procedure costs were given. We were primarily interested in whether or not participants found the groups to be clinically homogeneous as well as consistent in terms of resource costs. Commenters were unanimous in disagreeing with the internal consistency of numerous APG groups across most body systems. The commenters' examples and reasons for taking issue with the homogeneity of the APGs prompted us to re-examine the groups. We did so, which resulted in the revision and reclassification of most of the groups. The product of that exercise is the ambulatory payment classification (APC) system that we propose in this notice as the basis for ASC ratesetting.

F. Revisions to the Conditions for Coverage of ASCs

The standards and conditions for coverage of an ASC currently found in subpart C of 42 CFR part 416 are being revised and are the subject of a separate notice currently under development.

II. Comments

In the final notice with comment period published January 26, 1995 in the **Federal Register** (60 FR 5185), we solicited comments on certain changes to the ASC list that we had not included in the proposed notice published on December 14, 1993 (58 FR 65357). Specifically, we asked for comments on our deletion from the ASC list of any codes that had been deleted in CPT 1994, and we asked for comments about our deletion from the ASC list of CPT code 36522 Photopheresis, extracorporeal. We received 9 comments supporting the deletion of CPT code 36522 from the ASC list and no comments disagreeing with our decision. We received no comments regarding the other deletions from the ASC list.

We also requested comments on the addition of, and assignment of payment groups for, certain CPT codes that were not proposed in the December 14, 1993 **Federal Register**. We have limited our response to comments that were submitted timely regarding the specified codes.

We specifically solicited comments on the addition to the ASC list of certain codes that were added to CPT 1994 as well as the appropriateness of the payment groups to which we assigned those codes. No commenters disagreed with adding the codes to the ASC list. However, commenters indicated that they believed the payment rate assigned to the following CPT codes was too low:

19125
19126
29804
31235
31238
31239
31248
31249
31251
31266
31269
31271
31280
31281

31282
31283
31284
31286
31287
31288
43216
43259
44394
45339
56309
56316
56317
56351
56356
64421
66172

Response: As a consequence of the following codes being deleted from CPT in 1995, we excluded them from the ASC list: 31248, 31249, 31251, 31266, 31269, 31271, 31280, 31281, 31282, 31283, 31284, 31286. CPT code 64421 is one of the codes that we are proposing in this notice to delete from the ASC list (section III.D). For all but four of the remaining codes, consistent with commenters' recommendations, the payment rates that we propose in this notice using the revised ratesetting methodology and 1994 survey data are higher than what we proposed in the January 26, 1995 **Federal Register**. However, the same revised ratesetting methodology and 1994 survey data result in payment rates for CPT codes 19125 (APC 197), 19126 (APC 197), 43259 (APC 449), and 66172 (APC 652) that are lower than the rates we proposed in the January 26, 1995 **Federal Register**, which is at variance with commenters' recommendations. We welcome comments on the rebased rates that are proposed as payments for all of these codes, but request that arguments for changes in payment rates be supported by data regarding direct costs (supplies, equipment, labor, time) relative to other procedures in the same APC group that would justify a change in either the APC group assignment or the payment rate determined for the code.

III. Provisions of the Proposed Regulations

Many of the changes that we are proposing to make in 42 CFR part 416, Ambulatory Surgical Services, were stimulated by our commitment to assist in the President and Vice President's continuing drive to reinvent government and government regulations and to reform the Federal government's regulatory process. The reorganization of 42 CFR part 416 represents an effort to balance a reduction in regulatory requirements with adequate assurances that the ambulatory surgical services that we are purchasing for Medicare beneficiaries are of the highest quality and consistent with our commitment to work in partnership with the rest of the health care community to institute better, more common sense ways of operating that are in the best interests of Medicare beneficiaries. An outline of the reorganization that we propose to make to part 416 in this notice follows:

Current organization	Citation	Proposed organization	Citation
Subpart A—General Provisions and Definitions:		Subpart A—Definitions and General Provisions and Requirements:	
Basis and Scope	416.1	Basis and Scope	416.1
Definitions	416.2	Definitions	416.2
Subpart B—General Conditions and Requirements:			
Basic requirements	416.25	Basic requirements	416.3
Qualifying for an agreement	416.26		
Deemed Compliance	416.26(a)	Currently addressed in 42 CFR 488	42 CFR 488
Survey of ASCs	416.26(b)	Currently addressed in 42 CFR 488	42 CFR 488
Acceptance of the ASC	416.26(c)	Replaced by 416.3(h) and (i)	416.3(h), (i)
Filing of agreement	416.26(d)	Replaced by 416.3(h) and (i)	416.3(h), (i)
Acceptance; Appeal Rights	416.26(e)–(f)	Replaced by 416.3 (h) and (i)	416.3(h), (i)
Terms of agreement with HCFA	416.30(a)–(e)	Moves to Basic requirements	416.3
ASC operated by a hospital	416.30(f)	Moved to ''Definitions'' and ''Basis for payment''	416.2 & 416.30
Additional provisions	416.30(g)	Deleted	N.A.
Termination of agreement	416.35	Termination of participation, including billing privileges.	416.4
Subpart C—Specific Conditions for Coverage:		Subpart D—Specific Conditions of Coverage:	
Compliance with State licensure law	416.40	Basic Requirements	416.3
Conditions for Coverage	416.41–416.49	Proposed Subpart D	416.41–416.49
Subpart D—Scope of Benefits:		Subpart B—Scope of Benefits:	
General rules	416.60	General rules	416.20
Scope of facility services	416.61	Scope of ASC Services	416.21
Covered surgical procedures	416.65	ASC List	416.22
Performance of listed surgical procedures on an inpatient hospital basis.	416.75	Performance of procedures on the ASC list in a hospital inpatient setting.	416.23
Subpart E—Payment for Facility Services:		Subpart C—Payment for Facility Services:	
Basis for payment	416.120	Basis for payment	416.30
ASC facility services payment rate	416.125	ASC payment rates	416.31
Publication of revised payment methodologies.	416.130	Publication of revised payment rates	416.32
Surveys	416.140	Surveys	416.33
Beneficiary appeals	416.150	Beneficiary appeals	416.34

A. Basis and Scope (Proposed § 416.1)

Most of the changes in this section are of a technical nature. In § 416.1(a)(1) we propose to revise the description of the ASC benefit to make it more consistent with section 1832(a)(2)(F)(i) of the Act. We further propose to add the statutory basis for the conditions for coverage of ASCs as new § 416.1(a)(2). And, we have deleted the reference to ''a hospital outpatient department'' in new paragraph § 416.1(a)(3) because the content of part 416 of the *Code of Federal Regulations* pertains exclusively to ASCs under the benefit provided in section 1832(a)(2)(F)(i) of the Act. The

current § 416.1(a)(3) would become new § 416.1(a)(4).

In § 416.1(b), which defines the scope of the regulation, we propose to reorder paragraphs (1), (2), and (3) to parallel the reorganization of 42 CFR part 416. We are reorganizing the regulations to make them simpler, more understandable, less prescriptive, less process-oriented, and more focussed on patient-centered outcomes. Section 416.1(b)(1) applies to renamed subpart B, which describes the scope of the ASC benefit, including the scope of ASC services and the criteria that HCFA uses to determine those procedures for which Medicare pays an ASC facility fee. Section 416.1(b)(2) applies to new subpart C, which sets forth the manner in which Medicare determines and makes payments for ASC services. Section 416.1(b)(3) refers to new subpart D, to which we propose to move the conditions for coverage of a Medicare approved ASC. Revisions to the conditions for coverage that an ASC must meet in order to be certified for participation in Medicare are the subject of a separate notice of proposed rulemaking currently under development entitled ''Conditions for Coverage of Ambulatory Surgical Centers'' (HCFA–1887–P). In the reorganized part 416, there is no subpart E.

B. Definitions (§ 416.2)

We propose to update and clarify the definition of several basic terms as they are used in 42 CFR part 416. Rather than being generic, these definitions are specific to Medicare approved ASCs and the implementation of the Medicare ASC benefit.

When section 934 of the Omnibus Reconciliation Act of 1980 added to the benefits available under Part B of Medicare facility services associated with certain surgical procedures provided in an ASC, the Act did not define an ASC other than to imply that it was a facility that is different from a hospital outpatient department, a physician's office, and a rural primary care hospital. Therefore, in order to implement the benefit, we must identify ASCs in order to be able to distinguish them from other types of facilities. Otherwise, we would not know if Medicare payments for ASC facility services under section 1832(a)(2)(F) were being made properly, in accordance with the statute and with Medicare rules and regulations.

The definition of an ASC that is currently found at § 416.2 became effective following publication on August 5, 1982 of the final rule (47 FR 34082) that implemented the ASC benefit initially. Since 1982, ASCs as a type of facility have evolved significantly. In 1982 there were approximately 40 ASCs in existence. By the end of 1997, the number of Medicare-approved ASCs exceeded 2400. We have found the 1982 definition of an ASC to be so broad and general that it is increasingly difficult for us to make a definitive determination whether a facility is an ASC for the purposes of Medicare approval. This is especially true in the health care delivery system of the late 1990s, which is in a state of dynamic and constant reformation. Therefore, we have revised the definition of an ASC in § 416.2 to be more specific in distinguishing ASCs from other categories of facilities.

The first important criterion in distinguishing ASCs is to recognize that, for Medicare purposes, an ASC is a supplier of health care services. It is *not* a Medicare provider, as that term is defined by statute and regulation.

A second criterion critical to understanding how HCFA defines ASCs for purposes of entitlement to Medicare payment is that an ASC is an entity that is separate and must be distinguishable from any other entity or type of facility. We define ''separate'' as meaning totally separate with respect to licensure, accreditation, governance, professional supervision, administrative functions, clinical services, recordkeeping, financial and accounting systems, and national identifier or supplier number. The word ''separate'' does not necessarily refer to the actual physical space the ASC occupies. An ASC may be physically located within the space of another entity and still be considered separate for Medicare payment purposes within this definition.

If a facility that considers itself an ''ASC'' were to bill Medicare for services using a hospital's identification number, Medicare could not pay the facility under the benefit established in the Act at section 1832(a)(2)(F). Though a facility may be called an ''ASC'' and may be located in a separate building or at a site removed from a hospital's campus, Medicare does not consider the facility to be an ASC unless the facility has its own license and accreditation, governing board, system for professional supervision, clinical services, and administrative functions, and its own Medicare billing and identification number.

Similarly, Medicare cannot pay an ASC facility fee for procedures performed in a suite, treatment room, office or clinic unless the site has been approved by Medicare as an ASC in accordance with the regulations.

We recognize that this requirement that an ASC be a separate entity may be onerous to ASCs that are owned by a large health system seeking to share services or to consolidate with other member entities. The statutory requirement for setting ASC payment rates is at the heart of our requirement that an ASC be an entity or facility that is separate from any other entity or facility and that its administrative, fiscal, clinical, and patient care services be clearly distinguishable from those of any other entity or facility in every respect. In order for us to determine by survey what costs ASCs incur to furnish facility services in connection with performing a specific surgical procedure, we at HCFA and the ASC administrators must be able to distinguish costs and charges as they emanate strictly from the ASC. If costs incurred by the ASC are commingled with another entity's activities, it will be difficult for the ASC to isolate the portion of costs properly attributable only to the ASC, and therefore difficult for us to be assured that the data we are using to determine payment rates are truly reflective of ASC costs alone, and not the costs or services of another entity, such as other hospital outpatient services or the functioning of a clinic or physician's office.

We have added a definition of ''hospital operated ASC'' to § 416.2 both to clarify what we mean by ''hospital operated ASC'' and to distinguish a ''hospital operated ASC'' from a hospital outpatient department that furnishes surgical services.

In order to be considered a Medicare approved ASC, the entity's function and purpose must be to supply facility services, as opposed to physician or practitioner services, in connection with performing certain surgical procedures. We define such services as ASC services, and under the benefit established at section 1832(a)(2)(F) of the Act, Medicare pays a prospectively determined fee for ASC services. Section 416.21 of the revised regulation proposed in this notice lists the types of services that fall within the scope of ASC services. They include but are not limited to nursing and technician services, supplies, drugs and biologicals, surgical dressings, housekeeping services, and use of the facility. We emphasize that the professional services of physicians and other practitioners *do not* fall within the scope of ASC facility services, and the ASC facility fee does *not* include payment for the professional services of physicians and other practitioners.

Medicare pays an ASC facility fee only for procedures on the ASC list.

HCFA determines which procedures will constitute the ASC list on the basis of certain criteria related to the safety, appropriateness, and effectiveness of performing the procedure in an ASC setting. The criteria that HCFA used as the standard for determining a procedure's suitability for the ASC list in this notice are proposed in § 416.22. The procedures for which a Medicare participating ASC furnishes services and for which Medicare makes payment of an ASC facility fee are of a nature that does not require Medicare patients to be admitted to a hospital as inpatients either to have the procedure performed or to recover from the procedure. By ''hospital,'' we mean an institution that meets the definition of ''hospital'' in section 1861(e) of the Act.

Within the framework of the definition of an ASC that we are proposing in § 416.2, Medicare would not consider an entity devoted exclusively to furnishing services such as clinical laboratory services, chemotherapy, radiation treatment, cardiac catheterization, dialysis services, magnetic resonance imaging, or other diagnostic tests, to be an ASC because these are not services that are necessary to enable surgical procedures to be performed. However, an entity that meets the conditions for coverage as an ASC could also be recognized and paid by Medicare as a non-physician supplier of radiology services, as an independent diagnostic testing facility (IDTF), or as a supplier of durable medical equipment, prosthetics, and orthotics as long as it supplied these services in accordance with the statute and Medicare payment rules and regulations.

C. Basic Requirements (Proposed § 416.3 and § 416.4)

We propose to renumber § 416.25 as § 416.3. Paragraph (a) does not change. We have moved current § 416.40 to become new paragraph (b) in § 416.3, to reinforce the fundamental importance of State licensure as a basic requirement for an ASC wanting to qualify for participation and billing privileges in the Medicare program.

We have also moved §§ 416.30(a) through 416.30(e) to proposed § 416.3, Basic Requirements. By incorporating these provisions directly into the regulations at § 416.3, we emphasize their significance as binding requirements with which ASCs wishing to participate and have billing privileges in the Medicare program must agree to comply.

Section 416.3(h) replaces current § 416.26(a) and § 416.26(b) by cross-referencing part 488, ''Survey, Certification, and Enforcement Procedures'' and establishes compliance with the regulations in that part that pertain to suppliers generally and to ASCs in particular as a basic requirement for ASCs to participate in Medicare. In order to make this link, we propose to add ASCs to the definition of ''supplier'' found in § 488.1.

Proposed § 416.3(i) replaces § 416.25(b). An ASC can satisfy the requirement that it have an agreement to abide by the Medicare laws and regulations by possessing a Form HCFA–855, ''Medicare Health Care Provider/Supplier Enrollment Application'' that has been validated by HCFA.

We are proposing one technical change in § 416.3(g). This change requires ASCs to accept the Medicare-approved amount as full payment for all items and services covered under Part B of Medicare that it furnishes to Medicare beneficiaries. ASCs must agree to accept assignment for all facility services furnished in connection with procedures on the ASC list. We are proposing to extend the ASC's assignment acceptance to include all items and services that the ASC supplies to a beneficiary, whether those items and services are considered ASC facility services as listed in § 416.21(a) or are items and services for which payment may be made under other provisions of Medicare, Part B, such as those listed in § 416.21(b).

Proposed § 416.4 basically restates the provisions of § 416.35 yet revises the language to reflect our proposed substitution of the ''Medicare Health Care Provider/Supplier Enrollment Application'' (Form HCFA 855) for the ''Health Insurance Benefits Agreement—(Agreement with Ambulatory Surgical Center Pursuant to Section 1832(a)(2)(F) of the Social Security Act)'' (Form HCFA 370). Since May 1996, HCFA has required all ASCs with an interest in participating and obtaining billing privileges in Medicare to complete Form HCFA 855. The certification statement that is a part of the Form HCFA 855 includes a provision that the applicant is familiar with and agrees to abide by the Medicare laws and regulations that apply to its provider/supplier type. In 42 CFR part 416, we have expanded the list of basic requirements for ASCs to include all of the provisions that are currently listed in the Form HCFA 370. We have also added to § 416.3 the provision that an ASC, in order to participate and to have billing privileges in Medicare, must have in effect a Form HCFA 855 that has been validated by HCFA. Given these changes, we propose to discontinue use of Form HCFA–370 for ASCs seeking to participate and to obtain billing privileges in Medicare beginning on the effective date of the final rule that implements the proposals contained in this notice. For ASCs whose agreement with HCFA consists of a Form HCFA 370 that has been duly executed in accordance with the provisions currently found in §§ 416.26 and 416.30, the Form HCFA 370 and the ASC's agreement with HCFA remain in effect until such time as the ASC completes a Form HCFA–855 that is validated by HCFA. We invite comments on our proposal to retire the Form HCFA 370 and replace it with a validated Form HCFA 855.

Revisions to the ASC conditions for coverage are the subject of a separate notice entitled ''Conditions for Coverage of Ambulatory Surgical Centers'' (HCFA–1887–P) that is currently being developed. Pending publication of that notice of proposed rulemaking, we propose to move the conditions for coverage found currently in sections § 416.41 through § 416.49 to subpart D, which we propose to rename ''Specific Conditions for Coverage.''

D. Additions to/Deletions From the ASC List

Section 934 of the Omnibus Reconciliation Act of 1980 amended sections 1832(a)(2) and 1833 of the Act to authorize the Secretary to specify, in consultation with appropriate medical organizations, surgical procedures that, although appropriately performed in an inpatient hospital setting, can also be performed safely on an ambulatory basis in an ASC, a hospital outpatient department, or a rural primary care hospital. The report accompanying the legislation explained that the Congress intended procedures currently performed on an ambulatory basis in a physician's office, which do not generally require the more elaborate facilities of an ASC, not be included in the list of covered procedures (H.R. Rep. No. 1167, 96th Cong. 2d Sess. 390, reprinted in the 1980 U.S.C.C.A.N 5526, 5753). In a final rule published August 5, 1982 in the **Federal Register** (47 FR 34082), we established regulations which included criteria for specifying which surgical procedures were to be included for purposes of implementing the ASC facility benefit. These criteria are found at 42 CFR 416.65, and include both general and specific standards. The general standards in § 416.65(a) define ASC procedures as—

- Commonly performed on an inpatient basis but may be safely performed in an ASC;
- Not of a type that are commonly performed or that may be safely performed in physicians' offices;

• Requiring a dedicated operating room or suite and generally requiring a post-operative recovery room or short-term (not overnight) convalescent room; and,

• Not otherwise excluded from Medicare coverage.

The specific standards in § 416.65(b) limit ASC procedures to those that do not generally exceed 90 minutes operating time, a total of 4 hours recovery or convalescent time, and, if anesthesia is required, the anesthesia must be local or regional anesthesia or general anesthesia of not more than 90 minutes duration. Section 416.65(c) excludes from the ASC list procedures that generally result in extensive blood loss, that require major or prolonged invasion of body cavities, that directly involve major blood vessels, or that are generally emergency or life-threatening in nature.

In April 1987, we adopted numerical criteria as a tool for identifying procedures that were commonly performed either in a hospital inpatient setting or in a physician's office. Collectively, commenters responding to a notice published in the **Federal Register** on February 16, 1984 (49 FR 6023) had recommended that virtually every surgical CPT code be included on the ASC list. Consulting with other specialist physicians and medical organizations as appropriate, our medical staff reviewed the recommended additions to the list to determine which code or series of codes were appropriately performed on an ambulatory basis within the framework of the regulatory criteria in § 416.65. However, when we arrayed the proposed procedures by the site where they were most frequently performed according to our claims payment data files (1984 Part B Medicare Data (BMAD)), we found that many codes were not commonly performed on an inpatient basis or were performed in a physician's office a majority of the time, contrary to our regulations. Therefore, we decided that if a procedure was performed on an inpatient basis 20 percent of the time or less, or in a physician's office 50 percent of the time or more, it should be excluded from the ASC list. (See **Federal Register** of April 21, 1987, (52 FR 13176).) At the time, we believed that these utilization thresholds best reflected the legislative objectives of moving procedures from the more expensive hospital inpatient setting to the less expensive ASC setting without encouraging the migration of procedures from the less expensive physician's office setting to the ASC. We applied these place of service tests not only to codes proposed for addition to the ASC list, but also to the codes that were currently on the list, to delete codes that did not meet the 20/50 site of service thresholds.

The trend towards performing surgery on an ambulatory or outpatient basis grew steadily, and by 1995, we discovered that a number of procedures that were on the ASC list at the time fell short of the 20/50 threshold even though the procedures were obviously appropriate to the ASC setting. The most notable of these was cataract extraction with intraocular lens insertion, very few cases of which were being performed on an inpatient basis by the early 1990's. We were also excluding from the ASC list certain newer procedures, such as CPT code 66825, Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure), that from their inception were almost never performed on a hospital inpatient basis but that were certainly appropriate for the ASC setting. And, strict adherence to the same 20/50 thresholds both to add and remove procedures did not provide latitude for minor fluctuations in utilization settings or errors that could occur in the site-of-service data drawn from the National Claims History File that we were using, replacing BMAD data, for analysis. In an effort to avoid these anomalies but still retain a relatively objective standard for determining which procedures should comprise the ASC list, we adopted in the last revision of the list, which was published in the **Federal Register** on January 26, 1995 (60 FR 5185), a modified standard for deleting procedures already on the ASC list. We deleted from the list only those procedures whose combined inpatient, hospital outpatient, and ASC site-of-service volume was less than 46 percent of the procedure's total volume, and that were performed 50 percent of the time or more in a physician's office or 10 percent of the time or less in an inpatient hospital setting. We retained the 20/50 standard to determine which procedures should be added to the ASC list.

The applicability and appropriateness of the standards HCFA uses to specify procedures that constitute the ASC list were the subject of lengthy discussion at the July 1996 ASC Town Meeting. The comments of those attending the Town Meeting, as well as written comments received following the meeting, repeatedly characterized the 20/50 numerical thresholds as simplistic, arbitrary, artificial, and outdated and urged us to ''modernize'' the standards by which we select procedures for the ASC list. Similarly, most commenters characterized the 90 minute limit on surgery and the four hour limit on recovery as obsolete, outdated, arbitrary and without medical significance and blind to the numerous technical advances in surgery and the development of short-acting anesthesia which have radically altered surgical practices since the early 1980's when those criteria were established. Commenters urged us to supplement or preferably replace quantitative thresholds with qualitative considerations that recognize the capabilities of modern ASCs. Some commenters took the position that the list be abandoned altogether; others recommended leaving the choice of where a surgical procedure is to be performed to those best able to determine which setting is most appropriate, namely, the physician, in consultation with the patient, and the anesthesiologist. Commenters argued that eliminating the list would allow Medicare beneficiaries who are medically unstable and for whom an office would not be a safe setting for even very simple surgery to have access to an ASC as an alternative to the hospital. Conversely, an ASC could be an appropriate alternative to the hospital for more complex procedures for beneficiaries who are healthy. At least one commenter suggested that the ASC list include any procedure which we would recognize as appropriate in a hospital outpatient setting.

The statute prevents us from eliminating the ASC list. However, in response to discussions at the Town Meeting, written comments submitted after the Town Meeting, and the growing consensus expressed by the ASC community in comments we received following publication in the **Federal Register** of proposed notices on December 7, 1990 (55 FR 50590) and December 14, 1993 (58 FR 65367), we propose to modify our approach to selecting the procedures for which Medicare pays an ASC facility fee.

1. Revision of 42 CFR 416.65

The intent of the revision to § 416.65 is to render the regulation less prescriptive in defining the kinds of procedures that are appropriate for the ASC list while allowing it to still remain within the constraints imposed by the statute. The changes to 42 CFR 416.65 that we are proposing are based on certain basic premises. First, we continue to focus on procedures that fall within the surgical range (10000 through 69999) of the HCFA Common Procedure Coding System (HCPCS) or the American Medical Association (AMA) *Physicians' Current Procedural*

Terminology (CPT). (The AMA's CPT terminology and coding is included, with permission, in the HCPCS system. For surgical procedures, the codes are the same.) Second, we limit ASC procedures to those surgical procedures that require the kind of supplies, equipment, physical environment, staffing, and health and safety protocols that are typical of a hospital setting and required of an ASC, including a dedicated operating room or suite or procedure room that is equipped, staffed, and maintained solely for the performance of surgical procedures, and a designated recovery room or area that is equipped, staffed, and maintained solely for the use of post-operative patients. However, while necessitating the resources and set-up typical of a hospital surgical department, ASC procedures must not be those for which patients are expected to be admitted to the hospital on an inpatient basis due to the severity or risks inherent in the procedure or to the need for inpatient post-operative care before the patient can be safely discharged to recuperate at home. Finally, the ASC list must not include procedures that are excluded from Medicare coverage by statute.

We propose to remove the references to ''commonly performed'' found in § 416.65(a) and the time limits on operating, anesthesia, and recovery time that are currently spelled out in § 416.65(b)(1) and (2). With the ambulatory payment classification (APC) system, we can rely on clinical homogeneity at least as much as site of service patterns in determining which procedures are appropriate for the ASC list. Precisely because the APC groups are clinically coherent, as a general rule we did not split up APC groups by including some procedures from an APC group on the ASC list while excluding from the list other procedures in the same APC group. We either regarded all of the procedures in an APC as appropriate for the ASC list or none of the procedures in an APC as appropriate for the ASC list.

We propose to retain the specific standards found at § 416.65(b)(3), and we shall continue to exclude from the ASC list procedures that generally result in extensive blood loss, require major or prolonged invasion of body cavities, directly involve major blood vessels, or are generally emergent or life-threatening in nature. Because of the risks inherent in procedures that involve these characteristics, any of which suggests that the well-being of the patient could be in jeopardy, we are excluding such procedures from the ASC list because performing them in an ambulatory setting violates the statutory safety standard of the Act (1833(i)(1)(A)). One of our reasons for revising 42 CFR Part 416 is to highlight that procedures with any of the characteristics listed in proposed § 416.22(b) are, by their nature, unsafe and inappropriate in an ASC setting and are therefore not reasonable and not medically necessary when performed in an ASC setting. Procedures with these characteristics are excluded from the ASC list and payment of a Medicare ASC facility fee for services furnished in connection with such procedures is not allowed.

Conversely, we discuss below in greater detail, procedures that do not satisfy the criteria in proposed §§ 416.22(a)(1), 416.22(a)(2), or 416.22(a)(3) are excluded from the ASC list because such procedures do *not* require the generally more elaborate and costly services and resources that characterize Medicare approved ASCs.

We solicit comments on the reasonableness and validity of the criteria that we are proposing as the basis for excluding procedures from the ASC list. We solicit comments on the reasonableness and validity of the changes to § 416.65 of the regulations, which we propose to incorporate in proposed § 416.22. We also solicit comments regarding the appropriateness of all the codes on the ASC list in Addendum B. Specifically, we welcome comments regarding any procedure in Addendum B that should be excluded from the ASC list because it is not safe outside a hospital inpatient setting or any procedure in Addendum B that can be safely and effectively performed in an office setting without the more elaborate services typical of an ASC. Comments should be framed within the context of the revised criteria proposed in proposed § 416.22.

2. Eliminate Numeric Thresholds

Although the 20/50 numeric thresholds for adding procedures to the ASC list and the 46/10/50 threshold for keeping procedures on the list were not a part of the regulations, they have been the basis of our policy for determining whether a procedure belonged on the ASC list. However, beginning with this notice, we propose to discontinue using site-of-service as the principal determinant of which procedures to add to or delete from the ASC list. Instead, we regard site-of-service data as but one of several factors, such as the criteria proposed in proposed § 416.22, to be taken into account in determining whether or not a procedure should be on the ASC list.

By adhering to the principle of keeping APC groups intact, we included on the ASC list or excluded from the list all of the procedures in a clinically homogeneous APC, notwithstanding anomalous site of service data for individual procedures within the groups.

3. Formation of Advisory Group

A number of commenters, both during and subsequent to the ASC Town Meeting, urged the creation of an advisory committee or council to work with HCFA on keeping the ASC list up-to-date. One commenter suggested adding a review of the ASC list to the annual CPT/Relative Value Update Committee (RUC) process. We are deferring a decision on the creation of an advisory committee pending implementation of the provisions that are proposed in this notice and until we can investigate further the possibility of utilizing an existing group, such as the RUC or the Medicare Carriers Medical Directors Workgroup, whose members might give us timely advice regarding procedures that are appropriate in an ASC setting. In the meantime, we propose to continue relying on consultations with professional and medical societies and trade associations; on correspondence and comments from these groups, from individual members of the ASC community, and from the public generally; as well as on the judgement of our medical advisors to determine the appropriateness of procedures for the ASC list both within the context of the criteria we have proposed in renumbered § 416.22 and the composition of APC groups.

4. Proposed Additions to the ASC List

We propose to add 422 CPT codes to the ASC list, consistent with the standards we propose in the new § 416.22. In applying the principles proposed in § 416.22 for the purpose of specifying additions to the ASC list, we recognized that an ASC might be appropriate for some procedures shifting from an inpatient to an outpatient setting for the patient who is generally healthy and is capable, but that an ASC would be a questionable setting for those procedures among the greater Medicare population whose health is more likely to be compromised by age or disability. Overall, based on the advice of our medical advisors and on the written comments we have received from ASC administrators, physicians, professional societies, and trade associations since the January 26, 1995 update of ASC procedures, we have determined that the procedure codes we are proposing to add to the ASC list could be safely performed in an ASC on the general Medicare

population in at least a significant number of cases.

One commenter expressed apprehension that expanding the ASC list could result in edicts from HCFA or other purchasers of health care that once added to the ASC list, a procedure *must* be performed in an ASC, without taking into account the individual patient's condition or the suitability of an ASC for a particular procedure. We recognize that for individuals with certain medical conditions, no procedure on the ASC list may be safely performed except on an inpatient basis. Therefore, we emphasize that the choice of operating site remains ultimately a matter for the professional judgement of the patient's physician, in consultation with the patient and, often, the anesthesiologist, irrespective of whether a procedure is on the ASC list. Section 416.23 in the proposed regulations reinforces this point.

All of the proposed additions to the ASC list are designated in Addendum A, along with the ambulatory payment classification (APC) group proposed for each. We invite and encourage comments on the appropriateness of these additions to the ASC list in light of the criteria in § 416.22.

a. Additions Suggested by Commenters

Of the 422 additions to the ASC list that we are proposing, the following 52 codes were specifically suggested by the ASC community in correspondence and comments that we have received since the publication of the last **Federal Register** update of the list on January 26, 1995 (60 FR 5185). We invite comments on the appropriateness for the ASC list of the procedures identified by these CPT codes:

15822	43244	56353	67110
15823	43249	56355	67145
15824	43761	57288	67208
15825	45330	62287	67210
15826	49568	62298	67228
26608	50080	63244	67900
29848	50081	65436	68810
33222	51715	65855	68811
35875	52601	66761	68815
36862	52647	66762	68830
37731	52648	66825	
40720	55859	67028	
42415	57288	67101	
43205	62287	67105	

b. Proposed Additions Resulting From Changes to CPT

The CPT is updated annually, and occasionally new codes added to CPT affect the ASC list. The following procedures were added to the ASC list because they were added to the CPT, usually to replace a deleted code. We are requesting comments on the appropriateness of adding to the ASC list the codes new to CPT in 1995 that are indicated below, which we were unable to include in the **Federal Register** notice published on January 26, 1995 (60 FR 5185). We are also requesting comments on the appropriateness of adding to the ASC list codes new to CPT in 1996, 1997, and 1998, which are indicated below.

New CPT codes added effective January 1, 1995: 31254; 31255; 31256; 31267; 31276; 57522

New CPT codes added effective January 1, 1996: 19290; 19291; 22103; 22328; 43249; 56301; 56302; 56343; 56344; 62350; 62351; 62360; 62361; 62362; 62365; 62367; 62368

New CPT codes effective January 1, 1997: 15756; 15757; 15758; 26551; 26553; 26554; 68810; 68811; 68815

New 1998 CPT codes: We are proposing to add to the ASC list the following HCPCS codes that were new in 1998: 29860; 29861; 29863; 29891; 29892; 29893; 52282; 53850; 53852; 56318; 56318; 56346; 59871; 67027; G0104; G0105

c. Proposed Additions Resulting From Ambulatory Payment Classification (APC) Groupings

We have determined that the remaining codes that we are proposing to add to the ASC list are consistent with the criteria in § 416.22, and we believe that they would be safe, appropriate, and effective if performed in an ASC setting.

5. Proposed Deletions and Exclusions From the ASC List

a. Procedures Excluded for Reasons of Safety, Reasonableness and Medical Necessity

There are a total of 2,361 CPT codes in the surgical range that are not on the revised ASC list proposed in this notice. Of these 2,361 procedures, 203 are codes that we are proposing to delete from the current ASC list because they are not safe or otherwise reasonable and necessary in an ASC setting. The proposed deletions are flagged in Addendum A.

b. Unlisted Procedures

In most surgical categories, CPT includes codes for unlisted procedures. Because codes for ''unlisted'' procedures, by definition, contradict the statutory mandate for an ASC list, and because there is no way of knowing in advance whether a procedure for which there is no appropriate description in CPT is consistent with our standards for the ASC list, we are continuing our policy of excluding those codes from the ASC list.

c. Exclusion of Office-Based Procedures

Some comments made during and after the ASC Town Meeting supported expansion of the ASC list to allow Medicare payment of an ASC facility fee for procedures that are ordinarily performed in an office setting but that require the more extensive resources typical of an ASC to accommodate the special health needs of a patient. We considered the effect of expanding the ASC list to include procedures that are ordinarily performed safely and appropriately in a physician's office or a physician's clinic or treatment room. Our 1994 ASC survey did not capture charge information on office-based procedures, but we had the benefit of hospital outpatient claims data and practice expense data compiled for the Medicare physician fee schedule (see the proposed rule in the **Federal Register** published June 18, 1997, 62 FR 33158, entitled ''Revisions to Payment Policies Under the Physician Fee Schedule, Other Part B Payment Policies and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998''). We theorized that we would not encourage office-based procedures to migrate to the ASC setting by paying the ASC instead of the physician the amount allowed for in-office practice expenses in connection with an office-based procedure on the few occasions when a patient needed a more intensive level of support because of individual health considerations. Relating payment to the costs intrinsic to performing the procedure would also move closer towards achieving a level playing field where payments are based on the service, rather than on the site where the service is furnished.

In the final analysis, we have decided that we would not, at this time, propose to add to the ASC list 340 HCPCS codes that describe procedures that can be performed safely and effectively in a physician's office, clinic or treatment room and for which the more elaborate facility services of an ASC are not required. Further, we propose to remove 63 codes that are currently on the ASC list which, we have determined, fail to meet the criteria in § 416.22(a), i.e. these procedures do not require surgical facilities, they are not services of the kind that are typically provided in a hospital inpatient setting, or do they do not require a dedicated operating room or room for post-operative recovery. Including procedures that are office-based on the ASC list might be construed as running counter to Congressional intent expressed in the conference report cited above. Also, paying ASC facility fees of $5 or $10

appeared administratively frivolous. Finally, office-based procedures are readily identifiable precisely because they *do not* satisfy the ASC-appropriate standards that we are proposing in § 416.22. Therefore, we are continuing, at this time, our policy of not including office-based procedures on the ASC list. However, we do not rule out the possibility of a future change of policy on this point after we have had an opportunity to evaluate the impact of incorporating resource-based practice expense relative value units (PE RVUs) into the Medicare Physician Fee Schedule and of implementing a prospective payment system for hospital outpatient surgical services, each of which is scheduled to occur in 1999.

We have given an ASC payment policy indicator ''5'' to the 403 CPT codes that we consider to be office-based procedures to indicate that no payment for expenses incurred to perform these office-based procedures is allowed other than the Medicare payment to the physician performing the procedure. An ASC payment policy indicator ''5'' precludes additional payment if these procedures are performed in an ASC. Refer to section III.E. of this notice for a more detailed discussion of the ASC payment policy indicators.

d. Suggested Additions Not Accepted

The following procedures have been suggested by the ASC community for addition to the list since publication of the last **Federal Register** update of the list on January 26, 1995 (60 FR 5185), but we propose to exclude them from the ASC list for the reasons given.

19240—Mastectomy, modified radical. (This procedure can result in extensive blood loss; admission to a hospital on an inpatient basis to recover from the procedure is appropriate.)

21356 & 21366—Repair heel bone fracture; 31225— Removal of upper jaw; 33212 & 33213—Insertion or replacement of pacemaker pulse generators; 37201— Transcatheter therapy, infusion for thrombolysis; 41130— Partial removal of tongue; 41153—Tongue, mouth, neck surgery; 51840 & 51841—Anterior vesicourethropexies; 51845--Abdomino-vaginal vesical neck suspension; 54430—Revision of penis; 56308—Laparoscopy, surgical and vaginal hysterectomy; 63030—Laminotomy (hemilaminectomy), with decompression of nerve root(s). (These procedures require admission to a hospital on an inpatient basis in order to have the procedure performed or in order to recover from the procedure.)

33216, 33217, & 33218—Insertion/replacement of electrodes and repair of pacemaker electrodes; 35475 & 35476—Transluminal balloon angioplasties; 56340, 56341 & 56342—Laparoscopy, surgical cholecystectomies. (These procedures directly involve major blood vessels, and with respect to the Medicare population in particular, the latter procedures would necessitate admission to a hospital on an inpatient basis to perform or to recover from the procedure.) One professional society takes the position that laparoscopic cholecystectomy should only be performed in a setting that is equipped and prepared to switch intra-operatively to an open procedure in the event problems arise during the laparoscopic procedures.

e. Procedures Deleted Because of CPT Coding Changes

The CPT is updated annually, and occasionally, the deletions affect the ASC list. The following is a list of procedures that were deleted from the ASC list because they were deleted from the CPT.

Deleted effective April 1, 1995: 25005; 25317; 25318; 26527; 31245; 31246; 31247; 31248; 31249; 31251; 31261; 31262; 31264; 31266; 31269; 31271; 31280; 31281; 31282; 31283; 31284; 31286; 31659; 36840; 36845; 45180; 52650

Deleted effective March 31, 1996: 28236; 63750; 63780; 67109

Deleted effective April 1, 1997: 15755; 20960; 20971; 25330; 25331; 26522; 26557; 26558; 26559; 42880; 56360; 56361; 68825

None of the procedures deleted from CPT 1998 were on the ASC list.

f. Procedures Recommended by Commenter for Deletion

One correspondent suggested that we remove several codes from the ASC list because they describe procedures that may not be safely and effectively performed in the ASC setting. Our medical staff concurs with the opinion of the correspondent, and the following codes are among those we are proposing to exclude from the ASC list: 15756; 15757; 15758.

6. Comments on the ASC List

We propose to add 422 procedures to the ASC list and to delete 203 procedures from the ASC list, consistent with the standards discussed previously in this notice. The net effect of these changes would expand the ASC list from 2280 CPT codes to 2499 CPT codes.

We solicit comments on whether we have made appropriate determinations regarding the following:

- Procedures that are excluded from the ASC list because they involve one or more of the criteria in proposed § 416.22(b) and are not, as a consequence, safely performed in an ASC. (These procedures are listed in Addendum A with an ASC payment policy indicator of ''3.'');
- Procedures that are not on the ASC list because they do not satisfy one or more of the criteria in proposed § 416.22(a). (These procedures are listed in Addendum A with an ASC payment policy indicator of ''5.'');
- Procedures that are prepared as the ASC list for which Medicare should not be paying an ASC facility fee because the procedures are not consistent with the criteria in § 416.22. (The proposed ASC list is presented as Addendum B.)

We also solicit comments on 203 codes that we are proposing to delete from the current ASC list and the 422 codes that we are proposing to add to the ASC list. (See Addendum A.) We ask that all comments regarding the appropriateness of procedures for the ASC list be framed within the context of the revised criteria proposed in re-numbered § 416.22.

E. Ratesetting Methodology

1. Current method

There are currently eight payment levels under the Medicare ASC benefit. Based on its cost, each of the 2280 CPT codes on the ASC list is paid one of eight prospectively determined payment rates. Collectively, all of the codes that are paid a particular rate constitute a payment group. (A ninth payment rate for extracorporeal shock wave lithotripsy (ESWL) was established in a notice published December 31, 1991 in the **Federal Register** (56 FR 67666). Medicare stopped paying for ESWL as an ASC service beginning in March 1992 under the provisions of a court stay, which is discussed in section III.H. of this notice.) The method by which the current eight ASC payment levels or rates were calculated is explained in the **Federal Register** that was published on February 8, 1990 (55 FR 4526). The steps involved in the 1990 ratesetting methodology which based rates on ASC facility overhead expenses and procedure-specific charges reported in the 1986 ASC Survey are summarized as follows:

- Adjust reported costs and charges on the basis of audit findings, eliminate incorrectly reported survey data, and adjust costs that exceed allowable limits;

• Inflate per procedure charges across all facilities using the consumer price index for all urban consumers (CPI–U);

• Using the hospital prospective payment system wage index, neutralize the effect of regional wage differences across all facilities by deflating that portion of per-procedure charges attributable on average to labor costs (34.45 percent);

• Identify the median charge for each procedure (CPT code) across all facilities, weighting individual procedure charges in each facility by the total number of times the procedure was performed multiplied by the facility's ratio of Medicare patients to total number of patients;

• Calculate the median Medicare cost-to-charge ratio for audited facilities and adjust the weighted median charge for each procedure (CPT code) by the cost-to-charge ratio (0.776) to calculate a cost value;

• Form groups at $75 intervals and set the payment rate for each group at the weighted median cost of the procedures in the group;

• Incorporate as part of the ASC facility fee for intraocular lens (IOL) insertion procedures an allowance for the lens. (Section 13533 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 93) (Public Law 103–66), enacted on August 10, 1993, requires that the payment for an IOL furnished by an ASC be equal to $150 for the period beginning January 1, 1994 through December 31, 1998).

Both the current and proposed ASC ratesetting methodology consist of four major components: (I) Determine a per-procedure cost for every reported CPT code at the individual facility level; (II) Determine a per-procedure cost for every reported CPT code across all facilities; (III) Group procedures, and (IV) Determine a standard payment rate that is generally a fair fee for all the procedures within each group. The standard payment rate arrived at in the final step becomes the Medicare ASC facility fee or payment rate.

In developing the payment rates proposed in this notice, we have retained the same basic methodology that is explained in the final notice published in the **Federal Register** on February 8, 1990 (52 FR 4526) and outlined above. We have introduced a few refinements that we believe enable us to measure more precisely the costs incurred by ASCs individually and collectively to perform procedures on the ASC list. The most notable modification of the current ratesetting methodology that we are proposing affects the third component of the ratesetting process: We propose to adopt a different approach to grouping procedures, using an ambulatory payment classification system (APCS), instead of creating groups based on $75 cost increments. The following steps explain how we arrived at the ASC payment rates that are proposed in this notice.

2. Proposed Ratesetting Method

Determine a per-procedure cost for every reported CPT code at the individual facility level:

a. Use 1994 Survey Data

Data on facility overhead expenses and procedure specific charges that were collected in 1994 via the *Medicare Ambulatory Surgical Center Payment Rate Survey* are the basis for the payment rates proposed in this notice. Part I of the survey instrument, ''General Information and Charge Schedules'' (Form HCFA–452A), was mailed in July 1992 to all ASCs that were Medicare participating at that time (1,396) for the purpose of gathering demographic data to serve as the frame for selecting a representative sample of ASCs that would be asked to complete a more comprehensive cost survey in 1994. One thousand one hundred forty-three ASCs completed and returned Part I of the ASC survey. In establishing the sample of facilities to complete Part II of the ASC survey, we excluded facilities that had been in operation for less than two years, facilities that performed fewer than 250 procedures during the 12-month survey period, and facilities whose most recently completed fiscal year exceeded or was less than 12 months. The remaining 832 ASCs were stratified into four categories based on reported procedure volume: high, medium, and low procedure volume, and eye specialty facilities. Eye specialty facilities were defined as any facility where procedures in the CPT range between 65000 and 68900 (Eye and Ocular Adnexa) comprised 50 percent or more of total surgical volume. We used these strata because we found them most likely to result in a sample of facilities that would be representative of the universe of Medicare participating ASCs that completed Part I of the survey in terms of type and volume of procedures typically performed and costs incurred to furnish facility services in connection with those procedures.

Available resources for data entry required us to limit the size of the sample to approximately 300 facilities. In accordance with generally recognized statistical conventions, 320 facilities were randomly selected. In March 1994, we mailed the Medicare Ambulatory Surgical Center Payment Rate Survey, Part II—Facility Overhead and Procedure Specific Costs (Form HCFA–452B) to the survey sample. Facilities were initially required to complete Form HCFA–452B by May 31, 1994, but because a large number of facilities experienced difficulties in meeting the deadline, we complied with most requests to extend the due date.

Part II of the survey gathered information from each ASC's most recently completed 12-month fiscal year. Most facilities reported calendar year 1993 data, with a few facilities reporting data from other fiscal years. The survey yielded a data set of procedure-specific information for 1516 of the nearly 2250 CPT codes that were on the ASC list as of December 31, 1993, including the number of times each procedure was performed on Medicare and on non-Medicare patients and the charge billed on average to all patients, both Medicare and non-Medicare, for each surgical CPT code. The survey also collected data on operating room time for high volume procedures on the ASC list and aggregate utilization and charges for procedures performed that were not on the ASC list. In addition, the survey elicited facility overhead costs for plant and property, equipment, supplies, contractual labor, employee labor, owner's compensation, bad debt, and general administrative costs. We asked ASCs to report the costs they incurred to procure intraocular lenses and to purchase ''non-routine'' supplies, e.g., any supply whose net unit cost exceeded $100. Information regarding any relationship between the ASC and other organizations or entities and the ASC's financial statement for the fiscal period reported in the survey were also solicited. Part II of the ASC survey included a section intended to capture procedure specific statistical and resource cost data for 29 CPT codes, including time allocations, staffing patterns and labor costs, supply costs, and medical equipment costs.

b. Audit Representative Sample of Facilities

In accordance with the statutory requirement at section 1833(i)(2)(A)(i) that we set rates in such a way as to take into account actual audited facility costs, and in order to validate the accuracy and reasonableness of survey responses, we conducted a nationwide audit of a sample of the ASCs that completed Part II of the survey. One hundred ASCs, 25 from each sampling stratum (high utilization, medium utilization, low utilization, and eye specialty), were randomly selected for audit in accordance with standard

statistical sampling procedures. The nationwide audit was conducted from November 1994 through January 1995 by Medicare fiscal intermediaries. Although ASC claims are processed by Medicare carriers, we believe intermediaries' familiarity and experience with Medicare audits better equipped them to carry out this task. In addition, the Office of Inspector General (OIG) conducted an audit of the home offices of the two principal ASC chain organizations with facilities included in the sample. We instructed the auditors to determine reasonable facility costs in accordance with Medicare payment principles.

Of the 320 facilities randomly selected to complete Part II of the Medicare ASC survey, 16 were exempted from completing the survey because of termination of Medicare participation or change in ownership prior to receipt of the survey form; inability to identify and properly allocate facility operating costs as a separate and distinct entity; or, incomplete records due to facility damage. In addition, we excluded nine other surveys from consideration in setting the rates proposed in this notice for the following various reasons: The audits revealed four facilities to have incorrectly reported their charge and utilization information; one form could not be accounted for and the facility did not have a copy to resubmit; two facilities reported data for less than a 12 month period; and, two facilities were unable to capture charge data from their record keeping systems in the manner requested.

c. Adjust Audited Surveys

We accepted the auditors' findings, which resulted in net adjustments that reduced reported aggregate costs by 9 percent and increased reported aggregate charges by 3 percent. The major cost reductions occurred in the areas of general administrative expenses and bad debts. We then made two additional adjustments to audited adjusted wage and administrative cost data, as follows.

After an analysis of audited contractual labor expenses, employee salaries and fringe benefits, and owner's compensation, we set a maximum compensation limit for each staffing category to eliminate unreasonable, and therefore unallowable, labor expenses from our determination of facility costs. (Because payment for the professional services of physicians and certified registered nurse anesthetists is made under other provisions of Medicare, Part B, the cost of these services is excluded from determining ASC facility costs.)

- We calculated the hourly wages for administrative and medical staff, taking into account fringe benefits and paid leave, using audited 1994 survey data. In calculating hourly pay rates for each staff category, we excluded data reported as owner's compensation because the reported hourly rates of owner's compensation were excessively high relative to the hourly pay for non-owners in the same positions.
- We selected the 75th percentile as the maximum allowable hourly wage rate in each staffing category. We considered using higher levels (80th or 90th percentile) as a cap, but we found the wage rates above the 75th percentile to be too erratic. We found the wage rates at the 75th percentile to be consistent and reasonable across all staff categories.
- We adjusted audited hourly wage rates that exceeded the 75th percentile of each staffing category to the maximum allowable hourly wage rate and recalculated labor costs by multiplying the adjusted hourly wage rate by the number of reported paid hours.

We believe that this approach is an improvement over the current methodology because it adjusts unreasonable labor costs for all categories of staffing, not just administrator and medical director pay; it takes actual compensated hours into account rather than using full-time equivalents (FTEs); and, we base the maximum allowable factor on the 75th percentile of labor costs rather than on an average. Table 1 shows the limits applied to ASC labor expenses.

TABLE 1.—HOURLY WAGE CAPS AT 75TH PERCENTILE

Staff category	Number of observations	Median hourly wage	Approx. annual salary	75th percentile hourly wage	Approx. annual salary
Administrator	66	35.39	$73,611	45.23	$94,078
Director/Manager	87	24.13	50,190	31.53	65,582
Supervisors	52	21.41	44,533	26.07	54,226
Clerical	116	11.33	23,566	13.24	27,539
Nurse	117	19.53	40,622	23.60	49,088
Medical Technician	92	13.31	27,685	16.60	34,528
Other Medical	49	10.99	22,859	15.61	32,469
Other Non-medical	83	11.94	24,865	15.65	32,552

In addition to making adjustments to unreasonable labor costs, we excluded from our calculation of facility costs those expenses reported in the 96 audited surveys for services which are not allowable under Medicare Part B principles of payment. Examples of costs that were not allowed include expenses for advertising, employee morale, gifts and memorials, entertainment, and parties.

d. Standardize Unaudited Costs and Charges

For the 96 audited surveys, aggregated audit adjusted expenses, including our adjustments for unreasonable labor and administrative costs, were 12 percent lower than reported overhead costs. To standardize the costs of the 199 unaudited facilities with those of the 96 audited facilities, we adjusted each category of overhead expense (plant and property, equipment, supplies, IOL, contractual labor, employee, owner's compensation, bad debts, and other expenses) in the unaudited surveys by the percent of difference between reported and audit adjusted data in each category of overhead expense for the 96 audited surveys. To standardize unaudited charges, we determined the percent of difference between aggregated reported charges and aggregated audited charges for the 96 audited surveys. We increased per-procedure charges in each of the 199 unaudited surveys by the 3.07 percent of difference between reported and audit adjusted aggregate charges.

e. Calculate Facility-Specific Cost-to-Charge Ratio

When we rebased ASC payment rates using 1986 data, we used a median cost-to-charge ratio based on data from 90 audited surveys. At that time, we considered using a facility-specific cost-to-charge ratio that would have taken into account the differences in the relationship between charges and cost that exist among facilities, but we elected not to do so because the data from unaudited 1986 surveys were seriously deficient. Because most of those earlier deficiencies have been ameliorated in the 1994 survey database, we are revising our ratesetting methodology to use a facility-specific cost-to-charge ratio.

- For each of the 295 surveys, we summed costs reported for plant and property, equipment, supplies, contractual labor, salaries, owner's compensation, bad debts, and miscellaneous other administrative expenses to calculate total net adjusted costs. Note that we exclude costs incurred by ASCs to furnish intraocular lenses (IOLs) from the calculation of the facility specific cost-to-charge ratio. Otherwise, the cost of an IOL would be spread across all procedures rather than being allocated specifically to the four procedures that require IOLs. We treat IOL costs separately, as we explain below.
- For each of the 295 surveys, we calculated total net adjusted procedure charges, including charges both for procedures on the ASC list and for procedures performed at the ASC that were not on the ASC list.
- We divided each facility's total net adjusted costs by the facility's total net adjusted charges to determine the ratio of the facility's overall costs to its charges.

f. Convert Each Procedure Charge to a Procedure Cost

We multiplied the net adjusted charge reported for each CPT code by the facility-specific cost-to-charge ratio in order to convert every net adjusted per-procedure charge to a per-procedure cost value. We believe that using a facility specific cost-to-charge ratio to arrive at per-procedure costs is a distinct improvement over the current methodology of using a median facility cost-to-charge ratio across all facilities because the facility specific ratio takes into account facility variations (single vs. multi-specialty, small vs. large, single vs. multiple ownership, etc.) which may affect the relationship between facility costs and charges.

g. Remove Intraocular Lens (IOL) Costs From Four Lens Insertion Procedures

Section 4063(b) of the Omnibus Budget and Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203) amended section 1833(i)(2)(A) of the Act to mandate that HCFA include payment for an IOL furnished by an ASC for insertion during or subsequent to cataract surgery as part of the ASC facility fee rather than paying for the prosthetic lens separately, in addition to the facility fee. The payment amount must be reasonable and related to the cost of acquiring the class of IOL involved.

Section 4151(c)(3) of the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990) (Public Law 101–508) froze the IOL payment amount at $200 for the period beginning November 5, 1990 and ending December 31, 1992, and we continued the $200 IOL allowance from January 1, 1993 through December 31, 1993. Therefore, Medicare payments to ASCs performing IOL insertion procedures in calendar year 1993, the survey period for most facilities completing the 1994 ASC survey, included a $200 allowance for the IOL.

Section 13533 of the Omnibus Budget and Reconciliation Act of 1993 (OBRA 1993) (Public Law 103–66) mandated that, notwithstanding section 1833(i)(2)(A)(iii) of the Act, payment for an IOL furnished by an ASC must be equal to $150 beginning January 1, 1994 through December 31, 1998.

Although the statute at section 1833(i)(2)(A)(iii) defines IOLs as an ASC facility service and mandates that the ASC facility fee for lens insertion procedures include payment for the IOL that is reasonable and related to the cost of acquiring the class of lens involved, amendments to the statute have mandated a specific dollar amount that Medicare is to pay for the IOL, irrespective of the costs incurred by ASCs generally to furnish the IOL.

Because IOLs are considered a facility service, ASCs do not bill for them separately. Rather, the charge for an IOL is included within the procedure charge for CPT codes 66983, 66984, 66985, and 66986. After we converted procedure charges to procedure costs, we subtracted the IOL cost from the procedure cost for each of the four lens insertion codes before we neutralized per-procedure costs for regional wage variations, adjusted procedure costs for inflation, and grouped procedures in order to set payment rates. The amount that we subtracted is a facility-specific mean IOL cost based on data collected in the 1994 survey regarding the quantity and models of IOLs purchased and the total amount paid for each model net of all discounts, rebates, and credits. If we did not subtract the IOL cost from the procedure cost of the lens insertion procedures at this juncture, Medicare would be recognizing IOL costs twice: once as part of the rebased payment rate for the procedure, and again through the mandated IOL allowance that is to be added onto the payment rates set for CPT codes 66983, 66984, 66985, and 66986. Note that the payment rate of $863 determined for CPT codes 66983, 66984, 66985 and 66986 (APC 668) includes a $150 IOL allowance.

Rates for lens insertion procedures beginning January 1, 1999. The 1994 survey data reveal that the current IOL allowance of $150 is neither reasonable nor related to the cost of acquiring the lens, but rather, represents an overpayment by Medicare and a lost opportunity for beneficiary and program savings. The 1994 ASC survey data show that ASCs were acquiring IOLs in 1993 for substantially less than the $200 that Medicare was paying ASCs for IOLs at that time. Based on survey data reported by 215 ASCs (72 audited and 143 standardized by increasing IOL costs by 1.93 percent) that purchased 197,289 lenses, the weighted mean lens cost was $100, and the weighted median cost was $97 (weighted by frequency). Of the 215 ASCs on which these findings are based, 76 are eye specialty facilities. For eye specialty ASCs alone, the weighted mean IOL cost was $82, and the weighted median IOL cost was $70. Table 2 shows that even inflating 1993 IOL costs to 1998 dollars, ASCs can still acquire IOLs on average well below the $150 allowance mandated by Congress through December 31, 1998.

TABLE 2.—1994 ASC SURVEY: INTRAOCULAR LENS (IOL) COST INFLATED TO 1998 DOLLARS

	CY 1993 dollars	CPI–U inflation factor	CY 1998 dollars
Mean Cost, weight by frequency	$100	1.14915	$115
Median Cost, weight by frequency	97	1.14915	108

TABLE 2.—1994 ASC SURVEY: INTRAOCULAR LENS (IOL) COST INFLATED TO 1998 DOLLARS—Continued

	CY 1993 dollars	CPI–U inflation factor	CY 1998 dollars
Medicare IOL allowance	200	NA	150

(Based on 1994 ASC survey reported by 215 ASCs that purchased 197,289 lenses).

Prior to expiration of the $150 IOL allowance on December 31, 1998, we shall propose a revised payment rate for the four lens insertion procedures in APC 668 in order to be consistent with section 1833(i)(2)(A)(iii) of the statute, which states that lens insertion procedures are to include an IOL allowance that is reasonable and related to the cost of the lens involved. In rebasing the payment rates for the four lens insertion procedures, we expect to follow the basic ratesetting methodology proposed in this notice, with one difference: We would neutralize the charge-converted per procedure cost determined for CPT codes 66983, 66984, 66985, and 66986 to offset the effect of regional wage variations, and then, we would add the facility-specific mean IOL cost to the procedure cost for these codes. The resulting cost for the four lens insertion codes would be adjusted for inflation, and the payment rate for APC 668 would be recalculated. IOL costs would then be subject to interim year annual adjustments for inflation because they would be packaged within the facility fee for lens insertion procedures. Under the current payment method, the fixed add-on IOL allowance in payment group 6 and payment group 8 is not subject to an annual adjustment for inflation.

We solicit comments on this approach to rebasing the payment rate for IOL insertion procedures for services furnished beginning on January 1, 1999.

h. Calculate Facility Specific Portion of Procedure Cost Attributable to Labor Expenses

Having converted per procedure charges to cost values and subtracted IOL costs from CPT codes 66983, 66984, 66985, and 66986, we determined for the 295 audited and standardized surveys the percentage of facility costs attributable to labor.

- We summed each facility's expenses for contractual personnel, employee salaries and fringe benefits, and owner's compensation (labor-related costs);
- We summed each facility's net total costs including plant and property, equipment, supplies, contractual labor, employee salaries and fringe benefits, owner's compensation, bad debts, and miscellaneous other administrative expenses.
- We divided each facility's total labor-related costs by its net total costs to determine the percentage of the facility's costs related to labor.
- We multiplied each facility's per-procedure cost by the facility's percentage of labor-related costs to apportion each procedure cost into labor-related and non-labor related components.

Under the current ratesetting methodology, as explained in the final notice published in the **Federal Register** on February 8, 1990 (55 FR 4526), we use an average of the labor-related percentage for all facilities based on 1986 survey data to determine the portion of procedure charges attributable to labor costs. Using 1994 survey data to determine as precisely as possible costs incurred by a facility to perform an individual surgical procedure, we reasoned that a facility specific labor-related percentage would be a more sensitive gauge of variations in hiring practices, staffing patterns, and employee expenses that influence ASC procedure costs than a national average which, by definition, flattens these variations. Therefore, to capture the influence on per procedure costs of individual facility staffing patterns and practices, we calculated a facility specific labor-related percentage preliminary to deflating per procedure costs to offset variations in labor costs that are the result of broader regional demographic differences. However, we shall continue the current method of calculating actual payment amounts for ASC facility services using an average labor-related factor to adjust rates for regional wage differences, which is consistent with the Congressional intent that Medicare pay ASCs a prospectively determined standard overhead fee. Using 1994 audited survey data, we found that, on average, the percentage of facility costs attributable to labor expenses (contractual personnel, employee salaries and fringe benefits, and owner's compensation) is 37.66 percent, a slight increase over the 34.45 percent labor-related factor based on 1986 data that carriers use currently to adjust base rates for regional wage differences.

i. Deflation by Wage Index Value

In order to remove variations in ASC per procedure costs that could be due solely to geographical differences in labor costs, we neutralized or deflated the portion of each ASC's per procedure costs attributable to labor expenses.

- We calculated a facility-specific percentage of overall costs attributable to labor expenses as explained in section 2-h, above.
- We multiplied each facility's per-procedure cost (see section 2-f, above) by the facility's percentage of labor-related costs to determine the labor-related portion of the procedure cost.
- We divided the labor-related portion by the wage index value applicable to the ASC's location.
- We added the deflated labor-related portion of the procedure's cost to its nonlabor-related portion to arrive at a per procedure cost that is not influenced by geographic wage variations.

As part of the ratesetting methodology explained in the final notice published in the February 8, 1990 **Federal Register** (55 FR 4526), we state as a matter of policy our intention to use the most recent Medicare hospital inpatient prospective payment system (PPS) wage index values both to determine ASC base payment rates and to calculate payment amounts for individual claims for ASC facility services. Therefore, the updated ASC base rates published in the February 8, 1990 notice reflect the fiscal year (FY) 1990 hospital inpatient PPS wage index that was effective for hospital discharges beginning October 1, 1989. We also included wage index values for rural counties deemed urban under sections 1886(d)(8)(B) and 1886(d)(8)(C) of the Act.

In the **Federal Register** published December 31, 1991 (56 FR 67666), we announced that we would continue to use the most recently updated hospital inpatient PPS wage index values for urban areas and rural areas to calculate ASC payment amounts; that we would limit recognition of reclassified wage index values resulting from reclassifications approved by the Medicare Geographic Classification Review Board (MGCRB) under section 1886(d)(10) of the Act to rural counties deemed urban under section 1886(d)(8)(B) of the Act; and, that we would annually update ASC payment

rates concurrently with the annual update of the hospital inpatient PPS wage index.

Use of pre-reclassification wage index values. Both the method of setting ASC payment rates and the method of calculating payment amounts for individual claims for ASC facility services proposed in this notice include a wage index adjustment to offset the effects of geographic wage differences. In this notice, we propose to continue using the most recent index that HCFA has determined from hospital wage and salary data collected from hospital cost reports. However, we propose to use wage index values that are calculated from wage and salary data before HCFA makes certain adjustments. That is, the wage index that we propose to use to adjust ASC payment rates reflects neither the effects of hospitals being redesignated or reclassified from one area to another under the provisions of sections 1886(d)(8)(B), 1886(d)(8)(C), and 1886(d)(10) of the Act, nor the requirement stated in sections 4410 (a) and (b) of the Balanced Budget Act of 1997 (Pub. L. 105–33) that the wage index for an urban hospital not be lower than the Statewide rural wage index. We believe this ''pre-classification// pre-floor'' wage index more directly reflects salary and wage levels for health care personnel within a given geographic area than does a wage index that is the result of a series of hospital-specific adjustments.

A description of how HCFA determines the FY 1998 pre-reclassification//pre-floor wage index values for urban and rural areas that we used to determine the rebased rates that are proposed in this notice and that carriers will use to calculate wage-adjusted payments to individual ASCs is in the **Federal Register** published on August 29, 1997 (62 FR 45985).

For the same reason that we are using pre-reclassification// pre-floor wage index values, we propose to eliminate special wage index designations for ASCs in rural counties deemed urban under section 1886(d)(8)(B) of the Act. The counties affected by this proposed change of policy are listed in Table 3. We propose to have carriers use the wage index value for the geographic area in which the facility is located rather than a reclassified wage index value when they calculate Medicare facility fees for ASCs in these designated counties. We solicit comments from ASCs located in these areas if they believe they will be adversely affected by our no longer providing an ASC-specific wage index value for counties deemed urban under section 1886(d)(8)(B) of the Act.

There is precedent for our decision to use pre-reclassification hospital inpatient PPS wage index values: We use pre-reclassification wage index values to determine allowable costs and Medicare payment limits for skilled nursing facilities (SNFs) and home health agencies (HHAs). We further reason that because the decisions of the MGCRB apply solely to individual hospitals, and because there is no mechanism by which we can link ASCs with individual hospitals, pre-reclassification// pre-floor wage index values adequately measure wage and wage-related costs for short-term, acute care hospitals located within the labor market areas defined by the Office of Management and Budget (OMB) upon which we base our definition of geographic areas. OMB updates the definitions of metropolitan areas (MAs) each June, adding new areas that qualify as MAs and cities that qualify as central areas for MAs, keeping the definitions of these geographic areas current. We also include in our definition of hospital labor market areas the New England County Metropolitan Areas (NECMAs), as defined by OMB and the special reclassification of Stanly County, North Carolina (a rural county) as part of the Charlotte-Gastonia-Rock Hill, North Carolina-South Carolina MSA (a large urban area) under section 4408 of the BBA of 1997.

If the FY 1998 hospital inpatient PPS wage index is updated prior to publication of the final rule implementing the provisions of this notice, we shall recalculate all procedure costs and payment rates accordingly. The final rebased ASC rates may therefore vary somewhat from the rates proposed in this notice as a result of our using pre-reclassification//pre-floor hospital inpatient PPS wage index values that are more current at the time of publication of the final notice.

During the time between implementation of the final rates proposed in this notice and the next cycle of ratesetting to rebase rates using newer survey data, we shall freeze the base rates other than to adjust them for inflation in accordance with section 1833(i)(2)(C) of the Act, as amended by section 4555 of BBA 1997. That is, we do not intend to reset the base rates during these interim years to reflect the annual update of the wage index, although carriers will continue to calculate payment amounts to facilities using the most currently available wage index values, as they do currently.

We note that one consequence of our proposal to move all ASC updates to a calendar year cycle is a three-month delay in applying to the calculation of ASC facility fees the hospital inpatient PPS wage index values, which are updated on a fiscal year basis every October 1. We believe that the advantages of consolidating the updates of ASC rates, the ASC list, and wage index values to be effective every January 1, concurrent with the update of the Medicare Physician Fee Schedule, the *Physicians' Current Procedural Terminology,* and the Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS), far outweigh any disadvantages that might result from delaying for three months implementation of the most recent wage index. We solicit comments on this point and on the other modifications we propose to make with respect to our policy for adjusting ASC payment rates to offset the effects of geographic wage differences.

TABLE 3.—COUNTIES THAT WILL NO LONGER BE DEEMED URBAN UNDER SECTION 1886(D)(8)(B) OF THE ACT TO CALCULATE ASC PAYMENTS

County
Barry, MI
Cass, MI
Caswell, NC
Christian, IL
Harnett, NC
Henry, IN
Indian River, FL
Ionia, MI
Jefferson, KS
Jefferson, WI
Lawrence, PA
Lincoln, WV
Macoupin, IL
Marshall, AL
Mason, IL
Morrow, OH
Owen, IN
Preble, OH
Shiawassee, MI
Tuscola, MI
Van Wert, OH
Walworth, WI

j. Adjust Reported Costs for Inflation to Offset Fiscal Year Differences Among Facilities

The most recently completed 12-month fiscal period for the majority of ASCs that submitted the 1994 survey coincided with calendar year 1993, but there were some surveys with data reported for a 12-month period ending on a date other than December 31, 1993. (The earliest beginning date for a survey period was January 1, 1992; the latest ending date for a survey period was June 30, 1994.) Therefore, both to ensure comparability in our cost assumptions and to express procedure costs in equivalent dollars, we inflated the cost

amount established for every procedure at the facility level from the midpoint of the facility's reporting period to a common end period using the Consumer Price Index—All Items (Urban). We used July 1, 1998, the midpoint of the calendar year during which the rates in this notice are proposed for implementation, as the common end period. Table 4 shows the factors we used to express procedure costs in dollar levels projected for July 1, 1998. The only difference between using the factors in this table to adjust procedure costs for actual and projected changes resulting from inflation and the factors that we used to inflate the 1986 base rates is that the factors used here are sensitive to quarterly rather than just annual inflationary trends.

TABLE 4.—FACTORS TO INFLATE AMBULATORY SURGICAL CENTER PER PROCEDURE COSTS TO JULY 1, 1998 DOLLARS USING CPI-ALL ITEMS, URBAN

Survey year starts	Survey mid-point	Survey year ends	Factor needed to adjust to common end period (7/1/98)
Jan–1–92	Jul–1–92	Dec–31–92	1.18268
Feb–1–92	Aug–1–92	Jan–31–93	1.17961
Mar–1–92	Sep–1–92	Feb–28–93	1.17653
Apr–1–92	Oct–1–92	Mar–31–93	1.17347
May–1–92	Nov–1–92	Apr–30–93	1.17043
Jun–1–92	Dec–1–92	May–31–93	1.16748
Jul–1–92	Jan–1–93	Jun–30–93	1.16466
Aug–1–92	Feb–1–93	Jul–31–93	1.16198
Sep–1–92	Mar–1–93	Aug–31–93	1.15936
Oct–1–92	Apr–1–93	Sep–30–93	1.15676
Nov–1–92	May–1–93	Oct–31–93	1.15417
Dec–1–92	Jun–1–93	Nov–30–93	1.15163
Jan–1–93	Jul–1–93	Dec–31–93	1.14915
Feb–1–93	Aug–1–93	Jan–31–94	1.14674
Mar–1–93	Sep–1–93	Feb–28–94	1.14439
Apr–1–93	Oct–1–93	Mar–31–94	1.14208
May–1–93	Nov–1–93	Apr–30–94	1.13982
Jun–1–93	Dec–1–93	May–31–94	1.13751
Jul–1–93	Jan–1–94	Jun–30–94	1.13505

Source: DRI/McGraw-Hill, 4th Qtr1996;@USSIM/TRENDLONG1196@CISSIM/CONTROL964.

3. Proposed Ratesetting Method

Determine the median per-procedure cost, across all facilities, for each reported CPT code.

a. Weights

In the 1986 ASC survey, we collected data on the total number of times a specific procedure, as defined by a CPT code, was performed in the facility. To determine Medicare utilization, the 1986 survey asked for a total count of Medicare patients served by the ASC during the survey period. The number of times specific procedures were performed on Medicare patients was not identified. Therefore, the only way to weight 1986 survey data by Medicare utilization was to apply a facility-specific ratio of Medicare patients to all patients served during the survey period to the total number of times a specific procedure was performed. As a result, cost data for procedures with high Medicare utilization, such as cataract extraction, were weighted the same as cost data for procedures that were performed only rarely for Medicare beneficiaries.

In the 1994 ASC survey, to obtain a more accurate measure of Medicare utilization, we not only collected information on how many times a procedure on the ASC list was performed during the survey period, but also, how many times the patient was a Medicare beneficiary when the procedure was performed. Having this utilization information available for each CPT code enables us to weight 1994 survey data with greater precision than we could with the 1986 survey data. After we adjust and then convert per procedure charges to per procedure costs, we use the procedure's total volume as a weighting factor to determine the median per procedure cost across all facilities that reported charge and utilization data for the procedure. Then, as we explain in a later section, after we assign procedures to payment groups, we use the procedure's Medicare volume as a weighting factor to determine the median cost of all the procedures in the group. This final median cost becomes the payment rate for all the procedures in the group.

b. Determination of Weighted, Trimmed Median Per Procedure Cost Across All Facilities

To determine the median cost of a procedure across all the facilities where it was performed, we arrayed each facility's net, wage-neutral, inflation adjusted cost for the procedure in descending order of cost, weighted by the number of times the procedure was performed in the facility for all patients, both Medicare and non-Medicare. After trimming observations above the 90th and below the 10th percentile, to remove costs that were aberrant extremes, we determined the median cost for the procedure code. We repeated this process for every procedure on the ASC list for which utilization was reported in the 1994 survey to arrive at a weighted median procedure cost for the 1516 CPT codes in the survey data set.

Because Medicare volume for most procedures is but a fraction of total utilization, we believe that weighting by total volume gives us a truer per procedure median cost across all ASCs than weighting by Medicare volume alone. Weighting by total volume expands our data set by pulling in

procedures for which no Medicare volume was reported. Use of the median rather the mean procedure cost further minimizes the effect of individual facility cost extremes.

Having established a weighted median procedure cost that represents costs incurred by ASCs generally to perform the procedure based on audited and standardized 1994 survey data, we proceed to the final step in the ratesetting process, which is grouping procedures for the purpose of calculating prospective ASC payment rates.

4. Proposed Ratesetting Method

Establish procedure groupings.

a. Current Classification System

When we rebased ASC payment rates using 1986 survey data, we expanded from four to eight payment rates or levels, as explained in the February 8, 1990 **Federal Register** (55 FR 4539). (We explain elsewhere in this notice that a ninth payment level was established effective January 30, 1992 to accommodate payment for CPT code 50590, extracorporeal shock wave lithotripsy, but that payments of an ASC facility fee for this procedure were suspended following the issuance of a court stay on March 10, 1992.) We currently group codes by assigning each procedure, depending on its cost, to the appropriate level within a series of predetermined $75 intervals. The only factor roughly common to all procedures within the six currently active non-IOL ASC payment groups is the approximate cost of performing the procedure based on 1986 survey data and/or our estimate of that cost when data are lacking.

b. Proposed Ambulatory Payment Classification System

We propose to replace the current method of grouping procedures on the ASC list with a classification system that takes factors such as time, type of surgery, and body system into account, in addition to the costs incurred by facilities in connection with performing the procedure. Addendum B lists the resulting ambulatory payment classification system (APCS) groups that are the basis for determining the payment rates for ASC facility services that we are proposing in this notice. Although the genesis of these groups was in the ambulatory patient groups (APGs) that were developed by 3M Health Care under a HCFA grant, the APC groups are not the same as APGs, and Medicare regulations and policy governing payments to ASCs using these groups do not necessarily follow the 3M APG model.[1]

The APC groups are the result of intensive work on the part of HCFA staff and medical advisors who started with the 3M APGs but then reorganized the groups on the basis of several factors. First, we had a data set of 1516 CPT codes with cost and utilization information from 295 ASCs that was collected through the 1994 ASC survey. In addition, we had comments from 79 correspondents, including ASC administrators, State agencies, professional organizations and societies, trade associations, and physicians following the July 1996 Medicare ASC Town Meeting in Baltimore, that were virtually unanimous in questioning the internal consistency of a number of the 3M APG groups. (We had circulated 3M's Version 2.0 significant procedure APGs at the ASC Town Meeting, without any costs or rates attached, and asked for comments on the homogeneity of the groups.) A number of commenters suggested regrouping codes, and they supported their recommendations on the basis of the time required to perform procedures in the new groups and the costs associated with supplies and equipment needed to perform the procedures. Of particular concern were the grouping of gastrointestinal endoscopies, arthroscopies, a number of urinary tract procedures, and groups where diagnostic and therapeutic surgical procedures were put in the same APG. In cases where our data supported a recommendation, we modified a payment group accordingly. If we did not make a recommended change, it was because our data did not support the change, or because the change was inconsistent with our standards for determining procedures that are safe and appropriate in an ASC. Once we began shifting codes from one group to another, we found that other groups were affected, so we ended up reviewing and modifying virtually every grouping of surgical procedure codes.

To classify procedures with limited or aberrant ASC survey data, we relied on the medical judgement of our staff physicians in conjunction with 1993 hospital outpatient department claims data and physician practice expense relative value units (RVU) from the Medicare physician fee schedule. We also took into account Medicare utilization patterns based on 1995 physician claims site-of-service data to aid in determining levels of procedure complexity.

By adding clinical consistency to cost as a determinant for classifying surgical procedures for ratesetting purposes, we propose to expand from eight to 105 the number of ASC payment groups. Our lowest payment rate would drop to $53 (APC #207, Closed Treatment Fracture Finger/Toe/Trunk), and our highest payment rate would increase to $2,107 (APC #527, Lithotripsy). We believe this classification system rectifies distortions that have developed under the current ASC groups which have resulted in underpayments for a number of procedures and overpayments for some others.

Using groups that are characterized by homogeneous clinical characteristics as well as costs enables us to set rates more accurately for new procedures that are appropriate and safe in an ASC but for which we have minimal data or for infrequently performed procedures for which cost data are questionable or non-existent.

Following the ASC Town Meeting, some commenters urged a ratesetting method for ASCs that would promote equitable reimbursement for procedures across all settings. At least one commenter stated that Medicare payment policy ought to be neutral as to site of service. In fact, one of the reasons that we have devoted so much attention to developing the APC surgical groups for ASC ratesetting is in anticipation of using them as part of the prospective payment system that is to be implemented on January 1, 1999 for hospital outpatient department services. It is our intent to keep the APC surgical groups comparable for ASCs and hospital outpatient departments (HOPDs). Currently under development is the HOPD prospective payment system, which contains as one of its elements APC surgical groups that parallel the APC surgical groups we are proposing for ASCs. In order to keep the groups comparable in the two settings, we propose to review comments on the composition of the APC groups that are submitted during the public comment period following publication of both this ASC notice and the HOPD notice. We further propose to coordinate any adjustments to the composition of the APC surgical groups that may result from our analysis of both sets of comments to ensure that the final APC surgical groups not only reflect and take into account both sets of comments, but also remain comparable for ASCs and HOPDs to the maximum extent possible within the constraints imposed by statutory and regulatory requirements.

[1] Health Information Systems, 3M Health Care. *The Ambulatory Patient Groups Definitions Manual, Version 2.0.* Wallingford, Connecticut, 1995.

Every CPT code within the surgical range of 1998 *Physicians' Current Procedural Terminology* is accounted for in Addendum A either in an APC group or in a non-payment category. We propose to expand the list of Medicare covered procedures from 2280 to 2499, which includes the addition of 422 procedures and the deletion of 203 procedures currently on the list, consistent with the standards discussed in section II.A. of this notice. We move to the final step in determining prospective payment rates for procedures on the ASC list.

5. Proposed Ratesetting Methodology

Determine a standard payment rate for the procedures within each group.

a. Setting Rates Based on ASC Survey Data

Having classified procedures that are safe and appropriate in an ASC setting into 105 payment groups, we arrayed the procedures within each group in descending order of facility-specific procedure cost, weighted by each facility's procedure-specific Medicare volume, to determine the median cost of procedures in that APC. Weighting by the number of times the procedures were performed on Medicare patients gives recognition to the relative importance of each facility in furnishing procedures covered by the Medicare program. The derived median cost determined the payment rate for the group.

b. Setting Rates for Procedures With Limited Medicare Volume or Aberrant Cost Data

When we determined individual procedure costs (see section III.E.2, above), we eliminated information on costs, charges, and utilization from the ASC survey database for 345 CPT codes that were reported by fewer than 3 facilities and 199 CPT codes for which there was no reported Medicare volume. We also lacked 1994 survey data for the 422 proposed additions to the ASC list. After procedures had been assigned to APC groups (section III.E.4, above), we found 6 surgical APCs comprised entirely of codes for which we had no reported ASC survey data. In addition, there were 43 APCs with fewer than 200 Medicare cases across all procedures in the group. (We determined that using the median cost of fewer than 200 Medicare cases to set payment rates for these 43 APCs failed to represent adequately the majority of procedures within the group and did not result in a reasonable group payment rate.) We also identified 15 APCs with Medicare volume greater than 200 cases for which we did not rely on reported ASC data to determine a payment rate because we believed that reported procedure charges for codes in these groups were based more on historical ASC payment rates than on the cost of performing the procedure. We also questioned the reliability of the data reported for procedures within these groups when we found in the majority of cases that the per procedure costs of simple procedures were higher than the costs determined for similar but more complex procedures.

In order to set a payment rate for the 64 APC groups for which we had little or no Medicare volume or reliable cost data, we calculated a relative value factor for each of the 41 surgical APC groups for which we did have reliable data, which we extrapolated as a standard against which to compare and rank the 64 data deficient APC groups. To calculate the relative value factors, we divided the payment rate already set for each of the 41 APCs with adequate ASC survey data (see section III.E.5.a, above) by 504, the median rate of those 41 groups. We used the relative value factors as a gauge to compare the data-deficient groups with the 41 groups with data in terms of the type and duration of surgery, supply and equipment costs, and clinical labor requirements characteristic of each group. We reasoned that we could infer a relative value factor for each of the data-deficient groups on the basis of these comparisons. Using this analysis, combined with the expertise of our staff physicians, the comments we received following the 1996 ASC Town Meeting, and our analysis of other data sources, such as 1993 hospital outpatient claims data and relative value units established under the Medicare Physician Fee Schedule, we estimated relative value factors for the 64 ASC data-deficient APC groups. The relative value factors for procedures on the ASC list are shown in Addendum A and Addendum C.

We then multiplied the relative value factor estimated for each data-deficient group by 504 to determine a payment rate for each of the 64 data-deficient APC groups. We viewed 504 as the most reasonable value to use as a conversion factor to set ASC payment rates for the data-deficient APCs because 504 was the median rate of the APC groups that had the highest ASC Medicare volume and for which we had substantive 1994 survey data.

Using this approach, we determined payment rates for 1058 CPT codes (42 percent of the 2499 codes proposed for the ASC list) for which we had little or no cost data. Of the 43 APCs that had fewer than 200 Medicare cases, nearly half were assigned a higher payment rate than would have been the case if we had relied on the limited ASC data that were available as the basis for the payment rate. In the case of two groups with more than 200 Medicare cases, one of which consisted of corneal transplant procedures, we increased the payment rate because the data-referenced costs were too low.

c. Payment Rate for CPT Code 67027, Implantation of Intravitreal Drug Delivery System

This is a new 1998 CPT code that we are proposing to add to the ASC list. Because it is new, we have no cost data in connection with this code. We ask for comments on which of the APC groups proposed for ophthalmic procedures (APC groups 649, 651, 652, 667, 668, 670, 676, 677, 683, 684, or 690) this procedure code would be most appropriately assigned both in terms of its clinical characteristics and resource costs. We request that commenters support their suggestions with information and data that elucidates the clinical characteristics and resource costs of this procedure relative to other procedures in the various APC groups for eye surgery.

6. Payment Policy Indicators

We have developed a set of payment policy indicators to assist ASCs and fiscal contractors in determining whether Medicare allows payment to an ASC for a particular procedure, item or service. Addendum A shows a payment indicator for every 1998 HCPCS code.

ASC payment policy indicators are intended to supplement, not replace, the correct coding initiative (CCI) edits that carriers already apply to claims for ASC services. (The CCI edits identify code pairs which, when billed together, represent either unbundling (the reporting of a comprehensive procedure and its component procedures) or mutually exclusive procedures (procedures which by definition cannot occur during the same operative session.)) The ASC payment policy indicators are defined as follows:

a. We use ''1'' to designate a procedure for which Medicare pays Medicare approved ASCs a prospectively determined ASC facility fee for ASC services. Collectively, the CPT codes with an ASC payment indicator of ''1'' make up the ASC list. (See Addendum B.) Medicare allows payment of an ASC facility fee only for codes with an ASC payment policy indicator of ''1.''

b. We use ''2'' to indicate a procedure, item, or service for which Medicare

does not allow a separate payment when the procedure, item, or service is furnished at a Medicare approved ASC. If the procedure, item, or service is covered, payment is always packaged into and subsumed within payment(s) made for other services not specified. Some codes with a ''2'' indicator describe items or services that fall within the scope of ASC facility services, whose costs are taken into account within the ASC facility fee. Examples of these include CPT code 36000, Introduction of needle or intracatheter; or, CPT code 81002, Urinalysis, by dip stick or tablet reagent; or, alphanumeric HCPCS code V2632, Posterior chamber intraocular lens. When these services are furnished at an ASC, payment for them is included as part of the ASC facility fee.

c. We use ''3'' to indicate a procedure, item or service that is excluded from the ASC list because it is not reasonable, not necessary, and not appropriate in an ASC setting. We have assigned an ASC payment policy indicator of ''3'' to procedures that our medical advisors consider to be unsafe in an ASC based on the criteria in § 416.22(b), and to CPT codes that are for unlisted procedures.

d. Codes with an ASC payment policy indicator ''4'' are not valid for Medicare purposes, although Medicare recognizes a 90-day grace period during which the code may be used. If Medicare covers the service, another code is to be used to bill for it. Codes with an ASC payment policy indicator ''4'' are assigned a procedure status code of ''G'' on the Medicare Physician's Fee Schedule.

e. We use ''5'' to indicate a procedure, item, or service that is safely and appropriately performed or furnished in a physician's office or clinic. We consider procedures with an ASC payment policy indicator ''5'' to be office-based because they do not generally require the more elaborate facility services of an ASC and they do not satisfy the criteria proposed in § 416.22(a). Procedures with an ASC payment policy indicator ''5'' are not considered to be on the ASC list.

Medicare takes into account and pays for the costs incurred to perform these procedures under the Physician Fee Schedule. If a procedure with an ASC payment policy indicator ''5'' were performed at an ASC and the ASC billed Medicare for the procedure, payment would be denied. The denial would be based on two factors: first, the procedure is not on the ASC list, and secondly, because the procedure is designated as an office-based procedure, Medicare payment for the procedure is made in full to the physician as determined by the physician's fee schedule. Any payment in addition to what Medicare pays the physician under the Medicare Physician Fee Schedule for procedures with an ASC payment policy indicator ''5'' is redundant and is not allowed. After any applicable deductible and copayment amounts are satisfied, we consider the beneficiary's obligation for a procedure with an ASC payment policy indicator ''5'' to be met in full by Medicare's payment to the physician.

If a procedure code with an ASC payment policy indicator ''5'' is subject to the site-of-service differential under the Medicare Physician Fee Schedule, the site-of-service practice expense reduction is not applied if the procedure is performed in an ASC because we do not consider the procedure to be on the ASC list and because we regard the ASC as a surrogate physician's office with respect to these procedures.

f. We use ASC payment policy indicator ''6'' to indicate that a procedure, item or service either falls outside the scope of ASC facility services as proposed in § 416.21(b) or that the procedure, item or service is one to which the concepts of an ASC facility fee or the ASC benefit are not relevant and do not apply. In the latter case, the procedure, item or service is outside the realm of ASC facility services and would never, by definition, be furnished by an ASC, e.g., clinical laboratory tests, maternity care and delivery, emergent procedures, or physician evaluation and management.

In the former case, although the ASC facility fee for a surgical procedure on the ASC list does not include payment for the cost of items, procedures, or services that have an ASC payment policy indicator ''6'', if these procedures, items, or services are covered and are reasonable and necessary, Medicare could allow a separate payment under another Part B benefit as long as Medicare recognizes and approves the entity as a supplier of the item or service. For example, we do not consider prosthetic implants, except IOLs, to fall within the scope of ASC facility services. But if an entity that is approved by Medicare as an ASC is also approved as a supplier of prosthetic implants, Medicare allows payment to the entity for a prosthetic implant in accordance with the prosthetic fee schedule *in addition to* payment of an ASC facility fee for services furnished by the entity in connection with a procedure on the ASC list that is performed to insert the prosthetic implant. See section III.F for further discussion of items and services that fall outside the scope of ASC services.

g. We use ''7'' to indicate a procedure to which special coverage instructions apply, such as CPT code 11950, Subcutaneous injection of ''filling'' material, (e.g. collagen); 1 cc or less, about which carriers must make a determination of reasonableness and medical necessity. If a surgical procedure with an ASC payment policy indicator ''7'' is performed in a Medicare approved ASC and a claim for ASC services is submitted, payment depends on whether the carrier determines that the procedure is reasonable and necessary. If the carrier determines that the procedure was reasonable and necessary, an ASC payment rate is given and the procedure would be considered to be on the ASC list for the purposes of the specific claim. Procedures with a status indicator ''R'' under the Medicare Physicians' Fee Schedule automatically receive an ASC payment policy indicator of ''7.''

h. We have reserved payment policy indicator ''8'' for future use.

i. We use ''9'' to indicate a procedure, item or service that is not covered by Medicare and for which Medicare never makes payment. ASC payment policy indicator ''9'' corresponds to procedure status codes ''I'', ''N'', and ''E'' under the Medicare Physician Fee Schedule. (Status code ''I'' is used to indicate codes that are not valid for Medicare purposes with no grace billing period allowed; status code ''N'' is used to indicate codes that describe a noncovered service; status code ''E'' is used to indicate codes that are excluded from the Medicare Physician Fee Schedule by regulation.)

7. Comments on Proposed Ambulatory Payment Classification Groups, Payment Policy Indicators and Payment Rates

Addendum A lists all 1998 HCPCS codes in numeric order by code and includes an ASC payment policy indicator for each code and, where applicable, a notation as to whether or not the code is proposed for addition to or deletion from the ASC list. Addendum B presents the ASC list by APC group. Addendum C is a list of 105 surgical APC groups with their respective titles, ASC relative values, and ASC payment rates. We solicit comments on the payment rates, APC grouping, and payment policy indicators proposed in these tables. However, we request that commenters who question the appropriateness of the rate or APC assignment proposed for a particular procedure support their argument with specific details related to intra-operative time, staffing requirements, and costs incurred by the

facility to furnish disposable and non-disposable supplies, pharmaceuticals, instrumentation, and equipment in connection with the procedure and that procedures more closely related in terms of cost be identified. We also solicit comments on the changes to the ASC ratesetting methodology that are proposed in this section.

8. Carrier Adjustment of Base Rates to Determine Payment Amounts

The payment rates proposed in this notice are standard base rates that have been adjusted to remove the effects of regional wage variations. When carriers process claims for ASC facility services, they adjust the base rates to reflect the wage index value applicable to the area in which the ASC is located. The Medicare payment for ASC facility services is equal to 80 percent of the wage-adjusted standard payment rate. Beneficiaries are responsible for a 20 percent copayment for ASC facility services once their deductible is satisfied. Below are some examples of how carriers adjust the ASC base rates to calculate facility fees.

Example 1

The following is an example of how to determine the wage adjusted payment rate for CPT code 28230, Tenotomy, open, flexor; foot, single or multiple (separate procedure) performed at an ASC located in Denver, Colorado. The procedure is in APC group 271, Level I foot musculoskeletal procedures. The base rate for the procedure is $510. The ASC wage index value for Denver, Colorado is 1.0386. The labor related portion of the base rate is $192 ($510 x 37.66 percent); the non-labor related portion of the base rate is $318 ($510 x 62.34 percent).

Wage Adjusted Rate:

= ($192 x 1.0386) + $318
= $199 + $318
= $517

Example 2

The following is an example of how to determine payment for CPT code 66984, Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g, irrigation and aspiration or phacoemulsification). The procedure is in APC group 668, Cataract procedures with IOL insert. The base rate for the procedure is $863, which includes a $150 IOL allowance. Because IOLs are not subject to adjustment for labor costs, the IOL allowance ($150) must be subtracted from the composite payment rate before applying the wage index adjustment. The ASC wage index value for Denver, Colorado is 1.0386. The labor related portion subject to wage index adjustment is 37.66 percent of the base rate from which the IOL allowance has been deducted.

Wage Adjusted Rate:

$= [\{(\$863–150) \times .3766\} \times 1.0386] + [\{863–150\} \times .6234]$
$= [(\$713 \times .3766) \times 1.0386] + [\$713 \times .6234]$
$= (\$269 \times 1.0386) + \$444$
$= \$279 + \$444$
$= \$723$

Composite Adjusted Rate:

$= \$723 + \$150$
$= \$873$

9. Using Resource Costing to Determine Procedure Costs

Resource costing involves the measurement of all the direct and indirect costs involved in the performance of a specific procedure. Direct costs include all activities, materials, and equipment that are traceable to a specific procedure. Indirect costs, such as rent, utilities, and insurance, cannot be directly traced to a specific procedure. Rather, a factor such as units or time is used to allocate indirect costs uniformly at the individual procedure level.

We introduced the collection of resource cost data in the 1994 ASC survey primarily in response to industry recommendations that we do so on the grounds that procedure-specific cost studies measure facility resource expenditures more accurately and reliably than using a cost-to-charge ratio to convert procedure charges into a proxy for procedure costs. Part II of the 1994 ASC survey collected procedure specific statistical and resource cost data for the following 29 ASC procedures.

1. 14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less.
2. 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions.
3. 28285 Hammertoe operation; one toe (e.g., interphalangeal fusion, filleting, phalangectomy).
4. 28292 Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure.
5. 29881 Arthroscopy, knee, surgical; with meniscectomy (medial or lateral including any menuiscal shaving).
6. 43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic.
7. 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for biopsy and/or collection of specimen by brushing or washing.
8. 45378 Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure.
9. 45380 Colonoscopy, fiberoptic, beyond splenic flexure; for biopsy and/or collection of specimen by brushing or washing.
10. 45385 Colonoscopy, fiberoptic, beyond splenic flexure; with removal of polypoid lesion(s).
11. 49505 Repair inguinal hernia, age 5 or over.
12. 50590 Lithotripsy, extracorporeal shock wave.
13. 52000 Cystourethroscopy (separate procedure).
14. 55700 Biopsy, prostate; needle or punch, single or multiple, any approach.
15. 56350 Hysteroscopy, diagnostic (separate procedure).
16. 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical).
17. 62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; lumbar or caudal epidural, single.
18. 62289 Injection of substance other than anesthetic, contrast, or neurolytic solutions; lumbar or caudal epidural (separate procedure).
19. 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel.
20. 65730 Keratoplasty (corneal transplant); penetrating (except in aphakia).
21. 66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo.
22. 66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g.. YAG laser) (one or more stages).
23. 66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or phacoemulsification technique (e.g., irrigation and aspiration or phacoemulsification).
24. 66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal.
25. 66986 Exchange of intraocular lens.
26. 67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy.

27. 67036 Vitrectomy, mechanical, pars plana approach.

28. 67107 Repair of retinal detachment, one or more sessions; scleral buckling (such as lamellar excision, imbrication or encircling procedure), with or without implant, may include procedures 67101, 67105.

29. 67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach.

We selected these procedures because they are either high volume ASC procedures (such as 66984, 66821, 52000) or they are procedures that include an unusual cost or service (such as 67036, 65730, 50590). We asked facilities to report typical resource utilization and cost information regarding time allocations, staffing patterns and labor costs, supply costs, and equipment costs on a procedure-specific, single case basis. In order to calculate an overall per procedure cost based on the resource cost data reported in the 1994 ASC survey, we first calculated a facility-specific procedure cost for each of the 29 CPT codes targeted in the 1994 ASC survey. We then determined the median procedure cost across all facilities, weighted by total volume. We also looked at weighting by Medicare volume. We used the same wage index values and inflation factors to adjust resource based cost data that we used to convert procedure charges to costs, as explained in the preceding sections.

Step a—To remove the effect of geographical wage differences, we divided indirect and direct labor-related procedure costs by the pre-classification/pre-floor hospital inpatient prospective payment system wage index value applicable to the facility's location.

Step b—We calculated an overhead factor by which to step down indirect overhead costs to a single procedure level. To determine this factor, we summed the costs reported by a facility for its plant and property; office equipment; medical equipment other than procedure specific equipment; office and housekeeping supplies; wages and fringe benefits for administrators, directors, managers, supervisors, clerical, and other non-medical personnel; bad debt; and general administrative overhead such as taxes, insurance, and interest. We divided the facility's aggregated overhead expenses by the total number of procedures performed at the facility during the survey period. The resulting figure represents the amount of indirect overhead costs apportioned to each surgical case performed in the ASC.

Step c—We summed the costs incurred by the facility to furnish the disposable and reusable supplies, pharmaceuticals, equipment, and labor that it typically furnishes in connection with the procedure (direct costs).

Step d—We added the facility's procedure-specific direct costs (Step c) to the facility's indirect cost allocation (Step b).

Step e—We inflated the facility's procedure cost to July 1998 using the appropriate inflation factor.

Step f—To ascertain what it costs ASCs generally to perform the target procedures, based on audited direct and indirect costs, we determined the median cost across all facilities, weighted by total volume.

Analysis of Resource-Based Procedure Cost Methodology: We found that for 11 of the 29 target procedures for which we collected resource cost data, the per procedure cost was lower using resource costing than it was using a cost-to-charge ratio conversion, whereas for 18 of the 29 target procedures, the per procedure cost was higher using resource-based costing. Variations in procedure costs between the two methods were extreme, and for only 11 procedures was the resource-based cost within 20% of the cost-to-charge converted cost.

In seeking an explanation for the lack of consistency between resource costing and cost-to-charge conversion as a descriptor of procedure cost, we found resource cost data to be irretrievably flawed. We attribute the flaws in the resource cost data in part to the fact that the 1994 survey was our first attempt to capture resource costs. In spite of our efforts at clarity and several sessions in 1994 during which we met with ASC representatives to answer questions about the survey, the data reported indicate that our instructions were either misinterpreted or misunderstood altogether. In addition, we attribute the highly variable resource cost data to ASCs' lack of familiarity with the new survey form and to inconsistencies among ASC recordkeeping systems.

Our intent was for each facility to furnish a catalog or inventory of the direct resources it typically expends to perform each of the 29 target procedures. But in many instances the use of disposable and reusable supplies and pieces of equipment for the same procedure were reported inconsistently across facilities. Equipment required to perform a procedure was not listed or information reported about the useful life of equipment or its purchase price was not given, making it impossible to prorate the full cost of equipment to a single case. The unit cost of numerous items and services was omitted altogether or ASCs misinterpreted unit supply cost as the full cost of a single item or service, instead of prorating the full cost of an item or service to a single case. ASCs provided incomplete sets of resource cost data, e.g., labor costs for a procedure would be reported without the corresponding supply costs. Entries were illegible on several forms.

Because of the many problems encountered with reported resource cost data, we used only the audited data from the 96 facilities to compute resource cost. However, in many cases even audited surveys lacked direct resource cost data reported in the manner requested. Although we did consult resource cost data in our analysis of procedure costs and in assigning CPT codes to APC groups, we believe that shortcomings inherent in our resource cost data base and the limitation of cost data to only 29 codes preclude our relying on resource costing as a basis for setting payment rates at this time. Therefore, we have based the rates proposed in this notice on the methodology explained previously.

We are disappointed by our lack of success in the 1994 ASC survey in gathering usable resource cost data. Our inability to establish weights and base ASC payment rates on the resource cost data that we did collect is particularly frustrating in light of the fact that we expect, beginning January 1, 1999, to make payments to physicians under the Medicare physicians' fee schedule that are determined in part on the basis of resource-based practice expense relative units. We have been closely monitoring the development of the resource-based practice expense relative value units under the physicians' fee schedule and the ratesetting method for the hospital outpatient prospective payment system, which is also scheduled for implementation effective January 1, 1999. When we rebase ASC payment rates following the next ASC survey, we are committed to reexamining the resource-based practice expense relative value units established under the Medicare physicians' fee schedule and the weights developed under the hospital outpatient prospective payment system for their applicability to ASC ratesetting in order to advance towards our goal of setting rates in a manner that is consistent across different sites of service.

F. Scope of ASC Services (§ 416.21)

We are proposing to renumber § 416.61 to become § 416.21, and to clarify those items and services that we consider to fall within the scope of facility services for which payment is

made as part of the ASC facility fee. In addition, this section of the regulation lists the types of items and services that are considered to fall outside the scope of ASC facility services, for which payment is not included in the ASC facility fee but for which payment could be made under other provisions of Medicare Part B. Recurring questions have prompted these changes, such as inquiries as to whether or not ASC facility services include fixation devices and orthopedic pins, fluoroscopy used to assist the surgeon's field of vision during surgery, electrocardiograms, the costs of procuring tissue for implant, and prosthetic implants.

1. ASC Services

We continue to consider the following to be ASC facility services: the services of nurses, technicians, and other staff involved in patient care; the patient's use of the facility, including but not limited to its operating room, recovery room, waiting room, rest rooms, locker area; administrative, recordkeeping, and housekeeping items and services that constitute indirect overhead expenses, including but not limited to employees and contracted services related to scheduling, admitting, discharging, and billing patients, to maintenance, utilities, laundry, debt service, plant and property costs, and insurance; and, intraocular lenses that are defined by the statute specifically as an ASC facility service. In addition, ASC services include medical and other health services such as surgical supplies, medical equipment, drugs, biologicals, and pharmaceuticals; materials for anesthesia, including the anesthetic itself and any equipment and supplies necessary to administer and monitor anesthesia; and, splints, casts, pins, wires, and other supplies used to reduce fractures and dislocations.

Current section 416.61(a)(4) states that facility services include ''diagnostic or therapeutic services or items directly related to the provision of a surgical procedure.'' Section 416.61(b)lists as ''excluded services'', among other things, ''X-ray or diagnostic procedures (other than those directly related to performance of the surgical procedure). . . .'' We have had a number of inquiries as to which diagnostic or therapeutic services are considered within the scope of ASC facility services and which are not. From a payment perspective the distinction is important, to determine if the diagnostic and therapeutic services can be paid for separately, in addition to the facility fee. In an effort to clarify the distinction, we have revised the regulation, and we propose to adopt the following policy. We assume that when the descriptor for a CPT code includes explicit reference to some kind of imaging, guidance, or other diagnostic test, the cost, and therefore the ASC payment rate that we have derived for that procedure, include the imaging, guidance, or other diagnostic test, and those services are considered to be within the scope of ASC services. An example of such a procedure is CPT code 56362, Laparoscopy with guided transhepatic cholangiography; without biopsy. In the case of a procedure such as this, because the imaging is explicitly integral to and inseparable from the surgical procedure, it is considered within the scope of service and no separate payment is allowed for the imaging.

When the descriptor for a CPT code specifies ''with or without'' some kind of imaging, guidance, or other diagnostic test, we assume that the cost, and therefore the ASC payment rate that we have derived for that procedure, do not include the imaging, guidance, or other diagnostic test, and those services are considered to fall outside the scope of ASC facility services. Therefore, the ASC facility fee for the procedure would not include payment for costs incurred to furnish this type of monitoring. There are other procedures, such as CPT code 36533, Insertion of implantable venous access port, with or without subcutaneous reservoir, where the physician may or may not elect to use some type of imaging such as a fluoroscope to assist in placing the device. In such cases, we assume that the cost, and therefore the ASC payment rate for the procedure, do not include the imaging or guidance. In the case of these procedures, the imaging, guidance, or other diagnostic test is considered to fall outside the scope of ASC facility services, and the ASC facility fee does not include payment for the costs incurred to furnish these services.

Payment for the costs incurred by an ASC to perform any tests granted waived status under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as part of preparing a patient for surgery on the day of surgery is included in the ASC facility fee for the surgical procedure, and no separate payment for these tests is allowed. If an entity that is approved by Medicare as an ASC also wants to be paid by Medicare for diagnostic laboratory services, other than tests granted waived status under CLIA, that entity must meet the laboratory requirements spelled out in 42 CFR Part 493. In this case, the entity would be considered a certified laboratory billing Medicare for certified laboratory services, not as a Medicare approved ASC billing Medicare for ASC facility services. Classification as a certified laboratory or classification as a Medicare approved ASC is, for Medicare billing purposes mutually exclusive.

2. Venous Access Portals Are ASC Facility Services

In 1992 we began receiving communications informing us that the cost of certain models of implantable venous access ports that ASCs were furnishing in connection with CPT 36533, Insertion of implantable venous access port with or without subcutaneous reservoir, exceeded the total facility fee for the surgical implant procedure. Following a review of cost data available at the time, we instructed carriers to pay the acquisition cost of an implantable venous access port (HCPCS code A4300) as a temporary add-on to the ASC facility fee for CPT code 36533, even though the port is considered a supply, the cost of which would ordinarily be packaged in the ASC facility fee.

In this notice, we propose to place CPT code 36533 in APC 368. The payment rate proposed for CPT code 36533 includes an allowance for the cost incurred by an ASC to furnish A4300, Implantable access catheter (venous, arterial, epidural, or peritoneal), external access, or A4301, Implantable access total system; catheter, port/reservoir (venous, arterial or epidural), percutaneous access. Beginning on the effective date of the implementation of the rates and ratesetting methodology proposed in this notice, Medicare will cease to make a separate payment for implantable access catheters and/or ports furnished in connection with CPT code 36533 when the procedure is performed in an ASC. Alphanumeric codes A4300 and A4301 have a payment indicator ''2,'' because the costs incurred to furnish these items, which are considered supplies, in connection with performing CPT code 36533 are considered to be within the scope of ASC services for which Medicare makes payment of an ASC facility fee.

We solicit comments on the adequacy of the payment rate for CPT code 36533 to offset the costs incurred to furnish the vascular access portal.

3. Acquisition of Corneal Tissue is an ASC Service

In 1992, ASC administrators and medical staff also pointed out a growing disparity between the payment amount established for corneal transplant procedures (CPT codes 65710, 65730, 65750, and 65755) and the costs ASCs were incurring to furnish corneal tissue, e.g., the charges imposed by eye banks

and organ procurement organizations for processing, preserving and shipping corneal tissue. A review of the data that were the basis for setting the payment rates for corneal transplant procedures indicated that corneal tissue procurement costs had either not been reported or else had been imprecisely identified, and these costs did not appear to be reflected in the ASC payment rates established for corneal transplant surgery. Therefore, we instructed carriers to pay corneal tissue acquisition costs (HCPCS code V2785), subject to the usual copayment and deductible requirements, as an add-on to either the ASC facility fee or the supplying physician's fee for corneal transplant surgery performed in an ASC. The additional payment had to be supported by an invoice from an eye bank or organ procurement organization showing the actual cost of acquiring the corneal tissue.

In this notice, we propose to group corneal transplant procedures in APC 670. The payment rate for the procedures in APC 670 takes into account the costs of acquiring corneal tissue. Therefore, Medicare will cease to make a separate payment for corneal tissue procurement costs incurred in connection with CPT codes 65710, 65730, 65750, and 65755 when these procedures are performed in an ASC, beginning on the effective date of implementation of the rates and ratesetting methodology proposed in this notice. Alphanumeric code V2785 (Processing, preserving and transporting corneal tissue) has a payment indicator ''2,'' because the costs incurred for this service are considered to be within the scope of ASC services for which payment is made as part of the ASC facility fee.

We solicit comments on the adequacy of the payment rate for the procedures in APC 670 to offset the costs incurred to procure corneal tissue in connection with performing corneal transplant surgery.

4. Outside the Scope of ASC Services

Historically, certain items and services that may be furnished in connection with surgery performed at an ASC have not been considered to fall within the scope of ASC services because payment for these items and services could be made under other provisions of Medicare Part B. None of the following is considered to be an ASC service, and Medicare does not include payment for these services in the ASC facility fee: Physicians' services, the services of certified registered nurse anesthetists, prosthetic devices and implants, durable medical equipment and supplies, artificial limbs, or braces.

As discussed above, diagnostic imaging services and other diagnostic tests are not considered to be ASC services and are not paid for as part of the ASC facility fee except when they are considered an integral and inseparable part of a surgical procedure by explicit reference or by universal agreement that they are standard medical practice as in the case of amniocentesis.

G. Basis for Payment (§ 416.30)

When an ASC furnishes services in connection with a procedure on the ASC list, Medicare pays a prospectively determined standard fee for those services. Section 416.22 of the ASC regulations proposed in this rule pertains to how we determine which procedures are safe, effective, appropriate, reasonable and necessary in an ASC and are therefore included in the ASC list. Section 416.21 of the proposed ASC regulations lists the services that are paid for within the ASC facility fee as well as describing services that might be furnished in connection with an ASC procedure but for which payment is *not* included in the ASC facility fee. Section 416.30 of the proposed ASC regulation is intended to delineate the differing bases by which Medicare can make payment for services furnished in connection with surgical procedures on the ASC list. Because of the manner in which the statute is written, the type of setting determines the basis for Medicare payment for services that are furnished in connection with procedures on the ASC list.

1. Hospital Outpatient Department (HOPD)

Section 1833(i)(3) of the Act provides that payment for services furnished in a hospital outpatient department in connection with procedures on the ASC list is to be based in the aggregate on a comparison between two amounts. The payment is to be the lesser of the following:

- The amount for services that would be paid to the hospital under section 1833(a)(2)(B) of the Act (that is, the lower of the hospital's reasonable costs or customary charges for the services, reduced by deductibles and coinsurance).
- An amount based on a blend of—

—The amount that would be paid to the hospital for the services under section 1833(a)(2)(B) of the Act reduced by deductibles and coinsurance (called the hospital-specific amount); and

—The amount paid to a Medicare approved ASC for the same procedure in the same geographic area in accordance with 1833(i)(2)(A) of the Act, which is equal to 80 percent of the standard overhead amount net of deductibles (the ASC amount). Under 1833(i)(3)(B)(ii) of the Act, the hospital specific amount and the ASC amount for portions of cost reporting periods beginning on or after January 1, 1991 are 42 and 58 percent, respectively.

Section 4523(a) of the Balanced Budget Act of 1997 (Pub. L. 105–33) requires that, beginning in 1999, the amount of Medicare payment for covered HOPD services shall be determined in accordance with a prospective payment system. This HOPD prospective payment system will replace the blended payment methodology for ASC procedures performed in an HOPD setting. It is not within the scope of this notice to describe or discuss the specific provisions of the hospital outpatient prospective payment system. However, consistent with our commitment to move toward a more unified, less fragmented approach to Medicare payment for surgical services performed on an ambulatory basis, we anticipate that there will be common elements in the Medicare ratesetting method and payment structure for surgical procedures performed in either an ASC, or in a hospital outpatient setting under the HOPD prospective payment system. These common elements include the principle of packaging payment for a range of services within a single payment rate; application of a multiple procedure discount; adjustment of base payment rates to take into account the effects of regional wage differences; and use of the same system of classifying or grouping surgical procedures for ratesetting purposes, e.g., the ambulatory payment classification system (APCS) which we discuss elsewhere in this notice. (Even though we expect to use a common grouping system to determine payment rates for both ASCs and hospital outpatient departments, note that we base ASC payment rates on cost and charge information taken from the 1994 ASC survey and that we will base hospital outpatient payment rates on data taken from 1996 Medicare claims for hospital outpatient services, on the most recently available hospital Medicare cost report information, and on projected Medicare expenditures in HOPDS in 1999.)

2. ASCs Operated by a Hospital

Our 1992 ASC survey revealed that hospital operated ASCs comprised only 3.1 percent of the 1081 ASCs from

which we received completed surveys.[2] We propose to add an expanded definition of ''hospital-operated ASC'' to § 416.2 to eliminate some of the confusion in terminology that seems to occur when distinguishing among ASCs, hospital outpatient departments, hospital affiliated ASCs, provider-based ASCs, etc. The term ''hospital operated ASC'' was coined originally simply to identify those ambulatory surgical centers that were already in existence in 1982 as part of a hospital and that wanted the option of participating in and being paid under the new ASC benefit rather than continuing to be paid on a reasonable cost basis as part of the hospital. In the August 5, 1982 **Federal Register**, we stated that if a hospital elected to have its ASC paid for ambulatory surgical services under the ASC benefit, that ASC would be subject to the same rules and regulations that apply to all ASCs approved under 42 CFR part 416, in addition to certain other restrictions directly related to the ASC's being owned and operated by a hospital. A hospital outpatient department providing ambulatory surgery would not be eligible to be paid as an ASC. (See 47 FR 34085.)

The regulations that apply solely to hospital operated ASCs are found in § 416.2 and § 416.30 of the revised ASC regulations that are proposed in this notice. We propose to continue the requirement that once an ASC operated by a hospital elects to participate in Medicare as an ASC rather than as a part of the hospital, that ASC will not have the option of reverting to be a component of the hospital unless HCFA determines there is good cause for it to do so. Costs for a hospital-operated ASC must be treated as a non-reimbursable cost center on the hospital's cost report.

We also propose to delete the requirement that a hospital operated ASC's agreement to participate as an ASC be made effective on the first day of the next Medicare cost reporting period of the hospital (42 CFR 416.30(f)(1)). We do not believe this would compromise either the interests of beneficiaries or the integrity of the Medicare program. This requirement imposes certain burdens, such as instances where a hospital's cost reporting period does not begin until many months after its ASC opens for business. We invite comments on whether this requirement is superfluous and should therefore be removed from the regulations.

[2] U.S. Department of Health and Human Services, Health Care Financing Administration, *Medicare Ambulatory Surgical Center Payment Rate Survey—1992: Part I, General Information Summary of Data*. Baltimore: July 1994.

3. Medicare Approved ASCs

The statute at 1832(a)(2)(f) authorizes Medicare to pay ASCs a prospectively determined fee for facility services furnished in connection with surgical procedures on the ASC list. Since 1982, HCFA has defined facility services as items and services which would otherwise be covered under Medicare if furnished on an inpatient or outpatient basis in a hospital in connection with the ASC covered procedure, *excluding* items and services for which payment may be made under other provisions of Medicare Part B. (See the **Federal Register** dated August 5, 1982 (47 FR 34097).) It is these items and services, e.g., the items and services that would be covered under Medicare if they were furnished on an inpatient or outpatient basis in a hospital in connection with a surgical procedure, for which we make payment as part of the ASC facility fee, and any service for which we include payment in the ASC facility fee is considered an ASC service. As a matter of policy, we have generally not included, as part of the ASC facility fee, payment for items and services explicitly identified in the Act as a Medicare Part B benefit for which separate payment is made, although we have made a few exceptions. In summary, we exclude from the Medicare definition of an ASC facility service any item or service for which payment is not included in the ASC facility fee or any procedure not on the ASC list, even if the item, service or procedure is furnished at the ASC in connection with a procedure that is on the ASC list. Section 416.21 of the proposed ASC regulations distinguishes between services for which payment is included in the ASC facility fee and services for which payment is not included in the ASC facility fee.

We have received numerous inquiries from ASCs asking how Medicare pays for certain services that they furnish to Medicare beneficiaries in connection with a procedure on the ASC list when Medicare does not include payment for those services as part of the ASC facility fee. We have added § 416.30(d)(2) to emphasize that excluding payment for certain services and procedures from the ASC facility fee does not preclude payment to the ASC for those services and procedures, presupposing they are covered and reasonable and necessary, under other provisions of Medicare Part B. Examples of the kinds of services furnished at an ASC in connection with an ASC procedure, for which payment is not included in the Medicare ASC facility fee, are the professional services of physicians and certified registered nurse anesthetists, prosthetic implants, or certain diagnostic X-ray and imaging services and other diagnostic tests such as ultra sound. ASCs have asked us how they can recoup the costs they incur to furnish facility services (e.g., those expenses embodied in the technical component (TC) established for diagnostic X-ray and other diagnostic tests under the Medicare physicians' fee schedule) for diagnostic electrocardiograms or fluoroscopy or ultrasound diagnostic procedures. As discussed in Section III.F, when diagnostic X-rays, imaging, or other diagnostic tests are explicitly referenced in a CPT code descriptor, they are considered integral to the surgery and are therefore paid for within the ASC facility fee. Otherwise, in order to be paid separately for services that are furnished in connection with procedures on the ASC list that are not ASC services, the Medicare participating ASC must also be recognized and obtain Medicare approval and billing privileges as a supplier of these other services.

One example of the multiple Medicare payment modalities that could affect how an ASC is paid by Medicare is the manner in which Medicare would pay for transperineal ultrasound guided seed implants for prostate cancer performed at a Medicare approved ASC. There is a surgical component to this treatment, CPT code 55859, Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy. We are proposing to add this procedure to the ASC list in APC group 523. Once the surgical procedure is added to the ASC list, Medicare would allow payment to an ASC for facility services furnished in connection with CPT code 55859. If cystoscopy services were required, and the relevant cystoscopy codes were on the ASC list, Medicare would allow an ASC facility fee for the cystoscopy procedure(s), subject to the multiple procedure payment rules found in proposed § 416.30(d)(4). The other procedures and services performed to furnish this treatment fall within the radiology range (70000–79999) of CPT. Since radiology procedures are not included on the ASC list, there is no basis for Medicare to make payment to an ASC for brachytherapy services. However, if the facility were to obtain supplier numbers from its carrier indicating that the carrier recognizes the facility both as a non-physician supplier of radiology services and as a freestanding radiation therapy center, the facility should be able to bill for and

be paid the technical component for brachytherapy services within the radiology range under the Medicare physicians' fee schedule.

Similarly, if a Medicare approved ASC were to furnish diagnostic X-ray and other diagnostic tests in connection with performing a procedure on the ASC list, such as visualizing the pre-operative placement of needle localization wires, and if payment for those services is not otherwise included in the ASC facility fee as signified by an ASC payment policy indicator ''2,'' the facility could be paid the technical component provided for those services under the Medicare physicians' fee schedule as long as it meets the requirements for independent diagnostic testing facilities (IDTFs). The regulations at 42 CFR 410.32 and 42 CFR 410.33 published in the October 31, 1997 **Federal Register** (63 FR 59098) and implemented January 1, 1998 explain the IDTF requirements.

A Medicare approved ASC that is also approved as a supplier of durable medical equipment (DME), prosthetics, and orthotics can be paid the allowed Medicare fee schedule amount when it furnishes these items. We believe that many ASCs are not aware that Medicare payment for prosthetic implants in particular is separate from the ASC facility fee. Prosthetics and durable medical equipment are coded using alphanumeric HCPCS codes; the codes for prosthetic implants begin with code L8500. Claims for prosthetic implants are processed by local carriers; claims for orthotics and DME are processed by durable medical equipment regional carriers (DMERCs). ASCs wishing to be recognized as a supplier of prosthetics, orthotics, and/or durable medical equipment should contact the National Supplier Clearinghouse (NSC), Palmetto Government Benefit Administrators, P.O. Box 100141/300 Arbor Lake Drive, Columbia, South Carolina 29202–3143, FAX 317–841–4600, to obtain further information and an application.

As we explained in section III.D above, we propose to establish that procedures with any of the criteria in § 416.22(b) are not safe and appropriate in an ASC. We have determined that such procedures are not reasonable and medically necessary when performed in an ASC. Therefore, we propose to add § 416.30(d)(3) to the ASC regulations to clarify that denials for such procedures, designated by ASC payment policy indicator ''3,'' are based on the exclusion contained in section 1862(a)(1)(A) of the Act, and contained in § 411.15(k)(1); that is, the services ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' Beneficiaries are protected from liability for claims denied on this basis by the limitation on liability provision of section 1879 of the Act.

If an ASC facility fee is denied for a procedure because the procedure is not reasonable and necessary in an ASC, logic dictates that payment be denied for any other services furnished in connection with that procedure because those other services would also have to be considered not reasonable and necessary. Therefore, as a matter of policy, we propose to instruct carriers to deny payment for physicians' services, including anesthesiologists, or certified registered nurse anesthetist (CRNA) services, prosthetic implants, imaging services, etc., when such services are furnished at an ASC in connection with a surgical procedure that is excluded from the ASC list.

H. Extracorporeal Shock Wave Lithotripsy (ESWL)

1. Background

On December 31, 1991 we published a final notice with comment period in the **Federal Register** (56 FR 67666) in which we added CPT code 50590, Lithotripsy, extracorporeal shock wave (ESWL), to the list of ASC covered procedures. We set the payment rate for ESWL at $1,150 on the basis of a procedure cost matrix model. A new payment group 9 was created solely for ESWL. Payment of a facility fee for ESWL as an ASC covered procedure was effective for services furnished beginning January 30, 1992.

On January 30, 1992 the American Lithotripsy Society (ALS) filed a complaint and motion to preliminarily enjoin enforcement and implementation of the December 31, 1991 notice insofar as it concerned ESWL. In *American Lithotripsy Society* v. *Louis W. Sullivan, M.D., et al.* 85 F. Supp. 1034 (D.D.C. 1992), the plaintiff challenged HCFA's determination that ESWL is a surgical procedure under the ASC benefit and the amount payable for the services in an ASC setting. The plaintiff alleged that the $1,150 rate was not based on an estimate of ''a fair fee'' which took into account costs incurred by ASCs performing such services as required by section 1833(i)(2)(a) of the Act and that the rate was not supported by the administrative record.

On March 12, 1992, the United States District Court for the District of Columbia held that HCFA's decision to classify ESWL as a surgical procedure was reasonable. However, it remanded the rate-setting issue in the December 31, 1991 notice to the Secretary for further consideration and stayed the regulation, insofar as it related to lithotripsy, pending remand. On remand, the Secretary is required to publish all material information that is relevant to the setting of the ESWL rate, receive comments, and publish a final notice in accordance with the applicable statutes and regulations.

On March 19, 1992 we asked our regional offices to instruct carriers and intermediaries to cease payments to Medicare participating ASCs for ESWL services and to resume calculation of payments for ESWL services furnished in a hospital outpatient setting on a reasonable cost basis.

On October 1, 1993, we published a proposed notice in the **Federal Register** (58 FR 51355) in which we proposed an ASC payment rate of $1,000 for ESWL along with the data and the methodology used to determine that rate, in accordance with the court's remand. The public comment period that was to end on November 30, 1993 was extended to December 30, 1993. (See **Federal Register** (58 FR 62128) dated November 24, 1993.)

We received timely 141 comments about the October 1, 1993 proposed notice. Commenters included certified renal lithotripsy specialists; physicians, nurses, administrators, and attorneys representing urology and lithotripsy specialty clinics and centers; hospitals; physician clinics and group practices; mobile lithotripsy suppliers; ambulatory surgical centers; a regional multi-hospital cooperative stone treatment service; and, professional societies and trade associations. Six commenters submitted information on ESWL costs, charges, and utilization following the format that we requested. In addition, ALS submitted in support of its comments a study entitled *Proposed Payment for Extracorporeal Shock Wave Lithotripsy Services Furnished by Ambulatory Surgical Centers* that was prepared by The Moore Group of Washington, D.C.

We have been considering the information contained in the comments that were submitted during the public comment period. Virtually every commenter objected to our proposed $1,000 ESWL payment rate, the methodology and cost model that we used to set the rate, and the assumptions upon which we based the ratesetting methodology and cost model, stating that we had failed to take into account, as required by the statute, the costs incurred by facilities to furnish ESWL services. The comments raised enough question about the appropriateness of certain of the assumptions upon which

we had based the payment rate proposed in the October 1, 1993 **Federal Register** to cause us to defer setting a final ESWL rate until we had completed our survey of ASCs that we had already scheduled to begin in March 1994. That survey, entitled ''The Medicare Ambulatory Surgical Center Payment Rate Survey—1994, Part II: Facility Overhead and Procedure Specific Costs,'' is described elsewhere in this notice. We made a point of including CPT code 50590 in the list of codes for which we solicited charge, utilization, and resource cost data, even though payment of a Medicare ASC facility fee for ESWL had been under remand since March 12, 1992.

The ASC payment rate that we propose in this notice for ESWL (CPT code 50590) supersedes the rate we proposed in the October 1, 1993 **Federal Register**. We followed the ratesetting methodology that is the subject of this notice to determine the ASC payment rate for ESWL. In addition to reviewing information on ESWL submitted in the 1994 ASC survey, we also took into consideration the cost data and comments submitted during the public comment period following publication of the October 1, 1993 **Federal Register**. All material information that is relevant to setting the rate for every ASC covered procedure contained in this notice, including but not limited to ESWL, is published herein, with the exception of our 1994 ASC survey data, which we explain how to obtain separately. Our response to comments received timely and the final notice published in accordance with applicable statutes and regulations will therefore address the rate set for ESWL services within the context of the other proposals contained in this notice.

Below is our response to the comments that were submitted timely following publication of the October 1, 1993 proposed notice.

2. Comments

Comment: The American Lithotripsy Society (ALS) commented that it continues to disagree with classifying ESWL as a surgical procedure and that it believes that ESWL does not belong on the ASC list.

Response: We do not agree with the position taken by ALS on this point. We believe that ESWL is a procedure that is appropriate for the ASC list in light of the criteria we are proposing in this notice (proposed 42 CFR 416.22). We explained our reasoning for considering ESWL appropriate for the ASC list in the final notice with comment period published December 31, 1991 in the **Federal Register** (56 FR 67673), and the federal district court found that we had rationally justified and properly noticed our decision to classify ESWL as a surgical procedure (*American Lithotripsy Society* v. *Sullivan*, 785 F. Supp. 1034, 1037 (D.D.C. 1992). We therefore propose to retain ESWL on the ASC list in APC group 527.

Comment: Every commenter objected to the $1,000 payment rate that we proposed for ESWL services furnished in a Medicare participating ASC as being inadequate, unfair, and far below the actual cost of providing ESWL services. One commenter charged that HCFA was using the rate-setting process as a device to eliminate what HCFA viewed as underutilized facilities. Other commenters predicted that Medicare beneficiaries would be denied access to the ease and convenience of ESWL treatment of kidney stones if we were to implement a $1,000 ASC facility fee for ESWL because ESWL suppliers could not afford to treat Medicare patients for this amount. Another commenter complained that HCFA's proposed facility fee would deprive lithotripsy facilities of a substantial portion of the lithotripsy market and adversely affect the hospitals, physicians, and others who had invested substantially in ESWL facilities with the expectation that overhead costs would be fully reimbursed by a Medicare payment rate based on actual costs.

Most commenters also challenged the cost model matrix and the assumptions underlying the model that we used to calculate the $1,000 payment rate proposed in the October 1, 1993 **Federal Register**. One commenter attributed our proposed rate to an ''impractically high utilization rate'' combined with ''an unrealistically low estimate'' of the costs involved in performing an ESWL treatment. Commenters claimed that we ignored information submitted by the actual providers of ESWL services, relying instead on outdated studies and obsolete information from 1985, 1986, and 1987 when lithotripsy was first introduced and furnished primarily on an inpatient basis, or substituting our own judgment of what the facility fee should be without considering survey data that revealed the actual costs of performing the procedure, as required by the statute. In particular, commenters challenged our assumptions about optimal utilization levels and the number of procedures that could be performed in one day (too high); capital costs (understated); fixed costs (attributable to our understatement of the staff required to provide ESWL services in addition to pre-and post-treatment care and to be in compliance with state regulatory requirements); our allowance for supplies (too low, especially for the disposable electrodes); and, our allowance for indirect overhead costs (unrealistically low, especially because lithotripsy centers perform only one procedure, which prevents them from offsetting losses from ESWL by performing other more lucrative procedures).

Every commenter urged us to review or revise the proposed rate to bring it more in line with actual expenses, which they asserted ranged from $1,911 to as much as $3,674, as validated by urologists and actual providers of ESWL services. Many commenters recommended that we adopt as the basis for a Medicare payment amount for ESWL services the findings and data contained in a report prepared by The Moore Group at the behest of The American Lithotripsy Society (ALS) and its counsel, Dyer, Ellis, Joseph & Mills. One commenter said the ALS survey and The Moore Group report would no longer allow HCFA to use the lack of cost data as a rationale for relying on the cost model contained in the October 1, 1993 proposed notice. The same commenter said that if HCFA was unwilling to use the ALS survey data as the basis for setting an ESWL rate, HCFA should not adopt a payment rate until it conducted its own survey of providers to determine a fair fee based on the costs derived from that survey. This commenter urged HCFA, as a last resort, to hold a formal hearing before implementing its proposed rate if HCFA would not adopt the ALS survey data or collect its own survey data.

The report prepared by The Moore Group for ALS is entitled ''Proposed Payment for Extracorporeal Shock Wave Lithotripsy Services Furnished by Ambulatory Surgical Centers'' and is based on the results of a survey conducted by ALS. (This report was prepared for Dyer, Ellis, Joseph & Mills, 600 New Hampshire Avenue, NW., Washington, DC 20037, telephone (202) 944–3000 by Lois A. Ehle, The Moore Group, 1212 New York Avenue, Suite 475, Washington DC 20005, telephone (202) 789–0045.) ALS sent the survey (''American Lithotripsy Society Shock Wave Lithotripsy Survey'') to its membership. In addition, according to the introduction to the report, Dornier Medical Systems and Siemens Medical Systems, lithotripter manufacturers, sent the ALS survey to users of their equipment. Counsel for ALS collected survey responses and forwarded them to The Moore Group, which analyzed the responses and prepared the report. The report is based on information submitted by 105 of the 110 providers that returned a completed survey

representing approximately one third of the providers that received the survey. The report is dated December 15, 1993, and it was enclosed with comments submitted by ALS during the extended public comment period following publication of the October 1, 1993 proposed notice.

The Moore Group report concluded that HCFA's cost matrix model understated the capital, fixed, and variable costs associated with ESWL services with the result that HCFA's proposed payment rate of $1,000 understated by 43 percent the $2,326 average cost incurred by ESWL providers based on analysis of the ASL survey responses.

Response: The information submitted by commenters to the October 1, 1993 proposed notice has convinced us to defer implementing a $1,000 ASC facility fee for ESWL services. We considered adopting as an interim payment rate the average cost per treatment arrived at by The Moore Group ($2,326), but we ultimately decided not to do so for several reasons. Our principal reservation was related to the fact that of the 49 fixed lithotripter sites responding to the ALS survey, only five were actually identified as ''Medicare approved'' ambulatory surgical centers (ASCs), and only 30 of the 437 mobile sites for which data were reported were identified as ASCs. Our charge is to set rates for ambulatory surgical centers, as defined in the statute at Section 1832(a)(2)(F) and in regulations at 42 CFR part 416, and those rates, as so many commenters pointed out, are to take into account the costs incurred by ASCs generally in providing services in connection with procedures on the ASC list. While the ALS survey points to costs incurred by lithotripsy suppliers generally, including fixed and mobile sites and hospitals and ''freestanding'' centers, we could not isolate the ALS survey data as contained in The Moore Group report to costs incurred solely by ASCs.

One commenter said that if we were unwilling to use the Moore Survey, we should then, at the very least, conduct our own survey of providers to determine a fair fee for ESWL rather than implement the payment rate based on the cost model proposed in the October 1, 1993 **Federal Register**. As it happened, we had scheduled a survey of ASC costs, charges, and utilization generally for early 1994, our first such survey since 1986. Therefore, we decided to follow the commenter's recommendation, and we included ESWL services as a part of the Medicare ASC survey that went out in March 1994, the data from which are the foundation for the rebased payment rates proposed in this notice. We followed the ratesetting methodology explained in this notice and, taking into account the comments submitted following publication of the October 1, 1993 proposed notice as well as information submitted through our 1994 survey, we determined a payment rate of $2,107 (APC 527) for ESWL services furnished by a Medicare participating ASC.

We believe this is a reasonable payment amount because it approximates the average per procedure costs reported in comments to the October 1, 1993 proposed notice, including The Moore Group study of the ALS survey results, and costs derived from the 1994 Medicare survey of ASCs; and, it takes into account costs incurred by fixed as well as mobile lithotripsy delivery systems. It implicitly acknowledges the utilization levels pronounced as typical by commenters and The Moore Group and rewards facilities that maintain or exceed those utilization levels while serving as an incentive to facilities with lower utilization to improve their volume. Further attesting to the reasonableness and reliability of the payment rate proposed in this notice is the fact that it was determined in accordance with a systematic, data-oriented, comprehensive ratesetting methodology applied to more than 2400 surgical procedures rather than on the basis of an interim ratesetting methodology that was developed to fill an immediate need resulting from a lack in 1991–92 of current, reliable, disinterested data on lithotripsy costs.

Comment: One commenter wondered why we accepted cost data from ASCs to revise payment rates in February 1990 (55 FR 4526), and from payers like Blue Cross/Blue Shield and lithotripter manufacturers to support the cost model we proposed in the October 1, 1993 **Federal Register** (58 FR 51355), but refused to consider data submitted by lithotripsy providers.

Response: We did consider the data submitted by commenters following publication in the **Federal Register** of our proposed notice in October 1, 1993 (58 FR 51355), and our analysis of those comments resulted in our not implementing the October 1, 1993 proposed rate of $1,000 pending completion of the 1994 Medicare ASC survey. In some cases such as the matter of ESWL treatment time and general ESWL utilization levels, we have reversed our earlier proposals on the basis of information and data submitted by commenters.

Comment: One commenter stated that, in order to be considered a ''fair fee,'' the average cost of ESWL services reported by The Moore Group ($2,326) would have to be increased to offset three additional costs: payment for pre- and post-treatment services provided by a host hospital or ASC when ESWL is furnished by a mobile lithotripter; payment to offset bad debt; and, payment to provide a reasonable return on equity capital.

Response: We disagree. Our reading of the report indicates that the ALS survey and The Moore Group study took such costs into account in the calculation of an average per treatment cost. The data reported in the 1994 Medicare ASC survey would have reflected pre- and post-operative costs and bad debt. Medicare policy precludes payment allowances to provide a return on equity capital for facilities paid by a prospective payment system because it diminishes the incentive for efficient operation (47 FR 34082, 34089)

Comment: One commenter criticized our use of the CPI-U All Items Index as a measure of the effect of inflation on health care costs and our applying that factor to historical data to produce an estimate of current costs.

Response: We see no compelling argument to depart from the rationale we gave in the February 8, 1990 **Federal Register** (55 FR 4537), in which we implemented the eight payment rates that were rebased using 1986 survey data, for using the consumer price index for all urban consumers, all items index. The fact that 141(a)(1)(B)of SSAA 1994 mandated that we use the CPI-U to update ASC rates during years when we do not rebase rates using survey data makes it difficult to justify switching to a different inflationary adjustment during years when we rebase rates.

Comment: One conclusion of The Moore Group report is that HCFA's cost matrix model overstates the maximum amount of time a lithotripter can be used each year and the number of treatments that can be reasonably performed each year. Numerous commenters echoed the sentiment that basing the ESWL payment rate on a utilization level of performing 1,000 procedures annually or an average of four treatments per day was unreasonable and impractically high. One commenter noted that treatment volume is determined more by the number of patients with kidney stone disease than on the availability of ''efficient'' equipment. Another commenter wrote that most ASCs wishing to provide lithotripsy services will utilize a mobile lithotripter unit because few ASCs will ever have the

volume necessary to keep a lithotripter busy at maximum possible utilization. Commenters reported annual utilization levels ranging from as few as 65 treatments to as many as 1,200 treatments, and daily utilization of no more than two procedures per day to five or six a day if the ''day'' were extended into the evening hours. The Moore Group report indicated that an average of seven hours was required from patient pre-admission until discharge, which was cited by other commenters as the reason why it was unrealistic to expect more than two treatments to be performed in one day. The Moore Group study also indicated that 42 of the 105 providers that returned ALS surveys performed between 400 and 700 procedures per year, accounting for 44 percent of the total cases reported by respondents to the ASL survey, with an average annual treatment level of 519. One commenter asserted that no facility actually does 1,000 cases per year. Another conceded that while six patients could indeed be treated in the course of a single day, factors important to quality care might be sacrificed. One commenter said that five to six treatments could easily be furnished in a single day, but that the length of the day would have to be extended beyond eight hours. Most commenters favored approximately 500 treatments annually as a more realistic utilization level based on their own experience. Two commenters observed that the rapid diffusion of ESWL in the 1980's had resulted in market saturation so that each lithotripter has a smaller number of patients to serve, and another commenter noted that with more than 300 lithotripters in operation, demand per machine would naturally be lower. The same commenter further objected to HCFA's basing its utilization standard for ESWL services that are furnished predominantly in outpatient settings on a 1985 Blue Cross/Blue Shield study of six investigational lithotripters that were involved in the FDA approval process and that furnished treatments strictly on an inpatient basis.

Response: Based on the comments we received and data reported in the 1994 Medicare survey of ASCs, we agree that in the early 1990's, most lithotripsy providers were probably performing only half to two-thirds of the number of treatments we assumed as an efficient annual utilization level when we proposed a payment rate of $1,000 in the October 1, 1993 **Federal Register**. The payment rate that we are proposing in this notice for APC group 527 is more compatible with utilization levels reported by commenters and suggested by 1994 ASC survey data. However, we emphasize that HCFA has a fiduciary responsibility to the Medicare program and its beneficiaries that compels us to promote and reinforce the efficient use of shrinking resources. We cannot condone paying for per treatment costs that are inflated by idle or underutilized equipment which is the result of redundancy. We believe that the rate we propose in this notice for ESWL services is reasonable and that it allows generously for volume levels declared by the industry to be standard without encouraging further proliferation of ESWL services in a market that is acknowledged to be at the saturation level.

Comment: Most commenters indicated that our estimate of 30 or 45 minutes to an hour as the amount of time required to administer ESWL and disintegrate the stone(s) was too low. While the Moore Group report shows a mean treatment time of 113 minutes, most other commenters indicated that 80 to 90 minutes was typically required for the actual ESWL treatment. Several commenters noted that, contrary to our supposition, treatments using newer lithotripters actually require more time than did the older generation of lithotripters because the newer lithotripters require a greater number of lower voltage shocks to be administered, depending upon the patient's heart rate.

Response: We agree that the length of time required to administer an ESWL treatment generally exceeds the 30 to 60 minutes we suggested in the October 1, 1993 notice. The information submitted by commenters, further supported by data collected in the 1994 Medicare ASC survey, indicates a mean treatment time of 82 to 113 minutes with a median treatment time of 89 to 110 minutes.

Comment: Several commenters stated that HCFA's cost matrix model does not include the cost of cystoscopy or any stent placements.

Response: We stated in the October 1, 1993 notice that the costs associated with the cystoscope procedure that frequently accompanies ESWL (CPT code 52332, Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type) were not included in the cost model for ESWL. When this procedure is performed in conjunction with ESWL (CPT code 50590), the ASC submits a claim for both procedures. In accordance with Medicare payment policy when multiple procedures are performed in an ASC, Medicare pays the full usual and customary facility fee for the procedure with the highest payment rate (CPT code 50590 in this case) and 50 percent of the usual and customary facility fee for the procedure(s) with a lower payment rate (CPT code 52332 in this case). The payment rate we are proposing in this notice for CPT code 52332 (APC 523) is $504.

Comment: Several commenters disagreed with our estimate of 16 percent Medicare utilization and suggested annual Medicare procedure volume ranging between 12 percent and 45 percent, the latter volume occurring in an area with a high retirement population.

Response: Our 1994 survey data indicate that Medicare beneficiaries account for 16.5 percent of total volume for ESWL services furnish in an ASC setting.

Comment: A few commenters wrote that HCFA's study fails to account for the special staffing, travel, and set-up costs incurred when a mobile unit is used to furnish ESWL services.

Response: Our October 1, 1993 cost model may not have fully recognized costs unique to mobile ESWL services. However, based on data submitted in the 1994 Medicare ASC survey, we believe that the payment rate we are proposing in this notice does take mobile unit costs into account.

Comment: One commenter stated that an increase in the number of mobile ESWL units threatens the continued viability of provider based facilities. Another commenter wrote that volume at a free-standing lithotripsy center is expected to decrease due to implementation of a mobile unit in a neighboring state.

Response: We recognize that an increase in the number of mobile ESWL units could reduce patient volume at fixed ESWL sites. We do not have current data to indicate the ratio of mobile to fixed ESWL units nationally or by state or region nor can we evaluate the extent to which increased numbers of mobile units represent redundancy in areas with existing adequate ESWL services or are a response to a demand for ESWL services in underserved or remote areas.

Comment: One commenter disagreed with our proposal that ASC facility payment be denied for bilateral ESWL renal treatment, preferring that the decision be left to the treating urologist who is in the best position to weigh the risks to his/her patients of performing one or multiple ESWL treatments in cases where there are small symptomatic stones in both kidneys.

Response: In the absence of medical evidence arguing otherwise, we propose to withdraw our October 1, 1993 proposal to deny payment for bilateral ESWL renal treatment.

Comment: Three commenters addressed our proposal to enlist the medical directors for Medicare carriers and intermediaries to develop procedure protocols and to define the indications for ESWL treatment. The commenter asserted that indications and contraindications for treating patients with ESWL are already well established in the urological and lithotripsy literature. One commenter urged that experienced urologists who have an established reputation for clinical expertise in urology and lithotripsy be enlisted if general guidelines for ESWL are to be developed. One commenter wrote that a five percent re-treatment rate doesn't suggest abuse of a type that would justify creation of indicators in the first place.

Response: In the absence of support from the provider community and having no evidence that ESWL is being performed excessively or is medically unnecessary for Medicare beneficiaries with kidney stones, we propose to defer our October 1, 1993 proposal to sponsor the development of procedure protocols and indicators of ESWL treatment.

Comment: A few commenters said it was not fair to base ESWL costs on a multi-specialty ASC that can spread overhead costs over many different procedures whereas ESWL is most often provided in single-service fixed-site or mobile units. Another commenter noted that the costs of providing ESWL in a free-standing ambulatory care facility cannot be deferred to other areas or services as they can in a full service hospital. Two commenters stated that HCFA, by asking for data on costs, charges and utilization for ESWL performed on an outpatient basis, was failing to differentiate between free-standing and hospital-based facilities, each of which furnishes ESWL services on an outpatient basis, but each of which may have very different operational costs. One commenter said that HCFA should consider implementing different overhead amounts and payment rates for different classes of centers because costs differ depending on whether ESWL treatment is furnished at a fixed lithotripsy center site, by a mobile unit, or by a multi-specialty ASC.

Response: We specifically requested data for outpatient ESWL services, whether furnished by a hospital, by a freestanding ESWL facility, by an ASC, or by a mobile unit, to distinguish these from inpatient ESWL services.

Based on the comments we received, we acknowledge that ''outpatient'' ESWL services can be furnished in a variety of forms. The rate we propose in this notice does not distinguish among the various possible types of ESWL service delivery settings partly because we do not have data to support a correlation between the cost of ESWL services with the type of site that furnishes those services and partly because our responsibility is to set a facility payment rate for ESWL services furnished by Medicare participating ASCs. The statute does not include a separate benefit for suppliers of ESWL services.

We are not aware of any mobile lithotripters that have been certified as a Medicare participating ASC. Rather, mobile lithotripters are, as a rule, contracted by ASCs or by hospitals, clinics, or other entities to furnish a lithotripter and the actual lithotripsy treatment by arrangement to a patient of the ''host'' entity. The most efficient utilization of mobile lithotripters seems to result when pre-operative patient preparation and post-operative recovery services are furnished by the host entity, freeing the lithotripter conveyance for the next patient. The unusual capital costs of ESWL are reflected in its being assigned to a dedicated APC group, but the fact that ESWL services can be furnished in virtually any type of setting as a consequence of the lithotripter's mobility makes it impossible to lump all lithotripsy suppliers together as a ''class'' of ASCs. Further, in the absence of data to support that ESWL costs are a direct function of the type of facility where the treatment is furnished, we believe that our proposed rate is fair and reasonable and takes into account the costs incurred by ASCs generally to furnish ESWL services, either directly or by arrangement.

We believe that the argument can just as well be made that single specialty ESWL providers, because they focus on only one type of procedure, can defray costs by increasing volume and by being more efficient than other providers that furnish ESWL only on an irregular basis. If sufficient volume cannot be generated due to the increase in patient access to lithotripsy services, as one commenter observed to be the case, the supply of lithotripters combined with their mobility may exceed the demand for single specialty, fixed ESWL suppliers in high saturation areas. We noted above our determination to avoid establishing Medicare payment policy that stimulates redundant services, which in turn typically result in inflated per procedure costs.

Comment: One commenter asked how payment for CPT code 52337—Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); with lithotripsy (ureteral catheterization is included) would be affected by the proposed ESWL payment scheme.

Response: Based on the ratesetting methodology proposed in this notice, CPT code 52337 is in APC group 524. The payment rate proposed for that group is $1,131.

Comment: Capital and operating expenses vary significantly from region to region and cannot be reasonably represented with broad based adjustment factors. Do HCFA/Medicare geographic adjustment guidelines take variations in capital and operating expenses into account?

Response: No. The adjustment to ASC payment rates that Medicare makes to offset geographic differences applies only to differences in labor costs.

I. Schedule and Publication of Updates

Section 1833(i)(1) of the Act requires that the ASC list be reviewed and updated at least biennially, and section 1833(i)(2) requires that ASC payment rates be updated annually. Section 141(a)(1)(B) of SSAA 1994 added paragraph (C) to section 1833(i)(2), requiring that ASC payment rates be increased by the percentage increase in the consumer price index for all urban consumers (U.S. city average) (CPI–U), beginning in fiscal year 1996, during years when the rates are not updated in accordance with survey data. In the **Federal Register** notice published on December 31, 1991 (56 FR 67666), we tied ASC rate updates with the annual update of the PPS wage index and we said that we would coordinate rate updates with the ASC list update. In subsequent years, we have succeeded in implementing ASC rate updates resulting from a CPI–U adjustment to coincide with implementation of the annual update of the PPS wage index, but we have been less successful in coordinating the rate updates with the list updates, in part because the ASC list updates have tended to be more closely related to the calendar year revisions of CPT than to PPS wage index changes.

1. Update of ASC List

There are two ways in which HCFA updates the ASC list. First, we modify the list to reflect the annual changes made to CPT and alphanumeric HCPCS codes. For example, if the American Medical Association (AMA) deletes from CPT a code that has been on the ASC list, we remove the code from the ASC list. In some cases, AMA modifies the descriptors of CPT codes or creates a new code to replace a deleted code. We have always incorporated these changes into the ASC list. In order to make the CPT changes in as timely a manner as possible, we have instructed

carriers directly to modify the ASC list to conform with the CPT changes without first publishing a notice in the **Federal Register** to announce what the changes will be. We have felt justified in by-passing the **Federal Register** because the annual CPT changes have been more editorial than substantive. And we eventually list these changes in the next **Federal Register** notice that is published on the subject of the ASC list.

When we review the ASC list against the standards for determining whether or not procedures are appropriate for the ASC setting or to determine if a code describing an altogether new procedure should be added to the ASC list, we go through the **Federal Register** notice and comment process to furnish an opportunity for public comment on additions to or deletions from the list that we propose to make. We also incorporate into these notices recommendations for change that we receive between updates to the list.

We propose to replace § 416.65(c) in the current ASC regulations with new § 416.22(c). In the revised regulation, we make explicit our intention not to publish in the **Federal Register** prior notice of changes made to the ASC list to reflect the annual changes made to CPT. We also indicate that we will go through the standard notice and comment process in the **Federal Register** when procedures are added to or deleted from the list in accordance with the standards in paragraphs (a) and (b) of § 416.22.

We further propose, as a matter of policy, to update the ASC list on a calendar year basis, to coincide with the annual updates of the HCPCS and the Medicare physicians' fee schedule.

2. Update of ASC Payment Rates

We propose to replace the current section § 416.130 with revised § 416.32. We clarify that when ASC payment rates are updated solely by a CPI–U factor to comply with 1833(i)(2)(C), we intend only to publish a notice that announces the new CPI–U adjusted rates, without a formal comment period. When HCFA rebases the ASC payment rates to reflect data collected through the quinquennial survey of ASCs required under 1833(i)(2)(A)(i) of the Act, we will go through a full notice and comment or rulemaking cycle, depending on whether or not changes to the regulations are to be proposed.

As with the updates of the ASC list, we further propose as a matter of policy to update the ASC payment rates on a calendar year basis to coincide with the annual updates of the HCPCS and the Medicare physicians' fee schedule. This represents a departure from our current policy of implementing rate updates on October 1 to coincide with the annual update of the hospital inpatient prospective payment system (PPS) wage index. We believe that the improved efficiency and reduced paperwork resulting from coordinating all of the ASC updates—the list, payment rates, and wage index— to coincide with the annual CPT update outweighs any disadvantages that might result from postponing for three months implementation of revised PPS wage index values.

J. Technical Changes to 42 CFR Part 416

1. ASC Payment Rates

We have rewritten, reorganized, and renumbered § 416.125 to create new § 416.31. This revised section summarizes the characteristics of ASC payment rates, e.g., they are prospectively determined; they take into account the per procedure costs of providing services by ASCs generally; they are based on audited survey data; they are updated annually by a CPI–U factor during years when they are not rebased using survey data; and, they must result in substantially less being paid by Medicare than would have been paid if the procedures on the ASC list were performed on a hospital inpatient basis.

2. ASC Survey

The purpose of the ASC survey is to furnish HCFA with data on the costs incurred by ASCs to furnish facility services in connection with procedures on the ASC list. HCFA uses these data for the purpose of setting ASC payment rates. The SSAA 1994 amended section 1833(i)(2)(A) to require that ASC costs, which are to be the basis of the standard ASC fees determined by HCFA, be determined by a survey of a representative sample of procedures and facilities that is taken every five years. The 1994 Amendments also make it a requirement that these costs be audited. We have revised § 416.140 to include these new requirements and we have renumbered this section as § 416.33.

We issued the last ASC survey on March 15, 1994, and the rates that are proposed in this notice are based on the data reported in that survey which were subsequently verified by audit. The 1994 survey was entitled ''Medicare Ambulatory Surgical Center Payment Rate Survey—1994: II. Facility Overhead and Procedure Specific Costs'' (Form HCFA–452B, OMB No. 0938–0434, expired March 1997). The next ASC survey must be taken in 1999. Because the survey form that we used in 1994 has expired, we have to have HCFA Form 452 reinstated and approved by the Office of Management and Budget (OMB) before we can survey ASCs in 1999. HCFA Form 452 is being revised, and decisions regarding survey format and content for the 1999 ASC survey are pending. We expect to consult representatives of the ASC industry for assistance in revising HCFA Form 452 before it is submitted to OMB for reinstatement and approval.

In § 416.33, we propose to extend the time period allowed for completion of the survey from 60 to 90 days, with the option of an additional 30-day extension if the facility can demonstrate good cause for not completing the survey within the allotted 90 days.

K. Explanation and Use of Addenda

The addenda on the following pages present in schematic form the updated ASC payment rates, additions to and deletions from the ASC list, payment policy indicators, and ambulatory payment classification (APC) groups that are proposed in this notice.

Addendum A—Proposed Ambulatory Surgical Center (ASC) Payment Status by HCPCS Code and Related Information

This addendum is a list of the 1998 HCPCS codes:

1. CPT/HCPCS code. This column is a list of the 1998 CPT and alphanumeric HCPCS codes. With the exception of the surgical CPT codes, most of the codes in Addendum A show only a payment policy indicator.

2. Payment Policy Indicator (PPI). This indicator shows whether the CPT/HCPCS code is on the ASC list and whether it is paid for as part of the ASC facility fee, or separately payable if the service is covered, or not payable as an ASC service.

1=Procedure on ASC list. Codes with this indicator are procedures for which Medicare pays ASCs a prospectively determined facility fee. The codes with this indicator constitute the list of ASC covered procedures (ASC list).

2=Bundled service/no separate payment. Payment for covered services is always bundled into payment for other services not specified. Medicare does not make separate payment when these services are furnished in an ASC. Payment is already included within the ASC facility fee or submitted within payment(s) made for or the services.

3=Excluded from ASC list. Codes with this indicator are for a procedure, item or service that is excluded from the list of ASC covered procedures because it is not reasonable, not necessary, not appropriate or not safe in an ASC

setting. Medicare does not pay an ASC facility fee for these codes.

4=Invalid code/90-day grace period. Codes with this indicator are not valid for Medicare purposes. Medicare recognizes a 90-day grace period following designation of the code as invalid, during which the code may be used, pending full implementation of the specified replacement code. ASCs and hospital outpatient departments are to use another code to bill for these services.

5=Office-based procedure. No payment is allowed for ASC facility services. If this procedure is performed in an ASC, the ASC is considered a physician's office, and the physician's fee constitutes payment in full.

6=Separate payment when furnished by an ASC. Codes with this indicator are for items or services that fall outside the scope of ASC facility services or that are unrelated to or do not apply to the ASC benefit. Medicare does not include payment for the item or service in the ASC facility fee. However, if this item or service is supplied at an ASC in connection with a surgical procedure on the ASC list, Medicare could make separate payment under other sections of Medicare Part B in accordance with applicable coverage and payment provisions and requirements.

7=ASC restricted coverage procedure. Special coverage instructions apply. The APC group shown signifies the payment rate to be paid in the event the carrier determines that the procedure or service is reasonable and necessary.

8=Reserved for future use.

9=Medicare does not allow payment for the item or service.

3. Description of Code. This is an abbreviated version of the narrative description of the code. Note: All CPT codes and descriptors are copyrighted by the American Medical Association. CPT–4 codes including both long and short descriptor shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright.

4. Current payment group. If applicable, this column gives the ASC payment group to which the code is currently assigned.

5. Current Payment Rate. If applicable, this column gives the current ASC payment rate.

6. Proposed APC group. This is the payment group to which the code would be assigned under the proposed ambulatory payment classification (APC) system.

7. Proposed Payment Rate. Where applicable, this is the ASC payment rate proposed for the code.

8. Relative Value Factor. Indicates the relationship between the payment rate assigned to the code and the median payment rate ($504) determined for the 41 surgical APC groups that are priced on the basis of 1994 ASC survey data.

9. Add/Delete. ''Add'' indicates that the code is proposed for addition to the ASC list. ''Delete'' indicates that the code is currently on the ASC list and that we propose to delete it from the ASC list.

Addendum B—Proposed Ambulatory Surgical Center (ASC) List by Ambulatory Payment Classification (APC) Groups and Related Information

This addendum lists CPT codes on the ASC list in order of ambulatory payment classification (APC) group and gives the long descriptor of each CPT/HCPC code on the ASC list.

Note: All CPT codes and descriptors are copyrighted by the American Medical Association. CPT–4 codes including both long and short descriptor shall be used in accordance with the HCFA/AMA agreement. Any other use violates the AMA copyright.

Addendum C—List of APC Groups and Related Information

This addendum lists in numeric order the number and title of the APC groups used as the basis for setting the ASC payment rates proposed in this notice. The proposed ASC payment rate and relative value factor for each APC group are shown.

Addendum D—Ambulatory Surgical Center (ASC) Wage Index

IV. Collection of Information Requirements

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

- Whether the information collection is necessary and useful to carry out the proper functions of the agency;
- The accuracy of the agency's estimate of the information collection burden;
- The quality, utility, and clarity of the information to be collected; and
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on each of these issues for the information collection requirements discussed below.

The information collection requirements and associated burden as summarized below are subject to the PRA:

Section 416.4 Termination of participation, including billing privileges

In summary, an ASC that wishes to terminate its participation and billing privileges in Medicare must send HCFA written notice of its intent. The notice must state the intended date of termination which must be the first day of a calendar month. Furthermore, the ASC must give prompt notice of the date and effect of termination to the public, through publication in local newspapers, after HCFA has approved or set a termination date.

The burden for this requirement involves sending the written intent to terminate notice to HCFA and publishing the required third party disclosure notice in a local newspaper.

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

ESTIMATED ANNUAL BURDEN CHART

CFR sections	Annual number of responses	Average burden per response	Annual burden hours
416.4 (written notice)	25	10 minutes	4.2
416.4 (publication)	25	30 minutes	12.5
Total Hours			17

Section 416.33(b)(1) Surveys

In summary, § 416.33(b)(1) requires ASCs to maintain adequate financial and facility records to allow accurate completion of the report specified in subparagarph (b)(2) of this section in the event they are selected to participate in the quinquennial ASC survey as a member of the representative sample of facilities.

Under 5 CFR 1320.3(b)(2), the burden associated with the time, effort and financial resources necessary to comply with a collection of information that would be incurred by persons in the normal course of business will be excluded from an information collection. The burden in connection with such types of collection activities can be disregarded if it can be demonstrated that such collection activities are usual and customary. Each of the collection requirements referenced above is of the type that are usual and customary in the conduct of commercial business. Thus, we believe the burden to be exempt for these requirements.

Section 416.33(b)(2) Surveys

In summary, § 416.33(b)(2) requires ASCs to submit within 90 days of a request, from HCFA, ASC survey data. HCFA issued the last ASC survey in 1994, ''Medicare Ambulatory Surgical Center Payment Rate Survey—1994: II. Facility Overhead and Procedure Specific Costs,'' Form HCFA–452B, OMB No. 0938–0434, expired March 1997. Form HCFA 452 is being revised, and decisions regarding survey format and content for the 1999 ASC survey are pending. We expect to consult representatives of the ASC industry for assistance in revising Form HCFA 452 before it is submitted to OMB for approval. In addition, HCFA will publish a separate **Federal Register** notice soliciting public comments for the ASC Survey.

We have submitted a copy of this proposed rule to OMB for its review of the information collection requirements described above. These requirements are not effective until they have been approved by OMB.

If you comment on any of these information collection and recordkeeping requirements, please mail copies directly to the following: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Allison Eydt, HCFA Desk Officer.

V. Regulatory Impact Analysis

We have examined the impacts of this proposed rule under Executive Order (E.O.) 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects; distributive impacts and equity.) A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million.

The Actuarial and Health Cost Analysis Group of HCFA's Office of Strategic Planning estimates that the rebased ASC payment rates proposed in this notice reduce Medicare payments to ASCs by two percent from current spending levels, in the aggregate. Actuarial estimates of the modest savings to Medicare that are the result of the regrouping and repricing of the ASC list proposed in this notice are as follows:

PROJECTED MEDICARE SAVINGS

[In millions]*

FY 1998	$ – 20
FY 1999	– 20
FY 2000	– 20
FY 2001	– 20
FY 2002	– 20
FY 2003	– 20

* Rounded to the nearest $10 million.

The Balanced Budget Act of 1997 is considered in the estimate, including the prospective payment system for hospital outpatient services to be implemented on January 1, 1999, the formula-driven overpayment elimination effective October 1, 1997, and the ASC update reduced by two percentage points for each of the fiscal years 1998 through 2002.

This proposed rule has no consequential effect on State, local, or tribal governments, and, based on the actuarial estimates shown above, we believe the private sector costs of this rule fall below the economic thresholds established by E.O. 12866 and by the Unfunded Mandates Act of 1995. Because this notice is not an economically significant regulatory action under either E.O. 12866 or the Unfunded Mandates Act of 1995, a regulatory impact analysis is not required.

Consistent with the provisions of the Regulatory Flexibility Act, we analyze options for regulatory relief for small businesses and other small entities. We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless we certify that a notice will not have a significant economic impact on a substantial number of small entities. The regulatory flexibility analysis is to include a justification of why action is being taken, the kinds and number of small entities the proposed rule will affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities. For purposes of the RFA, we consider ASCs to be small entities. In addition, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

We believe that the rebased rates proposed in this notice will affect revenues of most Medicare approved ASCs that furnish services to Medicare beneficiaries and, to a lesser extent, revenues of hospitals that perform procedures on the ASC list on an outpatient basis. We have therefore prepared the following regulatory flexibility analysis which, together with the rest of this preamble, meets all three assessment requirements under the RFA. We will have explained the rationale for and purposes of the rule, analyzed alternatives, and presented the measures we propose to minimize the burden on small entities.

A. Rebased Payment Rates

This notice implements section 1833(i)(2)(A)(i) of the Act, which mandates that payment amounts for ASC facility services take into account costs incurred by ASCs generally to furnish services in connection with procedures on the ASC list, as determined by a survey of the actual audited costs incurred by ASCs taken not later than January 1, 1995 and every five years thereafter.

1. Impact on ASCs

In the aggregate, based on actuarial estimates, we expect the revised rates

proposed in this notice to result in a two percent reduction in Medicare outlays for ASC facility services. Given the negligible magnitude of this reduction, we can say that the effect of rebasing the ASC rates and revising the ASC list is virtually budget neutral when viewed in the aggregate. This outcome is attributable primarily to the lower payment rate determined for the two procedures with the highest ASC volume: CPT codes 66984 and 66821. These two procedures alone account for approximately 46 percent of ASC Medicare volume, which helps offset the effect of increased expenditures that will result from higher payment rates for procedures such as hernia repair, hammertoe and bunion correction surgery, arthoscopic procedures, and from the addition of extracorporeal shock wave lithotripsy (ESWL) to the ASC list.

However, the change in payment rate for virtually every procedure on the ASC list—with some procedures receiving a lower rate and others receiving a higher rate than they do currently—could affect the Medicare revenues of individual ASCs, depending on factors such as patient volume and case mix and the type of procedures performed. Of the 295 facilities whose 1994 survey responses are the basis for the rates proposed in this notice, 54 (18 percent) reported that more than 60 percent their total volume in a 12-month period comprised of some combination of CPT codes in the range between 66820 and 66986 cataract procedures. For most of those facilities, Medicare utilization exceeded fifty percent, and for 16 facilities, Medicare utilization exceeded seventy-five percent. The rates proposed in this CPT range represent, overall, a drop of about eleven percent from current payment rates for cataract-related procedures. The rate we propose for CPT code 66984, the highest volume ASC procedure representing 35 percent of all ASC Medicare volume in 1996, decreases by 8 percent. The rate for CPT code 66821, the second highest volume ASC procedure representing 11 percent of all ASC Medicare volume in 1996, decreases by 35 percent. Obviously facilities that specialize in these two cataract-related procedures are going to be affected more dramatically by the proposed rebased rates than are facilities where the volume of these procedures is lower.

The rates that we propose in this notice for certain high volume gastrointestinal and urinary tract endoscopies are also lower than current rates for the same procedures, such as CPT code 43239 (22 percent decrease), CPT code 45378 (16 percent decrease) and CPT code 52000 (32 percent decrease). As a group, endoscopies are second only to CPT codes 66984 and 66821 with respect to Medicare utilization of ASCs. Of the 295 facilities whose 1994 survey responses are the basis for the rates proposed in this notice, 17 (6 percent) reported that more than 60 percent of their total volume in a 12-month period comprised some combination of CPT codes encompassing gastrointestinal endoscopies. However, in only one of those 17 facilities did Medicare utilization exceed fifty percent, and for 11 facilities, Medicare utilization was less than thirty-five percent.

Not all of the rebased rates proposed in this notice are reductions of current rates. The rebased rates proposed for arthroscopic surgery, for some gynecological procedures, for certain podiatric procedures, for carpal tunnel release, for hernia repair, and for certain eye procedures involving the cornea and the retina are higher than the current rates for those procedures. Facilities where those procedures are now being performed will, upon implementation of the rebased rates, be paid a facility fee that more closely approximates the cost of doing the surgery and that should allow the facility a reasonable return, as will facilities performing procedures for which the rebased rates are lower than current ASC payment.

Some smaller, single specialty ASCs may experience some decrease in Medicare payment upon implementation of the rebased rates proposed in this notice, especially if their annual total volume of cases is less than 1000, if the proportion of Medicare beneficiaries that they serve greatly exceeds the 34 percent average ASC Medicare volume, or if they perform a case mix of procedures whose rebased rates are all lower than current rates. Congress does not provide us with tools such as a ''hold-harmless'' clause or a transition period for implementation of rebased rates that could serve to deflect some of the adverse effects of lower payment rates. However, judging from the 1994 survey data, even though efficient ASCs may experience a fractional reduction in profits, we do not think that they will suddenly be faced with serious financial reverses as a result of the rates proposed in this notice. That is because the rebased rates proposed in this notice are closer to costs based on verified data reported by ASCs than are the current rates, which are based on data collected in 1986.

We emphasize that the rates proposed in this notice have been determined in accordance with audited cost, charge, and utilization data reported by a representative sample of ASCs, as we explained in detail earlier in this notice. To summarize the process we used to establish the payment rates proposed in this notice using audit adjusted 1994 survey data—

Step 1—We standardized the original reported CPT code charges and facility overhead costs of the 199 unaudited facilities by the percent of difference between audited and original reported data of the 96 audited facilities.

Step 2—We determined each facility's cost-to-charge ratio by dividing the facility's total costs by its total charges.

Step 3—We converted each procedure charge to a procedure cost by multiplying each facility's procedure charge by the facility's cost-to-charge ratio.

Step 4—Because the facilities' IOL costs were imbedded in the calculated procedure cost for IOL insertion procedures (CPT codes 66983, 66984, 66985, and 66986), we reduced those procedure costs by the facility specific average IOL cost to offset the carrier's addition of the $150 allowance for the IOL.

Step 5—To remove the effects of area wage differences, we neutralized the cost of each procedure by dividing the facility-specific labor-related portion of procedure cost by the hospital inpatient prospective payment system pre-reclassification//pre-floor wage index value applicable to the facility's location. We then added the wage adjusted labor-related portion of procedure cost back to the nonlabor-related portion.

Step 6—We applied an inflation adjustment based on the CPI–U to each procedure cost in order to account for historical and projected price changes occurring between the midpoint of the facility's fiscal period represented in our data base and the midpoint of the 12-month period to which the new rates would apply (July 1, 1998).

Step 7—We grouped the procedure codes into APCs based on clinical and cost similarities.

Step 8—For the 41 APCs with sufficient ASC survey cost data, we calculated the median procedure cost for all Medicare cases within the group to determine the group payment rate.

Step 9—We designated the median of the payment rates for the 41 APCs with sufficient ASC survey cost date as a conversion factor 504.

Step 10—We assigned a value to each of the remaining 64 APCs for which we had inadequate ASC survey data based on an estimate of each APC group's relative similarity to or deviation from the 41 APCs for which we had sufficient survey data.

Step 11—We multiplied the relative value of each of the 64 groups by a conversion factor of 504 to determine the group payment rate.

By using survey data reported by ASCs that was checked and verified by audit, we have determined ASC payment rates that are generally lower than current ASC payment rates. In one sense, the lower proposed payment rates are a tribute to the efficiency and success of ASCs generally in holding the line on facility costs. Lower rates reflect lower costs that are the result of improved technology, efficiency, and experience. The fact remains that regardless of the method we used to calculate payment rates, whether we used dollar intervals to group codes like the current methodology or APC groups or an individual per procedure fee schedule or weighted or unweighted medians or means, the relationship of the resulting rates relative to current rates remained the same: rates for high volume cataract-related procedures and gastrointestinal endoscopies were lower and rates for less frequently performed arthroscopies and various other general surgical procedures went up.

Another explanation for the lower rebased rates could rest with the fact that the current eight ASC payment rates are based on data that were collected in 1986, which generally reflected 1984–85 cost and charge experience. We used 1986 survey data, adjusted for inflation, to rebase ASC payment rates effective for services furnished beginning on March 12, 1990. Between March 1990 and October 1996, we adjusted the ASC payment rates five times resulting in an across the board increase of approximately 20 percentage points for procedures in groups 1, 2, 3, 4, 5, and 7. (The rates for groups 6 and 8, which are limited to intraocular lens (IOL) insertion procedures for which the IOL allowance was prescribed by statute, increased by only 7.5 percent during that time due to the statutory reduction in the IOL allowance from $200 to $150 effective January 1, 1994.) We did not rebase the 1990 rates, or take into account variations in cost resulting from changes in technology. The current eight ASC rates are therefore the result of across-the-board flat increases for inflation dating back to 1990 that do not reflect upward or downward changes in costs associated with individual procedures over the same period.

B. Additions to/Deletions From the ASC List

The addition of outpatient procedures that were previously kept off the list will give ASCs an opportunity to increase volume and utilization as well as expand their revenue sources. The addition of a payment rate for ESWL will allow payment to ASCs for this procedure and make it available for Medicare beneficiaries in an ASC setting.

The procedures that are being removed from the ASC list are not high volume procedures, and we do not expect their deletion from the ASC list to have any significant impact, negative or positive.

C. Impact of Technical Changes

Most of the technical changes proposed in this notice—extending to 90 days the period for completing the ASC survey; implementing all ASC updates on a calendar year basis; rearranging and reorganizing part 416 of the Code of Federal Regulations; adding payment policy indicators; clarifying that procedures excluded from the ASC list are not reasonable and necessary in an ASC—are intended to streamline the ASC benefit and reduce ambiguity to the advantage of beneficiaries and ASCs alike without compromising beneficiary safety and positive surgical outcomes.

D. Impact on Hospitals and Small Rural Hospitals

Section 1833(i)(3)(A) of the Act mandates the method of determining payments to hospitals for ASC-approved procedures performed in an outpatient setting. Congress believed some comparability should exist in the amount of payment to hospitals and ASCs for similar procedures. Congress recognized, however, that hospitals have certain overhead costs that ASCs do not and allowed for those costs by establishing a blended payment methodology. For ASC procedures performed in an outpatient setting, hospitals are paid based on the lower of their aggregate costs, aggregate charges, or a blend of 58 percent of the applicable wage-adjusted ASC rate and 42 percent of the lower of the hospital's aggregate costs or charges. According to statistics from the Office of the Actuary within HCFA, 12 percent of Medicare payments to hospitals by intermediaries is attributable to services furnished in conjunction with ASC-covered procedures performed on an outpatient basis.

While an ASC rate change may not keep pace with actual hospital cost increases, we would recognize cost increases to the extent that the blended payment methodology includes aggregate hospital costs. The weight of the ASC portion of the blended payment amount, which would reflect the new ASC rates, is offset to a degree when hospital costs significantly exceed the ASC rate. Another element that could mitigate the effect of the rebased ASC rates on hospital outpatient payments is the application of the lowest payment screen in determining payments. Applying the lowest of costs, charges, or a blend can result in some hospitals being paid entirely on the basis of a hospital's costs or charges. In those instances, changes in the ASC rates will have no effect on hospital payments. The number of Medicare beneficiaries a hospital serves and its case-mix variation influence the total impact of the new ASC rates on Medicare payments to hospitals. Based on these factors, we do not believe that the provisions of this notice will have a significant impact on a substantial number of small rural hospitals. Moreover, the impact of rebased ASC rates on hospital outpatient payments will be eliminated upon implementation of a prospective payment system for hospital outpatient services in January 1999.

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

List of Subjects

42 CFR Part 416

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

42 CFR Part 488

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

42 CFR chapter IV would be amended as set forth below:

PART 416—AMBULATORY SURGICAL SERVICES

A. Part 416 is amended as set forth below:

1. The authority citation for part 416 continues to read as follows:

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

2. The heading of subpart A is revised and § 416.1 is revised to read as follows:

Subpart A—Definitions and General Provisions and Requirements

§ 416.1 Basis and scope.

(a) *Statutory basis.* (1) Section 1832(a)(2)(F) of the Act provides for Medicare Part B payment for facility services furnished by an ambulatory surgical center (ASC) in connection with surgical procedures specified by

the Secretary under section 1833(i)(1)(A) of the Act.

(2) Section 1832(a)(2)(F)(i) of the Act provides that an ASC, in order to receive Medicare payment, must meet health, safety, and other standards specified by the Secretary in regulations and must also agree to accept assignment and to accept as payment in full for facility services furnished in connection with surgical procedures specified by the Secretary under section 1883(i)(1)(A) of the Act the payment amount determined under section 1833(i)(2)(A).

(3) Section 1833(i)(1)(A) of the Act requires the Secretary to specify the surgical procedures that can be performed safely on an ambulatory basis in an ASC.

(4) Section 1833(i)(2)(A) and (3) specify the amounts to be paid for facility services furnished in connection with the specified surgical procedures when they are performed, respectively, in an ASC or in a hospital outpatient department.

(b) *Scope.* This part sets forth—

(1) The scope of ASC facility services and the criteria for determining the procedures for which Medicare pays ASCs a facility fee;

(2) The manner by which Medicare determines payment amounts for ASC facility services; and

(3) The conditions that an ASC must meet in order to participate in the Medicare program.

3. Section 416.2 is revised to read as follows:

416.2 Definitions

As used in this part:

An Ambulatory Surgical Center or ASC means a supplier that—

(1) Has its own National Identifier under Medicare;

(2) Is a separate entity with respect to its licensure, accreditation, governance, professional supervision, administrative functions, clinical services, record keeping, and financial and accounting systems;

(3) Has as its sole purpose the furnishing of services in connection with surgical procedures that do not require inpatient hospitalization; and

(4) Meets the conditions and requirements set forth in all subparts of this part.

ASC list means the list of procedures that HCFA specifies can be safely and appropriately performed in an ASC, for which Medicare allows payment of an ASC facility fee in accordance with the provisions of this part.

ASC services means services that a Medicare approved ASC furnishes in connection with procedures on the ASC list and for which Medicare pays a prospectively-determined ASC facility fee.

Hospital-operated ASC means an ASC that is owned and operated by a hospital but that is a separate entity with respect to its licensure, accreditation, governance, professional supervision, administrative functions, clinical services, recordkeeping, and financial and accounting systems. A hospital-operated ASC must meet all the conditions and requirements set forth in subparts A, B, C and D of this part.

4. Section 416.25 is redesignated as § 416.3 and is transferred to subpart A and is revised to read as follows:

§ 416.3 Basic Requirements

Participation as an ASC, including billing privileges, is limited to facilities that meet the following conditions:

(a) Meet the definition in § 416.2.

(b) Have State licensure in States where licensure is required.

(c) Meet the conditions for coverage specified in subpart D of this part and report promptly to HCFA any failure to do so.

(d) Charge the beneficiary or any other person on the beneficiary's behalf only the applicable deductible and coinsurance amounts for services for which the beneficiary—

(1) Is entitled to have payment made on his or her behalf under this part; or

(2) Would have been so entitled if the ASC had filed a request for payment in accordance with § 410.165 of this chapter.

(e) Refund as promptly as possible any money incorrectly collected from beneficiaries or from someone on their behalf. As used in this section, *money incorrectly collected* means sums collected in excess of those specified in paragraph (d) of this section. It includes amounts collected for a period of time when the beneficiary was believed not to be entitled to Medicare benefits if—

(1) The beneficiary is later determined to have been entitled to Medicare benefits; and

(2) The beneficiary's entitlement period falls within the time the ASC's agreement with HCFA is in effect.

(f) Furnish to HCFA, if requested, information necessary to establish payment rates as specified in subpart C, and in the form and manner that HCFA requires;

(g) Accept assignment for all items and services that it furnishes to Medicare beneficiaries for which payment may be made under Medicare Part B in connection with procedures on the ASC list. For purposes of this section, assignment means an assignment under § 424.55 of this chapter of the right to receive payment under Medicare Part B and payment under § 424.64 of this chapter (when an individual dies before assigning the claim).

(h) Are in compliance with ASC requirements set forth in Part 488—Survey, Certification, and Enforcement Procedures.

(i) Have in effect a validated Medicare health care provider/supplier enrollment application.

5. Section 416. 4 is added to subpart A to read as follows:

§ 416.4 Termination of participation, including billing privileges.

(a) *Termination by the ASC*—(1) Notice to HCFA. An ASC that wishes to terminate its participation and billing privileges in Medicare must send HCFA written notice of its intent.

(2) *Date of termination.* The notice must state the intended date of termination, which must be the first day of a calendar month.

(i) If the notice does not specify a date, or the date is not acceptable to HCFA, HCFA may set a date that will not be more than 6 months from the date on the ASC's notice of intent.

(ii) HCFA may accept a termination date that is less than 6 months after the date on the ASC's notice if it determines that to do so would not unduly disrupt services to the community or otherwise interfere with the effective and efficient administration of the Medicare program.

(3) *Voluntary termination.* If an ASC ceases to furnish services to the community, that shall be deemed to be a voluntary termination of the agreement by the ASC, effective on the last day of business with Medicare beneficiaries.

(b) *Termination by HCFA.* (1) *Cause for termination.* HCFA may terminate an ASC's participation, including its billing privileges, if it determines that the ASC—

(i) No longer meets the conditions for coverage as specified under subpart D of this part; or

(ii) Is not in substantial compliance with the provisions and the requirements of subparts A, B, and C of this part, or other applicable regulations of subchapter B of this chapter, or any applicable provisions of title XVIII of the Act.

(2) *Notice of termination.* HCFA sends notice of termination to the ASC at least 15 days before the effective date stated in the notice.

(3) *Appeal by the ASC.* An ASC may appeal the termination of its participation, including its billing privileges, in accordance with the provisions set forth in part 498 of this chapter.

(c) *Effect of termination.* Payment is not available for ASC services furnished on or after the effective date of termination.

(d) *Notice to the public.* Prompt notice of the date and effect of termination is given to the public, through publication in local newspapers by—

(1) The ASC, after HCFA has approved or set a termination date; or

(2) HCFA, when it has terminated the ASC's participation, including its billing privileges.

(e) *Conditions for reinstatement after termination by HCFA.* When HCFA terminates an ASC's participation in Medicare, which includes terminating its billing privileges, the ASC may not file another application to participate in the Medicare program as an ASC unless HCFA—

(1) Finds that the reason for the prior termination has been removed; and

(2) Is assured that the reason for the termination will not recur.

6. Subpart B is revised; subpart D is removed; subpart C is redesignated as subpart D, and § 416.40 is removed; and subpart E is redesignated as subpart C and revised. The revised subparts B and C read as follows:

Subpart B—Scope of Benefits

§ 416.20 General rules.

The services for which payment is made under this part are facility services furnished to Medicare beneficiaries by a participating ASC in connection with procedures on the ASC list as specified by HCFA in accordance with § 416.22.

§ 416.21 Scope of ASC services.

(a) *Included services.* ASC services include but are not limited to:

(1) Nursing, technician, and related services.

(2) Use of the facility where the surgical procedures are performed.

(3) Items and services directly related and integral to the pre-operative preparation of patients upon their admission to the ASC for surgery, to the performance of a surgical procedure(s), and to the post-operative and/or post-anesthesia care of patients prior to their discharge from the ASC. This includes, but is not limited to, any laboratory testing performed under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of waiver; drugs and biologicals; medical and surgical supplies and equipment; surgical dressings; splints, casts and other devices used for reduction of fractures and dislocations; and, imaging services or other diagnostic tests integral to a surgical procedure.

(4) Administrative, recordkeeping, and housekeeping items and services.

(5) Materials, including supplies and equipment, for the administration and monitoring of anesthesia.

(6) Intra-ocular lenses (IOLs).

(b) *Excluded services.* ASC services do not include certain items and services for which payment may be made under other provisions of this chapter, such as physician services, diagnostic X-ray services and other diagnostic tests (other than those integral to the performance of a surgical procedure), diagnostic laboratory tests, X-ray therapy and other radiation therapy, prosthetic devices (except IOLs), ambulance services, leg, arm, back and neck braces, artificial limbs, and durable medical equipment for use in the patient's home. In addition, ASC services do not include anesthetist services furnished on or after January 1, 1989.

§ 416.22 ASC list.

The ASC list consists of those procedures that HCFA, in consultation with appropriate trade and professional associations, specifies as being appropriately and safely performed in an ASC. Paragraphs (a) and (b) of this section list the criteria HCFA uses to determine if a procedure is to be placed on the ASC list. Medicare payment of an ASC facility fee is not allowed for ASC services furnished in connection with procedures excluded from the ASC list in accordance with the criteria in paragraph (b) of this section. The ASC list is published in accordance with paragraph (c) of this section.

(a) *Procedures on the ASC list.* Procedures on the ASC list are those surgical and other medical procedures that generally—

(1) Require surgical facilities and services of the kind that are typically provided in a hospital inpatient setting;

(2) Would not be expected to necessitate admission as an inpatient to a hospital either to perform the procedure or to recover from the procedure post-operatively;

(3) Require a dedicated operating room (or suite) or procedure room and a room for post-operative recovery; and

(4) Are not otherwise excluded under § 411.15 of this chapter, or paragraph (b) of this section.

(b) *Procedures excluded from the ASC list.* A procedure with any of the following characteristics is not considered safe or appropriate in an ASC setting. A procedure with any of these characteristics is not reasonable or medically necessary in an ASC setting. Payment of an ASC facility fee for procedures excluded from the ASC list in accordance with any of the following characteristics is not allowed. A procedure is excluded from the ASC list if it—

(1) Generally results in extensive blood loss;

(2) Requires major or prolonged invasion of body cavities;

(3) Directly involves major blood vessels;

(4) Is generally emergent or life-threatening in nature; or

(5) Requires admission to a hospital on an inpatient basis in order to have the procedure performed or to recover from the procedure.

(c) *Publication of ASC list.* HCFA publishes the ASC list in the **Federal Register** as appropriate.

(1) HCFA automatically revises the ASC list to ensure that it conforms timely with coding changes resulting from the annual update of the Health Care Financing Administration Common Procedure Coding System (HCPCS). The effective date of changes to the ASC list resulting from HCPCS coding changes are concurrent with the effective date of the HCPCS revision. HCFA announces these conforming changes in the first **Federal Register** notice published thereafter, either in accordance with paragraph (c)(2) of this section or in accordance with § 416.32.

(2) When HCFA adds procedures to or deletes procedures from the ASC list in accordance with the criteria in paragraphs (a) and (b) of this section, HCFA publishes a notice in the **Federal Register** explaining the rationale for the proposed changes and soliciting public comments on both the proposed changes and the payment rates proposed for procedures under consideration for addition to the list. After reviewing public comments, HCFA publishes a notice in the **Federal Register** to establish the final revisions to the ASC list.

§ 416.23 Performance of procedures on the ASC list in a hospital inpatient setting.

The fact that a procedure is on the ASC list does not preclude its coverage in a hospital inpatient setting.

Subpart C—Payment for Facility Services

§ 416.30 Basis for payment.

The basis for payment for facility services depends upon the type of entity at which the services are furnished.

(a) *Physician's office.* Payment is in accordance with part 414 of this chapter.

(b) *Hospital outpatient department.* Payment is in accordance with part 413 of this chapter.

(c) *Hospital-operated ASC.* (1) The ASC participates and is paid only as an ASC without the option of converting to or being paid as a hospital outpatient department, unless HCFA first determines there is good cause to do otherwise.

(2) Costs for the ASC are treated as a nonreimbursable cost center on the hospital's cost report.

(d) *ASC—General rule.* Payment is based on a prospectively determined rate.

(1) This rate includes payment for the cost of ASC services such as supplies, nursing services, equipment, etc., as specified in § 416.21. The ASC payment rate for insertion of an intraocular lens (IOL) during or subsequent to cataract removal includes an amount for the IOL that is reasonable and related to the cost of acquiring the lens.

(2) The ASC payment rate does not include payment for certain medical and other health services that are covered but that may be billed and paid for separately under part 410 of this chapter, such as physician services, X-ray services or other diagnostic tests not integral to the performance of a surgical procedure, or prosthetic implants (other than IOLs).

(3) Because procedures excluded from the ASC list on the basis of the standards in § 416.22(b) are not ''reasonable and necessary,'' Medicare does not allow payment of an ASC facility fee for those procedures. (See § 411.15(k)(1) of this chapter.)

(e) *Single and multiple surgical procedures.* (1) If one procedure on the ASC list is performed in a single operative session, payment of the ASC facility fee is based on the prospectively determined rate for that one procedure.

(2) If more than one surgical procedure is furnished in a single operative session, payment is based on—

(i) The full rate for the procedure with the highest prospectively determined rate; and

(ii) One half of the prospectively determined rate for each of the other procedures.

(f) *Deductibles and coinsurance.* Part B deductible and coinsurance amounts apply as specified in § 410.152 (a) and (i) of this chapter.

§ 416.31 ASC payment rates.

(a) The payment rate for a procedure on the ASC list is based on a standard prospectively determined per procedure overhead amount.

(1) The standard overhead amount represents HCFA's estimate of a fair per-procedure fee that takes into account the costs incurred by an ASC generally in providing facility services in connection with the performance of the procedure.

(2) HCFA surveys ASCs as described in § 416.33 to determine the costs incurred by ASCs generally in providing ASC services in connection with the performance of procedures on the ASC list.

(3) HCFA conducts an audit of a randomly-selected sample of the surveys submitted in accordance with the requirements in § 416.33 to ensure that the costs from which it derives ASC payment rates are reported accurately and in a manner consistent with Medicare principles of reasonable cost reimbursement.

(b) The ASC payment rate must result in substantially less being paid under the program than would have been paid if the procedures had been performed on an inpatient basis in a hospital.

(c) In setting ASC payment rates, HCFA may adopt reasonable classifications of facilities and may establish different rates for different types of surgical procedures.

(d) For the years when HCFA does not rebase ASC payment rates using survey data collected in accordance with § 416.33, HCFA updates the existing ASC payment rates by the percentage increase in the consumer price index for all urban consumers (U.S. city average) as estimated for the 12-month period ending with the midpoint of the year involved.

§ 416.32 Publication of revised payment rates.

Once implemented, ASC payment rates remain in effect until HCFA publishes a notice in the **Federal Register** to change the rates.

(a) When HCFA rebases ASC payment rates using survey data collected in accordance with § 416.33, HCFA publishes a notice in the **Federal Register** describing the method it followed to rebase the rates and soliciting public comments on both the proposed new rates and the ratesetting method. After reviewing public comments, HCFA publishes a final notice in the **Federal Register** to establish the new, rebased rates.

(b) During years when HCFA updates ASC payment rates using a consumer price index factor as described in § 416.31(d), HCFA publishes a notice in the **Federal Register** to announce the updated rates.

§ 416.33 Surveys.

(a) *Timing, purpose, and procedures.* (1) Beginning not later than January 1, 1995 and every 5 years thereafter, HCFA conducts a survey of ASCs based upon a representative sample of procedures and facilities to collect data for the purpose of rebasing ASC payment rates.

(2) HCFA notifies ASCs by mail of their selection to participate in the ASC survey and of the form and content of the report the ASCs must submit.

(3) If the facility does not submit an adequate report in response to HCFA's survey request, HCFA may terminate the ASC's Medicare billing privileges and its participation in the Medicare program.

(4) ASCs have 90 days within which to complete and submit the survey. HCFA may grant a 30-day postponement of the due date for the survey report if it determines that the facility has demonstrated good cause for the delay.

(b) *Requirements for ASCs.* ASCs must—

(1) Maintain adequate financial and facility records to allow accurate completion of the report specified in paragraph (b)(2) of this section in the event they are selected to participate in the quinquennial ASC survey as a member of the representative sample of facilities.

(2) Within 90 days of a request from HCFA for survey data submit, in the form and detail specified by HCFA, a report of—

(i) Their operations, including the allowable costs actually incurred for the period and the actual number and a list of surgical procedures performed during the period; and

(ii) Their customary charges for each surgical procedure performed during the period.

§ 416.34 Beneficiary appeals.

A beneficiary (or ASC as his or her assignee) may request a hearing by a carrier (subject to the limitations and conditions set forth in part 405, subpart H of this chapter) if the beneficiary or the ASC—

(a) Is dissatisfied with a carrier's denial of a request for payment made on his or her behalf by an ASC;

(b) Is dissatisfied with the amount of payment; or

(c) Believes the request for payment is not being acted upon with reasonable promptness.

PART 488—SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES

B. Part 488 is amended as set forth below:

1. The authority citation for part 488 continues to read as follows:

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

2. In § 488.1 the definition of ''supplier'' is revised to read as follows:

§ 488.1 Definitions.

* * * * *

Supplier means any of the following: Independent laboratory; portable X-ray services; physical therapist in independent practice; ESRD facility; rural health clinic; Federally qualified health center; chiropractor; or ambulatory surgical center.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 20, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Approved: April 28, 1998.

Donna E. Shalala,

Secretary.

ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
00100	2	Anesth, skin surgery						
00102	2	Anesth, repair of cleft lip						
00103	2	Anesth, blepharoplasty						
00104	2	Anesth for electroshock						
00120	2	Anesthesia for ear surgery						
00124	2	Anesthesia for ear exam						
00126	2	Anesth, tympanotomy						
00140	2	Anesth, procedures on eye						
00142	2	Anesthesia for lens surgery						
00144	2	Anesth, corneal transplant						
00145	2	Anesth, vitrectomy						
00147	2	Anesth, iridectomy						
00148	2	Anesthesia for eye exam						
00160	2	Anesth, nose, sinus surgery						
00162	2	Anesth, nose, sinus surgery						
00164	2	Anesth, biopsy of nose						
00170	2	Anesth, procedure on mouth						
00172	2	Anesth, cleft palate repair						
00174	2	Anesth, pharyngeal surgery						
00176	2	Anesth, pharyngeal surgery						
00190	2	Anesth, facial bone surgery						
00192	2	Anesth, facial bone surgery						
00210	2	Anesth, open head surgery						
00212	2	Anesth, skull drainage						
00214	2	Anesth, skull drainage						
00215	2	Anesth, skull fracture						
00216	2	Anesth, head vessel surgery						
00218	2	Anesth, special head surgery						
00220	2	Anesth, spinal fluid shunt						
00222	2	Anesth, head nerve surgery						
00300	2	Anesth, skin surgery, neck						
00320	2	Anesth, neck organ surgery						
00322	2	Anesth, biopsy of thyroid						
00350	2	Anesth, neck vessel surgery						
00352	2	Anesth, neck vessel surgery						
00400	2	Anesth, chest skin surgery						
00402	2	Anesth, surgery of breast						
00404	2	Anesth, surgery of breast						
00406	2	Anesth, surgery of breast						
00410	2	Anesth, correct heart rhythm						
00420	2	Anesth, skin surgery, back						
00450	2	Anesth, surgery of shoulder						
00452	2	Anesth, surgery of shoulder						
00454	2	Anesth, collar bone biopsy						
00470	2	Anesth, removal of rib						
00472	2	Anesth, chest wall repair						
00474	2	Anesth, surgery of rib(s)						
00500	2	Anesth, esophageal surgery						
00520	2	Anesth, chest procedure						
00522	2	Anesth, chest lining biopsy						
00524	2	Anesth, chest drainage						
00528	2	Anesth, chest partition view						
00530	2	Anesth, pacemaker insertion						
00532	2	Anesth, vascular access						
00534	2	Anesth, cardioverter/defib						
00540	2	Anesth, chest surgery						
00542	2	Anesth, release of lung						
00544	2	Anesth, chest lining removal						
00546	2	Anesth, lung, chest wall surg						
00548	2	Anesth, trachea, bronchi surg						
00560	2	Anesth, open heart surgery						
00562	2	Anesth, open heart surgery						
00580	2	Anesth, heart/lung transplant						
00600	2	Anesth, spine, cord surgery						

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[2] Codes proposed for additions to or deletions from ASC list.

ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
00604	2	Anesth, surgery of vertebra						
00620	2	Anesth, spine, cord surgery						
00622	2	Anesth, removal of nerves						
00630	2	Anesth, spine, cord surgery						
00632	2	Anesth, removal of nerves						
00634	2	Anesth for chemonucleolysis						
00670	2	Anesth, spine, cord surgery						
00700	2	Anesth, abdominal wall surg						
00702	2	Anesth, for liver biopsy						
00730	2	Anesth, abdominal wall surg						
00740	2	Anesth, gi visualization						
00750	2	Anesth, repair of hernia						
00752	2	Anesth, repair of hernia						
00754	2	Anesth, repair of hernia						
00756	2	Anesth, repair of hernia						
00770	2	Anesth, blood vessel repair						
00790	2	Anesth, surg upper abdomen						
00792	2	Anesth, part liver removal						
00794	2	Anesth, pancreas removal						
00796	2	Anesth, for liver transplant						
00800	2	Anesth, abdominal wall surg						
00802	2	Anesth, fat layer removal						
00810	2	Anesth, intestine endoscopy						
00820	2	Anesth, abdominal wall surg						
00830	2	Anesth, repair of hernia						
00832	2	Anesth, repair of hernia						
00840	2	Anesth, surg lower abdomen						
00842	2	Anesth, amniocentesis						
00844	2	Anesth, pelvis surgery						
00846	2	Anesth, hysterectomy						
00848	2	Anesth, pelvic organ surg						
00850	2	Anesth, cesarean section						
00855	2	Anesth, hysterectomy						
00857	2	Analgesia, labor & c-section						
00860	2	Anesth, surgery of abdomen						
00862	2	Anesth, kidney, ureter surg						
00864	2	Anesth, removal of bladder						
00865	2	Anesth, removal of prostate						
00866	2	Anesth, removal of adrenal						
00868	2	Anesth, kidney transplant						
00870	2	Anesth, bladder stone surg						
00872	2	Anesth, kidney stone destruct						
00873	2	Anesth, kidney stone destruct						
00880	2	Anesth, abdomen vessel surg						
00882	2	Anesth, major vein ligation						
00884	2	Anesth, major vein revision						
00900	2	Anesth, perineal procedure						
00902	2	Anesth, anorectal surgery						
00904	2	Anesth, perineal surgery						
00906	2	Anesth, removal of vulva						
00908	2	Anesth, removal of prostate						
00910	2	Anesth, bladder surgery						
00912	2	Anesth, bladder tumor surg						
00914	2	Anesth, removal of prostate						
00916	2	Anesth, bleeding control						
00918	2	Anesth, stone removal						
00920	2	Anesth, genitalia surgery						
00922	2	Anesth, sperm duct surgery						
00924	2	Anesth, testis exploration						
00926	2	Anesth, removal of testis						
00928	2	Anesth, removal of testis						
00930	2	Anesth, testis suspension						
00932	2	Anesth, amputation of penis						
00934	2	Anesth, penis, nodes removal						
00936	2	Anesth, penis, nodes removal						
00938	2	Anesth, insert penis device						
00940	2	Anesth, vaginal procedures						
00942	2	Anesth, surgery on vagina						
00944	2	Anesth, vaginal hysterectomy						
00946	2	Anesth, vaginal delivery						
00948	2	Anesth, repair of cervix						
00950	2	Anesth, vaginal endoscopy						
00952	2	Anesth, uterine endoscopy						
00955	2	Analgesia, vaginal delivery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
01000	2	Anesth, skin surgery, pelvis						
01110	2	Anesth, skin surgery, pelvis						
01120	2	Anesth, pelvis surgery						
01130	2	Anesth, body cast procedure						
01140	2	Anesth, amputation at pelvis						
01150	2	Anesth, pelvic tumor surgery						
01160	2	Anesth, pelvis procedure						
01170	2	Anesth, pelvis surgery						
01180	2	Anesth, pelvis nerve removal						
01190	2	Anesth, pelvis nerve removal						
01200	2	Anesth, hip joint procedure						
01202	2	Anesth, arthroscopy of hip						
01210	2	Anesth, hip joint surgery						
01212	2	Anesth, hip disarticulation						
01214	2	Anesth, replacement of hip						
01220	2	Anesth, procedure on femur						
01230	2	Anesth, surgery of femur						
01232	2	Anesth, amputation of femur						
01234	2	Anesth, radical femur surg						
01240	2	Anesth, upper leg skin surg						
01250	2	Anesth, upper leg surgery						
01260	2	Anesth, upper leg veins surg						
01270	2	Anesth, thigh arteries surg						
01272	2	Anesth, femoral artery surg						
01274	2	Anesth, femoral embolectomy						
01300	2	Anesth, skin surgery, knee						
01320	2	Anesth, knee area surgery						
01340	2	Anesth, knee area procedure						
01360	2	Anesth, knee area surgery						
01380	2	Anesth, knee joint procedure						
01382	2	Anesth, knee arthroscopy						
01390	2	Anesth, knee area procedure						
01392	2	Anesth, knee area surgery						
01400	2	Anesth, knee joint surgery						
01402	2	Anesth, replacement of knee						
01404	2	Anesth, amputation at knee						
01420	2	Anesth, knee joint casting						
01430	2	Anesth, knee veins surgery						
01432	2	Anesth, knee vessel surg						
01440	2	Anesth, knee arteries surg						
01442	2	Anesth, knee artery surg						
01444	2	Anesth, knee artery repair						
01460	2	Anesth, lower leg skin surg						
01462	2	Anesth, lower leg procedure						
01464	2	Anesth, ankle arthroscopy						
01470	2	Anesth, lower leg surgery						
01472	2	Anesth, achilles tendon surg						
01474	2	Anesth, lower leg surgery						
01480	2	Anesth, lower leg bone surg						
01482	2	Anesth, radical leg surgery						
01484	2	Anesth, lower leg revision						
01486	2	Anesth, ankle replacement						
01490	2	Anesth, lower leg casting						
01500	2	Anesth, leg arteries surg						
01502	2	Anesth, lowerleg embolectomy						
01520	2	Anesth, lower leg vein surg						
01522	2	Anesth, lower leg vein surg						
01600	2	Anesth, shoulder skin surg						
01610	2	Anesth, surgery of shoulder						
01620	2	Anesth, shoulder procedure						
01622	2	Anesth, shoulder arthroscopy						
01630	2	Anesth, surgery of shoulder						
01632	2	Anesth, surgery of shoulder						
01634	2	Anesth, shoulder joint amput						
01636	2	Anesth, forequarter amput						
01638	2	Anesth, shoulder replacement						
01650	2	Anesth, shoulder artery surg						
01652	2	Anesth, shoulder vessel surg						
01654	2	Anesth, shoulder vessel surg						
01656	2	Anesth, arm-leg vessel surg						
01670	2	Anesth, shoulder vein surg						
01680	2	Anesth, shoulder casting						
01682	2	Anesth, airplane cast						
01700	2	Anesth, elbow area skin surg						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
01710	2	Anesth, elbow area surgery						
01712	2	Anesth, upperarm tendon surg						
01714	2	Anesth, upperarm tendon surg						
01716	2	Anesth, biceps tendon repair						
01730	2	Anesth, upperarm procedure						
01732	2	Anesth, elbow arthroscopy						
01740	2	Anesth, upper arm surgery						
01742	2	Anesth, humerus surgery						
01744	2	Anesth, humerus repair						
01756	2	Anesth, radical humerus surg						
01758	2	Anesth, humeral lesion surg						
01760	2	Anesth, elbow replacement						
01770	2	Anesth, upperarm artery surg						
01772	2	Anesth, upperarm embolectomy						
01780	2	Anesth, upper arm vein surg						
01782	2	Anesth, upperarm vein repair						
01784	2	Anesth, av fistula repair						
01800	2	Anesth, lower arm skin surg						
01810	2	Anesth, lower arm surgery						
01820	2	Anesth, lower arm procedure						
01830	2	Anesth, lower arm surgery						
01832	2	Anesth, wrist replacement						
01840	2	Anesth, lowerarm artery surg						
01842	2	Anesth, lowerarm embolectomy						
01844	2	Anesth, vascular shunt surg						
01850	2	Anesth, lower arm vein surg						
01852	2	Anesth, lowerarm vein repair						
01860	2	Anesth, lower arm casting						
01900	2	Anesth, uterus/tube inject						
01902	2	Anesth, burr holes, skull						
01904	2	Anesth, skull x-ray inject						
01906	2	Anesth, lumbar myelography						
01908	2	Anesth, cervical myelography						
01910	2	Anesth, skull myelography						
01912	2	Anesth, lumbar discography						
01914	2	Anesth, cervical discography						
01916	2	Anesth, head arteriogram						
01918	2	Anesth, limb arteriogram						
01920	2	Anesth, catheterize heart						
01921	2	Anesth, vessel surgery						
01922	2	Anesth, cat or MRI scan						
01990	6	Support for organ donor						
01995	2	Regional anesthesia, limb						
01996	2	Manage daily drug therapy						
01999	3	Unlisted anesth procedure						
10040	5	Acne surgery of skin abscess						
10060	5	Drainage of skin abscess						
10061	5	Drainage of skin abscess						
10080	5	Drainage of pilonidal cyst						
10081	5	Drainage of pilonidal cyst						
10120	5	Remove foreign body						
10121	1	Remove foreign body			163	$449	0.89	Add.
10140	5	Drainage of hematoma/fluid						
10160	5	Puncture drainage of lesion						
10180	5	Complex drainage, wound	2	$422				Delete.
11000	5	Debride infected skin						
11001	5	Debride infect skin add						
11010	1	Debride skin, fx			163	$449	0.89	Add.
11011	1	Debride skin/muscle, fx			163	$449	0.89	Add.
11012	1	Debride skin/muscle/bone, fx			163	$449	0.89	Add.
11040	5	Debride skin partial						
11041	5	Debride skin full						
11042	5	Debride skin/tissue	2	$422				Delete.
11043	1	Debride tissue/muscle	2	$422	162	$187	0.37	
11044	1	Debride tissue/muscle/bone	2	$422	162	$187	0.37	
11055	5	Trim skin lesion						
11056	5	Trim 2 to 4 skin lesions						
11057	5	Trim over 4 skin lesions						
11100	5	Biopsy of skin lesion						
11101	5	Biopsy, each added lesion						
11200	5	Removal of skin tags						
11201	5	Removal of added skin tags						
11300	5	Shave skin lesion						
11301	5	Shave skin lesion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
11302	5	Shave skin lesion						
11303	5	Shave skin lesion						
11305	5	Shave skin lesion						
11306	5	Shave skin lesion						
11307	5	Shave skin lesion						
11308	5	Shave skin lesion						
11310	5	Shave skin lesion						
11311	5	Shave skin lesion						
11312	5	Shave skin lesion						
11313	5	Shave skin lesion						
11400	5	Removal of skin lesion						
11401	5	Removal of skin lesion						
11402	5	Removal of skin lesion						
11403	5	Removal of skin lesion						
11404	1	Removal of skin lesion	1	$314	162	$187	0.37	
11406	1	Removal of skin lesion	2	$422	163	$449	0.89	
11420	5	Removal of skin lesion						
11421	5	Removal of skin lesion						
11422	5	Removal of skin lesion						
11423	5	Removal of skin lesion						
11424	1	Removal of skin lesion	2	$422	162	$187	0.37	
11426	1	Removal of skin lesion	2	$422	163	$449	0.89	
11440	5	Removal of skin lesion						
11441	5	Removal of skin lesion						
11442	5	Removal of skin lesion						
11443	5	Removal of skin lesion						
11444	1	Removal of skin lesion	1	$314	162	$187	0.37	
11446	1	Removal of skin lesion	2	$422	163	$449	0.89	
11450	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11451	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11462	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11463	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11470	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11471	1	Removal, sweat gland lesion	2	$422	163	$449	0.89	
11600	5	Removal of skin lesion						
11601	5	Removal of skin lesion						
11602	5	Removal of skin lesion						
11603	5	Removal of skin lesion						
11604	1	Removal of skin lesion	2	$422	162	$187	0.37	
11606	1	Removal of skin lesion	2	$422	163	$449	0.89	
11620	5	Removal of skin lesion						
11621	5	Removal of skin lesion						
11622	5	Removal of skin lesion						
11623	5	Removal of skin lesion						
11624	1	Removal of skin lesion	2	$422	163	$449	0.89	
11626	1	Removal of skin lesion	2	$422	163	$449	0.89	
11640	5	Removal of skin lesion						
11641	5	Removal of skin lesion						
11642	5	Removal of skin lesion						
11643	5	Removal of skin lesion						
11644	1	Removal of skin lesion	2	$422	163	$449	0.89	
11646	1	Removal of skin lesion	2	$422	163	$449	0.89	
11719	5	Trim nail(s)						
11720	5	Debride nail, 1-5						
11721	5	Debride nail, 6 or more						
11730	5	Removal of nail plate						
11731	5	Removal of second nail plate						
11732	5	Remove additional nail plate						
11740	5	Drain blood from under nail						
11750	5	Removal of nail bed						
11752	1	Remove nail bed/finger tip			163	$449	0.89	Add.
11755	5	Biopsy, nail unit						
11760	1	Reconstruction of nail bed			181	$150	0.30	Add.
11762	1	Reconstruction of nail bed			181	$150	0.30	Add.
11765	5	Excision of nail fold, toe						
11770	1	Removal of pilonidal lesion	3	$482	162	$187	0.37	
11771	1	Removal of pilonidal lesion	3	$482	163	$449	0.89	
11772	1	Removal of pilonidal lesion	3	$482	163	$449	0.89	
11900	5	Injection into skin lesions						
11901	5	Add.ed skin lesions injection						
11920	7	Correct skin color defects			181	$150	0.30	Add.
11921	7	Correct skin color defects			181	$150	0.30	Add.
11922	7	Correct skin color defects			181	$150	0.30	Add.
11950	7	Therapy for contour defects			181	$150	0.30	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
11951	7	Therapy for contour defects			181	$150	0.30	Add.
11952	7	Therapy for contour defects			181	$150	0.30	Add.
11954	7	Therapy for contour defects			181	$150	0.30	Add.
11960	1	Insert tissue expander(s)	2	$422	183	$465	0.92	
11970	1	Replace tissue expander	3	$482	183	$465	0.92	
11971	1	Remove tissue expander(s)	1	$314	163	$449	0.89	
11975	9	Insert contraceptive cap						
11976	5	Removal of contraceptive cap						
11977	9	Removal/reinsert contra cap						
12001	1	Repair superficial wound(s)			181	$150	0.30	Add.
12002	1	Repair superficial wound(s)			181	$150	0.30	Add.
12004	1	Repair superficial wound(s)			181	$150	0.30	Add.
12005	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12006	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12007	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12011	1	Repair superficial wound(s)			181	$150	0.30	Add.
12013	1	Repair superficial wound(s)			181	$150	0.30	Add.
12014	1	Repair superficial wound(s)			181	$150	0.30	Add.
12015	1	Repair superficial wound(s)			181	$150	0.30	Add.
12016	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12017	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12018	1	Repair superficial wound(s)	2	$422	181	$150	0.30	
12020	1	Closure of split wound	1	$314	181	$150	0.30	
12021	1	Closure of split wound	1	$314	181	$150	0.30	
12031	1	Layer closure of wound(s)			181	$150	0.30	Add.
12032	1	Layer closure of wound(s)			181	$150	0.30	Add.
12034	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12035	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12036	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12037	1	Layer closure of wound(s)	2	$422	183	$465	0.92	
12041	1	Layer closure of wound(s)			181	$150	0.30	Add.
12042	1	Layer closure of wound(s)			181	$150	0.30	Add.
12044	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12045	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12046	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12047	1	Layer closure of wound(s)	2	$422	183	$465	0.92	
12051	1	Layer closure of wound(s)			181	$150	0.30	Add.
12052	1	Layer closure of wound(s)			181	$150	0.30	Add.
12053	1	Layer closure of wound(s)			181	$150	0.30	Add.
12054	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12055	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12056	1	Layer closure of wound(s)	2	$422	181	$150	0.30	
12057	1	Layer closure of wound(s)	2	$422	183	$465	0.92	
13100	1	Repair of wound or lesion	2	$422	182	$383	0.76	
13101	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13120	1	Repair of wound or lesion	2	$422	182	$383	0.76	
13121	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13131	1	Repair of wound or lesion	2	$422	182	$383	0.76	
13132	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13150	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13151	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13152	1	Repair of wound or lesion	3	$482	182	$383	0.76	
13160	1	Late closure of wound	2	$422	182	$383	0.76	
13300	1	Repair of wound or lesion	4	$595	182	$383	0.76	
14000	1	Skin tissue rearrangement	2	$422	183	$465	0.92	
14001	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14020	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14021	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14040	1	Skin tissue rearrangement	2	$422	183	$465	0.92	
14041	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14060	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14061	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
14300	1	Skin tissue rearrangement	4	$595	183	$465	0.92	
14350	1	Skin tissue rearrangement	3	$482	183	$465	0.92	
15000	1	Skin graft procedure	2	$422	183	$465	0.92	
15050	1	Skin pinch graft procedure	2	$422	183	$465	0.92	
15100	1	Skin split graft procedure	2	$422	183	$465	0.92	
15101	1	Skin split graft procedure	3	$482	183	$465	0.92	
15120	1	Skin split graft procedure	2	$422	183	$465	0.92	
15121	1	Skin split graft procedure	3	$482	183	$465	0.92	
15200	1	Skin full graft procedure	3	$482	183	$465	0.92	
15201	1	Skin full graft procedure	2	$422	183	$465	0.92	
15220	1	Skin full graft procedure	2	$422	183	$465	0.92	
15221	1	Skin full graft procedure	2	$422	183	$465	0.92	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
15240	1	Skin full graft procedure	3	$482	183	$465	0.92	
15241	1	Skin full graft procedure	3	$482	183	$465	0.92	
15260	1	Skin full graft procedure	2	$422	183	$465	0.92	
15261	1	Skin full graft procedure	2	$422	183	$465	0.92	
15350	1	Skin homograft procedure	2	$422	183	$465	0.92	
15400	1	Skin heterograft procedure	2	$422	183	$465	0.92	
15570	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15572	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15574	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15576	1	Form skin pedicle flap	3	$482	183	$465	0.92	
15580	1	Attach skin pedicle graft	3	$482	183	$465	0.92	
15600	1	Skin graft procedure	3	$482	183	$465	0.92	
15610	1	Skin graft procedure	3	$482	183	$465	0.92	
15620	1	Skin graft procedure	4	$595	183	$465	0.92	
15625	1	Skin graft procedure	3	$482	183	$465	0.92	
15630	1	Skin graft procedure	3	$482	183	$465	0.92	
15650	1	Transfer skin pedicle flap	5	$678	183	$465	0.92	
15732	1	Muscle-skin graft, head/neck	3	$482	184	$565	1.12	
15734	1	Muscle-skin graft, trunk	3	$482	184	$565	1.12	
15736	1	Muscle-skin graft, arm	3	$482	184	$565	1.12	
15738	1	Muscle-skin graft, leg	3	$482	184	$565	1.12	
15740	1	Island pedicle flap graft	2	$422	184	$565	1.12	
15750	1	Neurovascular pedicle graft	2	$422	184	$565	1.12	
15756	3	Free muscle flap, microvasc	3	$482				Delete.
15757	3	Free skin flap, microvasc	3	$482				Delete.
15758	3	Free fascial flap, microvasc	3	$482				Delete.
15760	1	Composite skin graft	2	$422	184	$565	1.12	
15770	1	Derma-fat-fascia graft	3	$482	184	$565	1.12	
15775	7	Hair transplant punch grafts			183	$465	0.92	Add.
15776	7	Hair transplant punch grafts			183	$465	0.92	Add.
15780	1	Abrasion treatment of skin			163	$449	0.89	Add.
15781	1	Abrasion treatment of skin			163	$449	0.89	Add.
15782	1	Abrasion treatment of skin			163	$449	0.89	Add.
15783	5	Abrasion treatment of skin						
15786	5	Abrasion treatment of lesion						
15787	5	Abrasion, added skin lesions						
15788	5	Chemical peel, face, epiderm						
15789	5	Chemical peel, face, dermal						
15792	5	Chemical peel, nonfacial						
15793	5	Chemical peel, nonfacial						
15810	5	Salabrasion						
15811	1	Salabrasion			163	$449	0.89	Add.
15819	1	Plastic surgery, neck			183	$465	0.92	Add.
15820	1	Revision of lower eyelid			183	$465	0.92	Add.
15821	1	Revision of lower eyelid			183	$465	0.92	Add.
15822	1	Revision of upper eyelid			183	$465	0.92	Add.
15823	1	Revision of upper eyelid			183	$465	0.92	Add.
15824	7	Removal of forehead wrinkles			184	$565	1.12	Add.
15825	7	Removal of neck wrinkles			183	$465	0.92	Add.
15826	7	Removal of brow wrinkles			184	$565	1.12	Add.
15828	7	Removal of face wrinkles			184	$565	1.12	Add.
15829	7	Removal of skin wrinkles			183	$465	0.92	Add.
15831	1	Excise excessive skin tissue			184	$565	1.12	Add.
15832	1	Excise excessive skin tissue			184	$565	1.12	Add.
15833	1	Excise excessive skin tissue			184	$565	1.12	Add.
15834	1	Excise excessive skin tissue			184	$565	1.12	Add.
15835	1	Excise excessive skin tissue			183	$465	0.92	Add.
15836	1	Excise excessive skin tissue			184	$565	1.12	Add.
15837	1	Excise excessive skin tissue			184	$565	1.12	Add.
15838	1	Excise excessive skin tissue			163	$449	0.89	Add.
15839	1	Excise excessive skin tissue			184	$565	1.12	Add.
15840	1	Graft for face nerve palsy	4	$595	184	$565	1.12	
15841	1	Graft for face nerve palsy	4	$595	184	$565	1.12	
15842	1	Graft for face nerve palsy	4	$595	184	$565	1.12	
15845	1	Skin and muscle repair, face	4	$595	184	$565	1.12	
15850	5	Removal of sutures						
15851	5	Removal of sutures						
15852	5	Dressing change,not for burn						
15860	1	Test for blood flow in graft			181	$150	0.30	Add.
15876	7	Suction assisted lipectomy			184	$565	1.12	Add.
15877	7	Suction assisted lipectomy			184	$565	1.12	Add.
15878	7	Suction assisted lipectomy			184	$565	1.12	Add.
15879	7	Suction assisted lipectomy			184	$565	1.12	Add.
15920	1	Removal of tail bone ulcer	3	$482	163	$449	0.89	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
15922	1	Removal of tail bone ulcer	4	$595	184	$565	1.12	
15931	1	Remove sacrum pressure sore	3	$482	163	$449	0.89	
15933	1	Remove sacrum pressure sore	3	$482	163	$449	0.89	
15934	1	Remove sacrum pressure sore	3	$482	184	$565	1.12	
15935	1	Remove sacrum pressure sore	4	$595	184	$565	1.12	
15936	1	Remove sacrum pressure sore	4	$595	184	$565	1.12	
15937	1	Remove sacrum pressure sore	4	$595	184	$565	1.12	
15940	1	Removal of pressure sore	3	$482	163	$449	0.89	
15941	1	Removal of pressure sore	3	$482	163	$449	0.89	
15944	1	Removal of pressure sore	3	$482	184	$565	1.12	
15945	1	Removal of pressure sore	4	$595	184	$565	1.12	
15946	1	Removal of pressure sore	4	$595	184	$565	1.12	
15950	1	Remove thigh pressure sore	3	$482	163	$449	0.89	
15951	1	Remove thigh pressure sore	4	$595	163	$449	0.89	
15952	1	Remove thigh pressure sore	3	$482	184	$565	1.12	
15953	1	Remove thigh pressure sore	4	$595	184	$565	1.12	
15956	1	Remove thigh pressure sore	3	$482	184	$565	1.12	
15958	1	Remove thigh pressure sore	4	$595	184	$565	1.12	
15999	3	Removal of pressure sore						
16000	5	Initial treatment of burn(s)						
16010	1	Treatment of burn(s)			152	$213	0.42	Add.
16015	1	Treatment of burn(s)	2	$422	152	$213	0.42	
16020	5	Treatment of burn(s)						
16025	5	Treatment of burn(s)						
16030	5	Treatment of burn(s)	1	$314				Delete.
16035	1	Incision of burn scab	2	$422	162	$187	0.37	
16040	1	Burn wound excision			162	$187	0.37	Add.
16041	1	Burn wound excision			162	$187	0.37	Add.
16042	1	Burn wound excision			162	$187	0.37	Add.
17000	5	Destroy benign/premal lesion						
17003	5	Destroy 2-14 lesions						
17004	5	Destroy 15 & more lesions						
17106	1	Destruction of skin lesions			152	$213	0.42	Add.
17107	1	Destruction of skin lesions			152	$213	0.42	Add.
17108	1	Destruction of skin lesions			152	$213	0.42	Add.
17110	5	Destruct lesion, 1-14						
17111	5	Destruct lesion, 15 or more						
17250	5	Chemical cautery, tissue						
17260	5	Destruction of skin lesions						
17261	5	Destruction of skin lesions						
17262	5	Destruction of skin lesions						
17263	5	Destruction of skin lesions						
17264	5	Destruction of skin lesions						
17266	5	Destruction of skin lesions						
17270	5	Destruction of skin lesions						
17271	5	Destruction of skin lesions						
17272	5	Destruction of skin lesions						
17273	5	Destruction of skin lesions						
17274	5	Destruction of skin lesions						
17276	5	Destruction of skin lesions						
17280	5	Destruction of skin lesions						
17281	5	Destruction of skin lesions						
17282	5	Destruction of skin lesions						
17283	5	Destruction of skin lesions						
17284	5	Destruction of skin lesions						
17286	5	Destruction of skin lesions						
17304	1	Chemosurgery of skin lesion			162	$187	0.37	Add.
17305	1	2nd stage chemosurgery			162	$187	0.37	Add.
17306	1	3rd stage chemosurgery			162	$187	0.37	Add.
17307	1	Followup skin lesion therapy			162	$187	0.37	Add.
17310	1	Extensive skin chemosurgery			162	$187	0.37	Add.
17340	5	Cryotherapy of skin						
17360	5	Skin peel therapy						
17380	5	Hair removal by electrolysis						
17999	3	Skin tissue procedure						
19000	5	Drainage of breast lesion						
19001	5	Drain added breast lesion						
19020	1	Incision of breast lesion	2	$422	132	$162	0.32	
19030	2	Injection for breast x-ray						
19100	1	Biopsy of breast	1	$314	122	$186	0.37	
19101	1	Biopsy of breast	2	$422	197	$411	0.81	
19110	1	Nipple exploration	2	$422	197	$411	0.81	
19112	1	Excise breast duct fistula	3	$482	197	$411	0.81	
19120	1	Removal of breast lesion	3	$482	197	$411	0.81	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
19125	1	Excision, breast lesion	3	$482	197	$411	0.81	
19126	1	Excision, add'l breast lesion	3	$482	197	$411	0.81	
19140	1	Removal of breast tissue	4	$595	197	$411	0.81	
19160	1	Removal of breast tissue	3	$482	198	$596	1.18	
19162	1	Remove breast tissue, nodes	7	$941	198	$596	1.18	
19180	1	Removal of breast	4	$595	198	$596	1.18	
19182	1	Removal of breast	4	$595	198	$596	1.18	
19200	3	Removal of breast						
19220	3	Removal of breast						
19240	3	Removal of breast						
19260	3	Removal of chest wall lesion	5	$678				Delete.
19271	3	Revision of chest wall						
19272	3	Extensive chest wall surgery						
19290	1	Place needle wire, breast	1	$314	197	$411	0.81	
19291	1	Place needle wire, breast	1	$314	197	$411	0.81	
19316	1	Suspension of breast			198	$596	1.18	Add.
19318	1	Reduction of large breast	4	$595	198	$596	1.18	
19324	1	Enlarge breast			198	$596	1.18	Add.
19325	1	Enlarge breast with implant			198	$596	1.18	Add.
19328	1	Removal of breast implant	1	$314	198	$596	1.18	
19330	1	Removal of implant material	1	$314	198	$596	1.18	
19340	1	Immediate breast prosthesis	2	$422	198	$596	1.18	
19342	1	Delayed breast prosthesis	3	$482	198	$596	1.18	
19350	1	Breast reconstruction	4	$595	198	$596	1.18	
19355	1	Correct inverted nipple(s)			198	$596	1.18	Add.
19357	1	Breast reconstruction	5	$678	198	$596	1.18	
19361	3	Breast reconstruction						
19364	3	Breast reconstruction	5	$678				Delete.
19366	1	Breast reconstruction	5	$678	198	$596	1.18	
19367	3	Breast reconstruction						
19368	3	Breast reconstruction						
19369	3	Breast reconstruction						
19370	1	Surgery of breast capsule	4	$595	198	$596	1.18	
19371	1	Removal of breast capsule	4	$595	198	$596	1.18	
19380	1	Revise breast reconstruction	5	$678	198	$596	1.18	
19396	1	Design custom breast implant			197	$411	0.81	Add.
19499	3	Breast surgery procedure						
20000	5	Incision of abscess						
20005	1	Incision of deep abscess	2	$422	251	$504	1.00	
20100	3	Explore wound, neck						
20101	3	Explore wound, chest						
20102	3	Explore wound, abdomen						
20103	3	Explore wound, extremity						
20150	3	Excise epiphyseal bar						
20200	1	Muscle biopsy	2	$422	162	$187	0.37	
20205	1	Deep muscle biopsy	3	$482	162	$187	0.37	
20206	1	Needle biopsy, muscle	1	$314	122	$186	0.37	
20220	1	Bone biopsy, trocar/needle	1	$314	162	$187	0.37	
20225	1	Bone biopsy, trocar/needle	2	$422	162	$187	0.37	
20240	1	Bone biopsy, excisional	2	$422	163	$449	0.89	
20245	1	Bone biopsy, excisional	3	$482	163	$449	0.89	
20250	1	Open bone biopsy	3	$482	251	$504	1.00	
20251	1	Open bone biopsy	3	$482	251	$504	1.00	
20500	1	Injection of sinus tract			181	$150	0.30	Add.
20501	2	Inject sinus tract for x-ray						
20520	5	Removal of foreign body						
20525	1	Removal of foreign body	3	$482	163	$449	0.89	
20550	5	Inj tendon/ligament/cyst						
20600	5	Drain/inject joint/bursa						
20605	5	Drain/inject joint/bursa						
20610	5	Drain/inject joint/bursa						
20615	5	Treatment of bone cyst						
20650	1	Insert and remove bone pin	3	$482	251	$504	1.00	
20660	3	Apply, remove fixation device	2	$422				Delete.
20661	3	Application of head brace	3	$482				Delete.
20662	3	Application of pelvis brace	3	$482				Delete.
20663	3	Application of thigh brace	3	$482				Delete.
20664	3	Halo brace application						
20665	5	Removal of fixation device	1	$314				Delete.
20670	1	Removal of support implant	1	$314	162	$187	0.37	
20680	1	Removal of support implant	3	$482	163	$449	0.89	
20690	1	Apply bone fixation device	2	$422	252	$574	1.14	
20692	1	Apply bone fixation device			252	$574	1.14	Add.
20693	1	Adjust bone fixation device			251	$504	1.00	Add.

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
20694	1	Remove bone fixation device	1	$314	251	$504	1.00	
20802	3	Replantation, arm, complete						
20805	3	Replant forearm, complete						
20808	3	Replantation, hand, complete						
20816	3	Replantation digit, complete						
20822	3	Replantation digit, complete						
20824	3	Replantation thumb, complete						
20827	3	Replantation thumb, complete						
20838	3	Replantation, foot, complete						
20900	1	Removal of bone for graft	3	$482	252	$574	1.14	
20902	1	Removal of bone for graft	4	$595	252	$574	1.14	
20910	1	Remove cartilage for graft	3	$482	183	$465	0.92	
20912	1	Remove cartilage for graft	3	$482	183	$465	0.92	
20920	1	Removal of fascia for graft	4	$595	183	$465	0.92	
20922	1	Removal of fascia for graft	3	$482	183	$465	0.92	
20924	1	Removal of tendon for graft	4	$595	252	$574	1.14	
20926	1	Removal of tissue for graft	4	$595	183	$465	0.92	
20930	3	Spinal bone allograft						
20931	3	Spinal bone allograft						
20936	3	Spinal bone autograft						
20937	3	Spinal bone autograft						
20938	3	Spinal bone autograft						
20950	1	Record fluid pressure,muscle			132	$162	0.32	Add.
20955	3	Fibula bone graft, microvasc	4	$595				Delete.
20956	3	Iliac bone graft, microvasc						
20957	3	Mt bone graft, microvasc						
20962	3	Other bone graft, microvasc	4	$595				Delete.
20969	3	Bone/skin graft, microvasc	4	$595				Delete.
20970	3	Bone/skin graft, iliac crest	4	$595				Delete.
20972	3	Bone-skin graft, metatarsal	4	$595				Delete.
20973	3	Bone-skin graft, great toe	4	$595				Delete.
20974	6	Electrical bone stimulation						
20975	1	Electrical bone stimulation	2	$422	251	$504	1.00	
20999	3	Musculoskeletal surgery						
21010	1	Incision of jaw joint	2	$422	232	$814	1.62	
21015	1	Resection of facial tumor			231	$437	0.87	Add.
21025	1	Excision of bone, lower jaw	2	$422	231	$437	0.87	
21026	1	Excision of facial bone(s)	2	$422	231	$437	0.87	
21029	1	Contour of face bone lesion			231	$437	0.87	Add.
21030	1	Removal of face bone lesion			231	$437	0.87	Add.
21031	1	Remove exostosis, mandible			231	$437	0.87	Add.
21032	1	Remove exostosis, maxilla			231	$437	0.87	Add.
21034	1	Removal of face bone lesion	3	$482	232	$814	1.62	
21040	1	Removal of jaw bone lesion	2	$422	231	$437	0.87	
21041	1	Removal of jaw bone lesion	2	$422	231	$437	0.87	
21044	1	Removal of jaw bone lesion	2	$422	232	$814	1.62	
21045	3	Extensive jaw surgery						
21050	1	Removal of jaw joint	3	$482	232	$814	1.62	
21060	1	Remove jaw joint cartilage	2	$422	232	$814	1.62	
21070	1	Remove coronoid process	3	$482	232	$814	1.62	
21076	6	Prepare face/oral prosthesis						
21077	6	Prepare face/oral prosthesis						
21079	6	Prepare face/oral prosthesis						
21080	6	Prepare face/oral prosthesis						
21081	6	Prepare face/oral prosthesis						
21082	6	Prepare face/oral prosthesis						
21083	6	Prepare face/oral prosthesis						
21084	6	Prepare face/oral prosthesis						
21085	6	Prepare face/oral prosthesis						
21086	6	Prepare face/oral prosthesis						
21087	6	Prepare face/oral prosthesis						
21088	6	Prepare face/oral prosthesis						
21089	3	Prepare face/oral prosthesis						
21100	1	Maxillofacial fixation	2	$422	231	$437	0.87	
21110	1	Interdental fixation			231	$437	0.87	Add.
21116	2	Injection, jaw joint x-ray						
21120	1	Reconstruction of chin			231	$437	0.87	Add.
21121	1	Reconstruction of chin			232	$814	1.62	Add.
21122	1	Reconstruction of chin			232	$814	1.62	Add.
21123	1	Reconstruction of chin			232	$814	1.62	Add.
21125	1	Augmentation lower jaw bone			231	$437	0.87	Add.
21127	1	Augmentation lower jaw bone			232	$814	1.62	Add.
21137	3	Reduction of forehead						
21138	3	Reduction of forehead						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
21139	3	Reduction of forehead						
21141	3	Reconstruct midface, lefort						
21142	3	Reconstruct midface, lefort						
21143	3	Reconstruct midface, lefort						
21145	3	Reconstruct midface, lefort						
21146	3	Reconstruct midface, lefort						
21147	3	Reconstruct midface, lefort						
21150	3	Reconstruct midface, lefort						
21151	3	Reconstruct midface, lefort						
21154	3	Reconstruct midface, lefort						
21155	3	Reconstruct midface, lefort						
21159	3	Reconstruct midface, lefort						
21160	3	Reconstruct midface, lefort						
21172	3	Reconstruct orbit/forehead						
21175	3	Reconstruct orbit/forehead						
21179	3	Reconstruct entire forehead						
21180	3	Reconstruct entire forehead						
21181	1	Contour cranial bone lesion			232	$814	1.62	Add.
21182	3	Reconstruct cranial bone						
21183	3	Reconstruct cranial bone						
21184	3	Reconstruct cranial bone						
21188	3	Reconstruction of midface						
21193	3	Reconstruct lower jaw bone						
21194	3	Reconstruct lower jaw bone						
21195	3	Reconstruct lower jaw bone						
21196	3	Reconstruct lower jaw bone						
21198	3	Reconstruct lower jaw bone						
21206	1	Reconstruct upper jaw bone	5	$678	232	$814	1.62	
21208	1	Augmentation of facial bones	7	$941	232	$814	1.62	
21209	1	Reduction of facial bones	5	$678	232	$814	1.62	
21210	1	Face bone graft	7	$941	232	$814	1.62	
21215	1	Lower jaw bone graft	7	$941	232	$814	1.62	
21230	1	Rib cartilage graft	7	$941	232	$814	1.62	
21235	1	Ear cartilage graft	7	$941	232	$814	1.62	
21240	1	Reconstruction of jaw joint	4	$595	232	$814	1.62	
21242	1	Reconstruction of jaw joint	5	$678	232	$814	1.62	
21243	1	Reconstruction of jaw joint	5	$678	218	$730	1.45	
21244	1	Reconstruction of lower jaw	7	$941	232	$814	1.62	
21245	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21246	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21247	3	Reconstruct lower jaw bone						
21248	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21249	1	Reconstruction of jaw	7	$941	232	$814	1.62	
21255	3	Reconstruct lower jaw bone						
21256	3	Reconstruction of orbit						
21260	1	Revise eye sockets			232	$814	1.62	Add.
21261	3	Revise eye sockets						
21263	3	Revise eye sockets						
21267	1	Revise eye sockets	7	$941	232	$814	1.62	
21268	3	Revise eye sockets						
21270	1	Augmentation cheek bone	5	$678	232	$814	1.62	
21275	1	Revision orbitofacial bones	7	$941	232	$814	1.62	
21280	1	Revision of eyelid	5	$678	231	$437	0.87	
21282	1	Revision of eyelid	5	$678	231	$437	0.87	
21295	1	Revision of jaw muscle/bone			231	$437	0.87	Add.
21296	1	Revision of jaw muscle/bone			231	$437	0.87	Add.
21299	3	Cranio/maxillofacial surgery						
21300	1	Treatment of skull fracture	2	$422	231	$437	0.87	
21310	1	Treatment of nose fracture	2	$422	231	$437	0.87	
21315	1	Treatment of nose fracture	2	$422	231	$437	0.87	
21320	1	Treatment of nose fracture	2	$422	231	$437	0.87	
21325	1	Repair of nose fracture	4	$595	231	$437	0.87	
21330	1	Repair of nose fracture	5	$678	232	$814	1.62	
21335	1	Repair of nose fracture	7	$941	232	$814	1.62	
21336	1	Repair nasal septal fracture			216	$580	1.15	Add.
21337	1	Repair nasal septal fracture	2	$422	231	$437	0.87	
21338	1	Repair nasoethmoid fracture	4	$595	232	$814	1.62	
21339	1	Repair nasoethmoid fracture	5	$678	232	$814	1.62	
21340	1	Repair of nose fracture	4	$595	232	$814	1.62	
21343	1	Repair of sinus fracture	5	$678	232	$814	1.62	
21344	3	Repair of sinus fracture						
21345	1	Repair of nose/jaw fracture			232	$814	1.62	Add.
21346	3	Repair of nose/jaw fracture						
21347	3	Repair of nose/jaw fracture						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
21348	3	Repair of nose/jaw fracture						
21355	1	Repair cheek bone fracture	3	$482	231	$437	0.87	
21356	3	Repair cheek bone fracture						
21360	3	Repair cheek bone fracture	4	$595				Delete.
21365	3	Repair cheek bone fracture	5	$678				Delete.
21366	3	Repair cheek bone fracture						
21385	3	Repair eye socket fracture	5	$678				Delete.
21386	3	Repair eye socket fracture	5	$678				Delete.
21387	3	Repair eye socket fracture	5	$678				Delete.
21390	3	Repair eye socket fracture	7	$941				Delete.
21395	3	Repair eye socket fracture	7	$941				Delete.
21400	1	Treat eye socket fracture	2	$422	231	$437	0.87	
21401	1	Repair eye socket fracture	3	$482	231	$437	0.87	
21406	3	Repair eye socket fracture	4	$595				Delete.
21407	3	Repair eye socket fracture	5	$678				Delete.
21408	3	Repair eye socket fracture						
21421	1	Treat mouth roof fracture	4	$595	232	$814	1.62	
21422	3	Repair mouth roof fracture	5	$678				Delete.
21423	3	Repair mouth roof fracture						
21431	3	Treat craniofacial fracture						
21432	3	Repair craniofacial fracture						
21433	3	Repair craniofacial fracture						
21435	3	Repair craniofacial fracture						
21436	3	Repair craniofacial fracture						
21440	1	Repair dental ridge fracture	3	$482	231	$437	0.87	
21445	1	Repair dental ridge fracture	4	$595	232	$814	1.62	
21450	1	Treat lower jaw fracture	3	$482	232	$814	1.62	
21451	1	Treat lower jaw fracture	4	$595	231	$437	0.87	
21452	1	Treat lower jaw fracture	2	$422	232	$814	1.62	
21453	1	Treat lower jaw fracture	3	$482	232	$814	1.62	
21454	1	Treat lower jaw fracture	5	$678	232	$814	1.62	
21461	1	Repair lower jaw fracture	4	$595	232	$814	1.62	
21462	1	Repair lower jaw fracture	5	$678	232	$814	1.62	
21465	1	Repair lower jaw fracture	4	$595	232	$814	1.62	
21470	3	Repair lower jaw fracture	5	$678				Delete.
21480	1	Reset dislocated jaw	1	$314	231	$437	0.87	
21485	1	Reset dislocated jaw	2	$422	231	$437	0.87	
21490	1	Repair dislocated jaw	3	$482	232	$814	1.62	
21493	1	Treat hyoid bone fracture	3	$482	231	$437	0.87	
21494	1	Repair hyoid bone fracture	4	$595	231	$437	0.87	
21495	3	Repair hyoid bone fracture	4	$595				Delete.
21497	1	Interdental wiring	2	$422	231	$437	0.87	
21499	3	Head surgery procedure						
21501	1	Drain neck/chest lesion	2	$422	132	$162	0.32	
21502	1	Drain chest lesion	2	$422	252	$574	1.14	
21510	3	Drainage of bone lesion	3	$482				Delete.
21550	5	Biopsy of neck/chest	1	$314				Delete.
21555	1	Remove lesion neck/chest	2	$422	163	$449	0.89	
21556	1	Remove lesion neck/chest	2	$422	163	$449	0.89	
21557	3	Remove tumor, neck or chest						
21600	1	Partial removal of rib	2	$422	252	$574	1.14	
21610	1	Partial removal of rib	2	$422	252	$574	1.14	
21615	3	Removal of rib						
21616	3	Removal of rib and nerves						
21620	3	Partial removal of sternum	2	$422				Delete.
21627	3	Sternal debridement						
21630	3	Extensive sternum surgery						
21632	3	Extensive sternum surgery						
21700	1	Revision of neck muscle	2	$422	132	$162	0.32	
21705	3	Revision of neck muscle/rib						
21720	1	Revision of neck muscle	3	$482	132	$162	0.32	
21725	1	Revision of neck muscle	3	$482	132	$162	0.32	
21740	3	Reconstruction of sternum						
21750	3	Repair of sternum separation						
21800	1	Treatment of rib fracture	1	$314	207	$53	0.11	
21805	1	Treatment of rib fracture	2	$422	216	$580	1.15	
21810	3	Treatment of rib fracture(s)	2	$422				Delete.
21820	1	Treat sternum fracture	1	$314	207	$53	0.11	
21825	3	Repair sternum fracture						
21899	3	Neck/chest surgery procedure						
21920	5	Biopsy soft tissue of back	1	$314				Delete.
21925	1	Biopsy soft tissue of back	2	$422	163	$449	0.89	
21930	1	Remove lesion, back or flank	2	$422	163	$449	0.89	
21935	1	Remove tumor of back	3	$482	163	$449	0.89	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
22100	3	Remove part of neck vertebra	3	$482				Delete.
22101	3	Remove part, thorax vertebra	3	$482				Delete.
22102	3	Remove part, lumbar vertebra	3	$482				Delete.
22103	3	Remove extra spine segment	3	$482				Delete.
22110	3	Remove part of neck vertebra						
22112	3	Remove part, thorax vertebra						
22114	3	Remove part, lumbar vertebra						
22116	3	Remove extra spine segment						
22210	3	Revision of neck spine						
22212	3	Revision of thorax spine						
22214	3	Revision of lumbar spine						
22216	3	Revise, extra spine segment						
22220	3	Revision of neck spine						
22222	3	Revision of thorax spine						
22224	3	Revision of lumbar spine						
22226	3	Revise, extra spine segment						
22305	1	Treat spine process fracture	1	$314	207	$53	0.11	
22310	1	Treat spine fracture	1	$314	207	$53	0.11	
22315	1	Treat spine fracture	2	$422	207	$53	0.11	
22325	3	Repair of spine fracture	3	$482				Delete.
22326	3	Repair neck spine fracture	3	$482				Delete.
22327	3	Repair thorax spine fracture	3	$482				Delete.
22328	3	Repair each add spine fx	3	$482				Delete.
22505	1	Manipulation of spine	2	$422	210	$397	0.79	
22548	3	Neck spine fusion						
22554	3	Neck spine fusion						
22556	3	Thorax spine fusion						
22558	3	Lumbar spine fusion						
22585	3	Add.itional spinal fusion						
22590	3	Spine & skull spinal fusion						
22595	3	Neck spinal fusion						
22600	3	Neck spine fusion						
22610	3	Thorax spine fusion						
22612	3	Lumbar spine fusion						
22614	3	Spine fusion, extra segment						
22630	3	Lumbar spine fusion						
22632	3	Spine fusion, extra segment						
22800	3	Fusion of spine						
22802	3	Fusion of spine						
22804	3	Fusion of spine						
22808	3	Fusion of spine						
22810	3	Fusion of spine						
22812	3	Fusion of spine						
22818	3	Kyphectomy, 1-2 segments						
22819	3	Kyphectomy, 3 & more segment						
22830	3	Exploration of spinal fusion						
22840	3	Insert spine fixation device						
22841	3	Insert spine fixation device						
22842	3	Insert spine fixation device						
22843	3	Insert spine fixation device						
22844	3	Insert spine fixation device						
22845	3	Insert spine fixation device						
22846	3	Insert spine fixation device						
22847	3	Insert spine fixation device						
22848	3	Insert pelvic fixationdevice						
22849	3	Reinsert spinal fixation						
22850	3	Remove spine fixation device						
22851	3	Apply spine prosth device						
22852	3	Remove spine fixation device						
22855	3	Remove spine fixation device						
22899	3	Spine surgery procedure						
22900	1	Remove abdominal wall lesion	4	$595	163	$449	0.89	
22999	3	Abdomen surgery procedure						
23000	1	Removal of calcium deposits	2	$422	162	$187	0.37	
23020	1	Release shoulder joint	2	$422	253	$775	1.54	
23030	1	Drain shoulder lesion	1	$314	132	$162	0.32	
23031	1	Drain shoulder bursa			132	$162	0.32	Add.
23035	3	Drain shoulder bone lesion	3	$482				Delete.
23040	1	Exploratory shoulder surgery	3	$482	252	$574	1.14	
23044	1	Exploratory shoulder surgery	4	$595	252	$574	1.14	
23065	5	Biopsy shoulder tissues	1	$314				Delete.
23066	1	Biopsy shoulder tissues	2	$422	163	$449	0.89	
23075	1	Removal of shoulder lesion	2	$422	162	$187	0.37	
23076	1	Removal of shoulder lesion	2	$422	163	$449	0.89	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
23077	1	Remove tumor of shoulder	3	$482	163	$449	0.89	
23100	1	Biopsy of shoulder joint	2	$422	251	$504	1.00	
23101	1	Shoulder joint surgery	7	$941	252	$574	1.14	
23105	1	Remove shoulder joint lining	4	$595	252	$574	1.14	
23106	1	Incision of collarbone joint	4	$595	252	$574	1.14	
23107	1	Explore, treat shoulder joint	4	$595	252	$574	1.14	
23120	1	Partial removal, collar bone	5	$678	253	$775	1.54	
23125	3	Removal of collarbone	5	$678				Delete.
23130	1	Partial removal,shoulderbone	5	$678	253	$775	1.54	
23140	1	Removal of bone lesion	4	$595	251	$504	1.00	
23145	1	Removal of bone lesion	5	$678	252	$574	1.14	
23146	1	Removal of bone lesion	5	$678	252	$574	1.14	
23150	1	Removal of humerus lesion	4	$595	252	$574	1.14	
23155	1	Removal of humerus lesion	5	$678	252	$574	1.14	
23156	1	Removal of humerus lesion	5	$678	252	$574	1.14	
23170	1	Remove collarbone lesion	2	$422	252	$574	1.14	
23172	1	Remove shoulder blade lesion	2	$422	252	$574	1.14	
23174	1	Remove humerus lesion	2	$422	252	$574	1.14	
23180	1	Remove collar bone lesion	4	$595	252	$574	1.14	
23182	1	Remove shoulder blade lesion	4	$595	252	$574	1.14	
23184	1	Remove humerus lesion	4	$595	252	$574	1.14	
23190	1	Partial removal of scapula	4	$595	252	$574	1.14	
23195	3	Removal of head of humerus	5	$678				Delete.
23200	3	Removal of collar bone						
23210	3	Removal of shoulderblade						
23220	3	Partial removal of humerus						
23221	3	Partial removal of humerus						
23222	3	Partial removal of humerus						
23330	1	Remove shoulder foreign body	1	$314	163	$449	0.89	
23331	1	Remove shoulder foreign body	1	$314	163	$449	0.89	
23332	3	Remove shoulder foreign body						
23350	2	Injection for shoulder x-ray						
23395	3	Muscle transfer, shoulder/arm	5	$678				Delete.
23397	3	Muscle transfers	7	$941				Delete.
23400	3	Fixation of shoulder blade	7	$941				Delete.
23405	1	Incision of tendon & muscle	2	$422	252	$574	1.14	
23406	1	Incise tendon(s) & muscle(s)	2	$422	252	$574	1.14	
23410	1	Repair of tendon(s)	5	$678	254	$1,110	2.20	
23412	1	Repair of tendon(s)	7	$941	254	$1,110	2.20	
23415	1	Release of shoulder ligament	5	$678	253	$775	1.54	
23420	1	Repair of shoulder	7	$941	254	$1,110	2.20	
23430	1	Repair biceps tendon	4	$595	254	$1,110	2.20	
23440	3	Removal/transplant tendon	4	$595				Delete.
23450	1	Repair shoulder capsule	5	$678	254	$1,110	2.20	
23455	1	Repair shoulder capsule	7	$941	254	$1,110	2.20	
23460	1	Repair shoulder capsule	5	$678	254	$1,110	2.20	
23462	1	Repair shoulder capsule	7	$941	254	$1,110	2.20	
23465	1	Repair shoulder capsule	5	$678	254	$1,110	2.20	
23466	1	Repair shoulder capsule	7	$941	254	$1,110	2.20	
23470	3	Reconstruct shoulder joint						
23472	3	Reconstruct shoulder joint						
23480	1	Revision of collarbone	4	$595	253	$775	1.54	
23485	1	Revision of collar bone	7	$941	253	$775	1.54	
23490	1	Reinforce clavicle	3	$482	253	$775	1.54	
23491	1	Reinforce shoulder bones	3	$482	253	$775	1.54	
23500	1	Treat clavicle fracture	1	$314	207	$53	0.11	
23505	1	Treat clavicle fracture	1	$314	207	$53	0.11	
23515	1	Repair clavicle fracture	3	$482	216	$580	1.15	
23520	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23525	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23530	1	Repair clavicle dislocation	3	$482	216	$580	1.15	
23532	1	Repair clavicle dislocation	4	$595	216	$580	1.15	
23540	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23545	1	Treat clavicle dislocation	1	$314	207	$53	0.11	
23550	1	Repair clavicle dislocation	3	$482	216	$580	1.15	
23552	1	Repair clavicle dislocation	4	$595	216	$580	1.15	
23570	1	Treat shoulderblade fracture	1	$314	207	$53	0.11	
23575	1	Treat shoulderblade fracture	1	$314	207	$53	0.11	
23585	1	Repair scapula fracture	3	$482	216	$580	1.15	
23600	1	Treat humerus fracture	1	$314	209	$71	0.14	
23605	1	Treat humerus fracture	2	$422	209	$71	0.14	
23615	1	Repair humerus fracture	4	$595	216	$580	1.15	
23616	1	Repair humerus fracture	4	$595	216	$580	1.15	
23620	1	Treat humerus fracture	1	$314	209	$71	0.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
23625	1	Treat humerus fracture	2	$422	209	$71	0.14	
23630	1	Repair humerus fracture	5	$678	216	$580	1.15	
23650	1	Treat shoulder dislocation	1	$314	207	$53	0.11	
23655	1	Treat shoulder dislocation	1	$314	210	$397	0.79	
23660	1	Repair shoulder dislocation	3	$482	216	$580	1.15	
23665	1	Treat dislocation/fracture	2	$422	209	$71	0.14	
23670	1	Repair dislocation/fracture	3	$482	216	$580	1.15	
23675	1	Treat dislocation/fracture	2	$422	209	$71	0.14	
23680	1	Repair dislocation/fracture	3	$482	216	$580	1.15	
23700	1	Fixation of shoulder	1	$314	210	$397	0.79	
23800	1	Fusion of shoulder joint	4	$595	253	$775	1.54	
23802	1	Fusion of shoulder joint	7	$941	253	$775	1.54	
23900	3	Amputation of arm & girdle						
23920	3	Amputation at shoulder joint						
23921	1	Amputation follow-up surgery	3	$482	183	$465	0.92	
23929	3	Shoulder surgery procedure						
23930	1	Drainage of arm lesion	1	$314	132	$162	0.32	
23931	1	Drainage of arm bursa	2	$422	132	$162	0.32	
23935	1	Drain arm/elbow bone lesion	2	$422	251	$504	1.00	
24000	1	Exploratory elbow surgery	4	$595	252	$574	1.14	
24006	1	Release elbow joint			252	$574	1.14	Add.
24065	5	Biopsy arm/elbow soft tissue	1	$314				Delete.
24066	1	Biopsy arm/elbow soft tissue	2	$422	163	$449	0.89	
24075	1	Remove arm/elbow lesion	2	$422	162	$187	0.37	
24076	1	Remove arm/elbow lesion	2	$422	163	$449	0.89	
24077	1	Remove tumor of arm/elbow	3	$482	163	$449	0.89	
24100	1	Biopsy elbow joint lining	1	$314	251	$504	1.00	
24101	1	Explore/treat elbow joint	4	$595	252	$574	1.14	
24102	1	Remove elbow joint lining	4	$595	252	$574	1.14	
24105	1	Removal of elbow bursa	3	$482	251	$504	1.00	
24110	1	Remove humerus lesion	2	$422	251	$504	1.00	
24115	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24116	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24120	1	Remove elbow lesion	3	$482	251	$504	1.00	
24125	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24126	1	Remove/graft bone lesion	3	$482	252	$574	1.14	
24130	1	Removal of head of radius	3	$482	252	$574	1.14	
24134	1	Removal of arm bone lesion	2	$422	252	$574	1.14	
24136	1	Remove radius bone lesion	2	$422	252	$574	1.14	
24138	1	Remove elbow bone lesion	2	$422	252	$574	1.14	
24140	1	Partial removal of arm bone	3	$482	252	$574	1.14	
24145	1	Partial removal of radius	3	$482	252	$574	1.14	
24147	1	Partial removal of elbow	2	$422	252	$574	1.14	
24149	3	Radical resection of elbow						
24150	3	Extensive humerus surgery	3	$482				Delete.
24151	3	Extensive humerus surgery	4	$595				Delete.
24152	3	Extensive radius surgery	3	$482				Delete.
24153	3	Extensive radius surgery	4	$595				Delete.
24155	1	Removal of elbow joint	3	$482	253	$775	1.54	
24160	1	Remove elbow joint implant	2	$422	252	$574	1.14	
24164	1	Remove radius head implant	3	$482	252	$574	1.14	
24200	5	Removal of arm foreign body						
24201	1	Removal of arm foreign body	2	$422	163	$449	0.89	
24220	2	Injection for elbow x-ray						
24301	1	Muscle/tendon transfer	4	$595	252	$574	1.14	
24305	1	Arm tendon lengthening			252	$574	1.14	Add.
24310	1	Revision of arm tendon	3	$482	251	$504	1.00	
24320	1	Repair of arm tendon	3	$482	253	$775	1.54	
24330	1	Revision of arm muscles	3	$482	253	$775	1.54	
24331	1	Revision of arm muscles	3	$482	253	$775	1.54	
24340	1	Repair of biceps tendon	3	$482	253	$775	1.54	
24341	1	Repair tendon/muscle arm			253	$775	1.54	Add.
24342	1	Repair of ruptured tendon	3	$482	253	$775	1.54	
24350	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24351	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24352	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24354	1	Repair of tennis elbow	3	$482	252	$574	1.14	
24356	1	Revision of tennis elbow	3	$482	252	$574	1.14	
24360	1	Reconstruct elbow joint	5	$678	217	$695	1.38	
24361	1	Reconstruct elbow joint	5	$678	218	$730	1.45	
24362	1	Reconstruct elbow joint	5	$678	218	$730	1.45	
24363	1	Replace elbow joint	7	$941	218	$730	1.45	
24365	1	Reconstruct head of radius	5	$678	217	$695	1.38	
24366	1	Reconstruct head of radius	5	$678	218	$730	1.45	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
24400	1	Revision of humerus	4	$595	252	$574	1.14	
24410	1	Revision of humerus	4	$595	252	$574	1.14	
24420	1	Revision of humerus	3	$482	253	$775	1.54	
24430	1	Repair of humerus	3	$482	253	$775	1.54	
24435	1	Repair humerus with graft	4	$595	253	$775	1.54	
24470	1	Revision of elbow joint	3	$482	253	$775	1.54	
24495	1	Decompression of forearm	2	$422	252	$574	1.14	
24498	1	Reinforce humerus	3	$482	253	$775	1.54	
24500	1	Treat humerus fracture	1	$314	209	$71	0.14	
24505	1	Treat humerus fracture	1	$314	209	$71	0.14	
24515	1	Repair humerus fracture	4	$595	216	$580	1.15	
24516	1	Repair humerus fracture	4	$595	216	$580	1.15	
24530	1	Treat humerus fracture	1	$314	209	$71	0.14	
24535	1	Treat humerus fracture	1	$314	209	$71	0.14	
24538	1	Treat humerus fracture	2	$422	216	$580	1.15	
24545	1	Repair humerus fracture	4	$595	216	$580	1.15	
24546	1	Repair humerus fracture	5	$678	216	$580	1.15	
24560	1	Treat humerus fracture	1	$314	209	$71	0.14	
24565	1	Treat humerus fracture	2	$422	209	$71	0.14	
24566	1	Treat humerus fracture	2	$422	216	$580	1.15	
24575	1	Repair humerus fracture	3	$482	216	$580	1.15	
24576	1	Treat humerus fracture	1	$314	209	$71	0.14	
24577	1	Treat humerus fracture	1	$314	209	$71	0.14	
24579	1	Repair humerus fracture	3	$482	216	$580	1.15	
24582	1	Treat humerus fracture	2	$422	216	$580	1.15	
24586	1	Repair elbow fracture	4	$595	216	$580	1.15	
24587	1	Repair elbow fracture	5	$678	216	$580	1.15	
24600	1	Treat elbow dislocation	1	$314	209	$71	0.14	
24605	1	Treat elbow dislocation	2	$422	210	$397	0.79	
24615	1	Repair elbow dislocation	3	$482	216	$580	1.15	
24620	1	Treat elbow fracture	2	$422	209	$71	0.14	
24635	1	Repair elbow fracture	3	$482	216	$580	1.15	
24640	1	Treat elbow dislocation	.....	.....	209	$71	0.14	Add.
24650	1	Treat radius fracture	.....	.....	209	$71	0.14	Add.
24655	1	Treat radius fracture	1	$314	209	$71	0.14	
24665	1	Repair radius fracture	4	$595	216	$580	1.15	
24666	1	Repair radius fracture	4	$595	216	$580	1.15	
24670	1	Treatment of ulna fracture	1	$314	209	$71	0.14	
24675	1	Treatment of ulna fracture	1	$314	209	$71	0.14	
24685	1	Repair ulna fracture	3	$482	216	$580	1.15	
24800	1	Fusion of elbow joint	4	$595	253	$775	1.54	
24802	1	Fusion/graft of elbow joint	5	$678	253	$775	1.54	
24900	3	Amputation of upper arm	.....	.....	.....	.....	.....	
24920	3	Amputation of upper arm	.....	.....	.....	.....	.....	
24925	1	Amputation follow-up surgery	3	$482	251	$504	1.00	
24930	3	Amputation follow-up surgery	.....	.....	.....	.....	.....	
24931	3	Amputate upper arm & implant	.....	.....	.....	.....	.....	
24935	3	Revision of amputation	.....	.....	.....	.....	.....	
24940	3	Revision of upper arm	.....	.....	.....	.....	.....	
24999	3	Upper arm/elbow surgery	.....	.....	.....	.....	.....	
25000	1	Incision of tendon sheath	3	$482	251	$504	1.00	
25020	1	Decompression of forearm	3	$482	251	$504	1.00	
25023	1	Decompression of forearm	3	$482	252	$574	1.14	
25028	1	Drainage of forearm lesion	1	$314	251	$504	1.00	
25031	1	Drainage of forearm bursa	2	$422	251	$504	1.00	
25035	1	Treat forearm bone lesion	2	$422	251	$504	1.00	
25040	1	Explore/treat wrist joint	5	$678	252	$574	1.14	
25065	5	Biopsy forearm soft tissues	1	$314	.....	.....	.....	Delete.
25066	1	Biopsy forearm soft tissues	2	$422	163	$449	0.89	
25075	1	Removal of forearm lesion	2	$422	162	$187	0.37	
25076	1	Removal of forearm lesion	3	$482	163	$449	0.89	
25077	1	Remove tumor, forearm/wrist	3	$482	163	$449	0.89	
25085	1	Incision of wrist capsule	3	$482	251	$504	1.00	
25100	1	Biopsy of wrist joint	2	$422	251	$504	1.00	
25101	1	Explore/treat wrist joint	3	$482	252	$574	1.14	
25105	1	Remove wrist joint lining	4	$595	252	$574	1.14	
25107	1	Remove wrist joint cartilage	3	$482	252	$574	1.14	
25110	1	Remove wrist tendon lesion	3	$482	251	$504	1.00	
25111	1	Remove wrist tendon lesion	3	$482	261	$494	0.98	
25112	1	Reremove wrist tendon lesion	4	$595	261	$494	0.98	
25115	1	Remove wrist/forearm lesion	4	$595	251	$504	1.00	
25116	1	Remove wrist/forearm lesion	4	$595	251	$504	1.00	
25118	1	Excise wrist tendon sheath	2	$422	252	$574	1.14	
25119	1	Partial removal of ulna	3	$482	252	$574	1.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
25120	1	Removal of forearm lesion	3	$482	252	$574	1.14	
25125	1	Remove/graft forearm lesion	3	$482	252	$574	1.14	
25126	1	Remove/graft forearm lesion	3	$482	252	$574	1.14	
25130	1	Removal of wrist lesion	3	$482	252	$574	1.14	
25135	1	Remove & graft wrist lesion	3	$482	252	$574	1.14	
25136	1	Remove & graft wrist lesion	3	$482	252	$574	1.14	
25145	1	Remove forearm bone lesion	2	$422	252	$574	1.14	
25150	1	Partial removal of ulna	2	$422	252	$574	1.14	
25151	1	Partial removal of radius	2	$422	252	$574	1.14	
25170	3	Extensive forearm surgery	3	$482				Delete.
25210	1	Removal of wrist bone	3	$482	262	$543	1.08	
25215	1	Removal of wrist bones	4	$595	262	$543	1.08	
25230	1	Partial removal of radius	4	$595	252	$574	1.14	
25240	1	Partial removal of ulna	4	$595	252	$574	1.14	
25246	2	Injection for wrist x-ray						
25248	1	Remove forearm foreign body	2	$422	251	$504	1.00	
25250	1	Removal of wrist prosthesis	1	$314	252	$574	1.14	
25251	1	Removal of wrist prosthesis	1	$314	252	$574	1.14	
25260	1	Repair forearm tendon/muscle	4	$595	252	$574	1.14	
25263	1	Repair forearm tendon/muscle	2	$422	252	$574	1.14	
25265	1	Repair forearm tendon/muscle	3	$482	252	$574	1.14	
25270	1	Repair forearm tendon/muscle	4	$595	252	$574	1.14	
25272	1	Repair forearm tendon/muscle	3	$482	252	$574	1.14	
25274	1	Repair forearm tendon/muscle	4	$595	252	$574	1.14	
25280	1	Revise wrist/forearm tendon	4	$595	252	$574	1.14	
25290	1	Incise wrist/forearm tendon	3	$482	252	$574	1.14	
25295	1	Release wrist/forearm tendon	3	$482	251	$504	1.00	
25300	1	Fusion of tendons at wrist	3	$482	252	$574	1.14	
25301	1	Fusion of tendons at wrist	3	$482	252	$574	1.14	
25310	1	Transplant forearm tendon	3	$482	253	$775	1.54	
25312	1	Transplant forearm tendon	4	$595	253	$775	1.54	
25315	1	Revise palsy hand tendon(s)	3	$482	253	$775	1.54	
25316	1	Revise palsy hand tendon(s)	3	$482	253	$775	1.54	
25320	1	Repair/revise wrist joint	3	$482	253	$775	1.54	
25332	1	Revise wrist joint	5	$678	217	$695	1.38	
25335	1	Realignment of hand	3	$482	253	$775	1.54	
25337	1	Reconstruct ulna/radioulnar			253	$775	1.54	Add.
25350	1	Revision of radius	3	$482	253	$775	1.54	
25355	1	Revision of radius	3	$482	253	$775	1.54	
25360	1	Revision of ulna	3	$482	252	$574	1.14	
25365	1	Revise radius & ulna	3	$482	252	$574	1.14	
25370	1	Revise radius or ulna	3	$482	253	$775	1.54	
25375	1	Revise radius & ulna	4	$595	253	$775	1.54	
25390	3	Shorten radius/ulna	3	$482				Delete.
25391	3	Lengthen radius/ulna	4	$595				Delete.
25392	3	Shorten radius & ulna	3	$482				Delete.
25393	3	Lengthen radius & ulna	4	$595				Delete.
25400	1	Repair radius or ulna	3	$482	252	$574	1.14	
25405	3	Repair/graft radius or ulna	4	$595				Delete.
25415	1	Repair radius & ulna	3	$482	252	$574	1.14	
25420	3	Repair/graft radius & ulna	4	$595				Delete.
25425	1	Repair/graft radius or ulna	3	$482	253	$775	1.54	
25426	1	Repair/graft radius & ulna	4	$595	253	$775	1.54	
25440	1	Repair/graft wrist bone	4	$595	253	$775	1.54	
25441	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25442	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25443	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25444	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25445	1	Reconstruct wrist joint	5	$678	218	$730	1.45	
25446	1	Wrist replacement	7	$941	218	$730	1.45	
25447	1	Repair wrist joint(s)	5	$678	217	$695	1.38	
25449	1	Remove wrist joint implant	5	$678	217	$695	1.38	
25450	1	Revision of wrist joint	3	$482	253	$775	1.54	
25455	1	Revision of wrist joint	3	$482	253	$775	1.54	
25490	1	Reinforce radius	3	$482	253	$775	1.54	
25491	1	Reinforce ulna	3	$482	253	$775	1.54	
25492	1	Reinforce radius and ulna	3	$482	253	$775	1.54	
25500	1	Treat fracture of radius			209	$71	0.14	Add.
25505	1	Treat fracture of radius	1	$314	209	$71	0.14	
25515	1	Repair fracture of radius	3	$482	216	$580	1.15	
25520	1	Repair fracture of radius	1	$314	209	$71	0.14	
25525	1	Repair fracture of radius	4	$595	216	$580	1.15	
25526	1	Repair fracture of radius	5	$678	216	$580	1.15	
25530	1	Treat fracture of ulna			209	$71	0.14	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
25535	1	Treat fracture of ulna	1	$314	209	$71	0.14	
25545	1	Repair fracture of ulna	3	$482	216	$580	1.15	
25560	1	Treat fracture radius & ulna			209	$71	0.14	Add.
25565	1	Treat fracture radius & ulna	2	$422	209	$71	0.14	
25574	1	Treat fracture radius & ulna	3	$482	216	$580	1.15	
25575	1	Repair fracture radius/ulna	3	$482	216	$580	1.15	
25600	1	Treat fracture radius/ulna			209	$71	0.14	Add.
25605	1	Treat fracture radius/ulna	3	$482	209	$71	0.14	
25611	1	Repair fracture radius/ulna	3	$482	216	$580	1.15	
25620	1	Repair fracture radius/ulna	5	$678	216	$580	1.15	
25622	1	Treat wrist bone fracture			209	$71	0.14	Add.
25624	1	Treat wrist bone fracture	2	$422	209	$71	0.14	
25628	1	Repair wrist bone fracture	3	$482	216	$580	1.15	
25630	1	Treat wrist bone fracture			209	$71	0.14	Add.
25635	1	Treat wrist bone fracture	1	$314	209	$71	0.14	
25645	1	Repair wrist bone fracture	3	$482	216	$580	1.15	
25650	1	Repair wrist bone fracture			209	$71	0.14	Add.
25660	1	Treat wrist dislocation	1	$314	209	$71	0.14	
25670	1	Repair wrist dislocation	3	$482	216	$580	1.15	
25675	1	Treat wrist dislocation	1	$314	209	$71	0.14	
25676	1	Repair wrist dislocation	2	$422	216	$580	1.15	
25680	1	Treat wrist fracture	2	$422	209	$71	0.14	
25685	1	Repair wrist fracture	3	$482	216	$580	1.15	
25690	1	Treat wrist dislocation	1	$314	209	$71	0.14	
25695	1	Repair wrist dislocation	2	$422	216	$580	1.15	
25800	1	Fusion of wrist joint	4	$595	253	$775	1.54	
25805	1	Fusion/graft of wrist joint	5	$678	253	$775	1.54	
25810	1	Fusion/graft of wrist joint	5	$678	253	$775	1.54	
25820	1	Fusion of hand bones	4	$595	261	$494	0.98	
25825	1	Fusion hand bones with graft	5	$678	262	$543	1.08	
25830	1	Fusion radioulnar jnt/ulna			253	$775	1.54	Add.
25900	3	Amputation of forearm						
25905	3	Amputation of forearm						
25907	1	Amputation follow-up surgery	3	$482	251	$504	1.00	
25909	3	Amputation follow-up surgery						
25915	3	Amputation of forearm						
25920	3	Amputate hand at wrist						
25922	1	Amputate hand at wrist	3	$482	251	$504	1.00	
25924	3	Amputation follow-up surgery						
25927	3	Amputation of hand						
25929	1	Amputation follow-up surgery	3	$482	183	$465	0.92	
25931	3	Amputation follow-up surgery						
25999	3	Forearm or wrist surgery						
26010	5	Drainage of finger abscess						
26011	5	Drainage of finger abscess	1	$314				Delete.
26020	1	Drain hand tendon sheath	2	$422	261	$494	0.98	
26025	1	Drainage of palm bursa	1	$314	261	$494	0.98	
26030	1	Drainage of palm bursa(s)	2	$422	261	$494	0.98	
26034	1	Treat hand bone lesion	2	$422	261	$494	0.98	
26035	1	Decompress fingers/hand	4	$595	261	$494	0.98	
26037	1	Decompress fingers/hand	4	$595	261	$494	0.98	
26040	1	Release palm contracture	4	$595	262	$543	1.08	
26045	1	Release palm contracture	3	$482	262	$543	1.08	
26055	1	Incise finger tendon sheath	2	$422	261	$494	0.98	
26060	1	Incision of finger tendon	2	$422	261	$494	0.98	
26070	1	Explore/treat hand joint	2	$422	261	$494	0.98	
26075	1	Explore/treat finger joint	4	$595	261	$494	0.98	
26080	1	Explore/treat finger joint	4	$595	261	$494	0.98	
26100	1	Biopsy hand joint lining	2	$422	261	$494	0.98	
26105	1	Biopsy finger joint lining	1	$314	261	$494	0.98	
26110	1	Biopsy finger joint lining	1	$314	261	$494	0.98	
26115	1	Removal of hand lesion	2	$422	163	$449	0.89	
26116	1	Removal of hand lesion	2	$422	163	$449	0.89	
26117	1	Remove tumor, hand/finger	3	$482	163	$449	0.89	
26121	1	Release palm contracture	4	$595	262	$543	1.08	
26123	1	Release palm contracture	4	$595	262	$543	1.08	
26125	1	Release palm contracture	4	$595	262	$543	1.08	
26130	1	Remove wrist joint lining	3	$482	261	$494	0.98	
26135	1	Revise finger joint, each	4	$595	262	$543	1.08	
26140	1	Revise finger joint, each	2	$422	261	$494	0.98	
26145	1	Tendon excision, palm/finger	3	$482	261	$494	0.98	
26160	1	Remove tendon sheath lesion	3	$482	261	$494	0.98	
26170	1	Removal of palm tendon, each	3	$482	261	$494	0.98	
26180	1	Removal of finger tendon	3	$482	261	$494	0.98	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
26185	1	Remove finger bone	.....	.....	261	$494	0.98	Add.
26200	1	Remove hand bone lesion	2	$422	261	$494	0.98	
26205	1	Remove/graft bone lesion	3	$482	262	$543	1.08	
26210	1	Removal of finger lesion	2	$422	261	$494	0.98	
26215	1	Remove/graft finger lesion	3	$482	261	$494	0.98	
26230	1	Partial removal of hand bone	7	$941	261	$494	0.98	
26235	1	Partial removal, finger bone	3	$482	261	$494	0.98	
26236	1	Partial removal, finger bone	3	$482	261	$494	0.98	
26250	1	Extensive hand surgery	3	$482	261	$494	0.98	
26255	1	Extensive hand surgery	3	$482	262	$543	1.08	
26260	1	Extensive finger surgery	3	$482	261	$494	0.98	
26261	1	Extensive finger surgery	3	$482	261	$494	0.98	
26262	1	Partial removal of finger	2	$422	261	$494	0.98	
26320	1	Removal of implant from hand	2	$422	163	$449	0.89	
26350	1	Repair finger/hand tendon	1	$314	262	$543	1.08	
26352	1	Repair/graft hand tendon	4	$595	262	$543	1.08	
26356	1	Repair finger/hand tendon	4	$595	262	$543	1.08	
26357	1	Repair finger/hand tendon	4	$595	262	$543	1.08	
26358	1	Repair/graft hand tendon	4	$595	262	$543	1.08	
26370	1	Repair finger/hand tendon	4	$595	262	$543	1.08	
26372	1	Repair/graft hand tendon	4	$595	262	$543	1.08	
26373	1	Repair finger/hand tendon	3	$482	262	$543	1.08	
26390	1	Revise hand/finger tendon	4	$595	262	$543	1.08	
26392	1	Repair/graft hand tendon	3	$482	262	$543	1.08	
26410	1	Repair hand tendon	3	$482	261	$494	0.98	
26412	1	Repair/graft hand tendon	3	$482	262	$543	1.08	
26415	1	Excision, hand/finger tendon	4	$595	262	$543	1.08	
26416	1	Graft hand or finger tendon	3	$482	262	$543	1.08	
26418	1	Repair finger tendon	4	$595	261	$494	0.98	
26420	1	Repair/graft finger tendon	4	$595	262	$543	1.08	
26426	1	Repair finger/hand tendon	3	$482	262	$543	1.08	
26428	1	Repair/graft finger tendon	3	$482	262	$543	1.08	
26432	1	Repair finger tendon	3	$482	261	$494	0.98	
26433	1	Repair finger tendon	3	$482	261	$494	0.98	
26434	1	Repair/graft finger tendon	3	$482	262	$543	1.08	
26437	1	Realignment of tendons	3	$482	261	$494	0.98	
26440	1	Release palm/finger tendon	3	$482	261	$494	0.98	
26442	1	Release palm & finger tendon	3	$482	262	$543	1.08	
26445	1	Release hand/finger tendon	3	$482	261	$494	0.98	
26449	1	Release forearm/hand tendon	3	$482	262	$543	1.08	
26450	1	Incision of palm tendon	3	$482	261	$494	0.98	
26455	1	Incision of finger tendon	3	$482	261	$494	0.98	
26460	1	Incise hand/finger tendon	3	$482	261	$494	0.98	
26471	1	Fusion of finger tendons	2	$422	261	$494	0.98	
26474	1	Fusion of finger tendons	2	$422	261	$494	0.98	
26476	1	Tendon lengthening	1	$314	261	$494	0.98	
26477	1	Tendon shortening	1	$314	261	$494	0.98	
26478	1	Lengthening of hand tendon	1	$314	261	$494	0.98	
26479	1	Shortening of hand tendon	1	$314	261	$494	0.98	
26480	1	Transplant hand tendon	3	$482	262	$543	1.08	
26483	1	Transplant/graft hand tendon	3	$482	262	$543	1.08	
26485	1	Transplant palm tendon	2	$422	262	$543	1.08	
26489	1	Transplant/graft palm tendon	3	$482	262	$543	1.08	
26490	1	Revise thumb tendon	3	$482	262	$543	1.08	
26492	1	Tendon transfer with graft	3	$482	262	$543	1.08	
26494	1	Hand tendon/muscle transfer	3	$482	262	$543	1.08	
26496	1	Revise thumb tendon	3	$482	262	$543	1.08	
26497	1	Finger tendon transfer	3	$482	262	$543	1.08	
26498	1	Finger tendon transfer	4	$595	262	$543	1.08	
26499	1	Revision of finger	3	$482	262	$543	1.08	
26500	1	Hand tendon reconstruction	4	$595	261	$494	0.98	
26502	1	Hand tendon reconstruction	4	$595	262	$543	1.08	
26504	1	Hand tendon reconstruction	4	$595	262	$543	1.08	
26508	1	Release thumb contracture	3	$482	261	$494	0.98	
26510	1	Thumb tendon transfer	3	$482	262	$543	1.08	
26516	1	Fusion of knuckle joint	1	$314	262	$543	1.08	
26517	1	Fusion of knuckle joints	3	$482	262	$543	1.08	
26518	1	Fusion of knuckle joints	3	$482	262	$543	1.08	
26520	1	Release knuckle contracture	3	$482	261	$494	0.98	
26525	1	Release finger contracture	3	$482	261	$494	0.98	
26530	1	Revise knuckle joint	3	$482	217	$695	1.38	
26531	1	Revise knuckle with implant	7	$941	218	$730	1.45	
26535	1	Revise finger joint	5	$678	217	$695	1.38	
26536	1	Revise/implant finger joint	5	$678	218	$730	1.45	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
26540	1	Repair hand joint	4	$595	261	$494	0.98	
26541	1	Repair hand joint with graft	7	$941	262	$543	1.08	
26542	1	Repair hand joint with graft	4	$595	261	$494	0.98	
26545	1	Reconstruct finger joint	4	$595	262	$543	1.08	
26546	1	Repair non-union hand			262	$543	1.08	Add.
26548	1	Reconstruct finger joint	4	$595	262	$543	1.08	
26550	1	Construct thumb replacement	2	$422	262	$543	1.08	
26551	3	Great toe-hand transfer	4	$595				Delete.
26553	3	Single toe-hand transfer	2	$422				Delete.
26554	3	Double toe-hand transfer	2	$422				Delete.
26555	1	Positional change of finger	3	$482	262	$543	1.08	
26556	3	Toe joint transfer						
26560	1	Repair of web finger	2	$422	261	$494	0.98	
26561	1	Repair of web finger	3	$482	262	$543	1.08	
26562	1	Repair of web finger	4	$595	262	$543	1.08	
26565	1	Correct metacarpal flaw	5	$678	262	$543	1.08	
26567	1	Correct finger deformity	5	$678	262	$543	1.08	
26568	1	Lengthen metacarpal/finger	3	$482	262	$543	1.08	
26580	1	Repair hand deformity	5	$678	262	$543	1.08	
26585	1	Repair finger deformity	5	$678	262	$543	1.08	
26587	1	Reconstruct extra finger	5	$678	261	$494	0.98	
26590	1	Repair finger deformity	5	$678	262	$543	1.08	
26591	1	Repair muscles of hand	3	$482	262	$543	1.08	
26593	1	Release muscles of hand	3	$482	261	$494	0.98	
26596	1	Excision constricting tissue	2	$422	262	$543	1.08	
26597	1	Release of scar contracture	3	$482	262	$543	1.08	
26600	1	Treat metacarpal fracture			209	$71	0.14	Add.
26605	1	Treat metacarpal fracture	2	$422	209	$71	0.14	
26607	1	Treat metacarpal fracture	2	$422	209	$71	0.14	
26608	1	Treat metacarpal fracture			216	$580	1.15	Add.
26615	1	Repair metacarpal fracture	4	$595	216	$580	1.15	
26641	1	Treat thumb dislocation			209	$71	0.14	Add.
26645	1	Treat thumb fracture	1	$314	209	$71	0.14	
26650	1	Repair thumb fracture	2	$422	216	$580	1.15	
26665	1	Repair thumb fracture	4	$595	216	$580	1.15	
26670	1	Treat hand dislocation			209	$71	0.14	Add.
26675	1	Treat hand dislocation	2	$422	210	$397	0.79	
26676	1	Pin hand dislocation	2	$422	216	$580	1.15	
26685	1	Repair hand dislocation	3	$482	216	$580	1.15	
26686	1	Repair hand dislocation	3	$482	216	$580	1.15	
26700	1	Treat knuckle dislocation			207	$53	0.11	Add.
26705	1	Treat knuckle dislocation	2	$422	210	$397	0.79	
26706	1	Pin knuckle dislocation	2	$422	209	$71	0.14	
26715	1	Repair knuckle dislocation	4	$595	216	$580	1.15	
26720	1	Treat finger fracture, each			207	$53	0.11	Add.
26725	1	Treat finger fracture, each			207	$53	0.11	Add.
26727	1	Treat finger fracture, each	7	$941	216	$580	1.15	
26735	1	Repair finger fracture, each	4	$595	216	$580	1.15	
26740	1	Treat finger fracture, each			207	$53	0.11	Add.
26742	1	Treat finger fracture, each	2	$422	209	$71	0.14	
26746	1	Repair finger fracture, each	5	$678	216	$580	1.15	
26750	1	Treat finger fracture, each			207	$53	0.11	Add.
26755	1	Treat finger fracture, each			207	$53	0.11	Add.
26756	1	Pin finger fracture, each	2	$422	216	$580	1.15	
26765	1	Repair finger fracture, each	4	$595	216	$580	1.15	
26770	1	Treat finger dislocation			207	$53	0.11	Add.
26775	1	Treat finger dislocation			210	$397	0.79	Add.
26776	1	Pin finger dislocation	2	$422	216	$580	1.15	
26785	1	Repair finger dislocation	2	$422	216	$580	1.15	
26820	1	Thumb fusion with graft	5	$678	262	$543	1.08	
26841	1	Fusion of thumb	4	$595	262	$543	1.08	
26842	1	Thumb fusion with graft	4	$595	262	$543	1.08	
26843	1	Fusion of hand joint	3	$482	262	$543	1.08	
26844	1	Fusion/graft of hand joint	3	$482	262	$543	1.08	
26850	1	Fusion of knuckle	4	$595	262	$543	1.08	
26852	1	Fusion of knuckle with graft	4	$595	262	$543	1.08	
26860	1	Fusion of finger joint	3	$482	262	$543	1.08	
26861	1	Fusion of finger joint,added	2	$422	262	$543	1.08	
26862	1	Fusion/graft of finger joint	4	$595	262	$543	1.08	
26863	1	Fuse/graft added joint	3	$482	262	$543	1.08	
26910	1	Amputate metacarpal bone	3	$482	262	$543	1.08	
26951	1	Amputation of finger/thumb	2	$422	261	$494	0.98	
26952	1	Amputation of finger/thumb	4	$595	261	$494	0.98	
26989	3	Hand/finger surgery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
26990	1	Drainage of pelvis lesion	1	$314	251	$504	1.00	
26991	1	Drainage of pelvis bursa	1	$314	251	$504	1.00	
26992	3	Drainage of bone lesion	2	$422				Delete.
27000	1	Incision of hip tendon	2	$422	251	$504	1.00	
27001	1	Incision of hip tendon	3	$482	252	$574	1.14	
27003	1	Incision of hip tendon	3	$482	252	$574	1.14	
27005	3	Incision of hip tendon						
27006	3	Incision of hip tendons						
27025	3	Incision of hip/thigh fascia						
27030	3	Drainage of hip joint	3	$482				Delete.
27033	1	Exploration of hip joint	3	$482	253	$775	1.54	
27035	3	Denervation of hip joint	4	$595				Delete.
27036	3	Excision of hip joint/muscle						
27040	1	Biopsy of soft tissues	1	$314	162	$187	0.37	
27041	1	Biopsy of soft tissues	2	$422	163	$449	0.89	
27047	1	Remove hip/pelvis lesion	2	$422	163	$449	0.89	
27048	1	Remove hip/pelvis lesion	3	$482	163	$449	0.89	
27049	1	Remove tumor, hip/pelvis	3	$482	163	$449	0.89	
27050	1	Biopsy of sacroiliac joint	3	$482	251	$504	1.00	
27052	1	Biopsy of hip joint	3	$482	251	$504	1.00	
27054	3	Removal of hip joint lining						
27060	1	Removal of ischial bursa	5	$678	251	$504	1.00	
27062	1	Remove femur lesion/bursa	5	$678	251	$504	1.00	
27065	1	Removal of hip bone lesion	5	$678	251	$504	1.00	
27066	1	Removal of hip bone lesion	5	$678	252	$574	1.14	
27067	1	Remove/graft hip bone lesion			252	$574	1.14	Add.
27070	3	Partial removal of hip bone						
27071	3	Partial removal of hip bone						
27075	3	Extensive hip surgery						
27076	3	Extensive hip surgery						
27077	3	Extensive hip surgery						
27078	3	Extensive hip surgery						
27079	3	Extensive hip surgery						
27080	1	Removal of tail bone	2	$422	252	$574	1.14	
27086	1	Remove hip foreign body	1	$314	251	$504	1.00	
27087	1	Remove hip foreign body	3	$482	251	$504	1.00	
27090	3	Removal of hip prosthesis						
27091	3	Removal of hip prosthesis						
27093	2	Injection for hip x-ray						
27095	2	Injection for hip x-ray						
27097	1	Revision of hip tendon	3	$482	252	$574	1.14	
27098	1	Transfer tendon to pelvis	3	$482	252	$574	1.14	
27100	1	Transfer of abdominal muscle	4	$595	253	$775	1.54	
27105	1	Transfer of spinal muscle	4	$595	253	$775	1.54	
27110	1	Transfer of iliopsoas muscle	4	$595	253	$775	1.54	
27111	1	Transfer of iliopsoas muscle	4	$595	253	$775	1.54	
27120	3	Reconstruction of hip socket						
27122	3	Reconstruction of hip socket						
27125	3	Partial hip replacement						
27130	3	Total hip replacement						
27132	3	Total hip replacement						
27134	3	Revise hip joint replacement						
27137	3	Revise hip joint replacement						
27138	3	Revise hip joint replacement						
27140	3	Transplant of femur ridge						
27146	3	Incision of hip bone						
27147	3	Revision of hip bone						
27151	3	Incision of hip bones						
27156	3	Revision of hip bones						
27158	3	Revision of pelvis						
27161	3	Incision of neck of femur						
27165	3	Incision/fixation of femur						
27170	3	Repair/graft femur head/neck						
27175	3	Treat slipped epiphysis						
27176	3	Treat slipped epiphysis						
27177	3	Repair slipped epiphysis						
27178	3	Repair slipped epiphysis						
27179	3	Revise head/neck of femur						
27181	3	Repair slipped epiphysis						
27185	3	Revision of femur epiphysis						
27187	3	Reinforce hip bones						
27193	1	Treat pelvic ring fracture	1	$314	209	$71	0.14	
27194	1	Treat pelvic ring fracture	2	$422	210	$397	0.79	
27200	1	Treat tail bone fracture			207	$53	0.11	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27202	1	Repair tail bone fracture	2	$422	216	$580	1.15	
27215	3	Pelvic fracture(s) treatment						
27216	3	Treat pelvic ring fracture						
27217	3	Treat pelvic ring fracture						
27218	3	Treat pelvic ring fracture						
27220	1	Treat hip socket fracture			209	$71	0.14	Add.
27222	3	Treat hip socket fracture						
27226	3	Treat hip wall fracture						
27227	3	Treat hip fracture(s)						
27228	3	Treat hip fracture(s)						
27230	1	Treat fracture of thigh	1	$314	209	$71	0.14	
27232	3	Treat fracture of thigh						
27235	3	Repair of thigh fracture						
27236	3	Repair of thigh fracture						
27238	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27240	3	Treatment of thigh fracture						
27244	3	Repair of thigh fracture						
27245	3	Repair of thigh fracture						
27246	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27248	3	Repair of thigh fracture						
27250	1	Treat hip dislocation	1	$314	209	$71	0.14	
27252	1	Treat hip dislocation	2	$422	210	$397	0.79	
27253	3	Repair of hip dislocation						
27254	3	Repair of hip dislocation						
27256	1	Treatment of hip dislocation			209	$71	0.14	Add.
27257	1	Treatment of hip dislocation			210	$397	0.79	Add.
27258	3	Repair of hip dislocation						
27259	3	Repair of hip dislocation						
27265	1	Treatment of hip dislocation	1	$314	209	$71	0.14	
27266	1	Treatment of hip dislocation	2	$422	217	$695	1.38	
27275	1	Manipulation of hip joint	2	$422	210	$397	0.79	
27280	3	Fusion of sacroiliac joint						
27282	3	Fusion of pubic bones						
27284	3	Fusion of hip joint						
27286	3	Fusion of hip joint						
27290	3	Amputation of leg at hip						
27295	3	Amputation of leg at hip						
27299	3	Pelvis/hip joint surgery						
27301	1	Drain thigh/knee lesion	3	$482	132	$162	0.32	
27303	3	Drainage of bone lesion	2	$422				Delete.
27305	1	Incise thigh tendon & fascia	2	$422	251	$504	1.00	
27306	1	Incision of thigh tendon	3	$482	251	$504	1.00	
27307	1	Incision of thigh tendons	3	$482	251	$504	1.00	
27310	1	Exploration of knee joint	4	$595	252	$574	1.14	
27315	1	Partial removal, thigh nerve	2	$422	631	$600	1.19	
27320	1	Partial removal, thigh nerve	2	$422	631	$600	1.19	
27323	1	Biopsy thigh soft tissues	1	$314	162	$187	0.37	
27324	1	Biopsy thigh soft tissues	1	$314	163	$449	0.89	
27327	1	Removal of thigh lesion	2	$422	163	$449	0.89	
27328	1	Removal of thigh lesion	3	$482	163	$449	0.89	
27329	1	Remove tumor, thigh/knee			163	$449	0.89	Add.
27330	1	Biopsy knee joint lining	4	$595	252	$574	1.14	
27331	1	Explore/treat knee joint	4	$595	252	$574	1.14	
27332	1	Removal of knee cartilage	4	$595	252	$574	1.14	
27333	1	Removal of knee cartilage	4	$595	252	$574	1.14	
27334	1	Remove knee joint lining	4	$595	252	$574	1.14	
27335	1	Remove knee joint lining	4	$595	252	$574	1.14	
27340	1	Removal of kneecap bursa	3	$482	251	$504	1.00	
27345	1	Removal of knee cyst	4	$595	251	$504	1.00	
27350	1	Removal of kneecap	4	$595	252	$574	1.14	
27355	1	Remove femur lesion	3	$482	252	$574	1.14	
27356	1	Remove femur lesion/graft	4	$595	252	$574	1.14	
27357	1	Remove femur lesion/graft			252	$574	1.14	Add.
27358	1	Remove femur lesion/fixation			252	$574	1.14	Add.
27360	1	Partial removal leg bone(s)	5	$678	252	$574	1.14	
27365	3	Extensive leg surgery						
27370	2	Injection for knee x-ray						
27372	1	Removal of foreign body	7	$941	163	$449	0.89	
27380	1	Repair of kneecap tendon	1	$314	251	$504	1.00	
27381	1	Repair/graft kneecap tendon	3	$482	251	$504	1.00	
27385	1	Repair of thigh muscle	3	$482	251	$504	1.00	
27386	1	Repair/graft of thigh muscle	3	$482	251	$504	1.00	
27390	1	Incision of thigh tendon	1	$314	251	$504	1.00	
27391	1	Incision of thigh tendons	2	$422	251	$504	1.00	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27392	1	Incision of thigh tendons	3	$482	251	$504	1.00	
27393	1	Lengthening of thigh tendon	2	$422	252	$574	1.14	
27394	1	Lengthening of thigh tendons	3	$482	252	$574	1.14	
27395	1	Lengthening of thigh tendons	3	$482	253	$775	1.54	
27396	1	Transplant of thigh tendon	3	$482	252	$574	1.14	
27397	1	Transplants of thigh tendons	3	$482	253	$775	1.54	
27400	1	Revise thigh muscles/tendons	3	$482	253	$775	1.54	
27403	1	Repair of knee cartilage	4	$595	252	$574	1.14	
27405	1	Repair of knee ligament	4	$595	253	$775	1.54	
27407	1	Repair of knee ligament	4	$595	253	$775	1.54	
27409	1	Repair of knee ligaments	4	$595	253	$775	1.54	
27418	1	Repair degenerated kneecap	3	$482	253	$775	1.54	
27420	1	Revision of unstable kneecap	3	$482	253	$775	1.54	
27422	1	Revision of unstable kneecap	7	$941	253	$775	1.54	
27424	1	Revision/removal of kneecap	3	$482	253	$775	1.54	
27425	1	Lateral retinacular release	7	$941	252	$574	1.14	
27427	1	Reconstruction, knee	3	$482	254	$1,110	2.20	
27428	1	Reconstruction, knee	4	$595	254	$1,110	2.20	
27429	1	Reconstruction, knee	4	$595	254	$1,110	2.20	
27430	1	Revision of thigh muscles	4	$595	253	$775	1.54	
27435	1	Incision of knee joint	4	$595	253	$775	1.54	
27437	1	Revise kneecap	4	$595	217	$695	1.38	
27438	1	Revise kneecap with implant	5	$678	218	$730	1.45	
27440	1	Revision of knee joint	5	$678	217	$695	1.38	
27441	1	Revision of knee joint	5	$678	217	$695	1.38	
27442	1	Revision of knee joint	5	$678	217	$695	1.38	
27443	1	Revision of knee joint	5	$678	217	$695	1.38	
27445	3	Revision of knee joint						
27446	3	Revision of knee joint						
27447	3	Total knee replacement						
27448	3	Incision of thigh						
27450	3	Incision of thigh						
27454	3	Realignment of thigh bone						
27455	3	Realignment of knee						
27457	3	Realignment of knee						
27465	3	Shortening of thigh bone						
27466	3	Lengthening of thigh bone						
27468	3	Shorten/lengthen thighs						
27470	3	Repair of thigh						
27472	3	Repair/graft of thigh						
27475	3	Surgery to stop leg growth						
27477	3	Surgery to stop leg growth						
27479	3	Surgery to stop leg growth						
27485	3	Surgery to stop leg growth						
27486	3	Revise knee joint replace						
27487	3	Revise knee joint replace						
27488	3	Removal of knee prosthesis						
27495	3	Reinforce thigh						
27496	1	Decompression of thigh/knee			251	$504	1.00	Add.
27497	1	Decompression of thigh/knee			251	$504	1.00	Add.
27498	1	Decompression of thigh/knee			251	$504	1.00	Add.
27499	1	Decompression of thigh/knee			251	$504	1.00	Add.
27500	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27501	1	Treatment of thigh fracture	2	$422	209	$71	0.14	
27502	1	Treatment of thigh fracture	2	$422	209	$71	0.14	
27503	1	Treatment of thigh fracture	3	$482	209	$71	0.14	
27506	3	Repair of thigh fracture						
27507	3	Treatment of thigh fracture	4	$595				Delete.
27508	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27509	1	Treatment of thigh fracture	3	$482	216	$580	1.15	
27510	1	Treatment of thigh fracture	1	$314	209	$71	0.14	
27511	3	Treatment of thigh fracture	4	$595				Delete.
27513	3	Treatment of thigh fracture	5	$678				Delete.
27514	3	Repair of thigh fracture						
27516	1	Repair of thigh growth plate	1	$314	209	$71	0.14	
27517	1	Repair of thigh growth plate	1	$314	209	$71	0.14	
27519	3	Repair of thigh growth plate						
27520	1	Treat kneecap fracture	1	$314	209	$71	0.14	
27524	3	Repair of kneecap fracture	3	$482				Delete.
27530	1	Treatment of knee fracture	1	$314	209	$71	0.14	
27532	1	Treatment of knee fracture	1	$314	209	$71	0.14	
27535	3	Treatment of knee fracture	3	$482				Delete.
27536	3	Repair of knee fracture						
27538	1	Treat knee fracture(s)	1	$314	209	$71	0.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27540	3	Repair of knee fracture						
27550	1	Treat knee dislocation	1	$314	209	$71	0.14	
27552	1	Treat knee dislocation	1	$314	210	$397	0.79	
27556	1	Repair of knee dislocation			216	$580	1.15	Add.
27557	3	Repair of knee dislocation						
27558	3	Repair of knee dislocation						
27560	1	Treat kneecap dislocation	1	$314	209	$71	0.14	
27562	1	Treat kneecap dislocation	1	$314	210	$397	0.79	
27566	1	Repair kneecap dislocation	2	$422	216	$580	1.15	
27570	1	Fixation of knee joint	1	$314	210	$397	0.79	
27580	3	Fusion of knee						
27590	3	Amputate leg at thigh						
27591	3	Amputate leg at thigh						
27592	3	Amputate leg at thigh						
27594	1	Amputation follow-up surgery			251	$504	1.00	Add.
27596	3	Amputation follow-up surgery						
27598	3	Amputate lower leg at knee						
27599	3	Leg surgery procedure						
27600	1	Decompression of lower leg			251	$504	1.00	Add.
27601	1	Decompression of lower leg			251	$504	1.00	Add.
27602	1	Decompression of lower leg			251	$504	1.00	Add.
27603	1	Drain lower leg lesion	2	$422	132	$162	0.32	
27604	1	Drain lower leg bursa	2	$422	251	$504	1.00	
27605	1	Incision of achilles tendon	1	$314	271	$510	1.01	
27606	1	Incision of achilles tendon	1	$314	251	$504	1.00	
27607	1	Treat lower leg bone lesion	2	$422	251	$504	1.00	
27610	1	Explore/treat ankle joint	2	$422	252	$574	1.14	
27612	1	Exploration of ankle joint	3	$482	252	$574	1.14	
27613	5	Biopsy lower leg soft tissue	1	$314				Delete.
27614	1	Biopsy lower leg soft tissue	2	$422	163	$449	0.89	
27615	1	Remove tumor, lower leg	3	$482	216	$580	1.15	
27618	1	Remove lower leg lesion	2	$422	163	$449	0.89	
27619	1	Remove lower leg lesion	3	$482	163	$449	0.89	
27620	1	Explore, treat ankle joint	4	$595	252	$574	1.14	
27625	1	Remove ankle joint lining	4	$595	252	$574	1.14	
27626	1	Remove ankle joint lining	4	$595	252	$574	1.14	
27630	1	Removal of tendon lesion	3	$482	251	$504	1.00	
27635	1	Remove lower leg bone lesion	3	$482	252	$574	1.14	
27637	1	Remove/graft leg bone lesion	3	$482	252	$574	1.14	
27638	1	Remove/graft leg bone lesion	3	$482	252	$574	1.14	
27640	1	Partial removal of tibia	2	$422	253	$775	1.54	
27641	1	Partial removal of fibula	2	$422	252	$574	1.14	
27645	3	Extensive lower leg surgery						
27646	3	Extensive lower leg surgery						
27647	1	Extensive ankle/heel surgery			253	$775	1.54	Add.
27648	2	Injection for ankle x-ray						
27650	1	Repair achilles tendon	3	$482	253	$775	1.54	
27652	1	Repair/graft achilles tendon	3	$482	253	$775	1.54	
27654	1	Repair of achilles tendon	3	$482	253	$775	1.54	
27656	1	Repair leg fascia defect	2	$422	251	$504	1.00	
27658	1	Repair of leg tendon, each	1	$314	251	$504	1.00	
27659	1	Repair of leg tendon, each	2	$422	251	$504	1.00	
27664	1	Repair of leg tendon, each	2	$422	251	$504	1.00	
27665	1	Repair of leg tendon, each	2	$422	252	$574	1.14	
27675	1	Repair lower leg tendons	2	$422	251	$504	1.00	
27676	1	Repair lower leg tendons	3	$482	252	$574	1.14	
27680	1	Release of lower leg tendon	3	$482	252	$574	1.14	
27681	1	Release of lower leg tendons	2	$422	252	$574	1.14	
27685	1	Revision of lower leg tendon	3	$482	252	$574	1.14	
27686	1	Revise lower leg tendons	3	$482	252	$574	1.14	
27687	1	Revision of calf tendon	3	$482	252	$574	1.14	
27690	1	Revise lower leg tendon	4	$595	253	$775	1.54	
27691	1	Revise lower leg tendon	4	$595	253	$775	1.54	
27692	1	Revise additional leg tendon	3	$482	253	$775	1.54	
27695	1	Repair of ankle ligament	2	$422	252	$574	1.14	
27696	1	Repair of ankle ligaments	2	$422	252	$574	1.14	
27698	1	Repair of ankle ligament	2	$422	252	$574	1.14	
27700	1	Revision of ankle joint	5	$678	217	$695	1.38	
27702	3	Reconstruct ankle joint						
27703	3	Reconstruction, ankle joint						
27704	1	Removal of ankle implant	2	$422	251	$504	1.00	
27705	1	Incision of tibia	2	$422	253	$775	1.54	
27707	1	Incision of fibula	2	$422	251	$504	1.00	
27709	1	Incision of tibia & fibula	2	$422	252	$574	1.14	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
27712	3	Realignment of lower leg						
27715	3	Revision of lower leg	4	$595				Delete.
27720	3	Repair of tibia						
27722	3	Repair/graft of tibia						
27724	3	Repair/graft of tibia						
27725	3	Repair of lower leg						
27727	3	Repair of lower leg						
27730	1	Repair of tibia epiphysis	2	$422	252	$574	1.14	
27732	1	Repair of fibula epiphysis	2	$422	252	$574	1.14	
27734	1	Repair lower leg epiphyses	2	$422	252	$574	1.14	
27740	1	Repair of leg epiphyses	2	$422	252	$574	1.14	
27742	1	Repair of leg epiphyses	2	$422	253	$775	1.54	
27745	1	Reinforce tibia	3	$482	253	$775	1.54	
27750	1	Treatment of tibia fracture	1	$314	209	$71	0.14	
27752	1	Treatment of tibia fracture	1	$314	209	$71	0.14	
27756	1	Repair of tibia fracture	3	$482	216	$580	1.15	
27758	1	Repair of tibia fracture	4	$595	216	$580	1.15	
27759	1	Repair of tibia fracture	4	$595	216	$580	1.15	
27760	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27762	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27766	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27780	1	Treatment of fibula fracture	1	$314	209	$71	0.14	
27781	1	Treatment of fibula fracture	1	$314	209	$71	0.14	
27784	1	Repair of fibula fracture	3	$482	216	$580	1.15	
27786	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27788	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27792	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27808	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27810	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27814	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27816	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27818	1	Treatment of ankle fracture	1	$314	209	$71	0.14	
27822	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27823	1	Repair of ankle fracture	3	$482	216	$580	1.15	
27824	1	Treat lower leg fracture	1	$314	209	$71	0.14	
27825	1	Treat lower leg fracture	2	$422	209	$71	0.14	
27826	1	Treat lower leg fracture	3	$482	216	$580	1.15	
27827	1	Treat lower leg fracture	3	$482	216	$580	1.15	
27828	1	Treat lower leg fracture	4	$595	216	$580	1.15	
27829	1	Treat lower leg joint	2	$422	216	$580	1.15	
27830	1	Treat lower leg dislocation	1	$314	209	$71	0.14	
27831	1	Treat lower leg dislocation	1	$314	210	$397	0.79	
27832	1	Repair lower leg dislocation	2	$422	216	$580	1.15	
27840	1	Treat ankle dislocation	1	$314	209	$71	0.14	
27842	1	Treat ankle dislocation	1	$314	210	$397	0.79	
27846	1	Repair ankle dislocation	3	$482	216	$580	1.15	
27848	1	Repair ankle dislocation	3	$482	216	$580	1.15	
27860	1	Fixation of ankle joint	1	$314	210	$397	0.79	
27870	1	Fusion of ankle joint	4	$595	253	$775	1.54	
27871	1	Fusion of tibiofibular joint	4	$595	253	$775	1.54	
27880	3	Amputation of lower leg						
27881	3	Amputation of lower leg						
27882	3	Amputation of lower leg						
27884	1	Amputation follow-up surgery	3	$482	251	$504	1.00	
27886	3	Amputation follow-up surgery						
27888	3	Amputation of foot at ankle						
27889	1	Amputation of foot at ankle			252	$574	1.14	Add.
27892	1	Decompression of leg			251	$504	1.00	Add.
27893	1	Decompression of leg			251	$504	1.00	Add.
27894	1	Decompression of leg			251	$504	1.00	Add.
27899	3	Leg/ankle surgery procedure						
28001	1	Drainage of bursa of foot			132	$162	0.32	Add.
28002	1	Treatment of foot infection	3	$482	251	$504	1.00	
28003	1	Treatment of foot infection	3	$482	251	$504	1.00	
28005	1	Treat foot bone lesion	3	$482	271	$510	1.01	
28008	1	Incision of foot fascia	3	$482	271	$510	1.01	
28010	1	Incision of toe tendon			271	$510	1.01	Add.
28011	1	Incision of toe tendons			271	$510	1.01	Add.
28020	1	Exploration of a foot joint	2	$422	271	$510	1.01	
28022	1	Exploration of a foot joint			271	$510	1.01	Add.
28024	1	Exploration of a toe joint			271	$510	1.01	Add.
28030	1	Removal of foot nerve	4	$595	631	$600	1.19	
28035	1	Decompression of tibia nerve	4	$595	631	$600	1.19	
28043	1	Excision of foot lesion	2	$422	162	$187	0.37	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
28045	1	Excision of foot lesion	3	$482	271	$510	1.01	
28046	1	Resection of tumor, foot	3	$482	271	$510	1.01	
28050	1	Biopsy of foot joint lining	2	$422	271	$510	1.01	
28052	1	Biopsy of foot joint lining			271	$510	1.01	Add.
28054	1	Biopsy of toe joint lining	2	$422	271	$510	1.01	
28060	1	Partial removal foot fascia	2	$422	272	$546	1.08	
28062	1	Removal of foot fascia	3	$482	272	$546	1.08	
28070	1	Removal of foot joint lining	3	$482	272	$546	1.08	
28072	1	Removal of foot joint lining	3	$482	272	$546	1.08	
28080	1	Removal of foot lesion	3	$482	271	$510	1.01	
28086	1	Excise foot tendon sheath	2	$422	271	$510	1.01	
28088	1	Excise foot tendon sheath	2	$422	271	$510	1.01	
28090	1	Removal of foot lesion	3	$482	271	$510	1.01	
28092	1	Removal of toe lesions	3	$482	271	$510	1.01	
28100	1	Removal of ankle/heel lesion	2	$422	271	$510	1.01	
28102	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28103	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28104	1	Removal of foot lesion	2	$422	271	$510	1.01	
28106	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28107	1	Remove/graft foot lesion	3	$482	272	$546	1.08	
28108	1	Removal of toe lesions			271	$510	1.01	Add.
28110	1	Part removal of metatarsal	3	$482	276	$680	1.35	
28111	1	Part removal of metatarsal	3	$482	271	$510	1.01	
28112	1	Part removal of metatarsal	3	$482	271	$510	1.01	
28113	1	Part removal of metatarsal	3	$482	271	$510	1.01	
28114	1	Removal of metatarsal heads	3	$482	271	$510	1.01	
28116	1	Revision of foot	3	$482	271	$510	1.01	
28118	1	Removal of heel bone	4	$595	271	$510	1.01	
28119	1	Removal of heel spur	4	$595	271	$510	1.01	
28120	1	Part removal of ankle/heel	7	$941	271	$510	1.01	
28122	1	Partial removal of foot bone	3	$482	271	$510	1.01	
28124	1	Partial removal of toe			271	$510	1.01	Add.
28126	1	Partial removal of toe			271	$510	1.01	Add.
28130	1	Removal of ankle bone	3	$482	271	$510	1.01	
28140	1	Removal of metatarsal	3	$482	271	$510	1.01	
28150	1	Removal of toe	3	$482	271	$510	1.01	
28153	1	Partial removal of toe			271	$510	1.01	Add.
28160	1	Partial removal of toe			271	$510	1.01	Add.
28171	1	Extensive foot surgery	3	$482	271	$510	1.01	
28173	1	Extensive foot surgery	3	$482	271	$510	1.01	
28175	1	Extensive foot surgery	3	$482	271	$510	1.01	
28190	5	Removal of foot foreign body						
28192	1	Removal of foot foreign body	2	$422	163	$449	0.89	
28193	1	Removal of foot foreign body	4	$595	163	$449	0.89	
28200	1	Repair of foot tendon	3	$482	271	$510	1.01	
28202	1	Repair/graft of foot tendon	3	$482	272	$546	1.08	
28208	1	Repair of foot tendon	3	$482	271	$510	1.01	
28210	1	Repair/graft of foot tendon	3	$482	271	$510	1.01	
28220	1	Release of foot tendon			271	$510	1.01	Add.
28222	1	Release of foot tendons	1	$314	271	$510	1.01	
28225	1	Release of foot tendon	1	$314	271	$510	1.01	
28226	1	Release of foot tendons	1	$314	271	$510	1.01	
28230	1	Incision of foot tendon(s)			271	$510	1.01	Add.
28232	1	Incision of toe tendon			271	$510	1.01	Add.
28234	1	Incision of foot tendon			271	$510	1.01	Add.
28238	1	Revision of foot tendon	3	$482	272	$546	1.08	
28240	1	Release of big toe	2	$422	271	$510	1.01	
28250	1	Revision of foot fascia	3	$482	272	$546	1.08	
28260	1	Release of midfoot joint	3	$482	272	$546	1.08	
28261	1	Revision of foot tendon	3	$482	272	$546	1.08	
28262	1	Revision of foot and ankle	4	$595	272	$546	1.08	
28264	1	Release of midfoot joint	1	$314	272	$546	1.08	
28270	1	Release of foot contracture			271	$510	1.01	Add.
28272	1	Release of toe joint, each			271	$510	1.01	Add.
28280	1	Fusion of toes	2	$422	271	$510	1.01	
28285	1	Repair of hammertoe	3	$482	271	$510	1.01	
28286	1	Repair of hammertoe	4	$595	271	$510	1.01	
28288	1	Partial removal of foot bone	3	$482	272	$546	1.08	
28290	1	Correction of bunion	2	$422	276	$680	1.35	
28292	1	Correction of bunion	2	$422	276	$680	1.35	
28293	1	Correction of bunion	3	$482	276	$680	1.35	
28294	1	Correction of bunion	3	$482	276	$680	1.35	
28296	1	Correction of bunion	3	$482	276	$680	1.35	
28297	1	Correction of bunion	3	$482	276	$680	1.35	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
28298	1	Correction of bunion	3	$482	276	$680	1.35	
28299	1	Correction of bunion	5	$678	276	$680	1.35	
28300	1	Incision of heel bone	2	$422	272	$546	1.08	
28302	1	Incision of ankle bone	2	$422	272	$546	1.08	
28304	1	Incision of midfoot bones	2	$422	272	$546	1.08	
28305	1	Incise/graft midfoot bones	3	$482	272	$546	1.08	
28306	1	Incision of metatarsal	4	$595	272	$546	1.08	
28307	1	Incision of metatarsal	4	$595	272	$546	1.08	
28308	1	Incision of metatarsal	2	$422	272	$546	1.08	
28309	1	Incision of metatarsals	4	$595	272	$546	1.08	
28310	1	Revision of big toe	3	$482	271	$510	1.01	
28312	1	Revision of toe	3	$482	271	$510	1.01	
28313	1	Repair deformity of toe	2	$422	271	$510	1.01	
28315	1	Removal of sesamoid bone	4	$595	271	$510	1.01	
28320	1	Repair of foot bones	4	$595	272	$546	1.08	
28322	1	Repair of metatarsals	4	$595	272	$546	1.08	
28340	1	Resect enlarged toe tissue	4	$595	271	$510	1.01	
28341	1	Resect enlarged toe	4	$595	271	$510	1.01	
28344	1	Repair extra toe(s)	4	$595	272	$546	1.08	
28345	1	Repair webbed toe(s)	4	$595	272	$546	1.08	
28360	1	Reconstruct cleft foot			272	$546	1.08	Add.
28400	1	Treatment of heel fracture	1	$314	209	$71	0.14	
28405	1	Treatment of heel fracture	2	$422	209	$71	0.14	
28406	1	Treatment of heel fracture	2	$422	216	$580	1.15	
28415	1	Repair of heel fracture	3	$482	216	$580	1.15	
28420	1	Repair/graft heel fracture	4	$595	216	$580	1.15	
28430	1	Treatment of ankle fracture			209	$71	0.14	Add.
28435	1	Treatment of ankle fracture	2	$422	209	$71	0.14	
28436	1	Treatment of ankle fracture	2	$422	216	$580	1.15	
28445	1	Repair of ankle fracture	3	$482	216	$580	1.15	
28450	1	Treat midfoot fracture, each			209	$71	0.14	Add.
28455	1	Treat midfoot fracture, each			209	$71	0.14	Add.
28456	1	Repair midfoot fracture	2	$422	216	$580	1.15	
28465	1	Repair midfoot fracture,each	3	$482	216	$580	1.15	
28470	1	Treat metatarsal fracture			209	$71	0.14	Add.
28475	1	Treat metatarsal fracture			209	$71	0.14	Add.
28476	1	Repair metatarsal fracture	2	$422	216	$580	1.15	
28485	1	Repair metatarsal fracture	4	$595	216	$580	1.15	
28490	1	Treat big toe fracture			207	$53	0.11	Add.
28495	1	Treat big toe fracture			207	$53	0.11	Add.
28496	1	Repair big toe fracture	2	$422	216	$580	1.15	
28505	1	Repair big toe fracture	3	$482	216	$580	1.15	
28510	1	Treatment of toe fracture			207	$53	0.11	Add.
28515	1	Treatment of toe fracture			207	$53	0.11	Add.
28525	1	Repair of toe fracture	3	$482	216	$580	1.15	
28530	1	Treat sesamoid bone fracture			209	$71	0.14	Add.
28531	1	Treat sesamoid bone fracture			216	$580	1.15	Add.
28540	1	Treat foot dislocation			209	$71	0.14	Add.
28545	1	Treat foot dislocation	1	$314	210	$397	0.79	
28546	1	Treat foot dislocation	2	$422	216	$580	1.15	
28555	1	Repair foot dislocation	2	$422	216	$580	1.15	
28570	1	Treat foot dislocation			209	$71	0.14	Add.
28575	1	Treat foot dislocation	1	$314	210	$397	0.79	
28576	1	Treat foot dislocation	3	$482	216	$580	1.15	
28585	1	Repair foot dislocation	3	$482	216	$580	1.15	
28600	1	Treat foot dislocation			209	$71	0.14	Add.
28605	1	Treat foot dislocation	1	$314	210	$397	0.79	
28606	1	Treat foot dislocation	2	$422	216	$580	1.15	
28615	1	Repair foot dislocation	3	$482	216	$580	1.15	
28630	1	Treat toe dislocation			207	$53	0.11	Add.
28635	1	Treat toe dislocation	1	$314	210	$397	0.79	
28636	1	Treat toe dislocation	3	$482	216	$580	1.15	
28645	1	Repair toe dislocation	3	$482	216	$580	1.15	
28660	1	Treat toe dislocation			207	$53	0.11	Add.
28665	1	Treat toe dislocation	1	$314	210	$397	0.79	
28666	1	Treat toe dislocation	3	$482	216	$580	1.15	
28675	1	Repair of toe dislocation	3	$482	216	$580	1.15	
28705	1	Fusion of foot bones	4	$595	272	$546	1.08	
28715	1	Fusion of foot bones	4	$595	272	$546	1.08	
28725	1	Fusion of foot bones	4	$595	272	$546	1.08	
28730	1	Fusion of foot bones	4	$595	272	$546	1.08	
28735	1	Fusion of foot bones	4	$595	272	$546	1.08	
28737	1	Revision of foot bones	5	$678	271	$510	1.01	
28740	1	Fusion of foot bones	4	$595	272	$546	1.08	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
28750	1	Fusion of big toe joint	4	$595	271	$510	1.01	
28755	1	Fusion of big toe joint	4	$595	271	$510	1.01	
28760	1	Fusion of big toe joint	4	$595	272	$546	1.08	
28800	3	Amputation of midfoot						
28805	3	Amputation thru metatarsal						
28810	1	Amputation toe & metatarsal	2	$422	271	$510	1.01	
28820	1	Amputation of toe	2	$422	271	$510	1.01	
28825	1	Partial amputation of toe	2	$422	271	$510	1.01	
28899	3	Foot/toes surgery procedure						
29000	5	Application of body cast						
29010	5	Application of body cast						
29015	5	Application of body cast						
29020	5	Application of body cast						
29025	5	Application of body cast						
29035	5	Application of body cast						
29040	5	Application of body cast						
29044	5	Application of body cast						
29046	5	Application of body cast						
29049	5	Application of figure eight						
29055	5	Application of shoulder cast						
29058	5	Application of shoulder cast						
29065	5	Application of long arm cast						
29075	5	Application of forearm cast						
29085	5	Apply hand/wrist cast						
29105	5	Apply long arm splint						
29125	5	Apply forearm splint						
29126	5	Apply forearm splint						
29130	5	Application of finger splint						
29131	5	Application of finger splint						
29200	5	Strapping of chest						
29220	5	Strapping of low back						
29240	5	Strapping of shoulder						
29260	5	Strapping of elbow or wrist						
29280	5	Strapping of hand or finger						
29305	5	Application of hip cast						
29325	5	Application of hip casts						
29345	5	Application of long leg cast						
29355	5	Application of long leg cast						
29358	5	Apply long leg cast brace						
29365	5	Application of long leg cast						
29405	5	Apply short leg cast						
29425	5	Apply short leg cast						
29435	5	Apply short leg cast						
29440	5	Add.ition of walker to cast						
29445	5	Apply rigid leg cast						
29450	5	Application of leg cast						
29505	5	Application long leg splint						
29515	5	Application lower leg splint						
29520	5	Strapping of hip						
29530	5	Strapping of knee						
29540	5	Strapping of ankle						
29550	5	Strapping of toes						
29580	5	Application of paste boot						
29590	5	Application of foot splint						
29700	5	Removal/revision of cast						
29705	5	Removal/revision of cast						
29710	5	Removal/revision of cast						
29715	5	Removal/revision of cast						
29720	5	Repair of body cast						
29730	5	Windowing of cast						
29740	5	Wedging of cast						
29750	5	Wedging of clubfoot cast						
29799	3	Casting/strapping procedure						
29800	1	Jaw arthroscopy/surgery			280	$675	1.34	Add.
29804	1	Jaw arthroscopy/surgery	3	$482	281	$807	1.60	
29815	1	Shoulder arthroscopy	3	$482	280	$675	1.34	
29819	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29820	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29821	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29822	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29823	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29825	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29826	1	Shoulder arthroscopy/surgery	3	$482	281	$807	1.60	
29830	1	Elbow arthroscopy	3	$482	280	$675	1.34	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
29834	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29835	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29836	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29837	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29838	1	Elbow arthroscopy/surgery	3	$482	281	$807	1.60	
29840	1	Wrist arthroscopy	3	$482	280	$675	1.34	
29843	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29844	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29845	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29846	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29847	1	Wrist arthroscopy/surgery	3	$482	281	$807	1.60	
29848	1	Wrist arthroscopy/surgery			281	$807	1.60	Add.
29850	1	Knee arthroscopy/surgery	4	$595	286	$1,110	2.20	
29851	1	Knee arthroscopy/surgery	4	$595	286	$1,110	2.20	
29855	1	Tibial arthroscopy/surgery	4	$595	286	$1,110	2.20	
29856	1	Tibial arthroscopy/surgery	4	$595	286	$1,110	2.20	
29860	1	Hip arthroscopy, dx			281	$807	1.60	Add.
29861	1	Hip arthroscopy/surgery			281	$807	1.60	Add.
29862	1	Hip arthroscopy/surgery			281	$807	1.60	Add.
29863	1	Hip arthroscopy/surgery			281	$807	1.60	Add.
29870	1	Knee arthroscopy, diagnostic	3	$482	280	$675	1.34	
29871	1	Knee arthroscopy/drainage	3	$482	282	$860	1.71	
29874	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29875	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29876	1	Knee arthroscopy/surgery	4	$595	282	$860	1.71	
29877	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29879	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29880	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29881	1	Knee arthroscopy/surgery	4	$595	281	$807	1.60	
29882	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29883	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29884	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29885	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29886	1	Knee arthroscopy/surgery	3	$482	281	$807	1.60	
29887	1	Knee arthroscopy/surgery	3	$482	282	$860	1.71	
29888	1	Knee arthroscopy/surgery	3	$482	286	$1,110	2.20	
29889	1	Knee arthroscopy/surgery	3	$482	286	$1,110	2.20	
29891	1	Ankle arthroscopy/surgery			282	$860	1.71	Add.
29892	1	Ankle arthroscopy/surgery			286	$1,110	2.20	Add.
29893	1	Scope, plantar fasciotomy			271	$510	1.01	Add.
29894	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29895	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29897	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29898	1	Ankle arthroscopy/surgery	3	$482	281	$807	1.60	
29909	3	Arthroscopy of joint						
30000	5	Drainage of nose lesion						
30020	5	Drainage of nose lesion						
30100	5	Intranasal biopsy						
30110	5	Removal of nose polyp(s)						
30115	1	Removal of nose polyp(s)	2	$422	313	$537	1.07	
30117	5	Removal of intranasal lesion	3	$482				Delete.
30118	1	Removal of intranasal lesion	3	$482	313	$537	1.07	
30120	1	Revision of nose	1	$314	313	$537	1.07	
30124	5	Removal of nose lesion	1	$314				Delete.
30125	1	Removal of nose lesion	2	$422	313	$537	1.07	
30130	1	Removal of turbinate bones	3	$482	313	$537	1.07	
30140	1	Removal of turbinate bones	2	$422	313	$537	1.07	
30150	1	Partial removal of nose	3	$482	313	$537	1.07	
30160	1	Removal of nose	4	$595	313	$537	1.07	
30200	2	Injection treatment of nose						
30210	5	Nasal sinus therapy						
30220	5	Insert nasal septal button						
30300	5	Remove nasal foreign body						
30310	1	Remove nasal foreign body	1	$314	313	$537	1.07	
30320	1	Remove nasal foreign body	2	$422	313	$537	1.07	
30400	7	Reconstruction of nose	4	$595	314	$946	1.88	
30410	7	Reconstruction of nose	5	$678	314	$946	1.88	
30420	7	Reconstruction of nose	5	$678	314	$946	1.88	
30430	7	Revision of nose	3	$482	313	$537	1.07	
30435	7	Revision of nose	5	$678	314	$946	1.88	
30450	7	Revision of nose	7	$941	314	$946	1.88	
30460	1	Revision of nose			314	$946	1.88	Add.
30462	1	Revision of nose			314	$946	1.88	Add.
30520	1	Repair of nasal septum	4	$595	313	$537	1.07	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
30540	1	Repair nasal defect	5	$678	313	$537	1.07	
30545	1	Repair nasal defect			314	$946	1.88	Add.
30560	5	Release of nasal adhesions	2	$422				Delete.
30580	1	Repair upper jaw fistula	4	$595	313	$537	1.07	
30600	1	Repair mouth/nose fistula	4	$595	313	$537	1.07	
30620	1	Intranasal reconstruction	7	$941	313	$537	1.07	
30630	1	Repair nasal septum defect	7	$941	313	$537	1.07	
30801	1	Cauterization inner nose	1	$314	312	$233	0.46	
30802	1	Cauterization inner nose	1	$314	312	$233	0.46	
30901	1	Control of nosebleed			318	$77	0.15	Add.
30903	1	Control of nosebleed	1	$314	318	$77	0.15	
30905	1	Control of nosebleed	1	$314	318	$77	0.15	
30906	1	Repeat control of nosebleed	1	$314	318	$77	0.15	
30915	1	Ligation nasal sinus artery	2	$422	367	$682	1.35	
30920	1	Ligation upper jaw artery	3	$482	367	$682	1.35	
30930	1	Therapy fracture of nose			312	$233	0.46	Add.
30999	3	Nasal surgery procedure						
31000	5	Irrigation maxillary sinus						
31002	5	Irrigation sphenoid sinus						
31020	1	Exploration maxillary sinus	2	$422	313	$537	1.07	
31030	1	Exploration maxillary sinus	3	$482	313	$537	1.07	
31032	1	Explore sinus,remove polyps	4	$595	313	$537	1.07	
31040	1	Exploration behind upper jaw			314	$946	1.88	Add.
31050	1	Exploration sphenoid sinus	2	$422	313	$537	1.07	
31051	1	Sphenoid sinus surgery	4	$595	313	$537	1.07	
31070	1	Exploration of frontal sinus	2	$422	313	$537	1.07	
31075	1	Exploration of frontal sinus	4	$595	314	$946	1.88	
31080	1	Removal of frontal sinus	4	$595	314	$946	1.88	
31081	1	Removal of frontal sinus			314	$946	1.88	Add.
31084	1	Removal of frontal sinus	4	$595	314	$946	1.88	
31085	1	Removal of frontal sinus			314	$946	1.88	Add.
31086	1	Removal of frontal sinus	4	$595	314	$946	1.88	
31087	1	Removal of frontal sinus			314	$946	1.88	Add.
31090	1	Exploration of sinuses	5	$678	314	$946	1.88	
31200	1	Removal of ethmoid sinus	2	$422	313	$537	1.07	
31201	1	Removal of ethmoid sinus	5	$678	314	$946	1.88	
31205	1	Removal of ethmoid sinus	3	$482	314	$946	1.88	
31225	3	Removal of upper jaw						
31230	3	Removal of upper jaw						
31231	5	Nasal endoscopy, dx						
31233	1	Nasal/sinus endoscopy, dx	2	$422	332	$423	0.84	
31235	1	Nasal/sinus endoscopy, dx	1	$314	332	$423	0.84	
31237	1	Nasal/sinus endoscopy, surg	2	$422	332	$423	0.84	
31238	1	Nasal/sinus endoscopy, surg	1	$314	332	$423	0.84	
31239	1	Nasal/sinus endoscopy, surg	4	$595	333	$653	1.30	
31240	1	Nasal/sinus endoscopy, surg	2	$422	332	$423	0.84	
31254	1	Revision of ethmoid sinus	3	$482	333	$653	1.30	
31255	1	Removal of ethmoid sinus	5	$678	333	$653	1.30	
31256	1	Exploration maxillary sinus	3	$482	333	$653	1.30	
31267	1	Endoscopy, maxillary sinus	3	$482	333	$653	1.30	
31276	1	Sinus surgical endoscopy	3	$482	333	$653	1.30	
31287	1	Nasal/sinus endoscopy, surg	3	$482	333	$653	1.30	
31288	1	Nasal/sinus endoscopy, surg	3	$482	333	$653	1.30	
31290	3	Nasal/sinus endoscopy, surg						
31291	3	Nasal/sinus endoscopy, surg						
31292	3	Nasal/sinus endoscopy, surg						
31293	3	Nasal/sinus endoscopy, surg						
31294	3	Nasal/sinus endoscopy, surg						
31299	3	Sinus surgery procedure						
31300	1	Removal of larynx lesion	5	$678	314	$946	1.88	
31320	1	Diagnostic incision larynx	2	$422	313	$537	1.07	
31360	3	Removal of larynx						
31365	3	Removal of larynx						
31367	3	Partial removal of larynx						
31368	3	Partial removal of larynx						
31370	3	Partial removal of larynx						
31375	3	Partial removal of larynx						
31380	3	Partial removal of larynx						
31382	3	Partial removal of larynx						
31390	3	Removal of larynx & pharynx						
31395	3	Reconstruct larynx & pharynx						
31400	1	Revision of larynx			314	$946	1.88	Add.
31420	1	Removal of epiglottis			314	$946	1.88	Add.
31500	3	Insert emergency airway						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
31502	1	Change of windpipe airway			470	$119	0.24	Add.
31505	5	Diagnostic laryngoscopy						
31510	1	Laryngoscopy with biopsy	2	$422	332	$423	0.84	
31511	1	Remove foreign body, larynx	2	$422	332	$423	0.84	
31512	1	Removal of larynx lesion	2	$422	332	$423	0.84	
31513	1	Injection into vocal cord	2	$422	332	$423	0.84	
31515	1	Laryngoscopy for aspiration	1	$314	332	$423	0.84	
31520	1	Diagnostic laryngoscopy			332	$423	0.84	Add.
31525	1	Diagnostic laryngoscopy	1	$314	332	$423	0.84	
31526	1	Diagnostic laryngoscopy	2	$422	332	$423	0.84	
31527	1	Laryngoscopy for treatment	1	$314	333	$653	1.30	
31528	1	Laryngoscopy and dilatation	2	$422	332	$423	0.84	
31529	1	Laryngoscopy and dilatation	2	$422	332	$423	0.84	
31530	1	Operative laryngoscopy	2	$422	333	$653	1.30	
31531	1	Operative laryngoscopy	3	$482	333	$653	1.30	
31535	1	Operative laryngoscopy	2	$422	333	$653	1.30	
31536	1	Operative laryngoscopy	3	$482	333	$653	1.30	
31540	1	Operative laryngoscopy	3	$482	333	$653	1.30	
31541	1	Operative laryngoscopy	4	$595	333	$653	1.30	
31560	1	Operative laryngoscopy	5	$678	333	$653	1.30	
31561	1	Operative laryngoscopy	5	$678	333	$653	1.30	
31570	1	Laryngoscopy with injection	2	$422	333	$653	1.30	
31571	1	Laryngoscopy with injection	2	$422	333	$653	1.30	
31575	5	Diagnostic laryngoscopy						
31576	1	Laryngoscopy with biopsy	2	$422	332	$423	0.84	
31577	1	Remove foreign body, larynx	2	$422	332	$423	0.84	
31578	1	Removal of larynx lesion	2	$422	332	$423	0.84	
31579	5	Diagnostic laryngoscopy						
31580	3	Revision of larynx	5	$678				Delete.
31582	3	Revision of larynx	5	$678				Delete.
31584	3	Repair of larynx fracture	4	$595				Delete.
31585	1	Repair of larynx fracture	1	$314	207	$53	0.11	
31586	1	Repair of larynx fracture	2	$422	209	$71	0.14	
31587	3	Revision of larynx						
31588	1	Revision of larynx	5	$678	314	$946	1.88	
31590	1	Reinnervate larynx	5	$678	314	$946	1.88	
31595	1	Larynx nerve surgery	2	$422	313	$537	1.07	
31599	3	Larynx surgery procedure						
31600	3	Incision of windpipe	2	$422				Delete.
31601	3	Incision of windpipe						
31603	3	Incision of windpipe						
31605	3	Incision of windpipe						
31610	3	Incision of windpipe						
31611	1	Surgery/speech prosthesis	3	$482	313	$537	1.07	
31612	1	Puncture/clear windpipe	1	$314	312	$233	0.46	
31613	1	Repair windpipe opening	2	$422	313	$537	1.07	
31614	1	Repair windpipe opening	2	$422	313	$537	1.07	
31615	1	Visualization of windpipe	1	$314	336	$407	0.81	
31622	1	Diagnostic bronchoscopy	1	$314	336	$407	0.81	
31625	1	Bronchoscopy with biopsy	2	$422	336	$407	0.81	
31628	1	Bronchoscopy with biopsy	2	$422	336	$407	0.81	
31629	1	Bronchoscopy with biopsy	2	$422	336	$407	0.81	
31630	1	Bronchoscopy with repair	2	$422	336	$407	0.81	
31631	1	Bronchoscopy with dilation	2	$422	336	$407	0.81	
31635	1	Remove foreign body, airway	2	$422	336	$407	0.81	
31640	1	Bronchoscopy & remove lesion	2	$422	336	$407	0.81	
31641	1	Bronchoscopy, treat blockage	2	$422	336	$407	0.81	
31645	1	Bronchoscopy, clear airways	1	$314	336	$407	0.81	
31646	1	Bronchoscopy,reclear airways	1	$314	336	$407	0.81	
31656	2	Bronchoscopy,inject for xray	1	$314				Delete.
31700	1	Insertion of airway catheter	1	$314	332	$423	0.84	
31708	2	Instill airway contrast dye						
31710	2	Insertion of airway catheter	1	$314				Delete.
31715	2	Injection for bronchus x-ray	1	$314				Delete.
31717	1	Bronchial brush biopsy	1	$314	332	$423	0.84	
31720	1	Clearance of airways	1	$314	332	$423	0.84	
31725	3	Clearance of airways						
31730	1	Intro windpipe wire/tube	1	$314	332	$423	0.84	
31750	1	Repair of windpipe	5	$678	314	$946	1.88	
31755	1	Repair of windpipe	2	$422	314	$946	1.88	
31760	3	Repair of windpipe						
31766	3	Reconstruction of windpipe						
31770	3	Repair/graft of bronchus						
31775	3	Reconstruct bronchus						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
31780	3	Reconstruct windpipe						
31781	3	Reconstruct windpipe						
31785	3	Remove windpipe lesion	4	$595				Delete.
31786	3	Remove windpipe lesion						
31800	3	Repair of windpipe injury	2	$422				Delete.
31805	3	Repair of windpipe injury						
31820	1	Closure of windpipe lesion	1	$314	313	$537	1.07	
31825	1	Repair of windpipe defect	2	$422	313	$537	1.07	
31830	1	Revise windpipe scar	2	$422	313	$537	1.07	
31899	3	Airways surgical procedure						
32000	1	Drainage of chest	1	$314	320	$126	0.25	
32002	3	Treatment of collapsed lung	2	$422				Delete.
32005	3	Treat lung lining chemically	2	$422				Delete.
32020	3	Insertion of chest tube	2	$422				Delete.
32035	3	Exploration of chest						
32036	3	Exploration of chest						
32095	3	Biopsy through chest wall						
32100	3	Exploration/biopsy of chest						
32110	3	Explore/repair chest						
32120	3	Re-exploration of chest						
32124	3	Explore chest, free adhesions						
32140	3	Removal of lung lesion(s)						
32141	3	Remove/treat lung lesions						
32150	3	Removal of lung lesion(s)						
32151	3	Remove lung foreign body						
32160	3	Open chest heart massage						
32200	3	Open drainage, lung lesion						
32201	3	Percut drainage, lung lesion						
32215	3	Treat chest lining						
32220	3	Release of lung						
32225	3	Partial release of lung						
32310	3	Removal of chest lining						
32320	3	Free/remove chest lining						
32400	1	Needle biopsy chest lining	1	$314	122	$186	0.37	
32402	3	Open biopsy chest lining						
32405	1	Biopsy, lung or mediastinum	1	$314	122	$186	0.37	
32420	1	Puncture/clear lung	1	$314	320	$126	0.25	
32440	3	Removal of lung						
32442	3	Sleeve pneumonectomy						
32445	3	Removal of lung						
32480	3	Partial removal of lung						
32482	3	Bilobectomy						
32484	3	Segmentectomy						
32486	3	Sleeve lobectomy						
32488	3	Completion pneumonectomy						
32491	3	Lung volume reduction						
32500	3	Partial removal of lung						
32501	3	Repair bronchus (add-on)						
32520	3	Remove lung & revise chest						
32522	3	Remove lung & revise chest						
32525	3	Remove lung & revise chest						
32540	3	Removal of lung lesion						
32601	3	Thoracoscopy, diagnostic						
32602	3	Thoracoscopy, diagnostic						
32603	3	Thoracoscopy, diagnostic						
32604	3	Thoracoscopy, diagnostic						
32605	3	Thoracoscopy, diagnostic						
32606	3	Thoracoscopy, diagnostic						
32650	3	Thoracoscopy, surgical						
32651	3	Thoracoscopy, surgical						
32652	3	Thoracoscopy, surgical						
32653	3	Thoracoscopy, surgical						
32654	3	Thoracoscopy, surgical						
32655	3	Thoracoscopy, surgical						
32656	3	Thoracoscopy, surgical						
32657	3	Thoracoscopy, surgical						
32658	3	Thoracoscopy, surgical						
32659	3	Thoracoscopy, surgical						
32660	3	Thoracoscopy, surgical						
32661	3	Thoracoscopy, surgical						
32662	3	Thoracoscopy, surgical						
32663	3	Thoracoscopy, surgical						
32664	3	Thoracoscopy, surgical						
32665	3	Thoracoscopy, surgical						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
32800	3	Repair lung hernia						
32810	3	Close chest after drainage						
32815	3	Close bronchial fistula						
32820	3	Reconstruct injured chest						
32850	9	Donor pneumonectomy						
32851	3	Lung transplant, single						
32852	3	Lung transplant w/bypass						
32853	3	Lung transplant, double						
32854	3	Lung transplant w/bypass						
32900	3	Removal of rib(s)						
32905	3	Revise & repair chest wall						
32906	3	Revise & repair chest wall						
32940	3	Revision of lung						
32960	1	Therapeutic pneumothorax			320	$126	0.25	Add.
32999	3	Chest surgery procedure						
33010	1	Drainage of heart sac	2	$422	320	$126	0.25	
33011	1	Repeat drainage of heart sac	2	$422	320	$126	0.25	
33015	3	Incision of heart sac						
33020	3	Incision of heart sac						
33025	3	Incision of heart sac						
33030	3	Partial removal of heart sac						
33031	3	Partial removal of heart sac						
33050	3	Removal of heart sac lesion						
33120	3	Removal of heart lesion						
33130	3	Removal of heart lesion						
33200	3	Insertion of heart pacemaker						
33201	3	Insertion of heart pacemaker						
33206	3	Insertion of heart pacemaker						
33207	3	Insertion of heart pacemaker						
33208	3	Insertion of heart pacemaker						
33210	3	Insertion of heart electrode						
33211	3	Insertion of heart electrode						
33212	3	Insertion of pulse generator						
33213	3	Insertion of pulse generator						
33214	3	Upgrade of pacemaker system						
33216	3	Revision implanted electrode						
33217	3	Insert/revise electrode						
33218	3	Repair pacemaker electrodes						
33220	3	Repair pacemaker electrode						
33222	1	Pacemaker aicd pocket			360	$397	0.79	Add.
33223	1	Pacemaker aicd pocket			360	$397	0.79	Add.
33233	3	Removal of pacemaker system						
33234	3	Removal of pacemaker system						
33235	3	Removal pacemaker electrode						
33236	3	Remove electrode/thoracotomy						
33237	3	Remove electrode/thoracotomy						
33238	3	Remove electrode/thoracotomy						
33240	3	Insert/replace pulse gener						
33241	3	Remove pulse generator only						
33242	3	Repair pulse generator/leads						
33243	3	Remove generator/thoracotomy						
33244	3	Remove generator						
33245	3	Implant heart defibrillator						
33246	3	Implant heart defibrillator						
33247	3	Insert/replace leads						
33249	3	Insert/replace leads/gener						
33250	3	Ablate heart dysrhythm focus						
33251	3	Ablate heart dysrhythm focus						
33253	3	Reconstruct atria						
33261	3	Ablate heart dysrhythm focus						
33300	3	Repair of heart wound						
33305	3	Repair of heart wound						
33310	3	Exploratory heart surgery						
33315	3	Exploratory heart surgery						
33320	3	Repair major blood vessel(s)						
33321	3	Repair major vessel						
33322	3	Repair major blood vessel(s)						
33330	3	Insert major vessel graft						
33332	3	Insert major vessel graft						
33335	3	Insert major vessel graft						
33400	3	Repair of aortic valve						
33401	3	Valvuloplasty, open						
33403	3	Valvuloplasty, w/cp bypass						
33404	3	Prepare heart-aorta conduit						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
33405	3	Replacement of aortic valve						
33406	3	Replacement, aortic valve						
33411	3	Replacement of aortic valve						
33412	3	Replacement of aortic valve						
33413	3	Replacement, aortic valve						
33414	3	Repair, aortic valve						
33415	3	Revision, subvalvular tissue						
33416	3	Revise ventricle muscle						
33417	3	Repair of aortic valve						
33420	3	Revision of mitral valve						
33422	3	Revision of mitral valve						
33425	3	Repair of mitral valve						
33426	3	Repair of mitral valve						
33427	3	Repair of mitral valve						
33430	3	Replacement of mitral valve						
33460	3	Revision of tricuspid valve						
33463	3	Valvuloplasty, tricuspid						
33464	3	Valvuloplasty, tricuspid						
33465	3	Replace tricuspid valve						
33468	3	Revision of tricuspid valve						
33470	3	Revision of pulmonary valve						
33471	3	Valvotomy, pulmonary valve						
33472	3	Revision of pulmonary valve						
33474	3	Revision of pulmonary valve						
33475	3	Replacement, pulmonary valve						
33476	3	Revision of heart chamber						
33478	3	Revision of heart chamber						
33496	3	Repair, prosth valve clot						
33500	3	Repair heart vessel fistula						
33501	3	Repair heart vessel fistula						
33502	3	Coronary artery correction						
33503	3	Coronary artery graft						
33504	3	Coronary artery graft						
33505	3	Repair artery w/tunnel						
33506	3	Repair artery, translocation						
33510	3	CABG, vein, single						
33511	3	CABG, vein, two						
33512	3	CABG, vein, three						
33513	3	CABG, vein, four						
33514	3	CABG, vein, five						
33516	3	CABG, vein, six+						
33517	3	CABG, artery-vein, single						
33518	3	CABG, artery-vein, two						
33519	3	CABG, artery-vein, three						
33521	3	CABG, artery-vein, four						
33522	3	CABG, artery-vein, five						
33523	3	CABG, artery-vein, six+						
33530	3	Coronary artery, bypass/reop						
33533	3	CABG, arterial, single						
33534	3	CABG, arterial, two						
33535	3	CABG, arterial, three						
33536	3	CABG, arterial, four+						
33542	3	Removal of heart lesion						
33545	3	Repair of heart damage						
33572	3	Open coronary endarterectomy						
33600	3	Closure of valve						
33602	3	Closure of valve						
33606	3	Anastomosis/artery-aorta						
33608	3	Repair anomaly w/conduit						
33610	3	Repair by enlargement						
33611	3	Repair double ventricle						
33612	3	Repair double ventricle						
33615	3	Repair (simple fontan)						
33617	3	Repair by modified fontan						
33619	3	Repair single ventricle						
33641	3	Repair heart septum defect						
33645	3	Revision of heart veins						
33647	3	Repair heart septum defects						
33660	3	Repair of heart defects						
33665	3	Repair of heart defects						
33670	3	Repair of heart chambers						
33681	3	Repair heart septum defect						
33684	3	Repair heart septum defect						
33688	3	Repair heart septum defect						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
33690	3	Reinforce pulmonary artery						
33692	3	Repair of heart defects						
33694	3	Repair of heart defects						
33697	3	Repair of heart defects						
33702	3	Repair of heart defects						
33710	3	Repair of heart defects						
33720	3	Repair of heart defect						
33722	3	Repair of heart defect						
33730	3	Repair heart-vein defect(s)						
33732	3	Repair heart-vein defect						
33735	3	Revision of heart chamber						
33736	3	Revision of heart chamber						
33737	3	Revision of heart chamber						
33750	3	Major vessel shunt						
33755	3	Major vessel shunt						
33762	3	Major vessel shunt						
33764	3	Major vessel shunt & graft						
33766	3	Major vessel shunt						
33767	3	Atrial septectomy/septostomy						
33770	3	Repair great vessels defect						
33771	3	Repair great vessels defect						
33774	3	Repair great vessels defect						
33775	3	Repair great vessels defect						
33776	3	Repair great vessels defect						
33777	3	Repair great vessels defect						
33778	3	Repair great vessels defect						
33779	3	Repair great vessels defect						
33780	3	Repair great vessels defect						
33781	3	Repair great vessels defect						
33786	3	Repair arterial trunk						
33788	3	Revision of pulmonary artery						
33800	3	Aortic suspension						
33802	3	Repair vessel defect						
33803	3	Repair vessel defect						
33813	3	Repair septal defect						
33814	3	Repair septal defect						
33820	3	Revise major vessel						
33822	3	Revise major vessel						
33824	3	Revise major vessel						
33840	3	Remove aorta constriction						
33845	3	Remove aorta constriction						
33851	3	Remove aorta constriction						
33852	3	Repair septal defect						
33853	3	Repair septal defect						
33860	3	Ascending aorta graft						
33861	3	Ascending aorta graft						
33863	3	Ascending aorta graft						
33870	3	Transverse aortic arch graft						
33875	3	Thoracic aorta graft						
33877	3	Thoracoabdominal graft						
33910	3	Remove lung artery emboli						
33915	3	Remove lung artery emboli						
33916	3	Surgery of great vessel						
33917	3	Repair pulmonary artery						
33918	3	Repair pulmonary atresia						
33919	3	Repair pulmonary atresia						
33920	3	Repair pulmonary atresia						
33922	3	Transect pulmonary artery						
33924	3	Remove pulmonary shunt						
33930	9	Removal of donor heart/lung						
33935	3	Transplantation, heart/lung						
33940	9	Removal of donor heart						
33945	3	Transplantation of heart						
33960	3	External circulation assist						
33961	3	External circulation assist						
33970	3	Aortic circulation assist						
33971	3	Aortic circulation assist						
33973	3	Insert balloon device						
33974	3	Remove intra-aortic balloon						
33975	3	Implant ventricular device						
33976	3	Implant ventricular device						
33977	3	Remove ventricular device						
33978	3	Remove ventricular device						
33999	3	Cardiac surgery procedure						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
34001	3	Removal of artery clot						
34051	3	Removal of artery clot						
34101	3	Removal of artery clot	3	$482				Delete.
34111	3	Removal of arm artery clot						
34151	3	Removal of artery clot						
34201	3	Removal of artery clot						
34203	3	Removal of leg artery clot						
34401	3	Removal of vein clot						
34421	3	Removal of vein clot						
34451	3	Removal of vein clot						
34471	3	Removal of vein clot						
34490	3	Removal of vein clot						
34501	3	Repair valve, femoral vein						
34502	3	Reconstruct, vena cava						
34510	3	Transposition of vein valve						
34520	3	Cross-over vein graft						
34530	3	Leg vein fusion						
35001	3	Repair defect of artery						
35002	3	Repair artery rupture, neck						
35005	3	Repair defect of artery						
35011	3	Repair defect of artery						
35013	3	Repair artery rupture, arm						
35021	3	Repair defect of artery						
35022	3	Repair artery rupture, chest						
35045	3	Repair defect of arm artery						
35081	3	Repair defect of artery						
35082	3	Repair artery rupture, aorta						
35091	3	Repair defect of artery						
35092	3	Repair artery rupture, aorta						
35102	3	Repair defect of artery						
35103	3	Repair artery rupture, groin						
35111	3	Repair defect of artery						
35112	3	Repair artery rupture,spleen						
35121	3	Repair defect of artery						
35122	3	Repair artery rupture, belly						
35131	3	Repair defect of artery						
35132	3	Repair artery rupture, groin						
35141	3	Repair defect of artery						
35142	3	Repair artery rupture, thigh						
35151	3	Repair defect of artery						
35152	3	Repair artery rupture, knee						
35161	3	Repair defect of artery						
35162	3	Repair artery rupture						
35180	3	Repair blood vessel lesion						
35182	3	Repair blood vessel lesion						
35184	3	Repair blood vessel lesion						
35188	1	Repair blood vessel lesion			368	$841	1.67	Add.
35189	3	Repair blood vessel lesion						
35190	3	Repair blood vessel lesion						
35201	3	Repair blood vessel lesion						
35206	3	Repair blood vessel lesion						
35207	1	Repair blood vessel lesion			368	$841	1.67	Add.
35211	3	Repair blood vessel lesion						
35216	3	Repair blood vessel lesion						
35221	3	Repair blood vessel lesion						
35226	3	Repair blood vessel lesion						
35231	3	Repair blood vessel lesion						
35236	3	Repair blood vessel lesion						
35241	3	Repair blood vessel lesion						
35246	3	Repair blood vessel lesion						
35251	3	Repair blood vessel lesion						
35256	3	Repair blood vessel lesion						
35261	3	Repair blood vessel lesion						
35266	3	Repair blood vessel lesion						
35271	3	Repair blood vessel lesion						
35276	3	Repair blood vessel lesion						
35281	3	Repair blood vessel lesion						
35286	3	Repair blood vessel lesion						
35301	3	Rechanneling of artery						
35311	3	Rechanneling of artery						
35321	3	Rechanneling of artery						
35331	3	Rechanneling of artery						
35341	3	Rechanneling of artery						
35351	3	Rechanneling of artery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
35355	3	Rechanneling of artery						
35361	3	Rechanneling of artery						
35363	3	Rechanneling of artery						
35371	3	Rechanneling of artery						
35372	3	Rechanneling of artery						
35381	3	Rechanneling of artery						
35390	3	Reoperation, carotid						
35400	3	Angioscopy						
35450	3	Repair arterial blockage						
35452	3	Repair arterial blockage						
35454	3	Repair arterial blockage						
35456	3	Repair arterial blockage						
35458	3	Repair arterial blockage						
35459	3	Repair arterial blockage						
35460	3	Repair venous blockage						
35470	3	Repair arterial blockage						
35471	3	Repair arterial blockage						
35472	3	Repair arterial blockage						
35473	3	Repair arterial blockage						
35474	3	Repair arterial blockage						
35475	3	Repair arterial blockage						
35476	3	Repair venous blockage						
35480	3	Atherectomy, open						
35481	3	Atherectomy, open						
35482	3	Atherectomy, open						
35483	3	Atherectomy, open						
35484	3	Atherectomy, open						
35485	3	Atherectomy, open						
35490	3	Atherectomy, percutaneous						
35491	3	Atherectomy, percutaneous						
35492	3	Atherectomy, percutaneous						
35493	3	Atherectomy, percutaneous						
35494	3	Atherectomy, percutaneous						
35495	3	Atherectomy, percutaneous						
35501	3	Artery bypass graft						
35506	3	Artery bypass graft						
35507	3	Artery bypass graft						
35508	3	Artery bypass graft						
35509	3	Artery bypass graft						
35511	3	Artery bypass graft						
35515	3	Artery bypass graft						
35516	3	Artery bypass graft						
35518	3	Artery bypass graft						
35521	3	Artery bypass graft						
35526	3	Artery bypass graft						
35531	3	Artery bypass graft						
35533	3	Artery bypass graft						
35536	3	Artery bypass graft						
35541	3	Artery bypass graft						
35546	3	Artery bypass graft						
35548	3	Artery bypass graft						
35549	3	Artery bypass graft						
35551	3	Artery bypass graft						
35556	3	Artery bypass graft						
35558	3	Artery bypass graft						
35560	3	Artery bypass graft						
35563	3	Artery bypass graft						
35565	3	Artery bypass graft						
35566	3	Artery bypass graft						
35571	3	Artery bypass graft						
35582	3	Vein bypass graft						
35583	3	Vein bypass graft						
35585	3	Vein bypass graft						
35587	3	Vein bypass graft						
35601	3	Artery bypass graft						
35606	3	Artery bypass graft						
35612	3	Artery bypass graft						
35616	3	Artery bypass graft						
35621	3	Artery bypass graft						
35623	3	Bypass graft, not vein						
35626	3	Artery bypass graft						
35631	3	Artery bypass graft						
35636	3	Artery bypass graft						
35641	3	Artery bypass graft						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
35642	3	Artery bypass graft						
35645	3	Artery bypass graft						
35646	3	Artery bypass graft						
35650	3	Artery bypass graft						
35651	3	Artery bypass graft						
35654	3	Artery bypass graft						
35656	3	Artery bypass graft						
35661	3	Artery bypass graft						
35663	3	Artery bypass graft						
35665	3	Artery bypass graft						
35666	3	Artery bypass graft						
35671	3	Artery bypass graft						
35681	3	Artery bypass graft						
35691	3	Arterial transposition						
35693	3	Arterial transposition						
35694	3	Arterial transposition						
35695	3	Arterial transposition						
35700	3	Reoperation, bypass graft						
35701	3	Exploration, carotid artery						
35721	3	Exploration, femoral artery						
35741	3	Exploration popliteal artery						
35761	3	Exploration of artery/vein						
35800	3	Explore neck vessels						
35820	3	Explore chest vessels						
35840	3	Explore abdominal vessels						
35860	3	Explore limb vessels						
35870	3	Repair vessel graft defect						
35875	1	Removal of clot in graft			368	$841	1.67	Add.
35876	1	Removal of clot in graft			368	$841	1.67	Add.
35901	3	Excision, graft, neck						
35903	3	Excision, graft, extremity						
35905	3	Excision, graft, thorax						
35907	3	Excision, graft, abdomen						
36000	2	Place needle in vein						
36005	2	Injection, venography						
36010	3	Place catheter in vein						
36011	2	Place catheter in vein						
36012	2	Place catheter in vein						
36013	3	Place catheter in artery						
36014	3	Place catheter in artery						
36015	3	Place catheter in artery						
36100	2	Establish access to artery						
36120	2	Establish access to artery						
36140	2	Establish access to artery						
36145	2	Artery to vein shunt						
36160	2	Establish access to aorta						
36200	2	Place catheter in aorta						
36215	2	Place catheter in artery						
36216	2	Place catheter in artery						
36217	2	Place catheter in artery						
36218	2	Place catheter in artery						
36245	2	Place catheter in artery						
36246	2	Place catheter in artery						
36247	2	Place catheter in artery						
36248	2	Place catheter in artery						
36260	1	Insertion of infusion pump			368	$841	1.67	Add.
36261	1	Revision of infusion pump	2	$422	360	$397	0.79	
36262	1	Removal of infusion pump	1	$314	360	$397	0.79	
36299	3	Vessel injection procedure						
36400	2	Drawing blood						
36405	2	Drawing blood						
36406	2	Drawing blood						
36410	2	Drawing blood						
36415	9	Drawing blood						
36420	2	Establish access to vein						
36425	2	Establish access to vein						
36430	6	Blood transfusion service						
36440	6	Blood transfusion service						
36450	6	Exchange transfusion service						
36455	6	Exchange transfusion service						
36460	6	Transfusion service, fetal						
36468	5	Injection(s); spider veins						
36469	5	Injection(s); spider veins						
36470	5	Injection therapy of vein						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
36471	5	Injection therapy of veins						
36481	2	Insertion of catheter, vein						
36488	1	Insertion of catheter, vein			346	$195	0.39	Add.
36489	1	Insertion of catheter, vein	1	$314	346	$195	0.39	
36490	1	Insertion of catheter, vein			346	$195	0.39	Add.
36491	1	Insertion of catheter, vein	1	$314	346	$195	0.39	
36493	1	Repositioning of cvc			346	$195	0.39	Add.
36500	3	Insertion of catheter, vein						
36510	3	Insertion of catheter, vein						
36520	6	Plasma and/or cell exchange						
36522	6	Photopheresis						
36530	7	Insertion of infusion pump	3	$482	368	$841	1.67	
36531	7	Revision of infusion pump	2	$422	360	$397	0.79	
36532	7	Removal of infusion pump	1	$314	360	$397	0.79	
36533	1	Insertion of access port	3	$482	368	$841	1.67	
36534	1	Revision of access port	2	$422	360	$397	0.79	
36535	1	Removal of access port	1	$314	360	$397	0.79	
36600	2	Withdrawal of arterial blood						
36620	3	Insertion catheter, artery						
36625	3	Insertion catheter, artery						
36640	1	Insertion catheter, artery	1	$314	346	$195	0.39	
36660	3	Insertion catheter, artery						
36680	6	Insert needle, bone cavity						
36800	1	Insertion of cannula	3	$482	368	$841	1.67	
36810	1	Insertion of cannula	3	$482	368	$841	1.67	
36815	1	Insertion of cannula	3	$482	368	$841	1.67	
36821	1	Artery-vein fusion	3	$482	368	$841	1.67	
36822	3	Insertion of cannula(s)						
36825	1	Artery-vein graft	4	$595	368	$841	1.67	
36830	1	Artery-vein graft	4	$595	368	$841	1.67	
36832	1	Revise artery-vein fistula	4	$595	368	$841	1.67	
36834	3	Repair A-V aneurysm						
36835	1	Artery to vein shunt	4	$595	368	$841	1.67	
36860	1	Cannula declotting	2	$422	368	$841	1.67	
36861	1	Cannula declotting	3	$482	368	$841	1.67	
37140	3	Revision of circulation						
37145	3	Revision of circulation						
37160	3	Revision of circulation						
37180	3	Revision of circulation						
37181	3	Splice spleen/kidney veins						
37195	3	Thrombolytic therapy, stroke						
37200	3	Transcatheter biopsy						
37201	3	Transcatheter therapy infuse						
37202	3	Transcatheter therapy infuse						
37203	3	Transcatheter retrieval						
37204	3	Transcatheter occlusion						
37205	3	Transcatheter stent						
37206	3	Transcatheter stent						
37207	3	Transcatheter stent						
37208	3	Transcatheter stent						
37209	3	Exchange arterial catheter						
37250	3	Intravascular us						
37251	3	Intravascular us						
37565	3	Ligation of neck vein						
37600	3	Ligation of neck artery						
37605	3	Ligation of neck artery						
37606	3	Ligation of neck artery						
37607	1	Ligation of fistula			368	$841	1.67	Add.
37609	1	Temporal artery procedure	2	$422	162	$187	0.37	
37615	3	Ligation of neck artery						
37616	3	Ligation of chest artery						
37617	3	Ligation of abdomen artery						
37618	1	Ligation of extremity artery			367	$682	1.35	Add.
37620	3	Revision of major vein						
37650	1	Revision of major vein			367	$682	1.35	Add.
37660	3	Revision of major vein						
37700	1	Revise leg vein	2	$422	367	$682	1.35	
37720	1	Removal of leg vein	3	$482	367	$682	1.35	
37730	1	Removal of leg veins	3	$482	367	$682	1.35	
37735	1	Removal of leg veins/lesion	3	$482	367	$682	1.35	
37760	1	Revision of leg veins	3	$482	367	$682	1.35	
37780	1	Revision of leg vein	3	$482	367	$682	1.35	
37785	1	Revise secondary varicosity	3	$482	367	$682	1.35	
37788	3	Revascularization, penis						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
37790	1	Penile venous occlusion			537	$1,221	2.42	Add.
37799	3	Vascular surgery procedure						
38100	3	Removal of spleen, total						
38101	3	Removal of spleen, partial						
38102	3	Removal of spleen, total						
38115	3	Repair of ruptured spleen						
38200	2	Injection for spleen x-ray						
38230	6	Bone marrow collection						
38231	6	Stem cell collection						
38240	3	Bone marrow/stem transplant						
38241	3	Bone marrow/stem transplant						
38300	1	Drainage lymph node lesion	1	$314	132	$162	0.32	
38305	1	Drainage lymph node lesion	2	$422	132	$162	0.32	
38308	1	Incision of lymph channels	2	$422	396	$440	0.87	
38380	3	Thoracic duct procedure						
38381	3	Thoracic duct procedure						
38382	3	Thoracic duct procedure						
38500	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38505	1	Needle biopsy, lymph node(s)	1	$314	122	$186	0.37	
38510	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38520	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38525	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38530	1	Biopsy/removal, lymph node(s)	2	$422	396	$440	0.87	
38542	1	Explore deep node(s), neck	2	$422	397	$630	1.25	
38550	1	Removal neck/armpit lesion	3	$482	396	$440	0.87	
38555	1	Removal neck/armpit lesion	4	$595	397	$630	1.25	
38562	3	Removal, pelvic lymph nodes						
38564	3	Removal, abdomen lymph nodes						
38700	3	Removal of lymph nodes, neck	2	$422				Delete.
38720	3	Removal of lymph nodes, neck						
38724	3	Removal of lymph nodes, neck						
38740	1	Remove armpit lymph nodes	2	$422	397	$630	1.25	
38745	1	Remove armpits lymph nodes	4	$595	397	$630	1.25	
38746	3	Remove thoracic lymph nodes						
38747	3	Remove abdominal lymph nodes						
38760	1	Remove groin lymph nodes	2	$422	397	$630	1.25	
38765	3	Remove groin lymph nodes						
38770	3	Remove pelvis lymph nodes						
38780	3	Remove abdomen lymph nodes						
38790	2	Injection for lymphatic xray	1	$314				Delete.
38794	2	Access thoracic lymph duct						
38999	3	Blood/lymph system procedure						
39000	3	Exploration of chest						
39010	3	Exploration of chest						
39200	3	Removal chest lesion						
39220	3	Removal chest lesion						
39400	3	Visualization of chest						
39499	3	Chest procedure						
39501	3	Repair diaphragm laceration						
39502	3	Repair paraesophageal hernia						
39503	3	Repair of diaphragm hernia						
39520	3	Repair of diaphragm hernia						
39530	3	Repair of diaphragm hernia						
39531	3	Repair of diaphragm hernia						
39540	3	Repair of diaphragm hernia						
39541	3	Repair of diaphragm hernia						
39545	3	Revision of diaphragm						
39599	3	Diaphragm surgery procedure						
40490	5	Biopsy of lip						
40500	1	Partial excision of lip	2	$422	313	$537	1.07	
40510	1	Partial excision of lip	2	$422	313	$537	1.07	
40520	1	Partial excision of lip	2	$422	313	$537	1.07	
40525	1	Reconstruct lip with flap	2	$422	313	$537	1.07	
40527	1	Reconstruct lip with flap	2	$422	313	$537	1.07	
40530	1	Partial removal of lip	2	$422	313	$537	1.07	
40650	1	Repair lip	3	$482	313	$537	1.07	
40652	1	Repair lip	3	$482	313	$537	1.07	
40654	1	Repair lip	3	$482	313	$537	1.07	
40700	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40701	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40702	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40720	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40761	1	Repair cleft lip/nasal			314	$946	1.88	Add.
40799	3	Lip surgery procedure						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
40800	5	Drainage of mouth lesion						
40801	5	Drainage of mouth lesion	2	$422				Delete.
40804	5	Removal foreign body, mouth						
40805	5	Removal foreign body, mouth	2	$422				Delete.
40806	5	Incision of lip fold	1	$314				Delete.
40808	5	Biopsy of mouth lesion						
40810	5	Excision of mouth lesion						
40812	5	Excise/repair mouth lesion						
40814	1	Excise/repair mouth lesion	2	$422	313	$537	1.07	
40816	1	Excision of mouth lesion	2	$422	313	$537	1.07	
40818	1	Excise oral mucosa for graft	1	$314	313	$537	1.07	
40819	1	Excise lip or cheek fold	1	$314	313	$537	1.07	
40820	5	Treatment of mouth lesion	1	$314				Delete.
40830	1	Repair mouth laceration			312	$233	0.46	Add.
40831	1	Repair mouth laceration	1	$314	312	$233	0.46	
40840	7	Reconstruction of mouth	2	$422	313	$537	1.07	
40842	7	Reconstruction of mouth	3	$482	313	$537	1.07	
40843	7	Reconstruction of mouth	3	$482	314	$946	1.88	
40844	7	Reconstruction of mouth	5	$678	314	$946	1.88	
40845	7	Reconstruction of mouth	5	$678	314	$946	1.88	
40899	3	Mouth surgery procedure						
41000	5	Drainage of mouth lesion	1	$314				Delete.
41005	5	Drainage of mouth lesion	1	$314				Delete.
41006	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41007	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41008	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41009	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41010	1	Incision of tongue fold	1	$314	313	$537	1.07	
41015	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41016	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41017	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41018	1	Drainage of mouth lesion	1	$314	313	$537	1.07	
41100	5	Biopsy of tongue						
41105	5	Biopsy of tongue	2	$422				Delete.
41108	5	Biopsy of floor of mouth						
41110	5	Excision of tongue lesion	1	$314				Delete.
41112	1	Excision of tongue lesion	2	$422	313	$537	1.07	
41113	1	Excision of tongue lesion	2	$422	313	$537	1.07	
41114	1	Excision of tongue lesion	2	$422	313	$537	1.07	
41115	5	Excision of tongue fold	1	$314				Delete.
41116	1	Excision of mouth lesion	1	$314	313	$537	1.07	
41120	1	Partial removal of tongue	5	$678	313	$537	1.07	
41130	3	Partial removal of tongue						
41135	3	Tongue and neck surgery						
41140	3	Removal of tongue						
41145	3	Tongue removal; neck surgery						
41150	3	Tongue, mouth, jaw surgery						
41153	3	Tongue, mouth, neck surgery						
41155	3	Tongue, jaw, & neck surgery						
41250	1	Repair tongue laceration	2	$422	312	$233	0.46	
41251	1	Repair tongue laceration	2	$422	312	$233	0.46	
41252	1	Repair tongue laceration	2	$422	312	$233	0.46	
41500	1	Fixation of tongue	1	$314	312	$233	0.46	
41510	1	Tongue to lip surgery	1	$314	312	$233	0.46	
41520	1	Reconstruction, tongue fold	2	$422	313	$537	1.07	
41599	3	Tongue and mouth surgery						
41800	1	Drainage of gum lesion	1	$314	312	$233	0.46	
41805	5	Removal foreign body, gum	1	$314				Delete.
41806	5	Removal foreign body, jawbone	1	$314				Delete.
41820	5	Excision, gum, each quadrant						
41821	5	Excision of gum flap						
41822	7	Excision of gum lesion			231	$437	0.87	Add.
41823	7	Excision of gum lesion			231	$437	0.87	Add.
41825	5	Excision of gum lesion						
41826	5	Excision of gum lesion						
41827	1	Excision of gum lesion	2	$422	313	$537	1.07	
41828	5	Excision of gum lesion						
41830	5	Removal of gum tissue						
41850	5	Treatment of gum lesion						
41870	5	Gum graft						
41872	5	Repair gum						
41874	5	Repair tooth socket						
41899	3	Dental surgery procedure						
42000	5	Drainage mouth roof lesion	2	$422				Delete.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
42100	5	Biopsy roof of mouth						
42104	5	Excision lesion, mouth roof	2	$422				Delete.
42106	5	Excision lesion, mouth roof	2	$422				Delete.
42107	1	Excision lesion, mouth roof	2	$422	313	$537	1.07	
42120	1	Remove palate/lesion	4	$595	313	$537	1.07	
42140	5	Excision of uvula	2	$422				Delete.
42145	3	Repair, palate, pharynx/uvula	5	$678				Delete.
42160	5	Treatment mouth roof lesion	1	$314				Delete.
42180	1	Repair palate	1	$314	313	$537	1.07	
42182	1	Repair palate	2	$422	313	$537	1.07	
42200	1	Reconstruct cleft palate	5	$678	313	$537	1.07	
42205	1	Reconstruct cleft palate	5	$678	313	$537	1.07	
42210	1	Reconstruct cleft palate	5	$678	314	$946	1.88	
42215	1	Reconstruct cleft palate	7	$941	313	$537	1.07	
42220	1	Reconstruct cleft palate	5	$678	313	$537	1.07	
42225	1	Reconstruct cleft palate	5	$678	314	$946	1.88	
42226	1	Lengthening of palate			314	$946	1.88	Add.
42227	1	Lengthening of palate			314	$946	1.88	Add.
42235	1	Repair palate	5	$678	313	$537	1.07	
42260	1	Repair nose to lip fistula	4	$595	313	$537	1.07	
42280	5	Preparation, palate mold						
42281	5	Insertion, palate prosthesis	3	$482				Delete.
42299	3	Palate/uvula surgery						
42300	1	Drainage of salivary gland	1	$314	312	$233	0.46	
42305	1	Drainage of salivary gland	2	$422	312	$233	0.46	
42310	1	Drainage of salivary gland	1	$314	312	$233	0.46	
42320	1	Drainage of salivary gland	1	$314	312	$233	0.46	
42325	1	Create salivary cyst drain	2	$422	313	$537	1.07	
42326	1	Create salivary cyst drain			313	$537	1.07	Add.
42330	5	Removal of salivary stone						
42335	5	Removal of salivary stone	3	$482				Delete.
42340	1	Removal of salivary stone	2	$422	313	$537	1.07	
42400	1	Biopsy of salivary gland			122	$186	0.37	Add.
42405	1	Biopsy of salivary gland	2	$422	312	$233	0.46	
42408	1	Excision of salivary cyst	3	$482	313	$537	1.07	
42409	1	Drainage of salivary cyst	3	$482	313	$537	1.07	
42410	1	Excise parotid gland/lesion	3	$482	313	$537	1.07	
42415	1	Excise parotid gland/lesion			314	$946	1.88	Add.
42420	1	Excise parotid gland/lesion	7	$941	314	$946	1.88	
42425	1	Excise parotid gland/lesion	7	$941	314	$946	1.88	
42426	3	Excise parotid gland/lesion						
42440	1	Excision submaxillary gland	3	$482	313	$537	1.07	
42450	1	Excision sublingual gland	2	$422	313	$537	1.07	
42500	1	Repair salivary duct	3	$482	313	$537	1.07	
42505	1	Repair salivary duct	4	$595	313	$537	1.07	
42507	1	Parotid duct diversion	3	$482	313	$537	1.07	
42508	1	Parotid duct diversion	4	$595	313	$537	1.07	
42509	1	Parotid duct diversion	4	$595	314	$946	1.88	
42510	1	Parotid duct diversion	4	$595	313	$537	1.07	
42550	2	Injection for salivary x-ray						
42600	1	Closure of salivary fistula	1	$314	313	$537	1.07	
42650	5	Dilation of salivary duct						
42660	5	Dilation of salivary duct						
42665	5	Ligation of salivary duct						
42699	3	Salivary surgery procedure						
42700	1	Drainage of tonsil abscess	1	$314	312	$233	0.46	
42720	1	Drainage of throat abscess	1	$314	312	$233	0.46	
42725	1	Drainage of throat abscess	2	$422	313	$537	1.07	
42800	1	Biopsy of throat			312	$233	0.46	Add.
42802	1	Biopsy of throat	1	$314	312	$233	0.46	
42804	1	Biopsy of upper nose/throat	1	$314	312	$233	0.46	
42806	1	Biopsy of upper nose/throat	2	$422	312	$233	0.46	
42808	1	Excise pharynx lesion	2	$422	312	$233	0.46	
42809	5	Remove pharynx foreign body						
42810	1	Excision of neck cyst	3	$482	313	$537	1.07	
42815	1	Excision of neck cyst	5	$678	313	$537	1.07	
42820	1	Remove tonsils and adenoids			319	$648	1.29	Add.
42821	1	Remove tonsils and adenoids	5	$678	319	$648	1.29	
42825	1	Removal of tonsils			319	$648	1.29	Add.
42826	1	Removal of tonsils	4	$595	319	$648	1.29	
42830	1	Removal of adenoids			319	$648	1.29	Add.
42831	1	Removal of adenoids	4	$595	319	$648	1.29	
42835	1	Removal of adenoids			319	$648	1.29	Add.
42836	1	Removal of adenoids	4	$595	319	$648	1.29	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
42842	1	Extensive surgery of throat			314	$946	1.88	Add.
42844	1	Extensive surgery of throat			314	$946	1.88	Add.
42845	3	Extensive surgery of throat						
42860	1	Excision of tonsil tags	3	$482	319	$648	1.29	
42870	1	Excision of lingual tonsil	3	$482	319	$648	1.29	
42890	1	Partial removal of pharynx			314	$946	1.88	Add.
42892	1	Revision of pharyngeal walls			314	$946	1.88	Add.
42894	3	Revision of pharyngeal walls						
42900	1	Repair throat wound	1	$314	313	$537	1.07	
42950	1	Reconstruction of throat	2	$422	313	$537	1.07	
42953	3	Repair throat, esophagus						
42955	1	Surgical opening of throat	2	$422	313	$537	1.07	
42960	1	Control throat bleeding	1	$314	318	$77	0.15	
42961	3	Control throat bleeding						
42962	1	Control throat bleeding	2	$422	313	$537	1.07	
42970	1	Control nose/throat bleeding			318	$77	0.15	Add.
42971	3	Control nose/throat bleeding						
42972	1	Control nose/throat bleeding			313	$537	1.07	Add.
42999	3	Throat surgery procedure						
43020	1	Incision of esophagus			313	$537	1.07	Add.
43030	1	Throat muscle surgery			313	$537	1.07	Add.
43045	3	Incision of esophagus						
43100	3	Excision of esophagus lesion						
43101	3	Excision of esophagus lesion						
43107	3	Removal of esophagus						
43108	3	Removal of esophagus						
43112	3	Removal of esophagus						
43113	3	Removal of esophagus						
43116	3	Partial removal of esophagus						
43117	3	Partial removal of esophagus						
43118	3	Partial removal of esophagus						
43121	3	Partial removal of esophagus						
43122	3	Parital removal of esophagus						
43123	3	Partial removal of esophagus						
43124	3	Removal of esophagus						
43130	3	Removal of esophagus pouch						
43135	3	Removal of esophagus pouch						
43200	1	Esophagus endoscopy	1	$314	417	$327	0.65	
43202	1	Esophagus endoscopy, biopsy	1	$314	417	$327	0.65	
43204	1	Esophagus endoscopy & inject	1	$314	407	$302	0.60	
43205	1	Esophagus endoscopy/ligation			407	$302	0.60	Add.
43215	1	Esophagus endoscopy	1	$314	407	$302	0.60	
43216	1	Esophagus endoscopy/lesion	1	$314	407	$302	0.60	
43217	1	Esophagus endoscopy	1	$314	407	$302	0.60	
43219	1	Esophagus endoscopy	1	$314	449	$415	0.82	
43220	1	Esophagus endoscopy, dilation	1	$314	407	$302	0.60	
43226	1	Esophagus endoscopy, dilation	1	$314	407	$302	0.60	
43227	1	Esophagus endoscopy, repair	2	$422	407	$302	0.60	
43228	1	Esophagus endoscopy, ablation	2	$422	449	$415	0.82	
43234	1	Upper GI endoscopy, exam	1	$314	417	$327	0.65	
43235	1	Upper gi endoscopy, diagnosis	1	$314	417	$327	0.65	
43239	1	Upper GI endoscopy, biopsy	2	$422	417	$327	0.65	
43241	1	Upper GI endoscopy with tube	2	$422	418	$348	0.69	
43243	1	Upper GI endoscopy & inject.	2	$422	418	$348	0.69	
43244	1	Upper GI endoscopy/ligation			418	$348	0.69	Add.
43245	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43246	1	Place gastrostomy tube	2	$422	418	$348	0.69	
43247	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43248	1	Upper GI endoscopy/guidewire	2	$422	418	$348	0.69	
43249	1	Esophagus endoscopy, dilation	2	$422	418	$348	0.69	
43250	1	Upper GI endoscopy/tumor	2	$422	418	$348	0.69	
43251	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43255	1	Operative upper GI endoscopy	2	$422	418	$348	0.69	
43258	1	Operative upper GI endoscopy	3	$482	449	$415	0.82	
43259	1	Endoscopic ultrasound exam	3	$482	449	$415	0.82	
43260	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43261	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43262	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43263	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43264	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43265	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43267	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43268	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43269	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
43271	1	Endoscopy, bile duct/pancreas	2	$422	456	$473	0.94	
43272	1	Endoscopy, bile duct/pancreas	2	$422	449	$415	0.82	
43300	3	Repair of esophagus						
43305	3	Repair esophagus and fistula						
43310	3	Repair of esophagus						
43312	3	Repair esophagus and fistula						
43320	3	Fuse esophagus & stomach						
43324	3	Revise esophagus & stomach						
43325	3	Revise esophagus & stomach						
43326	3	Revise esophagus & stomach						
43330	3	Repair of esophagus						
43331	3	Repair of esophagus						
43340	3	Fuse esophagus & intestine						
43341	3	Fuse esophagus & intestine						
43350	3	Surgical opening, esophagus						
43351	3	Surgical opening, esophagus						
43352	3	Surgical opening, esophagus						
43360	3	Gastrointestinal repair						
43361	3	Gastrointestinal repair						
43400	3	Ligate esophagus veins						
43401	3	Esophagus surgery for veins						
43405	3	Ligate/staple esophagus						
43410	3	Repair esophagus wound						
43415	3	Repair esophagus wound						
43420	3	Repair esophagus opening						
43425	3	Repair esophagus opening						
43450	1	Dilate esophagus	1	$314	406	$187	0.37	
43453	1	Dilate esophagus	1	$314	406	$187	0.37	
43456	1	Dilate esophagus	2	$422	406	$187	0.37	
43458	1	Dilation of esophagus	2	$422	406	$187	0.37	
43460	3	Pressure treatment esophagus						
43496	3	Free jejunum flap, microvasc						
43499	3	Esophagus surgery procedure						
43500	3	Surgical opening of stomach						
43501	3	Surgical repair of stomach						
43502	3	Surgical repair of stomach						
43510	3	Surgical opening of stomach						
43520	3	Incision of pyloric muscle						
43600	1	Biopsy of stomach	1	$314	417	$327	0.65	
43605	3	Biopsy of stomach						
43610	3	Excision of stomach lesion						
43611	3	Excision of stomach lesion						
43620	3	Removal of stomach						
43621	3	Removal of stomach						
43622	3	Removal of stomach						
43631	3	Removal of stomach, partial						
43632	3	Removal stomach, partial						
43633	3	Removal stomach, partial						
43634	3	Removal stomach, partial						
43635	3	Partial removal of stomach						
43638	3	Partial removal of stomach						
43639	3	Removal stomach, partial						
43640	3	Vagotomy & pylorus repair						
43641	3	Vagotomy & pylorus repair						
43750	1	Place gastrostomy tube	2	$422	418	$348	0.69	
43760	1	Change gastrostomy tube	1	$314	470	$119	0.24	
43761	1	Reposition gastrostomy tube			470	$119	0.24	Add.
43800	3	Reconstruction of pylorus						
43810	3	Fusion of stomach and bowel						
43820	3	Fusion of stomach and bowel						
43825	3	Fusion of stomach and bowel						
43830	3	Place gastrostomy tube						
43831	3	Place gastrostomy tube						
43832	3	Place gastrostomy tube						
43840	3	Repair of stomach lesion						
43842	3	Gastroplasty for obesity						
43843	3	Gastroplasty for obesity						
43846	3	Gastric bypass for obesity						
43847	3	Gastric bypass for obesity						
43848	3	Revision gastroplasty						
43850	3	Revise stomach-bowel fusion						
43855	3	Revise stomach-bowel fusion						
43860	3	Revise stomach-bowel fusion						
43865	3	Revise stomach-bowel fusion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
43870	1	Repair stomach opening	1	$314	182	$383	0.76	
43880	3	Repair stomach-bowel fistula						
43999	3	Stomach surgery procedure						
44005	3	Freeing of bowel adhesion						
44010	3	Incision of small bowel						
44015	3	Insert needle catheter,bowel						
44020	3	Exploration of small bowel						
44021	3	Decompress small bowel						
44025	3	Incision of large bowel						
44050	3	Reduce bowel obstruction						
44055	3	Correct malrotation of bowel						
44100	1	Biopsy of bowel	1	$314	417	$327	0.65	
44110	3	Excision of bowel lesion(s)						
44111	3	Excision of bowel lesion(s)						
44120	3	Removal of small intestine						
44121	3	Removal of small intestine						
44125	3	Removal of small intestine						
44130	3	Bowel to bowel fusion						
44139	3	Mobilization of colon						
44140	3	Partial removal of colon						
44141	3	Partial removal of colon						
44143	3	Partial removal of colon						
44144	3	Partial removal of colon						
44145	3	Partial removal of colon						
44146	3	Partial removal of colon						
44147	3	Partial removal of colon						
44150	3	Removal of colon						
44151	3	Removal of colon/ileostomy						
44152	3	Removal of colon/ileostomy						
44153	3	Removal of colon/ileostomy						
44155	3	Removal of colon						
44156	3	Removal of colon/ileostomy						
44160	3	Removal of colon						
44300	3	Open bowel to skin						
44310	3	Ileostomy/jejunostomy						
44312	1	Revision of ileostomy	1	$314	183	$465	0.92	
44314	3	Revision of ileostomy						
44316	3	Devise bowel pouch						
44320	3	Colostomy						
44322	3	Colostomy with biopsies						
44340	1	Revision of colostomy	3	$482	183	$465	0.92	
44345	3	Revision of colostomy	4	$595				Delete.
44346	3	Revision of colostomy	4	$595				Delete.
44360	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44361	1	Small bowel endoscopy,biopsy	2	$422	419	$364	0.72	
44363	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44364	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44365	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44366	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44369	1	Small bowel endoscopy	2	$422	449	$415	0.82	
44372	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44373	1	Small bowel endoscopy	2	$422	419	$364	0.72	
44376	1	Small bowel endoscopy			419	$364	0.72	Add.
44377	1	Small bowel endoscopy			419	$364	0.72	Add.
44378	1	Small bowel endoscopy			419	$364	0.72	Add.
44380	1	Small bowel endoscopy	1	$314	426	$354	0.70	
44382	1	Small bowel endoscopy	1	$314	426	$354	0.70	
44385	1	Endoscopy of bowel pouch	1	$314	426	$354	0.70	
44386	1	Endoscopy,bowel pouch,biopsy	1	$314	426	$354	0.70	
44388	1	Colon endoscopy	1	$314	426	$354	0.70	
44389	1	Colonoscopy with biopsy	1	$314	426	$354	0.70	
44390	1	Colonoscopy for foreign body	1	$314	427	$405	0.80	
44391	1	Colonoscopy for bleeding	1	$314	427	$405	0.80	
44392	1	Colonoscopy & polypectomy	1	$314	427	$405	0.80	
44393	1	Colonoscopy, lesion removal	1	$314	449	$415	0.82	
44394	1	Colonoscopy w/snare	1	$314	427	$405	0.80	
44500	3	Intro, gastrointestinal tube						
44602	3	Suture, small intestine						
44603	3	Suture, small intestine						
44604	3	Suture, large intestine						
44605	3	Repair of bowel lesion						
44615	3	Intestinal stricturoplasty						
44620	3	Repair bowel opening						
44625	3	Repair bowel opening						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
44626	3	Repair bowel opening						
44640	3	Repair bowel-skin fistula						
44650	3	Repair bowel fistula						
44660	3	Repair bowel-bladder fistula						
44661	3	Repair bowel-bladder fistula						
44680	3	Surgical revision, intestine						
44700	3	Suspend bowel w/prosthesis						
44799	3	Intestine surgery procedure						
44800	3	Excision of bowel pouch						
44820	3	Excision of mesentery lesion						
44850	3	Repair of mesentery						
44899	3	Bowel surgery procedure						
44900	3	Drain, app abscess, open						
44901	3	Drain, app abscess, perc						
44950	3	Appendectomy						
44955	3	Appendectomy						
44960	3	Appendectomy						
45000	1	Drainage of pelvic abscess	1	$314	452	$301	0.60	
45005	1	Drainage of rectal abscess	2	$422	452	$301	0.60	
45020	1	Drainage of rectal abscess	2	$422	452	$301	0.60	
45100	1	Biopsy of rectum	1	$314	452	$301	0.60	
45108	1	Removal of anorectal lesion	2	$422	453	$631	1.25	
45110	3	Removal of rectum						
45111	3	Partial removal of rectum						
45112	3	Removal of rectum						
45113	3	Partial proctectomy						
45114	3	Partial removal of rectum						
45116	3	Partial removal of rectum						
45119	3	Remove, rectum w/reservoir						
45120	3	Removal of rectum						
45121	3	Removal of rectum and colon						
45123	3	Partial proctectomy						
45130	3	Excision of rectal prolapse						
45135	3	Excision of rectal prolapse						
45150	1	Excision of rectal stricture	2	$422	453	$631	1.25	
45160	1	Excision of rectal lesion			453	$631	1.25	Add.
45170	1	Excision of rectal lesion	2	$422	453	$631	1.25	
45190	1	Destruction, rectal tumor			453	$631	1.25	Add.
45300	1	Proctosigmoidoscopy			446	$175	0.35	Add.
45303	1	Proctosigmoidoscopy			447	$210	0.42	Add.
45305	1	Proctosigmoidoscopy; biopsy	1	$314	446	$175	0.35	
45307	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45308	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45309	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45315	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45317	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45320	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45321	1	Proctosigmoidoscopy	1	$314	447	$210	0.42	
45330	1	Sigmoidoscopy, diagnostic			446	$175	0.35	Add.
45331	1	Sigmoidoscopy and biopsy	1	$314	446	$175	0.35	
45332	1	Sigmoidoscopy	1	$314	448	$225	0.45	
45333	1	Sigmoidoscopy & polypectomy	1	$314	448	$225	0.45	
45334	1	Sigmoidoscopy for bleeding	1	$314	448	$225	0.45	
45337	1	Sigmoidoscopy, decompression	1	$314	448	$225	0.45	
45338	1	Sigmoidoscopy	1	$314	448	$225	0.45	
45339	1	Sigmoidoscopy	1	$314	449	$415	0.82	
45355	1	Surgical colonoscopy	1	$314	427	$405	0.80	
45378	1	Diagnostic colonoscopy	2	$422	426	$354	0.70	
45379	1	Colonoscopy	2	$422	427	$405	0.80	
45380	1	Colonoscopy and biopsy	2	$422	426	$354	0.70	
45382	1	Colonoscopy,control bleeding	2	$422	427	$405	0.80	
45383	1	Colonoscopy, lesion removal	2	$422	449	$415	0.82	
45384	1	Colonoscopy	2	$422	427	$405	0.80	
45385	1	Colonoscopy, lesion removal	2	$422	427	$405	0.80	
45500	1	Repair of rectum	2	$422	453	$631	1.25	
45505	1	Repair of rectum	2	$422	453	$631	1.25	
45520	2	Treatment of rectal prolapse						
45540	3	Correct rectal prolapse						
45541	3	Correct rectal prolapse						
45550	3	Repair rectum;remove sigmoid						
45560	1	Repair of rectocele	2	$422	453	$631	1.25	
45562	3	Exploration/repair of rectum						
45563	3	Exploration/repair of rectum						
45800	3	Repair rectumbladder fistula						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
45805	3	Repair fistula; colostomy						
45820	3	Repair rectourethral fistula						
45825	3	Repair fistula; colostomy						
45900	1	Reduction of rectal prolapse	1	$314	452	$301	0.60	
45905	1	Dilation of anal sphincter	1	$314	452	$301	0.60	
45910	1	Dilation of rectal narrowing	1	$314	452	$301	0.60	
45915	1	Remove rectal obstruction	1	$314	452	$301	0.60	
45999	3	Rectum surgery procedure						
46030	1	Removal of rectal marker	1	$314	452	$301	0.60	
46040	1	Incision of rectal abscess	3	$482	452	$301	0.60	
46045	1	Incision of rectal abscess	2	$422	453	$631	1.25	
46050	1	Incision of anal abscess	1	$314	452	$301	0.60	
46060	1	Incision of rectal abscess	2	$422	453	$631	1.25	
46070	5	Incision of anal septum						
46080	1	Incision of anal sphincter	3	$482	452	$301	0.60	
46083	5	Incise external hemorrhoid						
46200	1	Removal of anal fissure	2	$422	453	$631	1.25	
46210	1	Removal of anal crypt	2	$422	452	$301	0.60	
46211	1	Removal of anal crypts	2	$422	453	$631	1.25	
46220	5	Removal of anal tab	1	$314				Delete.
46221	5	Ligation of hemorrhoid(s)						
46230	5	Removal of anal tabs						
46250	1	Hemorrhoidectomy	3	$482	453	$631	1.25	
46255	1	Hemorrhoidectomy	3	$482	453	$631	1.25	
46257	1	Remove hemorrhoids & fissure	3	$482	453	$631	1.25	
46258	1	Remove hemorrhoids & fistula	3	$482	453	$631	1.25	
46260	1	Hemorrhoidectomy	3	$482	453	$631	1.25	
46261	1	Remove hemorrhoids & fissure	4	$595	453	$631	1.25	
46262	1	Remove hemorrhoids & fistula	4	$595	453	$631	1.25	
46270	1	Removal of anal fistula	3	$482	453	$631	1.25	
46275	1	Removal of anal fistula	3	$482	453	$631	1.25	
46280	1	Removal of anal fistula	4	$595	453	$631	1.25	
46285	1	Removal of anal fistula	1	$314	453	$631	1.25	
46288	1	Repair anal fistula			453	$631	1.25	Add.
46320	5	Removal of hemorrhoid clot						
46500	5	Injection into hemorrhoids						
46600	5	Diagnostic anoscopy						
46604	1	Anoscopy and dilation			437	$150	0.30	Add.
46606	5	Anoscopy and biopsy						
46608	1	Anoscopy;remove foreign body	1	$314	437	$150	0.30	
46610	1	Anoscopy; remove lesion	1	$314	437	$150	0.30	
46611	1	Anoscopy	1	$314	437	$150	0.30	
46612	1	Anoscopy; remove lesions	1	$314	437	$150	0.30	
46614	1	Anoscopy; control bleeding			437	$150	0.30	Add.
46615	1	Anoscopy			437	$150	0.30	Add.
46700	1	Repair of anal stricture	3	$482	453	$631	1.25	
46705	3	Repair of anal stricture						
46715	3	Repair of anovaginal fistula						
46716	3	Repair of anovaginal fistula						
46730	3	Construction of absent anus						
46735	3	Construction of absent anus						
46740	3	Construction of absent anus						
46742	3	Repair, imperforated anus						
46744	3	Repair, cloacal anomaly						
46746	3	Repair, cloacal anomaly						
46748	3	Repair, cloacal anomaly						
46750	1	Repair of anal sphincter	3	$482	453	$631	1.25	
46751	3	Repair of anal sphincter						
46753	1	Reconstruction of anus	3	$482	453	$631	1.25	
46754	1	Removal of suture from anus	2	$422	452	$301	0.60	
46760	1	Repair of anal sphincter	2	$422	453	$631	1.25	
46761	1	Repair of anal sphincter			453	$631	1.25	Add.
46762	1	Implant artificial sphincter			453	$631	1.25	Add.
46900	1	Destruction, anal lesion(s)			152	$213	0.42	Add.
46910	1	Destruction, anal lesion(s)			152	$213	0.42	Add.
46916	1	Cryosurgery, anal lesion(s)			152	$213	0.42	Add.
46917	1	Laser surgery, anal lesion(s)			152	$213	0.42	Add.
46922	1	Excision of anal lesion(s)	1	$314	152	$213	0.42	
46924	1	Destruction, anal lesion(s)	1	$314	152	$213	0.42	
46934	5	Destruction of hemorrhoids						
46935	5	Destruction of hemorrhoids						
46936	5	Destruction of hemorrhoids						
46937	1	Cryotherapy of rectal lesion	2	$422	453	$631	1.25	
46938	1	Cryotherapy of rectal lesion	2	$422	453	$631	1.25	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
46940	5	Treatment of anal fissure						
46942	5	Treatment of anal fissure						
46945	5	Ligation of hemorrhoids						
46946	5	Ligation of hemorrhoids						
46999	3	Anus surgery procedure						
47000	1	Needle biopsy of liver	1	$314	122	$186	0.37	
47001	3	Needle biopsy, liver						
47010	3	Open drainage, liver lesion						
47011	3	Percut drain, liver lesion						
47015	3	Inject/aspirate liver cyst						
47100	3	Wedge biopsy of liver						
47120	3	Partial removal of liver						
47122	3	Extensive removal of liver						
47125	3	Partial removal of liver						
47130	3	Partial removal of liver						
47133	9	Removal of donor liver						
47134	3	Partial removal, donor liver						
47135	3	Transplantation of liver						
47136	3	Transplantation of liver						
47300	3	Surgery for liver lesion						
47350	3	Repair liver wound						
47360	3	Repair liver wound						
47361	3	Repair liver wound						
47362	3	Repair liver wound						
47399	3	Liver surgery procedure						
47400	3	Incision of liver duct						
47420	3	Incision of bile duct						
47425	3	Incision of bile duct						
47460	3	Incise bile duct sphincter						
47480	3	Incision of gallbladder						
47490	3	Incision of gallbladder						
47500	2	Injection for liver x-rays						
47505	2	Injection for liver x-rays						
47510	1	Insert catheter, bile duct	2	$422	458	$473	0.94	
47511	1	Insert bile duct drain			458	$473	0.94	Add.
47525	1	Change bile duct catheter	1	$314	470	$119	0.24	
47530	1	Revise, reinsert bile tube	1	$314	470	$119	0.24	
47550	3	Bile duct endoscopy						
47552	1	Biliary endoscopy, thru skin	2	$422	458	$473	0.94	
47553	1	Biliary endoscopy, thru skin	3	$482	458	$473	0.94	
47554	1	Biliary endoscopy, thru skin	3	$482	458	$473	0.94	
47555	1	Biliary endoscopy, thru skin	3	$482	458	$473	0.94	
47556	1	Biliary endoscopy, thru skin			458	$473	0.94	Add.
47600	3	Removal of gallbladder						
47605	3	Removal of gallbladder						
47610	3	Removal of gallbladder						
47612	3	Removal of gallbladder						
47620	3	Removal of gallbladder						
47630	1	Remove bile duct stone	3	$482	458	$473	0.94	
47700	3	Exploration of bile ducts						
47701	3	Bile duct revision						
47711	3	Excision of bile duct tumor						
47712	3	Excision of bile duct tumor						
47715	3	Excision of bile duct cyst						
47716	3	Fusion of bile duct cyst						
47720	3	Fuse gallbladder & bowel						
47721	3	Fuse upper gi structures						
47740	3	Fuse gallbladder & bowel						
47741	3	Fuse gallbladder & bowel						
47760	3	Fuse bile ducts and bowel						
47765	3	Fuse liver ducts & bowel						
47780	3	Fuse bile ducts and bowel						
47785	3	Fuse bile ducts and bowel						
47800	3	Reconstruction of bile ducts						
47801	3	Placement, bile duct support						
47802	3	Fuse liver duct & intestine						
47900	3	Suture bile duct injury						
47999	3	Bile tract surgery procedure						
48000	3	Drainage of abdomen						
48001	3	Placement of drain, pancreas						
48005	3	Resect/debride pancreas						
48020	3	Removal of pancreatic stone						
48100	3	Biopsy of pancreas						
48102	1	Needle biopsy, pancreas	1	$314	122	$186	0.37	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
48120	3	Removal of pancreas lesion						
48140	3	Partial removal of pancreas						
48145	3	Partial removal of pancreas						
48146	3	Pancreatectomy						
48148	3	Removal of pancreatic duct						
48150	3	Partial removal of pancreas						
48152	3	Pancreatectomy						
48153	3	Pancreatectomy						
48154	3	Pancreatectomy						
48155	3	Removal of pancreas						
48160	9	Pancreas removal, transplant						
48180	3	Fuse pancreas and bowel						
48400	3	Injection, intraoperative						
48500	3	Surgery of pancreas cyst						
48510	3	Drain pancreatic pseudocyst						
48511	3	Drain pancreatic pseudocyst						
48520	3	Fuse pancreas cyst and bowel						
48540	3	Fuse pancreas cyst and bowel						
48545	3	Pancreatorrhaphy						
48547	3	Duodenal exclusion						
48550	9	Donor pancreatectomy						
48554	9	Transplantallograft pancreas						
48556	3	Removal, allograft pancreas						
48999	3	Pancreas surgery procedure						
49000	3	Exploration of abdomen	4	$595				Delete.
49002	3	Reopening of abdomen						
49010	3	Exploration behind abdomen						
49020	3	Drain abdominal abscess						
49021	3	Drain abdominal abscess						
49040	3	Open drainage abdom abscess						
49041	3	Percut drain abdom abscess						
49060	3	Open drain retroper abscess						
49061	3	Percutdrain retroper abscess						
49062	3	Drain to peritoneal cavity						
49080	1	Puncture, peritoneal cavity	2	$422	320	$126	0.25	
49081	1	Removal of abdominal fluid	2	$422	320	$126	0.25	
49085	1	Remove abdomen foreign body	2	$422	459	$611	1.21	
49180	1	Biopsy, abdominal mass	1	$314	122	$186	0.37	
49200	3	Removal of abdominal lesion						
49201	3	Removal of abdominal lesion						
49215	3	Excise sacral spine tumor						
49220	3	Multiple surgery, abdomen						
49250	1	Excision of umbilicus	4	$595	459	$611	1.21	
49255	3	Removal of omentum						
49400	2	Air injection into abdomen	1	$314				Delete.
49420	1	Insert abdominal drain	1	$314	459	$611	1.21	
49421	1	Insert abdominal drain	1	$314	459	$611	1.21	
49422	1	Remove perm cannula/catheter			470	$119	0.24	Add.
49423	3	Exchange drainage cath						
49424	2	Assess cyst, contrast inj						
49425	3	Insert abdomen-venous drain	2	$422				Delete.
49426	1	Revise abdomen-venous shunt	2	$422	459	$611	1.21	
49427	2	Injection, abdominal shunt						
49428	3	Ligation of shunt						
49429	1	Removal of shunt			470	$119	0.24	Add.
49495	1	Repair inguinal hernia, init			466	$739	1.47	Add.
49496	1	Repair inguinal hernia, init			466	$739	1.47	Add.
49500	1	Repair inguinal hernia			466	$739	1.47	Add.
49501	1	Repair inguinal hernia, init			466	$739	1.47	Add.
49505	1	Repair inguinal hernia	4	$595	466	$739	1.47	
49507	1	Repair, inguinal hernia			466	$739	1.47	Add.
49520	1	Rerepair inguinal hernia	7	$941	466	$739	1.47	
49521	1	Repair inguinal hernia, rec			466	$739	1.47	Add.
49525	1	Repair inguinal hernia	4	$595	466	$739	1.47	
49540	1	Repair lumbar hernia	2	$422	466	$739	1.47	
49550	1	Repair femoral hernia	5	$678	466	$739	1.47	
49553	1	Repair femoral hernia, init			466	$739	1.47	Add.
49555	1	Repair femoral hernia	5	$678	466	$739	1.47	
49557	1	Repair femoral hernia, recur			466	$739	1.47	Add.
49560	1	Repair abdominal hernia	4	$595	466	$739	1.47	
49561	1	Repair incisional hernia			466	$739	1.47	Add.
49565	1	Rerepair abdominal hernia	4	$595	466	$739	1.47	
49566	1	Repair incisional hernia			466	$739	1.47	Add.
49568	1	Hernia repair w/mesh			466	$739	1.47	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
49570	1	Repair epigastric hernia	4	$595	466	$739	1.47	
49572	1	Repair, epigastric hernia			466	$739	1.47	Add.
49580	1	Repair umbilical hernia			466	$739	1.47	Add.
49582	1	Repair umbilical hernia			466	$739	1.47	Add.
49585	1	Repair umbilical hernia	4	$595	466	$739	1.47	
49587	1	Repair umbilical hernia			466	$739	1.47	Add.
49590	1	Repair abdominal hernia	3	$482	466	$739	1.47	
49600	1	Repair umbilical lesion			466	$739	1.47	Add.
49605	3	Repair umbilical lesion						
49606	3	Repair umbilical lesion						
49610	3	Repair umbilical lesion						
49611	3	Repair umbilical lesion						
49900	3	Repair of abdominal wall						
49905	3	Omental flap						
49906	3	Free omental flap, microvasc						
49999	3	Abdomen surgery procedure						
50010	3	Exploration of kidney						
50020	3	Open drain renal abscess	2	$422				Delete.
50021	3	Percut drain renal abscess						
50040	3	Drainage of kidney	3	$482				Delete.
50045	3	Exploration of kidney						
50060	3	Removal of kidney stone						
50065	3	Incision of kidney						
50070	3	Incision of kidney						
50075	3	Removal of kidney stone						
50080	3	Removal of kidney stone						
50081	3	Removal of kidney stone						
50100	3	Revise kidney blood vessels						
50120	3	Exploration of kidney						
50125	3	Explore and drain kidney						
50130	3	Removal of kidney stone						
50135	3	Exploration of kidney						
50200	1	Biopsy of kidney	1	$314	122	$186	0.37	
50205	3	Biopsy of kidney						
50220	3	Removal of kidney						
50225	3	Removal of kidney						
50230	3	Removal of kidney						
50234	3	Removal of kidney & ureter						
50236	3	Removal of kidney & ureter						
50240	3	Partial removal of kidney						
50280	3	Removal of kidney lesion						
50290	3	Removal of kidney lesion						
50300	9	Removal of donor kidney						
50320	3	Removal of donor kidney						
50340	3	Removal of kidney						
50360	3	Transplantation of kidney						
50365	3	Transplantation of kidney						
50370	3	Remove transplanted kidney						
50380	3	Reimplantation of kidney						
50390	1	Drainage of kidney lesion	1	$314	122	$186	0.37	
50392	2	Insert kidney drain	1	$314				Delete.
50393	2	Insert ureteral tube	1	$314				Delete.
50394	2	Injection for kidney x-ray						
50395	2	Create passage to kidney	1	$314				Delete.
50396	6	Measure kidney pressure	1	$314				Delete.
50398	1	Change kidney tube	1	$314	521	$212	0.42	
50400	3	Revision of kidney/ureter						
50405	3	Revision of kidney/ureter						
50500	3	Repair of kidney wound						
50520	3	Close kidney-skin fistula	1	$314				Delete.
50525	3	Repair renal-abdomen fistula						
50526	3	Repair renal-abdomen fistula						
50540	3	Revision of horseshoe kidney						
50551	1	Kidney endoscopy	1	$314	522	$393	0.78	
50553	1	Kidney endoscopy	1	$314	522	$393	0.78	
50555	1	Kidney endoscopy & biopsy	1	$314	522	$393	0.78	
50557	1	Kidney endoscopy & treatment	1	$314	522	$393	0.78	
50559	1	Renal endoscopy; radiotracer	1	$314	522	$393	0.78	
50561	1	Kidney endoscopy & treatment	1	$314	522	$393	0.78	
50570	3	Kidney endoscopy	1	$314				Delete.
50572	3	Kidney endoscopy	1	$314				Delete.
50574	3	Kidney endoscopy & biopsy	1	$314				Delete.
50575	3	Kidney endoscopy						
50576	3	Kidney endoscopy & treatment	1	$314				Delete.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
50578	3	Renal endoscopy; radiotracer	1	$314				Delete.
50580	3	Kidney endoscopy & treatment	1	$314				Delete.
50590	1	Fragmenting of kidney stone	9		527	$2,107	4.18	
50600	3	Exploration of ureter						
50605	3	Insert ureteral support						
50610	3	Removal of ureter stone						
50620	3	Removal of ureter stone						
50630	3	Removal of ureter stone						
50650	3	Removal of ureter						
50660	3	Removal of ureter						
50684	2	Injection for ureter x-ray	1	$314				Delete.
50686	6	Measure ureter pressure						
50688	1	Change of ureter tube	1	$314	470	$119	0.24	
50690	2	Injection for ureter x-ray	1	$314				Delete.
50700	3	Revision of ureter						
50715	3	Release of ureter						
50722	3	Release of ureter						
50725	3	Release/revise ureter						
50727	3	Revise ureter						
50728	3	Revise ureter						
50740	3	Fusion of ureter & kidney						
50750	3	Fusion of ureter & kidney						
50760	3	Fusion of ureters						
50770	3	Splicing of ureters						
50780	3	Reimplant ureter in bladder						
50782	3	Reimplant ureter in bladder						
50783	3	Reimplant ureter in bladder						
50785	3	Reimplant ureter in bladder						
50800	3	Implant ureter in bowel						
50810	3	Fusion of ureter & bowel						
50815	3	Urine shunt to bowel						
50820	3	Construct bowel bladder						
50825	3	Construct bowel bladder						
50830	3	Revise urine flow						
50840	3	Replace ureter by bowel						
50845	3	Appendico-vesicostomy						
50860	3	Transplant ureter to skin						
50900	3	Repair of ureter						
50920	3	Closure ureter/skin fistula						
50930	3	Closure ureter/bowel fistula						
50940	3	Release of ureter						
50951	1	Endoscopy of ureter	1	$314	523	$504	1.00	
50953	1	Endoscopy of ureter	1	$314	523	$504	1.00	
50955	1	Ureter endoscopy & biopsy	1	$314	523	$504	1.00	
50957	1	Ureter endoscopy & treatment	1	$314	523	$504	1.00	
50959	1	Ureter endoscopy & tracer	1	$314	523	$504	1.00	
50961	1	Ureter endoscopy & treatment	1	$314	523	$504	1.00	
50970	3	Ureter endoscopy	1	$314				Delete.
50972	3	Ureter endoscopy & catheter	1	$314				Delete.
50974	3	Ureter endoscopy & biopsy	1	$314				Delete.
50976	3	Ureter endoscopy & treatment	1	$314				Delete.
50978	3	Ureter endoscopy & tracer	1	$314				Delete.
50980	3	Ureter endoscopy & treatment	1	$314				Delete.
51000	5	Drainage of bladder						
51005	5	Drainage of bladder	1	$314				Delete.
51010	5	Drainage of bladder	1	$314				Delete.
51020	1	Incise & treat bladder	4	$595	523	$504	1.00	
51030	1	Incise & treat bladder	4	$595	523	$504	1.00	
51040	1	Incise & drain bladder	4	$595	523	$504	1.00	
51045	1	Incise bladder, drain ureter	4	$595	523	$504	1.00	
51050	1	Removal of bladder stone			523	$504	1.00	Add.
51060	3	Removal of ureter stone						
51065	1	Removal of ureter stone			523	$504	1.00	Add.
51080	1	Drainage of bladder abscess			132	$162	0.32	Add.
51500	1	Removal of bladder cyst	4	$595	466	$739	1.47	
51520	1	Removal of bladder lesion			523	$504	1.00	Add.
51525	3	Removal of bladder lesion						
51530	3	Removal of bladder lesion						
51535	3	Repair of ureter lesion						
51550	3	Partial removal of bladder						
51555	3	Partial removal of bladder						
51565	3	Revise bladder & ureter(s)						
51570	3	Removal of bladder						
51575	3	Removal of bladder & nodes						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
51580	3	Remove bladder; revise tract						
51585	3	Removal of bladder & nodes						
51590	3	Remove bladder; revise tract						
51595	3	Remove bladder; revise tract						
51596	3	Remove bladder, create pouch						
51597	3	Removal of pelvic structures						
51600	2	Injection for bladder x-ray	1	$314				Delete.
51605	2	Preparation for bladder xray	1	$314				Delete.
51610	2	Injection for bladder x-ray	1	$314				Delete.
51700	5	Irrigation of bladder						
51705	1	Change of bladder tube			470	$119	0.24	Add.
51710	1	Change of bladder tube	1	$314	470	$119	0.24	
51715	1	Endoscopic injection/implant			531	$418	0.83	Add.
51720	5	Treatment of bladder lesion						
51725	6	Simple cystometrogram	1	$314				Delete.
51726	6	Complex cystometrogram	1	$314				Delete.
51736	6	Urine flow measurement						
51741	6	Electro-uroflowmetry, first						
51772	6	Urethra pressure profile	1	$314				Delete.
51784	6	Anal/urinary muscle study						
51785	6	Anal/urinary muscle study	1	$314				Delete.
51792	6	Urinary reflex study						
51795	6	Urine voiding pressure study						
51797	6	Intraabdominal pressure test						
51800	3	Revision of bladder/urethra						
51820	3	Revision of urinary tract						
51840	3	Attach bladder/urethra						
51841	3	Attach bladder/urethra						
51845	3	Repair bladder neck						
51860	3	Repair of bladder wound						
51865	3	Repair of bladder wound	4	$595				Delete.
51880	1	Repair of bladder opening	1	$314	523	$504	1.00	
51900	3	Repair bladder/vagina lesion	4	$595				Delete.
51920	3	Close bladder-uterus fistula	3	$482				Delete.
51925	3	Hysterectomy/bladder repair						
51940	3	Correction of bladder defect						
51960	3	Revision of bladder & bowel						
51980	3	Construct bladder opening						
52000	1	Cystoscopy	1	$314	521	$212	0.42	
52005	1	Cystoscopy & ureter catheter	2	$422	522	$393	0.78	
52007	1	Cystoscopy and biopsy	2	$422	522	$393	0.78	
52010	1	Cystoscopy & duct catheter	2	$422	522	$393	0.78	
52204	1	Cystoscopy	2	$422	522	$393	0.78	
52214	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52224	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52234	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52235	1	Cystoscopy and treatment	3	$482	523	$504	1.00	
52240	1	Cystoscopy and treatment	3	$482	523	$504	1.00	
52250	1	Cystoscopy & radiotracer	4	$595	523	$504	1.00	
52260	1	Cystoscopy & treatment	2	$422	522	$393	0.78	
52265	1	Cystoscopy & treatment			521	$212	0.42	Add.
52270	1	Cystoscopy & revise urethra	2	$422	522	$393	0.78	
52275	1	Cystoscopy & revise urethra	2	$422	522	$393	0.78	
52276	1	Cystoscopy and treatment	3	$482	522	$393	0.78	
52277	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52281	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52282	1	Cystoscopy, implant stent			523	$504	1.00	Add.
52283	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52285	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52290	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52300	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52301	1	Cystoscopy and treatment			522	$393	0.78	Add.
52305	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52310	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52315	1	Cystoscopy and treatment	2	$422	522	$393	0.78	
52317	1	Remove bladder stone	1	$314	523	$504	1.00	
52318	1	Remove bladder stone	2	$422	523	$504	1.00	
52320	1	Cystoscopy and treatment	5	$678	523	$504	1.00	
52325	1	Cystoscopy, stone removal	4	$595	523	$504	1.00	
52327	1	Cystoscopy, inject material			522	$393	0.78	Add.
52330	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52332	1	Cystoscopy and treatment	2	$422	523	$504	1.00	
52334	1	Create passage to kidney	3	$482	523	$504	1.00	
52335	1	Endoscopy of urinary tract	3	$482	523	$504	1.00	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
52336	1	Cystoscopy, stone removal	4	$595	523	$504	1.00	
52337	1	Cystoscopy, stone removal	4	$595	524	$1,131	2.24	
52338	1	Cystoscopy and treatment	4	$595	523	$504	1.00	
52339	1	Cystoscopy and treatment			523	$504	1.00	Add.
52340	1	Cystoscopy and treatment	3	$482	523	$504	1.00	
52450	1	Incision of prostate	3	$482	523	$504	1.00	
52500	1	Revision of bladder neck	3	$482	523	$504	1.00	
52510	1	Dilation prostatic urethra			522	$393	0.78	Add.
52601	1	Prostatectomy (TURP)	4	$595	524	$1,131	2.24	
52606	1	Control postop bleeding	1	$314	523	$504	1.00	
52612	1	Prostatectomy, first stage	2	$422	524	$1,131	2.24	
52614	1	Prostatectomy, second stage	1	$314	524	$1,131	2.24	
52620	1	Remove residual prostate	1	$314	524	$1,131	2.24	
52630	1	Remove prostate regrowth	2	$422	524	$1,131	2.24	
52640	1	Relieve bladder contracture	2	$422	523	$504	1.00	
52647	1	Laser surgery of prostate			524	$1,131	2.24	Add.
52648	1	Laser surgery of prostate			524	$1,131	2.24	Add.
52700	1	Drainage of prostate abscess	2	$422	523	$504	1.00	
53000	1	Incision of urethra	1	$314	531	$418	0.83	
53010	1	Incision of urethra	1	$314	531	$418	0.83	
53020	1	Incision of urethra	1	$314	531	$418	0.83	
53025	1	Incision of urethra			531	$418	0.83	Add.
53040	1	Drainage of urethra abscess	2	$422	531	$418	0.83	
53060	1	Drainage of urethra abscess			531	$418	0.83	Add.
53080	1	Drainage of urinary leakage			531	$418	0.83	Add.
53085	3	Drainage of urinary leakage						
53200	1	Biopsy of urethra	1	$314	531	$418	0.83	
53210	1	Removal of urethra	5	$678	532	$644	1.28	
53215	1	Removal of urethra	5	$678	532	$644	1.28	
53220	1	Treatment of urethra lesion	2	$422	532	$644	1.28	
53230	1	Removal of urethra lesion	2	$422	532	$644	1.28	
53235	1	Removal of urethra lesion	3	$482	532	$644	1.28	
53240	1	Surgery for urethra pouch	2	$422	532	$644	1.28	
53250	1	Removal of urethra gland	2	$422	531	$418	0.83	
53260	1	Treatment of urethra lesion	2	$422	531	$418	0.83	
53265	1	Treatment of urethra lesion	2	$422	531	$418	0.83	
53270	1	Removal of urethra gland			531	$418	0.83	Add.
53275	1	Repair of urethra defect	2	$422	531	$418	0.83	
53400	1	Revise urethra, 1st stage	3	$482	532	$644	1.28	
53405	1	Revise urethra, 2nd stage	2	$422	532	$644	1.28	
53410	1	Reconstruction of urethra	2	$422	532	$644	1.28	
53415	3	Reconstruction of urethra						
53420	1	Reconstruct urethra, stage 1	3	$482	532	$644	1.28	
53425	1	Reconstruct urethra, stage 2	2	$422	532	$644	1.28	
53430	1	Reconstruction of urethra	2	$422	532	$644	1.28	
53440	1	Correct bladder function	2	$422	538	$1,221	2.42	
53442	1	Remove perineal prosthesis	1	$314	531	$418	0.83	
53443	3	Reconstruction of urethra						
53445	1	Correct urine flow control			538	$1,221	2.42	Add.
53447	1	Remove artificial sphincter	1	$314	532	$644	1.28	
53449	1	Correct artificial sphincter	1	$314	532	$644	1.28	
53450	1	Revision of urethra	1	$314	532	$644	1.28	
53460	1	Revision of urethra	1	$314	532	$644	1.28	
53502	1	Repair of urethra injury	2	$422	531	$418	0.83	
53505	1	Repair of urethra injury	2	$422	531	$418	0.83	
53510	1	Repair of urethra injury	2	$422	531	$418	0.83	
53515	1	Repair of urethra injury	2	$422	532	$644	1.28	
53520	1	Repair of urethra defect	2	$422	532	$644	1.28	
53600	5	Dilate urethra stricture						
53601	5	Dilate urethra stricture						
53605	1	Dilate urethra stricture	2	$422	522	$393	0.78	
53620	5	Dilate urethra stricture						
53621	5	Dilate urethra stricture						
53660	5	Dilation of urethra						
53661	5	Dilation of urethra						
53665	1	Dilation of urethra	1	$314	531	$418	0.83	
53670	5	Insert urinary catheter						
53675	5	Insert urinary catheter						
53850	1	Prostatic microwave thermotx			524	$1,131	2.24	Add.
53852	1	Prostatic rf thermotx			524	$1,131	2.24	Add.
53899	3	Urology surgery procedure						
54000	1	Slitting of prepuce			531	$418	0.83	Add.
54001	1	Slitting of prepuce	2	$422	531	$418	0.83	
54015	1	Drain penis lesion	4	$595	132	$162	0.32	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
54050	1	Destruction, penis lesion(s)			152	$213	0.42	Add.
54055	1	Destruction, penis lesion(s)			152	$213	0.42	Add.
54056	1	Cryosurgery, penis lesion(s)			152	$213	0.42	Add.
54057	1	Laser surg, penis lesion(s)	1	$314	152	$213	0.42	
54060	1	Excision of penis lesion(s)	1	$314	152	$213	0.42	
54065	1	Destruction, penis lesion(s)	1	$314	152	$213	0.42	
54100	1	Biopsy of penis	1	$314	162	$187	0.37	
54105	1	Biopsy of penis	1	$314	162	$187	0.37	
54110	1	Treatment of penis lesion	2	$422	537	$1,221	2.42	
54111	1	Treat penis lesion, graft			537	$1,221	2.42	Add.
54112	1	Treat penis lesion, graft			537	$1,221	2.42	Add.
54115	1	Treatment of penis lesion	1	$314	132	$162	0.32	
54120	1	Partial removal of penis	2	$422	537	$1,221	2.42	
54125	3	Removal of penis	2	$422				Delete.
54130	3	Remove penis & nodes						
54135	3	Remove penis & nodes						
54150	1	Circumcision			536	$459	0.91	Add.
54152	1	Circumcision	1	$314	536	$459	0.91	
54160	1	Circumcision			536	$459	0.91	Add.
54161	1	Circumcision	2	$422	536	$459	0.91	
54200	5	Treatment of penis lesion						
54205	1	Treatment of penis lesion	4	$595	537	$1,221	2.42	
54220	5	Treatment of penis lesion	1	$314				Delete.
54230	2	Prepare penis study						
54231	5	Dynamic cavernosometry						
54235	5	Penile injection						
54240	6	Penis study						
54250	6	Penis study						
54300	1	Revision of penis	3	$482	537	$1,221	2.42	
54304	1	Revision of penis			537	$1,221	2.42	Add.
54308	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54312	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54316	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54318	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54322	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54324	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54326	1	Reconstruction of urethra			537	$1,221	2.42	Add.
54328	1	Revise penis, urethra			537	$1,221	2.42	Add.
54332	3	Revise penis, urethra						
54336	3	Revise penis, urethra						
54340	1	Secondary urethral surgery			537	$1,221	2.42	Add.
54344	1	Secondary urethral surgery			537	$1,221	2.42	Add.
54348	1	Secondary urethral surgery			537	$1,221	2.42	Add.
54352	1	Reconstruct urethra, penis			537	$1,221	2.42	Add.
54360	1	Penis plastic surgery	3	$482	537	$1,221	2.42	
54380	1	Repair penis			537	$1,221	2.42	Add.
54385	1	Repair penis			537	$1,221	2.42	Add.
54390	3	Repair penis and bladder						
54400	1	Insert semi-rigid prosthesis			538	$1,221	2.42	Add.
54401	1	Insert self-contd prosthesis			538	$1,221	2.42	Add.
54402	1	Remove penis prosthesis			537	$1,221	2.42	Add.
54405	1	Insert multi-comp prosthesis			538	$1,221	2.42	Add.
54407	1	Remove multi-comp prosthesis			537	$1,221	2.42	Add.
54409	1	Revise penis prosthesis			537	$1,221	2.42	Add.
54420	1	Revision of penis	4	$595	537	$1,221	2.42	
54430	3	Revision of penis						
54435	1	Revision of penis	4	$595	537	$1,221	2.42	
54440	1	Repair of penis	4	$595	537	$1,221	2.42	
54450	5	Preputial stretching	1	$314				Delete.
54500	1	Biopsy of testis	1	$314	122	$186	0.37	
54505	1	Biopsy of testis	1	$314	546	$523	1.04	
54510	1	Removal of testis lesion	2	$422	546	$523	1.04	
54520	1	Removal of testis	3	$482	546	$523	1.04	
54530	1	Removal of testis	4	$595	546	$523	1.04	
54535	3	Extensive testis surgery						
54550	1	Exploration for testis	4	$595	546	$523	1.04	
54560	3	Exploration for testis						
54600	1	Reduce testis torsion	4	$595	546	$523	1.04	
54620	1	Suspension of testis	3	$482	546	$523	1.04	
54640	1	Suspension of testis	4	$595	546	$523	1.04	
54650	3	Orchiopexy (Fowler-Stephens)						
54660	1	Revision of testis	2	$422	546	$523	1.04	
54670	1	Repair testis injury	3	$482	546	$523	1.04	
54680	1	Relocation of testis(es)	3	$482	546	$523	1.04	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
54700	1	Drainage of scrotum	2	$422	546	$523	1.04	
54800	1	Biopsy of epididymis	1	$314	122	$186	0.37	
54820	1	Exploration of epididymis	1	$314	546	$523	1.04	
54830	1	Remove epididymis lesion	3	$482	546	$523	1.04	
54840	1	Remove epididymis lesion	4	$595	546	$523	1.04	
54860	1	Removal of epididymis	3	$482	546	$523	1.04	
54861	1	Removal of epididymis	4	$595	546	$523	1.04	
54900	1	Fusion of spermatic ducts	4	$595	546	$523	1.04	
54901	1	Fusion of spermatic ducts	4	$595	546	$523	1.04	
55000	5	Drainage of hydrocele						
55040	1	Removal of hydrocele	3	$482	466	$739	1.47	
55041	1	Removal of hydroceles	5	$678	466	$739	1.47	
55060	1	Repair of hydrocele	4	$595	546	$523	1.04	
55100	1	Drainage of scrotum abscess	1	$314	132	$162	0.32	
55110	1	Explore scrotum	2	$422	546	$523	1.04	
55120	1	Removal of scrotum lesion	2	$422	546	$523	1.04	
55150	1	Removal of scrotum	1	$314	546	$523	1.04	
55175	1	Revision of scrotum	1	$314	546	$523	1.04	
55180	1	Revision of scrotum	2	$422	546	$523	1.04	
55200	1	Incision of sperm duct	2	$422	546	$523	1.04	
55250	1	Removal of sperm duct(s)			546	$523	1.04	Add.
55300	2	Preparation,sperm duct x-ray						
55400	1	Repair of sperm duct	1	$314	546	$523	1.04	
55450	1	Ligation of sperm duct			546	$523	1.04	Add.
55500	1	Removal of hydrocele	3	$482	546	$523	1.04	
55520	1	Removal of sperm cord lesion	4	$595	546	$523	1.04	
55530	1	Revise spermatic cord veins	4	$595	546	$523	1.04	
55535	1	Revise spermatic cord veins	4	$595	546	$523	1.04	
55540	1	Revise hernia & sperm veins	5	$678	546	$523	1.04	
55600	3	Incise sperm duct pouch	1	$314				Delete.
55605	3	Incise sperm duct pouch	1	$314				Delete.
55650	3	Remove sperm duct pouch	1	$314				Delete.
55680	1	Remove sperm pouch lesion	1	$314	546	$523	1.04	
55700	1	Biopsy of prostate	2	$422	547	$265	0.53	
55705	1	Biopsy of prostate	2	$422	547	$265	0.53	
55720	1	Drainage of prostate abscess	1	$314	523	$504	1.00	
55725	1	Drainage of prostate abscess			523	$504	1.00	Add.
55801	3	Removal of prostate						
55810	3	Extensive prostate surgery						
55812	3	Extensive prostate surgery						
55815	3	Extensive prostate surgery						
55821	3	Removal of prostate						
55831	3	Removal of prostate						
55840	3	Extensive prostate surgery						
55842	3	Extensive prostate surgery						
55845	3	Extensive prostate surgery						
55859	1	Percut/needle insert, pros			523	$504	1.00	Add.
55860	3	Surgical exposure, prostate						
55862	3	Extensive prostate surgery						
55865	3	Extensive prostate surgery						
55870	6	Electroejaculation						
55899	3	Genital surgery procedure						
55970	9	Sex transformation, M to F						
55980	9	Sex transformation, F to M						
56300	1	Laparoscopy; diagnostic	3	$482	551	$831	1.65	
56301	1	Laparoscopy; tubal cautery	3	$482	551	$831	1.65	
56302	1	Laparoscopy; tubal block	3	$482	551	$831	1.65	
56303	1	Laparoscopy; excise lesions	5	$678	551	$831	1.65	
56304	1	Laparoscopy; lysis	5	$678	551	$831	1.65	
56305	1	Laparoscopy; biopsy	4	$595	551	$831	1.65	
56306	1	Laparoscopy; aspiration	4	$595	551	$831	1.65	
56307	1	Laparoscopy; remove adnexa	5	$678	552	$1,383	2.74	
56308	3	Laparoscopy; hysterectomy						
56309	1	Laparoscopy; remove myoma	5	$678	552	$1,383	2.74	
56310	3	Laparoscopic enterolysis						
56311	1	Laparoscopic lymph node biop			552	$1,383	2.74	Add.
56312	1	Laparoscopic lymphadenectomy			552	$1,383	2.74	Add.
56313	1	Laparoscopic lymphadenectomy			552	$1,383	2.74	Add.
56314	3	Lapar; drain lymphocele						
56315	3	Laparoscopic appendectomy						
56316	1	Laparoscopic hernia repair	4	$595	552	$1,383	2.74	
56317	1	Laparoscopic hernia repair	7	$941	552	$1,383	2.74	
56318	1	Laparoscopic orchiectomy			552	$1,383	2.74	Add.
56320	1	Laparoscopy, spermatic veins			552	$1,383	2.74	Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
56322	3	Laparoscopy, vagus nerves						
56323	3	Laparoscopy, vagus nerves						
56324	3	Laparoscopy, cholecystoenter						
56340	3	Laparoscopic cholecystectomy						
56341	3	Laparoscopic cholecystectomy						
56342	3	Laparoscopic cholecystectomy						
56343	1	Laparoscopic salpingostomy	5	$678	552	$1,383	2.74	
56344	1	Laparoscopic fimbrioplasty	5	$678	552	$1,383	2.74	
56345	3	Laparoscopic splenectomy						
56346	1	Laparoscopic gastrostomy			551	$831	1.65	Add.
56347	3	Laparoscopic jejunostomy						
56348	3	Laparo; resect intestine						
56349	3	Laparoscopy; fundoplasty						
56350	1	Hysteroscopy; diagnostic	1	$314	562	$481	0.95	
56351	1	Hysteroscopy; biopsy	3	$482	550	$610	1.21	
56352	1	Hysteroscopy; lysis	2	$422	550	$610	1.21	
56353	1	Hysteroscopy; resect septum			550	$610	1.21	Add.
56354	1	Hysteroscopy; remove myoma	3	$482	550	$610	1.21	
56355	1	Hysteroscopy; remove impact			550	$610	1.21	Add.
56356	1	Hysteroscopy; ablation	4	$595	550	$610	1.21	
56362	1	Laparoscopy w/cholangio	3	$482	552	$1,383	2.74	
56363	1	Laparoscopy w/biopsy	3	$482	552	$1,383	2.74	
56399	3	Laparoscopy procedure						
56405	5	I & D of vulva/perineum	2	$422				Delete.
56420	5	Drainage of gland abscess						
56440	1	Surgery for vulva lesion	2	$422	562	$481	0.95	
56441	5	Lysis of labial lesion(s)	1	$314				Delete.
56501	1	Destruction, vulva lesion(s)			152	$213	0.42	Add.
56515	1	Destruction, vulva lesion(s)	3	$482	152	$213	0.42	
56605	5	Biopsy of vulva/perineum	1	$314				Delete.
56606	5	Biopsy of vulva/perineum						
56620	1	Partial removal of vulva	5	$678	563	$601	1.19	
56625	1	Complete removal of vulva	7	$941	563	$601	1.19	
56630	3	Extensive vulva surgery						
56631	3	Extensive vulva surgery						
56632	3	Extensive vulva surgery						
56633	3	Extensive vulva surgery						
56634	3	Extensive vulva surgery						
56637	3	Extensive vulva surgery						
56640	3	Extensive vulva surgery						
56700	1	Partial removal of hymen	1	$314	562	$481	0.95	
56720	1	Incision of hymen	1	$314	562	$481	0.95	
56740	1	Remove vagina gland lesion	3	$482	562	$481	0.95	
56800	1	Repair of vagina	3	$482	562	$481	0.95	
56805	3	Repair clitoris						
56810	1	Repair of perineum	5	$678	562	$481	0.95	
57000	1	Exploration of vagina	1	$314	562	$481	0.95	
57010	1	Drainage of pelvic abscess	2	$422	562	$481	0.95	
57020	1	Drainage of pelvic fluid	2	$422	562	$481	0.95	
57061	5	Destruction vagina lesion(s)						
57065	1	Destruction vagina lesion(s)	1	$314	562	$481	0.95	
57100	5	Biopsy of vagina						
57105	1	Biopsy of vagina	2	$422	562	$481	0.95	
57108	3	Partial removal of vagina						
57110	3	Removal of vagina						
57120	3	Closure of vagina						
57130	1	Remove vagina lesion	2	$422	562	$481	0.95	
57135	1	Remove vagina lesion	2	$422	562	$481	0.95	
57150	5	Treat vagina infection						
57160	5	Insertion of pessary/device						
57170	5	Fitting of diaphragm/cap						
57180	5	Treat vaginal bleeding	1	$314				Delete.
57200	1	Repair of vagina	1	$314	562	$481	0.95	
57210	1	Repair vagina/perineum	2	$422	562	$481	0.95	
57220	1	Revision of urethra	3	$482	563	$601	1.19	
57230	1	Repair of urethral lesion	3	$482	562	$481	0.95	
57240	1	Repair bladder & vagina	5	$678	563	$601	1.19	
57250	1	Repair rectum & vagina	5	$678	563	$601	1.19	
57260	1	Repair of vagina	5	$678	563	$601	1.19	
57265	1	Extensive repair of vagina	7	$941	563	$601	1.19	
57268	1	Repair of bowel bulge	3	$482	563	$601	1.19	
57270	3	Repair of bowel pouch						
57280	3	Suspension of vagina						
57282	3	Repair of vaginal prolapse						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
57284	1	Repair paravaginal defect			563	$601	1.19	Add.
57288	1	Repair bladder defect			563	$601	1.19	Add.
57289	1	Repair bladder & vagina			563	$601	1.19	Add.
57291	1	Construction of vagina			563	$601	1.19	Add.
57292	3	Construct vagina with graft						
57300	1	Repair rectum-vagina fistula	3	$482	563	$601	1.19	
57305	3	Repair rectum-vagina fistula						
57307	3	Fistula repair & colostomy						
57308	3	Fistula repair, transperine						
57310	3	Repair urethrovaginal lesion	3	$482				Delete.
57311	3	Repair urethrovaginal lesion	4	$595				Delete.
57320	3	Repair bladder-vagina lesion	3	$482				Delete.
57330	3	Repair bladder-vagina lesion						
57335	3	Repair vagina						
57400	1	Dilation of vagina	2	$422	562	$481	0.95	
57410	1	Pelvic examination	2	$422	562	$481	0.95	
57415	1	Removal vaginal foreign body			562	$481	0.95	Add.
57452	5	Examination of vagina						
57454	5	Vagina examination & biopsy						
57460	1	Cervix excision			562	$481	0.95	Add.
57500	5	Biopsy of cervix						
57505	5	Endocervical curettage						
57510	5	Cauterization of cervix						
57511	5	Cryocautery of cervix						
57513	5	Laser surgery of cervix	2	$422				Delete.
57520	1	Conization of cervix	2	$422	563	$601	1.19	
57522	1	Conization of cervix	2	$422	563	$601	1.19	
57530	1	Removal of cervix	3	$482	563	$601	1.19	
57531	3	Removal of cervix, radical						
57540	3	Removal of residual cervix						
57545	3	Remove cervix, repair pelvis						
57550	1	Removal of residual cervix	3	$482	563	$601	1.19	
57555	1	Remove cervix, repair vagina			563	$601	1.19	Add.
57556	1	Remove cervix, repair bowel			563	$601	1.19	Add.
57700	1	Revision of cervix	1	$314	562	$481	0.95	
57720	1	Revision of cervix	3	$482	562	$481	0.95	
57800	5	Dilation of cervical canal	1	$314				Delete.
57820	1	D&c of residual cervix	3	$482	567	$458	0.91	
58100	5	Biopsy of uterus lining						
58120	1	Dilation and curettage (D&C)	2	$422	567	$458	0.91	
58140	3	Removal of uterus lesion						
58145	1	Removal of uterus lesion	5	$678	563	$601	1.19	
58150	3	Total hysterectomy						
58152	3	Total hysterectomy						
58180	3	Partial hysterectomy						
58200	3	Extensive hysterectomy						
58210	3	Extensive hysterectomy						
58240	3	Removal of pelvis contents						
58260	3	Vaginal hysterectomy						
58262	3	Vaginal hysterectomy						
58263	3	Vaginal hysterectomy						
58267	3	Hysterectomy & vagina repair						
58270	3	Hysterectomy & vagina repair						
58275	3	Hysterectomy, revise vagina						
58280	3	Hysterectomy, revise vagina						
58285	3	Extensive hysterectomy						
58300	9	Insert intrauterine device						
58301	5	Remove intrauterine device						
58321	6	Artificial insemination						
58322	6	Artificial insemination						
58323	6	Sperm washing						
58340	2	Catheter for hysterography						
58345	1	Reopen fallopian tube			562	$481	0.95	Add.
58350	1	Reopen fallopian tube			562	$481	0.95	Add.
58400	3	Suspension of uterus						
58410	3	Suspension of uterus						
58520	3	Repair of ruptured uterus						
58540	3	Revision of uterus						
58600	3	Division of fallopian tube						
58605	3	Division of fallopian tube						
58611	3	Ligate oviduct(s)						
58615	3	Occlude fallopian tube(s)						
58700	3	Removal of fallopian tube						
58720	3	Removal of ovary/tube(s)						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
58740	3	Revise fallopian tube(s)						
58750	3	Repair oviduct						
58752	3	Revise ovarian tube(s)						
58760	3	Remove tubal obstruction						
58770	3	Create new tubal opening						
58800	1	Drainage of ovarian cyst(s)	3	$482	563	$601	1.19	
58805	3	Drainage of ovarian cyst(s)						
58820	1	Open drain ovary abscess	3	$482	563	$601	1.19	
58822	3	Percut drain ovary abscess						
58823	3	Percut drain pelvic abscess						
58825	3	Transposition, ovary(s)						
58900	3	Biopsy of ovary(s)	3	$482				Delete.
58920	3	Partial removal of ovary(s)						
58925	3	Removal of ovarian cyst(s)						
58940	3	Removal of ovary(s)						
58943	3	Removal of ovary(s)						
58950	3	Resect ovarian malignancy						
58951	3	Resect ovarian malignancy						
58952	3	Resect ovarian malignancy						
58960	3	Exploration of abdomen						
58970	1	Retrieval of oocyte			562	$481	0.95	Add.
58974	6	Transfer of embryo						
58976	6	Transfer of embryo						
58999	3	Genital surgery procedure						
59000	6	Amniocentesis						
59012	6	Fetal cord puncture, prenatal						
59015	6	Chorion biopsy						
59020	6	Fetal contract stress test						
59025	6	Fetal non-stress test						
59030	6	Fetal scalp blood sample						
59050	6	Fetal monitor w/report						
59051	6	Fetal monitor/interpret only						
59100	3	Remove uterus lesion						
59120	3	Treat ectopic pregnancy						
59121	3	Treat ectopic pregnancy						
59130	3	Treat ectopic pregnancy						
59135	3	Treat ectopic pregnancy						
59136	3	Treat ectopic pregnancy						
59140	3	Treat ectopic pregnancy						
59150	3	Treat ectopic pregnancy						
59151	3	Treat ectopic pregnancy						
59160	1	D&C after delivery			567	$458	0.91	Add.
59200	6	Insert cervical dilator						
59300	1	Episiotomy or vaginal repair			562	$481	0.95	Add.
59320	1	Revision of cervix			562	$481	0.95	Add.
59325	3	Revision of cervix						
59350	3	Repair of uterus						
59400	6	Obstetrical care						
59409	6	Obstetrical care						
59410	6	Obstetrical care						
59412	6	Antepartum manipulation						
59414	6	Deliver placenta						
59425	6	Antepartum care only						
59426	6	Antepartum care only						
59430	6	Care after delivery						
59510	6	Cesarean delivery						
59514	3	Cesarean delivery only						
59515	6	Cesarean delivery						
59525	3	Remove uterus after cesarean						
59610	3	Vbac delivery						
59612	6	Vbac delivery only						
59614	6	Vbac care after delivery						
59618	6	Attempted vbac delivery						
59620	3	Attempted vbac delivery only						
59622	6	Attempted vbac after care						
59812	1	Treatment of miscarriage			587	$503	1.00	Add.
59820	1	Care of miscarriage			587	$503	1.00	Add.
59821	1	Treatment of miscarriage			587	$503	1.00	Add.
59830	3	Treat uterus infection						
59840	1	Abortion			586	$448	0.89	Add.
59841	1	Abortion			586	$448	0.89	Add.
59850	3	Abortion						
59851	3	Abortion						
59852	3	Abortion						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
59855	3	Abortion						
59856	3	Abortion						
59857	3	Abortion						
59866	3	Abortion						
59870	1	Evacuate mole of uterus			587	$503	1.00	Add.
59871	1	Remove cerclage suture			562	$481	0.95	Add.
59899	3	Maternity care procedure						
60000	1	Drain thyroid/tongue cyst	1	$314	312	$233	0.46	
60001	5	Aspirate/inject thyroid cyst						
60100	1	Biopsy of thyroid			122	$186	0.37	Add.
60200	1	Remove thyroid lesion	2	$422	397	$630	1.25	
60210	1	Partial excision thyroid			397	$630	1.25	Add.
60212	3	Parital thyroid excision						
60220	1	Partial removal of thyroid	2	$422	397	$630	1.25	
60225	1	Partial removal of thyroid	3	$482	397	$630	1.25	
60240	1	Removal of thyroid			397	$630	1.25	Add.
60252	3	Removal of thyroid						
60254	3	Extensive thyroid surgery						
60260	3	Repeat thyroid surgery						
60270	3	Removal of thyroid						
60271	3	Removal of thyroid						
60280	1	Remove thyroid duct lesion	4	$595	397	$630	1.25	
60281	1	Remove thyroid duct lesion	4	$595	397	$630	1.25	
60500	3	Explore parathyroid glands						
60502	3	Re-explore parathyroids						
60505	3	Explore parathyroid glands						
60512	3	Autotransplant, parathyroid						
60520	3	Removal of thymus gland						
60521	3	Removal of thymus gland						
60522	3	Removal of thymus gland						
60540	3	Explore adrenal gland						
60545	3	Explore adrenal gland						
60600	3	Remove carotid body lesion						
60605	3	Remove carotid body lesion						
60699	3	Endocrine surgery procedure						
61000	1	Remove cranial cavity fluid			602	$241	0.48	Add.
61001	1	Remove cranial cavity fluid			602	$241	0.48	Add.
61020	1	Remove brain cavity fluid	1	$314	602	$241	0.48	
61026	1	Injection into brain canal	1	$314	602	$241	0.48	
61050	1	Remove brain canal fluid	1	$314	602	$241	0.48	
61055	1	Injection into brain canal	1	$314	602	$241	0.48	
61070	1	Brain canal shunt procedure	1	$314	602	$241	0.48	
61105	3	Drill skull for examination						
61106	3	Drill skull for exam/surgery						
61107	3	Drill skull for implantation						
61108	3	Drill skull for drainage						
61120	3	Pierce skull for examination						
61130	3	Pierce skull, exam/surgery						
61140	3	Pierce skull for biopsy						
61150	3	Pierce skull for drainage						
61151	3	Pierce skull for drainage						
61154	3	Pierce skull, remove clot						
61156	3	Pierce skull for drainage						
61210	3	Pierce skull; implant device						
61215	1	Insert brain-fluid device	3	$482	618	$841	1.67	
61250	3	Pierce skull & explore						
61253	3	Pierce skull & explore						
61304	3	Open skull for exploration						
61305	3	Open skull for exploration						
61312	3	Open skull for drainage						
61313	3	Open skull for drainage						
61314	3	Open skull for drainage						
61315	3	Open skull for drainage						
61320	3	Open skull for drainage						
61321	3	Open skull for drainage						
61330	3	Decompress eye socket						
61332	3	Explore/biopsy eye socket						
61333	3	Explore orbit; remove lesion						
61334	3	Explore orbit; remove object						
61340	3	Relieve cranial pressure						
61343	3	Incise skull, pressure relief						
61345	3	Relieve cranial pressure						
61440	3	Incise skull for surgery						
61450	3	Incise skull for surgery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
61458	3	Incise skull for brain wound						
61460	3	Incise skull for surgery						
61470	3	Incise skull for surgery						
61480	3	Incise skull for surgery						
61490	3	Incise skull for surgery						
61500	3	Removal of skull lesion						
61501	3	Remove infected skull bone						
61510	3	Removal of brain lesion						
61512	3	Remove brain lining lesion						
61514	3	Removal of brain abscess						
61516	3	Removal of brain lesion						
61518	3	Removal of brain lesion						
61519	3	Remove brain lining lesion						
61520	3	Removal of brain lesion						
61521	3	Removal of brain lesion						
61522	3	Removal of brain abscess						
61524	3	Removal of brain lesion						
61526	3	Removal of brain lesion						
61530	3	Removal of brain lesion						
61531	3	Implant brain electrodes						
61533	3	Implant brain electrodes						
61534	3	Removal of brain lesion						
61535	3	Remove brain electrodes						
61536	3	Removal of brain lesion						
61538	3	Removal of brain tissue						
61539	3	Removal of brain tissue						
61541	3	Incision of brain tissue						
61542	3	Removal of brain tissue						
61543	3	Removal of brain tissue						
61544	3	Remove & treat brain lesion						
61545	3	Excision of brain tumor						
61546	3	Removal of pituitary gland						
61548	3	Removal of pituitary gland						
61550	3	Release of skull seams						
61552	3	Release of skull seams						
61556	3	Incise skull/sutures						
61557	3	Incise skull/sutures						
61558	3	Excision of skull/sutures						
61559	3	Excision of skull/sutures						
61563	3	Excision of skull tumor						
61564	3	Excision of skull tumor						
61570	3	Remove brain foreign body						
61571	3	Incise skull for brain wound						
61575	3	Skull base/brainstem surgery						
61576	3	Skull base/brainstem surgery						
61580	3	Craniofacial approach, skull						
61581	3	Craniofacial approach, skull						
61582	3	Craniofacial approach, skull						
61583	3	Craniofacial approach, skull						
61584	3	Orbitocranial approach/skull						
61585	3	Orbitocranial approach/skull						
61586	3	Resect nasopharnyx, skull						
61590	3	Infratemporal approach/skull						
61591	3	Infratemporal approach/skull						
61592	3	Orbitocranial approach/skull						
61595	3	Transtemporal approach/skull						
61596	3	Transcochlear approach/skull						
61597	3	Transcondylar approach/skull						
61598	3	Transpetrosal approach/skull						
61600	3	Resect/excise cranial lesion						
61601	3	Resect/excise cranial lesion						
61605	3	Resect/excise cranial lesion						
61606	3	Resect/excise cranial lesion						
61607	3	Resect/excise cranial lesion						
61608	3	Resect/excise cranial lesion						
61609	3	Transect, artery, sinus						
61610	3	Transect, artery, sinus						
61611	3	Transect, artery, sinus						
61612	3	Transect, artery, sinus						
61613	3	Remove aneurysm, sinus						
61615	3	Resect/excise lesion, skull						
61616	3	Resect/excise lesion, skull						
61618	3	Repair dura						
61619	3	Repair dura						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
61624	3	Occlusion/embolization cath						
61626	3	Occlusion/embolization cath						
61680	3	Intracranial vessel surgery						
61682	3	Intracranial vessel surgery						
61684	3	Intracranial vessel surgery						
61686	3	Intracranial vessel surgery						
61690	3	Intracranial vessel surgery						
61692	3	Intracranial vessel surgery						
61700	3	Inner skull vessel surgery						
61702	3	Inner skull vessel surgery						
61703	3	Clamp neck artery						
61705	3	Revise circulation to head						
61708	3	Revise circulation to head						
61710	3	Revise circulation to head						
61711	3	Fusion of skull arteries						
61712	3	Skull or spine microsurgery						
61720	3	Incise skull/brain surgery						
61735	3	Incise skull/brain surgery						
61750	3	Incise skull; brain biopsy						
61751	3	Brain biopsy with cat scan						
61760	3	Implant brain electrodes						
61770	3	Incise skull for treatment						
61790	1	Treat trigeminal nerve	3	$482	631	$600	1.19	
61791	3	Treat trigeminal tract	3	$482				Delete.
61793	3	Focus radiation beam						
61795	3	Brain surgery using computer						
61850	3	Implant neuroelectrodes						
61855	3	Implant neuroelectrodes						
61860	3	Implant neuroelectrodes						
61865	3	Implant neuroelectrodes						
61870	3	Implant neuroelectrodes						
61875	3	Implant neuroelectrodes						
61880	3	Revise/remove neuroelectrode						
61885	1	Implant neuroreceiver	2	$422	618	$841	1.67	
61888	3	Revise/remove neuroreceiver	1	$314				Delete.
62000	3	Repair of skull fracture						
62005	3	Repair of skull fracture						
62010	3	Treatment of head injury						
62100	3	Repair brain fluid leakage						
62115	3	Reduction of skull defect						
62116	3	Reduction of skull defect						
62117	3	Reduction of skull defect						
62120	3	Repair skull cavity lesion						
62121	3	Incise skull repair						
62140	3	Repair of skull defect						
62141	3	Repair of skull defect						
62142	3	Remove skull plate/flap						
62143	3	Replace skull plate/flap						
62145	3	Repair of skull & brain						
62146	3	Repair of skull with graft						
62147	3	Repair of skull with graft						
62180	3	Establish brain cavity shunt						
62190	3	Establish brain cavity shunt						
62192	3	Establish brain cavity shunt						
62194	1	Replace/irrigate catheter	1	$314	602	$241	0.48	
62200	3	Establish brain cavity shunt						
62201	3	Establish brain cavity shunt						
62220	3	Establish brain cavity shunt						
62223	3	Establish brain cavity shunt						
62225	1	Replace/irrigate catheter	1	$314	602	$241	0.48	
62230	1	Replace/revise brain shunt	2	$422	617	$391	0.78	
62256	3	Remove brain cavity shunt	2	$422				Delete.
62258	3	Replace brain cavity shunt						
62268	1	Drain spinal cord cyst	1	$314	602	$241	0.48	
62269	1	Needle biopsy spinal cord	1	$314	122	$186	0.37	
62270	1	Spinal fluid tap, diagnostic	1	$314	600	$101	0.20	
62272	1	Drain spinal fluid	1	$314	600	$101	0.20	
62273	1	Treat lumbar spine lesion	1	$314	602	$241	0.48	
62274	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62275	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62276	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62277	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62278	1	Inject spinal anesthetic	1	$314	602	$241	0.48	
62279	1	Inject spinal anesthetic	1	$314	602	$241	0.48	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
62280	1	Treat spinal cord lesion	1	$314	602	$241	0.48	
62281	1	Treat spinal cord lesion			602	$241	0.48	Add.
62282	1	Treat spinal canal lesion	1	$314	602	$241	0.48	
62284	2	Injection for myelogram						
62287	1	Percutaneous diskectomy			631	$600	1.19	Add.
62288	1	Injection into spinal canal	1	$314	602	$241	0.48	
62289	1	Injection into spinal canal	1	$314	602	$241	0.48	
62290	2	Inject for spine disk x-ray						
62291	2	Inject for spine disk x-ray						
62292	1	Injection into disk lesion			602	$241	0.48	Add.
62294	1	Injection into spinal artery	3	$482	602	$241	0.48	
62298	1	Injection into spinal canal			602	$241	0.48	Add.
62350	1	Implant spinal catheter	2	$422	617	$391	0.78	
62351	3	Implant spinal catheter	2	$422				Delete.
62355	1	Remove spinal canal catheter			617	$391	0.78	Add.
62360	1	Insert spine infusion device	2	$422	618	$841	1.67	
62361	1	Implant spine infusion pump	2	$422	618	$841	1.67	
62362	1	Implant spine infusion pump	2	$422	618	$841	1.67	
62365	1	Remove spine infusion device	2	$422	617	$391	0.78	
62367	6	Analyze spine infusion pump	2	$422				Delete.
62368	6	Analyze spine infusion pump	2	$422				Delete.
63001	3	Removal of spinal lamina						
63003	3	Removal of spinal lamina						
63005	3	Removal of spinal lamina						
63011	3	Removal of spinal lamina						
63012	3	Removal of spinal lamina						
63015	3	Removal of spinal lamina						
63016	3	Removal of spinal lamina						
63017	3	Removal of spinal lamina						
63020	3	Neck spine disk surgery						
63030	3	Low back disk surgery						
63035	3	Added spinal disk surgery						
63040	3	Neck spine disk surgery						
63042	3	Low back disk surgery						
63045	3	Removal of spinal lamina						
63046	3	Removal of spinal lamina						
63047	3	Removal of spinal lamina						
63048	3	Removal of spinal lamina						
63055	3	Decompress spinal cord						
63056	3	Decompress spinal cord						
63057	3	Decompress spinal cord						
63064	3	Decompress spinal cord						
63066	3	Decompress spinal cord						
63075	3	Neck spine disk surgery						
63076	3	Neck spine disk surgery						
63077	3	Spine disk surgery, thorax						
63078	3	Spine disk surgery, thorax						
63081	3	Removal of vertebral body						
63082	3	Removal of vertebral body						
63085	3	Removal of vertebral body						
63086	3	Removal of vertebral body						
63087	3	Removal of vertebral body						
63088	3	Removal of vertebral body						
63090	3	Removal of vertebral body						
63091	3	Removal of vertebral body						
63170	3	Incise spinal cord tract(s)						
63172	3	Drainage of spinal cyst						
63173	3	Drainage of spinal cyst						
63180	3	Revise spinal cord ligaments						
63182	3	Revise spinal cord ligaments						
63185	3	Incise spinal column/nerves						
63190	3	Incise spinal column/nerves						
63191	3	Incise spinal column/nerves						
63194	3	Incise spinal column & cord						
63195	3	Incise spinal column & cord						
63196	3	Incise spinal column & cord						
63197	3	Incise spinal column & cord						
63198	3	Incise spinal column & cord						
63199	3	Incise spinal column & cord						
63200	3	Release of spinal cord						
63250	3	Revise spinal cord vessels						
63251	3	Revise spinal cord vessels						
63252	3	Revise spinal cord vessels						
63265	3	Excise intraspinal lesion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
63266	3	Excise intraspinal lesion						
63267	3	Excise intraspinal lesion						
63268	3	Excise intraspinal lesion						
63270	3	Excise intraspinal lesion						
63271	3	Excise intraspinal lesion						
63272	3	Excise intraspinal lesion						
63273	3	Excise intraspinal lesion						
63275	3	Biopsy/excise spinal tumor						
63276	3	Biopsy/excise spinal tumor						
63277	3	Biopsy/excise spinal tumor						
63278	3	Biopsy/excise spinal tumor						
63280	3	Biopsy/excise spinal tumor						
63281	3	Biopsy/excise spinal tumor						
63282	3	Biopsy/excise spinal tumor						
63283	3	Biopsy/excise spinal tumor						
63285	3	Biopsy/excise spinal tumor						
63286	3	Biopsy/excise spinal tumor						
63287	3	Biopsy/excise spinal tumor						
63290	3	Biopsy/excise spinal tumor						
63300	3	Removal of vertebral body						
63301	3	Removal of vertebral body						
63302	3	Removal of vertebral body						
63303	3	Removal of vertebral body						
63304	3	Removal of vertebral body						
63305	3	Removal of vertebral body						
63306	3	Removal of vertebral body						
63307	3	Removal of vertebral body						
63308	3	Removal of vertebral body						
63600	1	Remove spinal cord lesion	2	$422	631	$600	1.19	
63610	1	Stimulation of spinal cord	1	$314	631	$600	1.19	
63615	1	Remove lesion of spinal cord			631	$600	1.19	Add.
63650	1	Implant neuroelectrodes	2	$422	616	$391	0.78	
63655	3	Implant neuroelectrodes						
63660	1	Revise/remove neuroelectrode	1	$314	617	$391	0.78	
63685	1	Implant neuroreceiver	2	$422	618	$841	1.67	
63688	1	Revise/remove neuroreceiver	1	$314	617	$391	0.78	
63690	6	Analysis of neuroreceiver						
63691	6	Analysis of neuroreceiver						
63700	3	Repair of spinal herniation						
63702	3	Repair of spinal herniation						
63704	3	Repair of spinal herniation						
63706	3	Repair of spinal herniation						
63707	3	Repair spinal fluid leakage						
63709	3	Repair spinal fluid leakage						
63710	3	Graft repair of spine defect						
63740	3	Install spinal shunt						
63741	3	Install spinal shunt						
63744	1	Revision of spinal shunt	3	$482	617	$391	0.78	
63746	1	Removal of spinal shunt	2	$422	617	$391	0.78	
64400	5	Injection for nerve block						
64402	5	Injection for nerve block						
64405	5	Injection for nerve block						
64408	5	Injection for nerve block						
64410	5	Injection for nerve block	1	$314				Delete.
64412	5	Injection for nerve block						
64413	5	Injection for nerve block						
64415	5	Injection for nerve block	1	$314				Delete.
64417	5	Injection for nerve block	1	$314				Delete.
64418	5	Injection for nerve block						
64420	5	Injection for nerve block	1	$314				Delete.
64421	5	Injection for nerve block	1	$314				Delete.
64425	5	Injection for nerve block						
64430	5	Injection for nerve block	1	$314				Delete.
64435	5	Injection for nerve block						
64440	5	Injection for nerve block						
64441	5	Injection for nerve block						
64442	5	Injection for nerve block	1	$314				Delete.
64443	5	Injection for nerve block	1	$314				Delete.
64445	5	Injection for nerve block						
64450	5	Injection for nerve block						
64505	5	Injection for nerve block						
64508	5	Injection for nerve block						
64510	5	Injection for nerve block	1	$314				Delete.
64520	5	Injection for nerve block	1	$314				Delete.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
64530	5	Injection for nerve block	1	$314				Delete.
64550	6	Apply neurostimulator						
64553	1	Implant neuroelectrodes			616	$391	0.78	Add.
64555	1	Implant neuroelectrodes			616	$391	0.78	Add.
64560	1	Implant neuroelectrodes			616	$391	0.78	Add.
64565	1	Implant neuroelectrodes			616	$391	0.78	Add.
64573	1	Implant neuroelectrodes			616	$391	0.78	Add.
64575	1	Implant neuroelectrodes	1	$314	616	$391	0.78	
64577	1	Implant neuroelectrodes			616	$391	0.78	Add.
64580	1	Implant neuroelectrodes			616	$391	0.78	Add.
64585	1	Revise/remove neuroelectrode			617	$391	0.78	Add.
64590	1	Implant neuroreceiver	2	$422	618	$841	1.67	
64595	1	Revise/remove neuroreceiver	1	$314	617	$391	0.78	
64600	5	Injection treatment of nerve	1	$314				Delete.
64605	5	Injection treatment of nerve	1	$314				Delete.
64610	5	Injection treatment of nerve	1	$314				Delete.
64612	5	Destroy nerve, face muscle						
64613	5	Destroy nerve, spine muscle						
64620	5	Injection treatment of nerve	1	$314				Delete.
64622	5	Injection treatment of nerve	1	$314				Delete.
64623	5	Injection treatment of nerve	1	$314				Delete.
64630	5	Injection treatment of nerve	2	$422				Delete.
64640	5	Injection treatment of nerve						
64680	5	Injection treatment of nerve	2	$422				Delete.
64702	1	Revise finger/toe nerve	1	$314	631	$600	1.19	
64704	1	Revise hand/foot nerve	1	$314	631	$600	1.19	
64708	1	Revise arm/leg nerve	2	$422	631	$600	1.19	
64712	1	Revision of sciatic nerve	2	$422	631	$600	1.19	
64713	1	Revision of arm nerve(s)	2	$422	631	$600	1.19	
64714	1	Revise low back nerve(s)	2	$422	631	$600	1.19	
64716	1	Revision of cranial nerve	3	$482	631	$600	1.19	
64718	1	Revise ulnar nerve at elbow	2	$422	631	$600	1.19	
64719	1	Revise ulnar nerve at wrist	2	$422	631	$600	1.19	
64721	1	Carpal tunnel surgery	2	$422	631	$600	1.19	
64722	1	Relieve pressure on nerve(s)	1	$314	631	$600	1.19	
64726	1	Release foot/toe nerve	1	$314	631	$600	1.19	
64727	1	Internal nerve revision	1	$314	631	$600	1.19	
64732	1	Incision of brow nerve	2	$422	631	$600	1.19	
64734	1	Incision of cheek nerve	2	$422	631	$600	1.19	
64736	1	Incision of chin nerve	2	$422	631	$600	1.19	
64738	1	Incision of jaw nerve	2	$422	631	$600	1.19	
64740	1	Incision of tongue nerve	2	$422	631	$600	1.19	
64742	1	Incision of facial nerve	2	$422	631	$600	1.19	
64744	1	Incise nerve, back of head	2	$422	631	$600	1.19	
64746	1	Incise diaphragm nerve	2	$422	631	$600	1.19	
64752	3	Incision of vagus nerve						
64755	3	Incision of stomach nerves						
64760	3	Incision of vagus nerve						
64761	1	Incision of pelvis nerve			631	$600	1.19	Add.
64763	3	Incise hip/thigh nerve						
64766	3	Incise hip/thigh nerve						
64771	1	Sever cranial nerve	2	$422	631	$600	1.19	
64772	1	Incision of spinal nerve	2	$422	631	$600	1.19	
64774	1	Remove skin nerve lesion	2	$422	631	$600	1.19	
64776	1	Remove digit nerve lesion	3	$482	631	$600	1.19	
64778	1	Add.ed digit nerve surgery	2	$422	631	$600	1.19	
64782	1	Remove limb nerve lesion	3	$482	631	$600	1.19	
64783	1	Add.ed limb nerve surgery	2	$422	631	$600	1.19	
64784	1	Remove nerve lesion	3	$482	631	$600	1.19	
64786	1	Remove sciatic nerve lesion	3	$482	632	$666	1.32	
64787	1	Implant nerve end	2	$422	631	$600	1.19	
64788	1	Remove skin nerve lesion	3	$482	631	$600	1.19	
64790	1	Removal of nerve lesion	3	$482	631	$600	1.19	
64792	1	Removal of nerve lesion	3	$482	632	$666	1.32	
64795	1	Biopsy of nerve	2	$422	631	$600	1.19	
64802	3	Remove sympathetic nerves	2	$422				Delete.
64804	3	Remove sympathetic nerves						
64809	3	Remove sympathetic nerves						
64818	3	Remove sympathetic nerves						
64820	3	Remove sympathetic nerves						
64830	1	Microrepair of nerve	5	$678	631	$600	1.19	
64831	1	Repair of digit nerve	4	$595	632	$666	1.32	
64832	1	Repair additional nerve	1	$314	632	$666	1.32	
64834	1	Repair of hand or foot nerve	2	$422	632	$666	1.32	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
64835	1	Repair of hand or foot nerve	3	$482	632	$666	1.32	
64836	1	Repair of hand or foot nerve	3	$482	632	$666	1.32	
64837	1	Repair additional nerve	1	$314	632	$666	1.32	
64840	1	Repair of leg nerve	2	$422	632	$666	1.32	
64856	1	Repair/transpose nerve	2	$422	632	$666	1.32	
64857	1	Repair arm/leg nerve	2	$422	632	$666	1.32	
64858	1	Repair sciatic nerve	2	$422	632	$666	1.32	
64859	1	Add.itional nerve surgery	1	$314	632	$666	1.32	
64861	1	Repair of arm nerves	3	$482	632	$666	1.32	
64862	1	Repair of low back nerves	3	$482	632	$666	1.32	
64864	1	Repair of facial nerve	3	$482	632	$666	1.32	
64865	1	Repair of facial nerve	4	$595	632	$666	1.32	
64866	3	Fusion of facial/other nerve						
64868	3	Fusion of facial/other nerve						
64870	1	Fusion of facial/other nerve	4	$595	632	$666	1.32	
64872	1	Subsequent repair of nerve	2	$422	632	$666	1.32	
64874	1	Repair & revise nerve	3	$482	632	$666	1.32	
64876	1	Repair nerve; shorten bone	3	$482	632	$666	1.32	
64885	1	Nerve graft, head or neck			632	$666	1.32	Add.
64886	1	Nerve graft, head or neck			632	$666	1.32	Add.
64890	1	Nerve graft, hand or foot	2	$422	632	$666	1.32	
64891	1	Nerve graft, hand or foot	2	$422	632	$666	1.32	
64892	1	Nerve graft, arm or leg	2	$422	632	$666	1.32	
64893	1	Nerve graft, arm or leg	2	$422	632	$666	1.32	
64895	1	Nerve graft, hand or foot	3	$482	632	$666	1.32	
64896	1	Nerve graft, hand or foot	3	$482	632	$666	1.32	
64897	1	Nerve graft, arm or leg	3	$482	632	$666	1.32	
64898	1	Nerve graft, arm or leg	3	$482	632	$666	1.32	
64901	1	Add.itional nerve graft	2	$422	632	$666	1.32	
64902	1	Add.itional nerve graft	2	$422	632	$666	1.32	
64905	1	Nerve pedicle transfer	2	$422	632	$666	1.32	
64907	1	Nerve pedicle transfer	1	$314	632	$666	1.32	
64999	3	Nervous system surgery						
65091	1	Revise eye	3	$482	684	$491	0.97	
65093	1	Revise eye with implant	3	$482	684	$491	0.97	
65101	1	Removal of eye	3	$482	684	$491	0.97	
65103	1	Remove eye/insert implant	3	$482	684	$491	0.97	
65105	1	Remove eye/attach implant	4	$595	684	$491	0.97	
65110	3	Removal of eye	5	$678				Delete.
65112	3	Remove eye, revise socket	7	$941				Delete.
65114	3	Remove eye, revise socket	7	$941				Delete.
65125	5	Revise ocular implant						
65130	1	Insert ocular implant	3	$482	684	$491	0.97	
65135	1	Insert ocular implant	2	$422	684	$491	0.97	
65140	1	Attach ocular implant	3	$482	684	$491	0.97	
65150	1	Revise ocular implant	2	$422	684	$491	0.97	
65155	1	Reinsert ocular implant	3	$482	684	$491	0.97	
65175	1	Removal of ocular implant	1	$314	683	$317	0.63	
65205	5	Remove foreign body from eye						
65210	5	Remove foreign body from eye						
65220	5	Remove foreign body from eye						
65222	5	Remove foreign body from eye						
65235	1	Remove foreign body from eye	2	$422	652	$415	0.82	
65260	1	Remove foreign body from eye	3	$482	676	$336	0.67	
65265	1	Remove foreign body from eye	4	$595	676	$336	0.67	
65270	1	Repair of eye wound	2	$422	183	$465	0.92	
65272	1	Repair of eye wound	2	$422	651	$297	0.59	
65273	3	Repair of eye wound						
65275	1	Repair of eye wound	4	$595	651	$297	0.59	
65280	1	Repair of eye wound	4	$595	652	$415	0.82	
65285	1	Repair of eye wound	4	$595	652	$415	0.82	
65286	1	Repair of eye wound			651	$297	0.59	Add.
65290	1	Repair of eye socket wound	3	$482	677	$523	1.04	
65400	1	Removal of eye lesion	1	$314	652	$415	0.82	
65410	1	Biopsy of cornea	2	$422	683	$317	0.63	
65420	1	Removal of eye lesion	2	$422	651	$297	0.59	
65426	1	Removal of eye lesion	5	$678	652	$415	0.82	
65430	5	Corneal smear						
65435	5	Curette/treat cornea						
65436	1	Curette/treat cornea			651	$297	0.59	Add.
65450	1	Treatment of corneal lesion			651	$297	0.59	Add.
65600	5	Revision of cornea						
65710	1	Corneal transplant	7	$941	670	$1,648	3.27	
65730	1	Corneal transplant	7	$941	670	$1,648	3.27	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
65750	1	Corneal transplant	7	$941	670	$1,648	3.27	
65755	1	Corneal transplant	7	$941	670	$1,648	3.27	
65760	9	Revision of cornea						
65765	9	Revision of cornea						
65767	9	Corneal tissue transplant						
65770	1	Revise cornea with implant	7	$941	652	$415	0.82	
65771	9	Radial keratotomy						
65772	1	Correction of astigmatism			651	$297	0.59	Add.
65775	1	Correction of astigmatism			652	$415	0.82	Add.
65800	1	Drainage of eye	1	$314	683	$317	0.63	
65805	1	Drainage of eye	1	$314	683	$317	0.63	
65810	1	Drainage of eye	3	$482	651	$297	0.59	
65815	1	Drainage of eye	2	$422	651	$297	0.59	
65820	1	Relieve inner eye pressure			651	$297	0.59	Add.
65850	1	Incision of eye	4	$595	652	$415	0.82	
65855	1	Laser surgery of eye			649	$274	0.54	Add.
65860	1	Incise inner eye adhesions			649	$274	0.54	Add.
65865	1	Incise inner eye adhesions	1	$314	652	$415	0.82	
65870	1	Incise inner eye adhesions	4	$595	652	$415	0.82	
65875	1	Incise inner eye adhesions	4	$595	652	$415	0.82	
65880	1	Incise inner eye adhesions	4	$595	652	$415	0.82	
65900	1	Remove eye lesion	5	$678	652	$415	0.82	
65920	1	Remove implant from eye	7	$941	652	$415	0.82	
65930	1	Remove blood clot from eye	5	$678	652	$415	0.82	
66020	1	Injection treatment of eye	1	$314	683	$317	0.63	
66030	1	Injection treatment of eye	1	$314	683	$317	0.63	
66130	1	Remove eye lesion	7	$941	651	$297	0.59	
66150	1	Glaucoma surgery	4	$595	652	$415	0.82	
66155	1	Glaucoma surgery	4	$595	652	$415	0.82	
66160	1	Glaucoma surgery	2	$422	652	$415	0.82	
66165	1	Glaucoma surgery	4	$595	652	$415	0.82	
66170	1	Glaucoma surgery	4	$595	652	$415	0.82	
66172	1	Incision of eye	4	$595	652	$415	0.82	
66180	1	Implant eye shunt	5	$678	652	$415	0.82	
66185	1	Revise eye shunt	2	$422	652	$415	0.82	
66220	1	Repair eye lesion	3	$482	676	$336	0.67	
66225	1	Repair/graft eye lesion	4	$595	652	$415	0.82	
66250	1	Follow-up surgery of eye	2	$422	652	$415	0.82	
66500	1	Incision of iris	1	$314	651	$297	0.59	
66505	1	Incision of iris	1	$314	651	$297	0.59	
66600	1	Remove iris and lesion	3	$482	651	$297	0.59	
66605	1	Removal of iris	3	$482	652	$415	0.82	
66625	1	Removal of iris	3	$482	651	$297	0.59	
66630	1	Removal of iris	3	$482	651	$297	0.59	
66635	1	Removal of iris	3	$482	652	$415	0.82	
66680	1	Repair iris & ciliary body	3	$482	652	$415	0.82	
66682	1	Repair iris and ciliary body	2	$422	652	$415	0.82	
66700	1	Destruction, ciliary body	2	$422	651	$297	0.59	
66710	1	Destruction, ciliary body	2	$422	651	$297	0.59	
66720	1	Destruction, ciliary body	2	$422	651	$297	0.59	
66740	1	Destruction, ciliary body	2	$422	652	$415	0.82	
66761	1	Revision of iris			649	$274	0.54	Add.
66762	1	Revision of iris			649	$274	0.54	Add.
66770	1	Removal of inner eye lesion			649	$274	0.54	Add.
66820	1	Incision, secondary cataract			651	$297	0.59	Add.
66821	1	After cataract laser surgery	2	$422	649	$274	0.54	
66825	1	Reposition intraocular lens			651	$297	0.59	Add.
66830	1	Removal of lens lesion	4	$595	652	$415	0.82	
66840	1	Removal of lens material	4	$595	667	$661	1.31	
66850	1	Removal of lens material	7	$941	667	$661	1.31	
66852	1	Removal of lens material	4	$595	667	$661	1.31	
66920	1	Extraction of lens	4	$595	667	$661	1.31	
66930	1	Extraction of lens	5	$678	667	$661	1.31	
66940	1	Extraction of lens	5	$678	667	$661	1.31	
66983	1	Remove cataract, insert lens	8	$928	668	$863	1.71	
66984	1	Remove cataract, insert lens	8	$928	668	$863	1.71	
66985	1	Insert lens prosthesis	6	$789	668	$863	1.71	
66986	1	Exchange lens prosthesis	6	$789	668	$863	1.71	
66999	3	Eye surgery procedure						
67005	1	Partial removal of eye fluid	4	$595	676	$336	0.67	
67010	1	Partial removal of eye fluid	4	$595	676	$336	0.67	
67015	1	Release of eye fluid	1	$314	676	$336	0.67	
67025	1	Replace eye fluid	1	$314	683	$317	0.63	
67027	1	Implant eye drug system						Add.

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
67028	5	Injection eye drug						
67030	1	Incise inner eye strands	1	$314	676	$336	0.67	
67031	1	Laser surgery, eye strands	2	$422	649	$274	0.54	
67036	1	Removal of inner eye fluid	4	$595	690	$983	1.95	
67038	1	Strip retinal membrane	5	$678	690	$983	1.95	
67039	1	Laser treatment of retina	7	$941	690	$983	1.95	
67040	1	Laser treatment of retina	7	$941	690	$983	1.95	
67101	1	Repair, detached retina			676	$336	0.67	Add.
67105	5	Repair, detached retina						
67107	1	Repair detached retina	5	$678	690	$983	1.95	
67108	1	Repair detached retina	7	$941	690	$983	1.95	
67110	1	Repair detached retina			676	$336	0.67	Add.
67112	1	Re-repair detached retina	7	$941	690	$983	1.95	
67115	1	Release, encircling material	2	$422	676	$336	0.67	
67120	1	Remove eye implant material	2	$422	676	$336	0.67	
67121	1	Remove eye implant material	2	$422	676	$336	0.67	
67141	1	Treatment of retina	2	$422	676	$336	0.67	
67145	5	Treatment of retina						
67208	1	Treatment of retinal lesion			676	$336	0.67	Add.
67210	5	Treatment of retinal lesion						
67218	1	Treatment of retinal lesion	5	$678	676	$336	0.67	
67227	1	Treatment of retinal lesion	1	$314	676	$336	0.67	
67228	5	Treatment of retinal lesion						
67250	1	Reinforce eye wall	3	$482	684	$491	0.97	
67255	1	Reinforce/graft eye wall	3	$482	684	$491	0.97	
67299	3	Eye surgery procedure						
67311	1	Revise eye muscle	3	$482	677	$523	1.04	
67312	1	Revise two eye muscles	4	$595	677	$523	1.04	
67314	1	Revise eye muscle	4	$595	677	$523	1.04	
67316	1	Revise two eye muscles	4	$595	677	$523	1.04	
67318	1	Revise eye muscle(s)	4	$595	677	$523	1.04	
67320	1	Revise eye muscle(s)	4	$595	677	$523	1.04	
67331	1	Eye surgery follow-up	4	$595	677	$523	1.04	
67332	1	Rerevise eye muscles	4	$595	677	$523	1.04	
67334	1	Revise eye muscle w/suture			677	$523	1.04	Add.
67335	1	Eye suture during surgery			677	$523	1.04	Add.
67340	1	Revise eye muscle	4	$595	677	$523	1.04	
67343	1	Release eye tissue			677	$523	1.04	Add.
67345	5	Destroy nerve of eye muscle						
67350	1	Biopsy eye muscle	1	$314	162	$187	0.37	
67399	3	Eye muscle surgery procedure						
67400	1	Explore/biopsy eye socket	3	$482	684	$491	0.97	
67405	1	Explore/drain eye socket	4	$595	684	$491	0.97	
67412	1	Explore/treat eye socket	5	$678	684	$491	0.97	
67413	1	Explore/treat eye socket	5	$678	684	$491	0.97	
67414	3	Explore/decompress eye socke						
67415	1	Aspiration orbital contents	1	$314	122	$186	0.37	
67420	1	Explore/treat eye socket	5	$678	232	$814	1.62	
67430	1	Explore/treat eye socket	5	$678	232	$814	1.62	
67440	1	Explore/drain eye socket	5	$678	232	$814	1.62	
67445	3	Explore/decompress eye socke						
67450	1	Explore/biopsy eye socket	5	$678	232	$814	1.62	
67500	5	Inject/treat eye socket						
67505	5	Inject/treat eye socket						
67515	5	Inject/treat eye socket						
67550	1	Insert eye socket implant	4	$595	684	$491	0.97	
67560	1	Revise eye socket implant	2	$422	684	$491	0.97	
67570	3	Decompress optic nerve						
67599	3	Orbit surgery procedure						
67700	5	Drainage of eyelid abscess						
67710	5	Incision of eyelid						
67715	1	Incision of eyelid fold	1	$314	683	$317	0.63	
67800	5	Remove eyelid lesion						
67801	5	Remove eyelid lesions						
67805	5	Remove eyelid lesions						
67808	1	Remove eyelid lesion(s)	2	$422	684	$491	0.97	
67810	5	Biopsy of eyelid						
67820	5	Revise eyelashes						
67825	5	Revise eyelashes						
67830	1	Revise eyelashes	2	$422	683	$317	0.63	
67835	1	Revise eyelashes	2	$422	684	$491	0.97	
67840	5	Remove eyelid lesion						
67850	5	Treat eyelid lesion						
67875	5	Closure of eyelid by suture						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
67880	1	Revision of eyelid	3	$482	683	$317	0.63	
67882	1	Revision of eyelid	3	$482	684	$491	0.97	
67900	1	Repair brow defect			684	$491	0.97	Add.
67901	1	Repair eyelid defect	5	$678	684	$491	0.97	
67902	1	Repair eyelid defect	5	$678	684	$491	0.97	
67903	1	Repair eyelid defect	4	$595	684	$491	0.97	
67904	1	Repair eyelid defect	4	$595	684	$491	0.97	
67906	1	Repair eyelid defect	5	$678	684	$491	0.97	
67908	1	Repair eyelid defect	4	$595	684	$491	0.97	
67909	1	Revise eyelid defect	4	$595	684	$491	0.97	
67911	1	Revise eyelid defect	3	$482	684	$491	0.97	
67914	1	Repair eyelid defect	3	$482	684	$491	0.97	
67915	5	Repair eyelid defect						
67916	1	Repair eyelid defect	4	$595	684	$491	0.97	
67917	1	Repair eyelid defect	4	$595	684	$491	0.97	
67921	1	Repair eyelid defect	3	$482	684	$491	0.97	
67922	5	Repair eyelid defect						
67923	1	Repair eyelid defect	4	$595	684	$491	0.97	
67924	1	Repair eyelid defect	4	$595	684	$491	0.97	
67930	5	Repair eyelid wound						
67935	1	Repair eyelid wound	2	$422	683	$317	0.63	
67938	5	Remove eyelid foreign body						
67950	1	Revision of eyelid	2	$422	684	$491	0.97	
67961	1	Revision of eyelid	3	$482	684	$491	0.97	
67966	1	Revision of eyelid	3	$482	684	$491	0.97	
67971	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67973	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67974	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67975	1	Reconstruction of eyelid	3	$482	684	$491	0.97	
67999	3	Revision of eyelid						
68020	5	Incise/drain eyelid lining						
68040	5	Treatment of eyelid lesions						
68100	1	Biopsy of eyelid lining			162	$187	0.37	Add.
68110	1	Remove eyelid lining lesion			162	$187	0.37	Add.
68115	1	Remove eyelid lining lesion			162	$187	0.37	Add.
68130	1	Remove eyelid lining lesion	2	$422	652	$415	0.82	
68135	1	Remove eyelid lining lesion			162	$187	0.37	Add.
68200	5	Treat eyelid by injection						
68320	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68325	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68326	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68328	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68330	1	Revise eyelid lining	4	$595	652	$415	0.82	
68335	1	Revise/graft eyelid lining	4	$595	684	$491	0.97	
68340	1	Separate eyelid adhesions	4	$595	684	$491	0.97	
68360	1	Revise eyelid lining	2	$422	652	$415	0.82	
68362	1	Revise eyelid lining	2	$422	652	$415	0.82	
68399	3	Eyelid lining surgery						
68400	5	Incise/drain tear gland						
68420	5	Incise/drain tear sac						
68440	5	Incise tear duct opening						
68500	1	Removal of tear gland	3	$482	684	$491	0.97	
68505	1	Partial removal tear gland	3	$482	684	$491	0.97	
68510	1	Biopsy of tear gland	1	$314	683	$317	0.63	
68520	1	Removal of tear sac	3	$482	684	$491	0.97	
68525	1	Biopsy of tear sac	1	$314	683	$317	0.63	
68530	5	Clearance of tear duct						
68540	1	Remove tear gland lesion	3	$482	684	$491	0.97	
68550	1	Remove tear gland lesion	3	$482	684	$491	0.97	
68700	1	Repair tear ducts	2	$422	684	$491	0.97	
68705	5	Revise tear duct opening						
68720	1	Create tear sac drain	4	$595	684	$491	0.97	
68745	1	Create tear duct drain	4	$595	684	$491	0.97	
68750	1	Create tear duct drain	4	$595	684	$491	0.97	
68760	5	Close tear duct opening						
68761	5	Close tear duct opening						
68770	1	Close tear system fistula			684	$491	0.97	Add.
68801	5	Dilate tear duct opening						
68810	1	Probe nasolacrimal duct	1	$314	683	$317	0.63	
68811	1	Probe nasolacrimal duct	2	$422	684	$491	0.97	
68815	1	Probe nasolacrimal duct	2	$422	684	$491	0.97	
68840	5	Explore/irrigate tear ducts						
68850	2	Injection for tear sac x-ray						
68899	3	Tear duct system surgery						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
69000	5	Drain external ear lesion						
69005	5	Drain external ear lesion						
69020	5	Drain outer ear canal lesion						
69090	9	Pierce earlobes						
69100	5	Biopsy of external ear						
69105	5	Biopsy of external ear canal						
69110	1	Partial removal external ear	1	$314	163	$449	0.89	
69120	1	Removal of external ear	2	$422	313	$537	1.07	
69140	1	Remove ear canal lesion(s)	2	$422	313	$537	1.07	
69145	1	Remove ear canal lesion(s)	2	$422	163	$449	0.89	
69150	1	Extensive ear canal surgery	3	$482	314	$946	1.88	
69155	3	Extensive ear/neck surgery						
69200	5	Clear outer ear canal						
69205	1	Clear outer ear canal	1	$314	163	$449	0.89	
69210	5	Remove impacted ear wax						
69220	5	Clean out mastoid cavity						
69222	5	Clean out mastoid cavity						
69300	7	Revise external ear			313	$537	1.07	Add.
69310	1	Rebuild outer ear canal	3	$482	314	$946	1.88	
69320	1	Rebuild outer ear canal	7	$941	314	$946	1.88	
69399	3	Outer ear surgery procedure						
69400	5	Inflate middle ear canal						
69401	5	Inflate middle ear canal						
69405	5	Catheterize middle ear canal						
69410	5	Inset middle ear baffle						
69420	5	Incision of eardrum						
69421	1	Incision of eardrum	3	$482	312	$233	0.46	
69424	5	Remove ventilating tube	1	$314				Delete.
69433	1	Create eardrum opening			312	$233	0.46	Add.
69436	1	Create eardrum opening	3	$482	312	$233	0.46	
69440	1	Exploration of middle ear	3	$482	313	$537	1.07	
69450	1	Eardrum revision	1	$314	313	$537	1.07	
69501	1	Mastoidectomy	7	$941	314	$946	1.88	
69502	1	Mastoidectomy	7	$941	314	$946	1.88	
69505	1	Remove mastoid structures	7	$941	314	$946	1.88	
69511	1	Extensive mastoid surgery	7	$941	314	$946	1.88	
69530	1	Extensive mastoid surgery	7	$941	314	$946	1.88	
69535	3	Remove part of temporal bone						
69540	5	Remove ear lesion						
69550	1	Remove ear lesion	5	$678	314	$946	1.88	
69552	1	Remove ear lesion	7	$941	314	$946	1.88	
69554	3	Remove ear lesion						
69601	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69602	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69603	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69604	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69605	1	Mastoid surgery revision	7	$941	314	$946	1.88	
69610	5	Repair of eardrum						
69620	1	Repair of eardrum	2	$422	313	$537	1.07	
69631	1	Repair eardrum structures	5	$678	314	$946	1.88	
69632	1	Rebuild eardrum structures	5	$678	314	$946	1.88	
69633	1	Rebuild eardrum structures	5	$678	314	$946	1.88	
69635	1	Repair eardrum structures	7	$941	314	$946	1.88	
69636	1	Rebuild eardrum structures	7	$941	314	$946	1.88	
69637	1	Rebuild eardrum structures	7	$941	314	$946	1.88	
69641	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69642	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69643	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69644	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69645	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69646	1	Revise middle ear & mastoid	7	$941	314	$946	1.88	
69650	1	Release middle ear bone	7	$941	314	$946	1.88	
69660	1	Revise middle ear bone	5	$678	314	$946	1.88	
69661	1	Revise middle ear bone	5	$678	314	$946	1.88	
69662	1	Revise middle ear bone	5	$678	314	$946	1.88	
69666	1	Repair middle ear structures	4	$595	314	$946	1.88	
69667	1	Repair middle ear structures	4	$595	314	$946	1.88	
69670	1	Remove mastoid air cells	3	$482	314	$946	1.88	
69676	1	Remove middle ear nerve	3	$482	314	$946	1.88	
69700	1	Close mastoid fistula	3	$482	314	$946	1.88	
69710	9	Implant/replace hearing aid	3	$482				Delete.
69711	1	Remove/repair hearing aid	1	$314	314	$946	1.88	
69720	1	Release facial nerve	5	$678	314	$946	1.88	
69725	1	Release facial nerve	5	$678	314	$946	1.88	

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
69740	1	Repair facial nerve	5	$678	314	$946	1.88	
69745	1	Repair facial nerve	5	$678	314	$946	1.88	
69799	3	Middle ear surgery procedure						
69801	1	Incise inner ear	5	$678	314	$946	1.88	
69802	1	Incise inner ear	7	$941	314	$946	1.88	
69805	1	Explore inner ear	7	$941	314	$946	1.88	
69806	1	Explore inner ear	7	$941	314	$946	1.88	
69820	1	Establish inner ear window	5	$678	314	$946	1.88	
69840	1	Revise inner ear window	5	$678	314	$946	1.88	
69905	1	Remove inner ear	7	$941	314	$946	1.88	
69910	1	Remove inner ear & mastoid	7	$941	314	$946	1.88	
69915	1	Incise inner ear nerve	7	$941	314	$946	1.88	
69930	1	Implant cochlear device	7	$941	317	$962	1.91	
69949	3	Inner ear surgery procedure						
69950	3	Incise inner ear nerve						
69955	3	Release facial nerve						
69960	3	Release inner ear canal						
69970	3	Remove inner ear lesion						
69979	3	Temporal bone surgery						
70010	6	Contrast x-ray of brain						
70015	6	Contrast x-ray of brain						
70030	6	X-ray eye for foreign body						
70100	6	X-ray exam of jaw						
70110	6	X-ray exam of jaw						
70120	6	X-ray exam of mastoids						
70130	6	X-ray exam of mastoids						
70134	6	X-ray exam of middle ear						
70140	6	X-ray exam of facial bones						
70150	6	X-ray exam of facial bones						
70160	6	X-ray exam of nasal bones						
70170	6	X-ray exam of tear duct						
70190	6	X-ray exam of eye sockets						
70200	6	X-ray exam of eye sockets						
70210	6	X-ray exam of sinuses						
70220	6	X-ray exam of sinuses						
70240	6	X-ray exam pituitary saddle						
70250	6	X-ray exam of skull						
70260	6	X-ray exam of skull						
70300	6	X-ray exam of teeth						
70310	6	X-ray exam of teeth						
70320	6	Full mouth x-ray of teeth						
70328	6	X-ray exam of jaw joint						
70330	6	X-ray exam of jaw joints						
70332	6	X-ray exam of jaw joint						
70336	6	Magnetic image jaw joint						
70350	6	X-ray head for orthodontia						
70355	6	Panoramic x-ray of jaws						
70360	6	X-ray exam of neck						
70370	6	Throat x-ray & fluoroscopy						
70371	6	Speech evaluation, complex						
70373	6	Contrast x-ray of larynx						
70380	6	X-ray exam of salivary gland						
70390	6	X-ray exam of salivary duct						
70450	6	CAT scan of head or brain						
70460	6	Contrast CAT scan of head						
70470	6	Contrast CAT scans of head						
70480	6	CAT scan of skull						
70481	6	Contrast CAT scan of skull						
70482	6	Contrast CAT scans of skull						
70486	6	CAT scan of face, jaw						
70487	6	Contrast CAT scan, face/jaw						
70488	6	Contrast CAT scans face/jaw						
70490	6	CAT scan of neck tissue						
70491	6	Contrast CAT of neck tissue						
70492	6	Contrast CAT of neck tissue						
70540	6	Magnetic image, face, neck						
70541	6	Magnetic image, head (MRA)						
70551	6	Magnetic image, brain (MRI)						
70552	6	Magnetic image, brain (MRI)						
70553	6	Magnetic image, brain						
71010	6	Chest x-ray						
71015	6	X-ray exam of chest						
71020	6	Chest x-ray						
71021	6	Chest x-ray						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
71022	6	Chest x-ray						
71023	6	Chest x-ray and fluoroscopy						
71030	6	Chest x-ray						
71034	6	Chest x-ray & fluoroscopy						
71035	6	Chest x-ray						
71036	6	X-ray guidance for biopsy						
71038	6	X-ray guidance for biopsy						
71040	6	Contrast x-ray of bronchi						
71060	6	Contrast x-ray of bronchi						
71090	6	X-ray & pacemaker insertion						
71100	6	X-ray exam of ribs						
71101	6	X-ray exam of ribs, chest						
71110	6	X-ray exam of ribs						
71111	6	X-ray exam of ribs, chest						
71120	6	X-ray exam of breastbone						
71130	6	X-ray exam of breastbone						
71250	6	Cat scan of chest						
71260	6	Contrast CAT scan of chest						
71270	6	Contrast CAT scans of chest						
71550	6	Magnetic image, chest						
71555	9	Magnetic imaging/chest (MRA)						
72010	6	X-ray exam of spine						
72020	6	X-ray exam of spine						
72040	6	X-ray exam of neck spine						
72050	6	X-ray exam of neck spine						
72052	6	X-ray exam of neck spine						
72069	6	X-ray exam of trunk spine						
72070	6	X-ray exam of thorax spine						
72072	6	X-ray exam of thoracic spine						
72074	6	X-ray exam of thoracic spine						
72080	6	X-ray exam of trunk spine						
72090	6	X-ray exam of trunk spine						
72100	6	X-ray exam of lower spine						
72110	6	X-ray exam of lower spine						
72114	6	X-ray exam of lower spine						
72120	6	X-ray exam of lower spine						
72125	6	CAT scan of neck spine						
72126	6	Contrast CAT scan of neck						
72127	6	Contrast CAT scans of neck						
72128	6	CAT scan of thorax spine						
72129	6	Contrast CAT scan of thorax						
72130	6	Contrast CAT scans of thorax						
72131	6	CAT scan of lower spine						
72132	6	Contrast CAT of lower spine						
72133	6	Contrast CAT scans, low spine						
72141	6	Magnetic image, neck spine						
72142	6	Magnetic image, neck spine						
72146	6	Magnetic image, chest spine						
72147	6	Magnetic image, chest spine						
72148	6	Magnetic image, lumbar spine						
72149	6	Magnetic image, lumbar spine						
72156	6	Magnetic image, neck spine						
72157	6	Magnetic image, chest spine						
72158	6	Magnetic image, lumbar spine						
72159	9	Magnetic imaging/spine (MRA)						
72170	6	X-ray exam of pelvis						
72190	6	X-ray exam of pelvis						
72192	6	CAT scan of pelvis						
72193	6	Contrast CAT scan of pelvis						
72194	6	Contrast CAT scans of pelvis						
72196	6	Magnetic image, pelvis						
72198	9	Magnetic imaging/pelvis(MRA)						
72200	6	X-ray exam sacroiliac joints						
72202	6	X-ray exam sacroiliac joints						
72220	6	X-ray exam of tailbone						
72240	6	Contrast x-ray of neck spine						
72255	6	Contrast x-ray thorax spine						
72265	6	Contrast x-ray lower spine						
72270	6	Contrast x-ray of spine						
72285	6	X-ray of neck spine disk						
72295	6	X-ray of lower spine disk						
73000	6	X-ray exam of collarbone						
73010	6	X-ray exam of shoulder blade						
73020	6	X-ray exam of shoulder						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
73030	6	X-ray exam of shoulder						
73040	6	Contrast x-ray of shoulder						
73050	6	X-ray exam of shoulders						
73060	6	X-ray exam of humerus						
73070	6	X-ray exam of elbow						
73080	6	X-ray exam of elbow						
73085	6	Contrast x-ray of elbow						
73090	6	X-ray exam of forearm						
73092	6	X-ray exam of arm, infant						
73100	6	X-ray exam of wrist						
73110	6	X-ray exam of wrist						
73115	6	Contrast x-ray of wrist						
73120	6	X-ray exam of hand						
73130	6	X-ray exam of hand						
73140	6	X-ray exam of finger(s)						
73200	6	CAT scan of arm						
73201	6	Contrast CAT scan of arm						
73202	6	Contrast CAT scans of arm						
73220	6	Magnetic image, arm, hand						
73221	6	Magnetic image, joint of arm						
73225	9	Magnetic imaging/upper (MRA)						
73500	6	X-ray exam of hip						
73510	6	X-ray exam of hip						
73520	6	X-ray exam of hips						
73525	6	Contrast x-ray of hip						
73530	6	X-ray exam of hip						
73540	6	X-ray exam of pelvis & hips						
73550	6	X-ray exam of thigh						
73560	6	X-ray exam of knee						
73562	6	X-ray exam of knee						
73564	6	X-ray exam of knee						
73565	6	X-ray exam of knee						
73580	6	Contrast x-ray of knee joint						
73590	6	X-ray exam of lower leg						
73592	6	X-ray exam of leg, infant						
73600	6	X-ray exam of ankle						
73610	6	X-ray exam of ankle						
73615	6	Contrast x-ray of ankle						
73620	6	X-ray exam of foot						
73630	6	X-ray exam of foot						
73650	6	X-ray exam of heel						
73660	6	X-ray exam of toe(s)						
73700	6	CAT scan of leg						
73701	6	Contrast CAT scan of leg						
73702	6	Contrast CAT scans of leg						
73720	6	Magnetic image, leg, foot						
73721	6	Magnetic image, joint of leg						
73725	6	Magnetic imaging/lower (MRA)						
74000	6	X-ray exam of abdomen						
74010	6	X-ray exam of abdomen						
74020	6	X-ray exam of abdomen						
74022	6	X-ray exam series, abdomen						
74150	6	CAT scan of abdomen						
74160	6	Contrast CAT scan of abdomen						
74170	6	Contrast CAT scans, abdomen						
74181	6	Magnetic image,abdomen (MRI)						
74185	9	Magnetic image/abdomen (MRA)						
74190	6	X-ray exam of peritoneum						
74210	6	Contrast xray exam of throat						
74220	6	Contrast xray exam, esophagus						
74230	6	Cinema xray throat/esophagus						
74235	6	Remove esophagus obstruction						
74240	6	X-ray exam upper GI tract						
74241	6	X-ray exam upper GI tract						
74245	6	X-ray exam upper GI tract						
74246	6	Contrast xray upper GI tract						
74247	6	Contrast xray upper GI tract						
74249	6	Contrast xray upper GI tract						
74250	6	X-ray exam of small bowel						
74251	6	X-ray exam of small bowel						
74260	6	X-ray exam of small bowel						
74270	6	Contrast x-ray exam of colon						
74280	6	Contrast x-ray exam of colon						
74283	6	Contrast x-ray exam of colon						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
74290	6	Contrast x-ray, gallbladder						
74291	6	Contrast x-rays, gallbladder						
74300	6	X-ray bile ducts, pancreas						
74301	6	Add.itional x-rays at surgery						
74305	6	X-ray bile ducts, pancreas						
74320	6	Contrast x-ray of bile ducts						
74327	6	X-ray for bile stone removal						
74328	6	Xray for bile duct endoscopy						
74329	6	X-ray for pancreas endoscopy						
74330	6	Xray,bile/pancreas endoscopy						
74340	6	X-ray guide for GI tube						
74350	6	X-ray guide, stomach tube						
74355	6	X-ray guide, intestinal tube						
74360	6	X-ray guide, GI dilation						
74363	6	X-ray, bile duct dilation						
74400	6	Contrast x-ray urinary tract						
74405	6	Contrast x-ray urinary tract						
74410	6	Contrast x-ray urinary tract						
74415	6	Contrast x-ray urinary tract						
74420	6	Contrast x-ray urinary tract						
74425	6	Contrast x-ray urinary tract						
74430	6	Contrast x-ray of bladder						
74440	6	Xray exam male genital tract						
74445	6	X-ray exam of penis						
74450	6	X-ray exam urethra/bladder						
74455	6	X-ray exam urethra/bladder						
74470	6	X-ray exam of kidney lesion						
74475	6	Xray control catheter insert						
74480	6	Xray control catheter insert						
74485	6	X-ray guide, GU dilation						
74710	6	X-ray measurement of pelvis						
74740	6	X-ray female genital tract						
74742	6	X-ray fallopian tube						
74775	6	X-ray exam of perineum						
75552	6	Magnetic image, myocardium						
75553	6	Magnetic image, myocardium						
75554	6	Cardiac MRI/function						
75555	6	Cardiac MRI/limited study						
75556	9	Cardiac MRI/flow mapping						
75600	6	Contrast x-ray exam of aorta						
75605	6	Contrast x-ray exam of aorta						
75625	6	Contrast x-ray exam of aorta						
75630	6	X-ray aorta, leg arteries						
75650	6	Artery x-rays, head & neck						
75658	6	X-ray exam of arm arteries						
75660	6	Artery x-rays, head & neck						
75662	6	Artery x-rays, head & neck						
75665	6	Artery x-rays, head & neck						
75671	6	Artery x-rays, head & neck						
5676	6	Artery x-rays, neck						
75680	6	Artery x-rays, neck						
75685	6	Artery x-rays, spine						
75705	6	Artery x-rays, spine						
75710	6	Artery x-rays, arm/leg						
75716	6	Artery x-rays, arms/legs						
75722	6	Artery x-rays, kidney						
75724	6	Artery x-rays, kidneys						
75726	6	Artery x-rays, abdomen						
75731	6	Artery x-rays, adrenal gland						
75733	6	Artery x-rays,adrenal glands						
75736	6	Artery x-rays, pelvis						
75741	6	Artery x-rays, lung						
75743	6	Artery x-rays, lungs						
75746	6	Artery x-rays, lung						
75756	6	Artery x-rays, chest						
75774	6	Artery x-ray, each vessel						
75790	6	Visualize A-V shunt						
75801	6	Lymph vessel x-ray, arm/leg						
75803	6	Lymph vessel x-ray, arms/legs						
75805	6	Lymph vessel x-ray, trunk						
75807	6	Lymph vessel x-ray, trunk						
75809	6	Nonvascular shunt, x-ray						
75810	6	Vein x-ray, spleen/liver						
75820	6	Vein x-ray, arm/leg						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
75822	6	Vein x-ray, arms/legs						
75825	6	Vein x-ray, trunk						
75827	6	Vein x-ray, chest						
75831	6	Vein x-ray, kidney						
75833	6	Vein x-ray, kidneys						
75840	6	Vein x-ray, adrenal gland						
75842	6	Vein x-ray, adrenal glands						
75860	6	Vein x-ray, neck						
75870	6	Vein x-ray, skull						
75872	6	Vein x-ray, skull						
75880	6	Vein x-ray, eye socket						
75885	6	Vein x-ray, liver						
75887	6	Vein x-ray, liver						
75889	6	Vein x-ray, liver						
75891	6	Vein x-ray, liver						
75893	6	Venous sampling by catheter						
75894	6	Xrays, transcatheter therapy						
75896	6	Xrays, transcatheter therapy						
75898	6	Follow-up angiogram						
75900	6	Arterial catheter exchange						
75940	6	X-ray placement, vein filter						
75945	6	Intravascular us						
75946	6	Intravascular us						
75960	6	Transcatheter intro, stent						
75961	6	Retrieval, broken catheter						
75962	6	Repair arterial blockage						
75964	6	Repair artery blockage, each						
75966	6	Repair arterial blockage						
75968	6	Repair artery blockage, each						
75970	6	Vascular biopsy						
75978	6	Repair venous blockage						
75980	6	Contrast xray exam bile duct						
75982	6	Contrast xray exam bile duct						
75984	6	Xray control catheter change						
75989	6	Abscess drainage under x-ray						
75992	6	Atherectomy, x-ray exam						
75993	6	Atherectomy, x-ray exam						
75994	6	Atherectomy, x-ray exam						
75995	6	Atherectomy, x-ray exam						
75996	6	Atherectomy, x-ray exam						
76000	6	Fluoroscope examination						
76001	6	Fluoroscope exam, extensive						
76003	6	Needle localization by x-ray						
76010	6	X-ray, nose to rectum						
76020	6	X-rays for bone age						
76040	6	X-rays, bone evaluation						
76061	6	X-rays, bone survey						
76062	6	X-rays, bone survey						
76065	6	X-rays, bone evaluation						
76066	6	Joint(s) survey, single film						
76070	6	CT scan, bone density study						
76075	6	Dual energy x-ray study						
76076	6	Dual energy x-ray study						
76078	6	Photodensitometry						
76080	6	X-ray exam of fistula						
76086	6	X-ray of mammary duct						
76088	6	X-ray of mammary ducts						
76090	6	Mammogram, one breast						
76091	6	Mammogram, both breasts						
76092	9	Mamm0gram, screening						
76093	6	Magnetic image, breast						
76094	6	Magnetic image, both breasts						
76095	6	Stereotactic breast biopsy						
76096	6	X-ray of needle wire, breast						
76098	6	X-ray exam, breast specimen						
76100	6	X-ray exam of body section						
76101	6	Complex body section x-ray						
76102	6	Complex body section x-rays						
76120	6	Cinematic x-rays						
76125	6	Cinematic x-rays						
76140	9	X-ray consultation						
76150	6	X-ray exam, dry process						
76350	6	Special x-ray contrast study						
76355	6	CAT scan for localization						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
76360	6	CAT scan for needle biopsy						
76365	6	CAT scan for cyst aspiration						
76370	6	CAT scan for therapy guide						
76375	6	3d/holograph reconstr add-on						
76380	6	CAT scan follow-up study						
76390	6	Mr spectroscopy						
76400	6	Magnetic image, bone marrow						
76499	6	Radiographic procedure						
76506	6	Echo exam of head						
76511	6	Echo exam of eye						
76512	6	Echo exam of eye						
76513	6	Echo exam of eye, water bath						
76516	6	Echo exam of eye						
76519	6	Echo exam of eye						
76529	6	Echo exam of eye						
76536	6	Echo exam of head and neck						
76604	6	Echo exam of chest						
76645	6	Echo exam of breast						
76700	6	Echo exam of abdomen						
76705	6	Echo exam of abdomen						
76770	6	Echo exam abdomen back wall						
76775	6	Echo exam abdomen back wall						
76778	6	Echo exam kidney transplant						
76800	6	Echo exam spinal canal						
76805	6	Echo exam of pregnant uterus						
76810	6	Echo exam of pregnant uterus						
76815	6	Echo exam of pregnant uterus						
76816	6	Echo exam followup or repeat						
76818	6	Fetal biophysical profile						
76825	6	Echo exam of fetal heart						
76826	6	Echo exam of fetal heart						
76827	6	Echo exam of fetal heart						
76828	6	Echo exam of fetal heart						
76830	6	Echo exam, transvaginal						
76831	6	Echo exam, uterus						
76856	6	Echo exam of pelvis						
76857	6	Echo exam of pelvis						
76870	6	Echo exam of scrotum						
76872	6	Echo exam, transrectal						
76880	6	Echo exam of extremity						
76885	6	Echo exam, infant hips						
76886	6	Echo exam, infant hips						
76930	6	Echo guide for heart sac tap						
76932	6	Echo guide for heart biopsy						
76934	6	Echo guide for chest tap						
76936	6	Echo guide for artery repair						
76938	6	Echo exam for drainage						
76941	6	Echo guide for transfusion						
76942	6	Echo guide for biopsy						
76945	6	Echo guide, villus sampling						
76946	6	Echo guide for amniocentesis						
76948	6	Echo guide, ova aspiration						
76950	6	Echo guidance radiotherapy						
76960	6	Echo guidance radiotherapy						
76965	6	Echo guidance radiotherapy						
76970	6	Ultrasound exam follow-up						
76975	6	GI endoscopic ultrasound						
76986	6	Echo exam at surgery						
76999	6	Echo examination procedure						
77261	6	Radiation therapy planning						
77262	6	Radiation therapy planning						
77263	6	Radiation therapy planning						
77280	6	Set radiation therapy field						
77285	6	Set radiation therapy field						
77290	6	Set radiation therapy field						
77295	6	Set radiation therapy field						
77299	6	Radiation therapy planning						
77300	6	Radiation therapy dose plan						
77305	6	Radiation therapy dose plan						
77310	6	Radiation therapy dose plan						
77315	6	Radiation therapy dose plan						
77321	6	Radiation therapy port plan						
77326	6	Radiation therapy dose plan						
77327	6	Radiation therapy dose plan						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
77328	6	Radiation therapy dose plan						
77331	6	Special radiation dosimetry						
77332	6	Radiation treatment aid(s)						
77333	6	Radiation treatment aid(s)						
77334	6	Radiation treatment aid(s)						
77336	6	Radiation physics consu						
77370	6	Radiation physics consult						
77399	6	External radiation dosimetry						
77401	6	Radiation treatment delivery						
77402	6	Radiation treatment delivery						
77403	6	Radiation treatment delivery						
77404	6	Radiation treatment delivery						
77406	6	Radiation treatment delivery						
77407	6	Radiation treatment delivery						
77408	6	Radiation treatment delivery						
77409	6	Radiation treatment delivery						
77411	6	Radiation treatment delivery						
77412	6	Radiation treatment delivery						
77413	6	Radiation treatment delivery						
77414	6	Radiation treatment delivery						
77416	6	Radiation treatment delivery						
77417	6	Radiology port film(s)						
77419	6	Weekly radiation therapy						
77420	6	Weekly radiation therapy						
77425	6	Weekly radiation therapy						
77430	6	Weekly radiation therapy						
77431	6	Radiation therapy management						
77432	6	Stereotactic radiation trmt						
77470	6	Special radiation treatment						
77499	6	Radiation therapy management						
77600	6	Hyperthermia treatment						
77605	6	Hyperthermia treatment						
77610	6	Hyperthermia treatment						
77615	6	Hyperthermia treatment						
77620	6	Hyperthermia treatment						
77750	6	Infuse radioactive materials						
77761	6	Radioelement application						
77762	6	Radioelement application						
77763	6	Radioelement application						
77776	6	Radioelement application						
77777	6	Radioelement application						
77778	6	Radioelement application						
77781	6	High intensity brachytherapy						
77782	6	High intensity brachytherapy						
77783	6	High intensity brachytherapy						
77784	6	High intensity brachytherapy						
77789	6	Radioelement application						
77790	6	Radioelement handling						
77799	6	Radium/radioisotope therapy						
78000	6	Thyroid, single uptake						
78001	6	Thyroid, multiple uptakes						
78003	6	Thyroid suppress/stimul						
78006	6	Thyroid, imaging with uptake						
78007	6	Thyroid, image, mult uptakes						
78010	6	Thyroid imaging						
78011	6	Thyroid imaging with flow						
78015	6	Thyroid met imaging						
78016	6	Thyroid met imaging/studies						
78017	6	Thyroid met imaging, mult						
78018	6	Thyroid, met imaging, body						
78070	6	Parathyroid nuclear imaging						
78075	6	Adrenal nuclear imaging						
78099	6	Endocrine nuclear procedure						
78102	6	Bone marrow imaging, ltd						
78103	6	Bone marrow imaging, mult						
78104	6	Bone marrow imaging, body						
78110	6	Plasma volume, single						
78111	6	Plasma volume, multiple						
78120	6	Red cell mass, single						
78121	6	Red cell mass, multiple						
78122	6	Blood volume						
78130	6	Red cell survival study						
78135	6	Red cell survival kinetics						
78140	6	Red cell sequestration						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
78160	6	Plasma iron turnover						
78162	6	Iron absorption exam						
78170	6	Red cell iron utilization						
78172	6	Total body iron estimation						
78185	6	Spleen imaging						
78190	6	Platelet survival, kinetics						
78191	6	Platelet survival						
78195	6	Lymph system imaging						
78199	6	Blood/lymph nuclear exam						
78201	6	Liver imaging						
78202	6	Liver imaging with flow						
78205	6	Liver imaging (3D)						
78215	6	Liver and spleen imaging						
78216	6	Liver & spleen image, flow						
78220	6	Liver function study						
78223	6	Hepatobiliary imaging						
78230	6	Salivary gland imaging						
78231	6	Serial salivary imaging						
78232	6	Salivary gland function exam						
78258	6	Esophageal motility study						
78261	6	Gastric mucosa imaging						
78262	6	Gastroesophageal reflux exam						
78264	6	Gastric emptying study						
78270	6	Vit B-12 absorption exam						
78271	6	Vit B-12 absorp exam, IF						
78272	6	Vit B-12 absorp, combined						
78278	6	Acute GI blood loss imaging						
78282	6	GI protein loss exam						
78290	6	Meckel's divert exam						
78291	6	Leveen/shunt patency exam						
78299	6	GI nuclear procedure						
78300	6	Bone imaging, limited area						
78305	6	Bone imaging, multiple areas						
78306	6	Bone imaging, whole body						
78315	6	Bone imaging, 3 phase						
78320	6	Bone imaging (3D)						
78350	6	Bone mineral, single photon						
78351	9	Bone mineral, dual photon						
78399	6	Musculoskeletal nuclear exam						
78414	6	Non-imaging heart function						
78428	6	Cardiac shunt imaging						
78445	6	Vascular flow imaging						
78455	6	Venous thrombosis study						
78457	6	Venous thrombosis imaging						
78458	6	Ven thrombosis images, bilat						
78459	9	Heart muscle imaging (PET)						
78460	6	Heart muscle blood single						
78461	6	Heart muscle blood multiple						
78464	6	Heart image (3D) single						
78465	6	Heart image (3D) multiple						
78466	6	Heart infarct image						
78468	6	Heart infarct image, EF						
78469	6	Heart infarct image (3D)						
78472	6	Gated heart, resting						
78473	6	Gated heart, multiple						
78478	6	Heart wall motion (add-on)						
78480	6	Heart function, (add-on)						
78481	6	Heart first pass single						
78483	6	Heart first pass multiple						
78491	9	Heart image (pet) single						
78492	9	Heart image (pet) multiple						
78499	6	Cardiovascular nuclear exam						
78580	6	Lung perfusion imaging						
78584	6	Lung V/Q image single breath						
78585	6	Lung V/Q imaging						
78586	6	Aerosol lung image, single						
78587	6	Aerosol lung image, multiple						
78591	6	Vent image, 1 breath, 1 proj						
78593	6	Vent image, 1 proj, gas						
78594	6	Vent image, mult proj, gas						
78596	6	Lung differential function						
78599	6	Respiratory nuclear exam						
78600	6	Brain imaging, ltd static						
78601	6	Brain ltd imaging & flow						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
78605	6	Brain imaging, complete						
78606	6	Brain imaging comp & flow						
78607	6	Brain imaging (3D)						
78608	9	Brain imaging (PET)						
78609	9	Brain imaging (PET)						
78610	6	Brain flow imaging only						
78615	6	Cerebral blood flow imaging						
78630	6	Cerebrospinal fluid scan						
78635	6	CSF ventriculography						
78645	6	CSF shunt evaluation						
78647	6	Cerebrospinal fluid scan						
78650	6	CSF leakage imaging						
78660	6	Nuclear exam of tear flow						
78699	6	Nervous system nuclear exam						
78700	6	Kidney imaging, static						
78701	6	Kidney imaging with flow						
78704	6	Imaging renogram						
78707	6	Kidney flow & function image						
78708	6	Kidney flow & function image						
78709	6	Kidney flow & function image						
78710	6	Kidney imaging (3D)						
78715	6	Renal vascular flow exam						
78725	6	Kidney function study						
78730	6	Urinary bladder retention						
78740	6	Ureteral reflux study						
78760	6	Testicular imaging						
78761	6	Testicular imaging & flow						
78799	6	Genitourinary nuclear exam						
78800	6	Tumor imaging, limited area						
78801	6	Tumor imaging, mult areas						
78802	6	Tumor imaging, whole body						
78803	6	Tumor imaging (3D)						
78805	6	Abscess imaging, ltd area						
78806	6	Abscess imaging, whole body						
78807	6	Nuclear localization/abscess						
78810	9	Tumor imaging (PET)						
78890	6	Nuclear medicine data proc						
78891	6	Nuclear med data proc						
78990	9	Provide diag radionuclide(s)						
78999	6	Nuclear diagnostic exam						
79000	6	Intial hyperthyroid therapy						
79001	6	Repeat hyperthyroid therapy						
79020	6	Thyroid ablation						
79030	6	Thyroid ablation, carcinoma						
79035	6	Thyroid metastatic therapy						
79100	6	Hematopoetic nuclear therapy						
79200	6	Intracavitary nuc treatment						
79300	6	Interstitial nuclear therapy						
79400	6	Nonhemato nuclear therapy						
79420	6	Intravascular nuc therapy						
79440	6	Nuclear joint therapy						
79900	6	Provide ther radiopharm(s)						
79999	6	Nuclear medicine therapy						
80049	6	Metabolic panel, basic						
80050	9	General health panel						
80051	6	Electrolyte panel						
80054	6	Comprehen metabolic panel						
80055	9	Obstetric panel						
80058	6	Hepatic function panel						
80059	6	Hepatitis panel						
80061	2	Lipid panel						
80072	6	Arthritis panel						
80090	6	Torch antibody panel						
80091	6	Thyroid panel						
80092	6	Thyroid panel w/TSH						
80100	6	Drug screen						
80101	6	Drug screen						
80102	6	Drug confirmation						
80103	6	Drug analysis, tissue prep						
80150	6	Assay of amikacin						
80152	6	Assay of amitriptyline						
80154	6	Assay of benzodiazepines						
80156	6	Assay carbamazepine						
80158	6	Assay of cyclosporine						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
80160	6	Assay of desipramine						
80162	6	Assay for digoxin						
80164	6	Assay, dipropylacetic acid						
80166	6	Assay of doxepin						
80168	6	Assay of ethosuximide						
80170	6	Gentamicin						
80172	6	Assay for gold						
80174	6	Assay of imipramine						
80176	6	Assay for lidocaine						
80178	6	Assay for lithium						
80182	6	Assay for nortriptyline						
80184	6	Assay for phenobarbital						
80185	6	Assay for phenytoin						
80186	6	Assay for phenytoin, free						
80188	6	Assay for primidone						
80190	6	Assay for procainamide						
80192	6	Assay for procainamide						
80194	6	Assay for quinidine						
80196	6	Assay for salicylate						
80197	6	Assay for tacrolimus						
80198	6	Assay for theophylline						
80200	6	Assay for tobramycin						
80201	6	Assay for topiramate						
80202	6	Assay for vancomycin						
80299	6	Quantitative assay, drug						
80400	6	Acth stimulation panel						
80402	6	Acth stimulation panel						
80406	6	Acth stimulation panel						
80408	6	Aldosterone suppression eval						
80410	6	Calcitonin stimul panel						
80412	6	CRH stimulation panel						
80414	6	Testosterone response						
80415	6	Estradiol response panel						
80416	6	Renin stimulation panel						
80417	6	Renin stimulation panel						
80418	6	Pituitary evaluation panel						
80420	6	Dexamethasone panel						
80422	6	Glucagon tolerance panel						
80424	6	Glucagon tolerance panel						
80426	6	Gonadotropin hormone panel						
80428	6	Growth hormone panel						
80430	6	Growth hormone panel						
80432	6	Insulin suppression panel						
80434	6	Insulin tolerance panel						
80435	6	Insulin tolerance panel						
80436	6	Metyrapone panel						
80438	6	TRH stimulation panel						
80439	6	TRH stimulation panel						
80440	6	TRH stimulation panel						
80500	6	Lab pathology consultation						
80502	6	Lab pathology consultation						
81000	6	Urinalysis, nonauto, w/scope						
81001	6	Urinalysis, auto, w/scope						
81002	2	Urinalysis nonauto w/o scope						
81003	6	Urinalysis, auto, w/o scope						
81005	6	Urinalysis						
81007	6	Urine screen for bacteria						
81015	6	Microscopic exam of urine						
81020	6	Urinalysis, glass test						
81025	2	Urine pregnancy test						
81050	6	Urinalysis, volume measure						
81099	6	Urinalysis test procedure						
82000	6	Assay blood acetaldehyde						
82003	6	Assay acetaminophen						
82009	6	Test for acetone/ketones						
82010	6	Acetone assay						
82013	6	Acetylcholinesterase assay						
82024	6	ACTH						
82030	6	ADP & AMP						
82040	6	Assay serum albumin						
82042	6	Assay urine albumin						
82043	6	Microalbumin, quantitative						
82044	2	Microalbumin, semiquant						
82055	6	Assay ethanol						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
82075	6	Assay breath ethanol						
82085	6	Assay of aldolase						
82088	6	Aldosterone						
82101	6	Assay of urine alkaloids						
82103	6	Alpha-1-antitrypsin, total						
82104	6	Alpha-1-antitrypsin, pheno						
82105	6	Alpha-fetoprotein, serum						
82106	6	Alpha-fetoprotein; amniotic						
82108	6	Assay, aluminum						
82128	6	Test for amino acids						
82130	6	Amino acids analysis						
82131	6	Amino acids						
82135	6	Assay, aminolevulinic acid						
82140	6	Assay of ammonia						
82143	6	Amniotic fluid scan						
82145	6	Assay of amphetamines						
82150	6	Assay of amylase						
82154	6	Androstanediol glucuronide						
82157	6	Assay of androstenedione						
82160	6	Androsterone assay						
82163	6	Assay of angiotensin II						
82164	6	Angiotensin I enzyme test						
82172	6	Apolipoprotein						
82175	6	Assay of arsenic						
82180	6	Assay of ascorbic acid						
82190	6	Atomic absorption						
82205	6	Assay of barbiturates						
82232	6	Beta-2 protein						
82239	6	Bile acids, total						
82240	6	Bile acids, cholylglycine						
82250	6	Assay bilirubin						
82251	6	Assay bilirubin						
82252	6	Fecal bilirubin test						
82270	2	Test feces for blood						
82273	2	Test for blood, other source						
82286	6	Assay of bradykinin						
82300	6	Assay cadmium						
82306	6	Assay of vitamin D						
82307	6	Assay of vitamin D						
82308	6	Assay of calcitonin						
82310	6	Assay calcium						
82330	6	Assay calcium						
82331	6	Calcium infusion test						
82340	6	Assay calcium in urine						
82355	6	Calculus (stone) analysis						
82360	6	Calculus (stone) assay						
82365	6	Calculus (stone) assay						
82370	6	X-ray assay, calculus (stone)						
82374	6	Assay blood carbon dioxide						
82375	6	Assay blood carbon monoxide						
82376	6	Test for carbon monoxide						
82378	6	Carcinoembryonic antigen						
82380	6	Assay carotene						
82382	6	Assay urine catecholamines						
82383	6	Assay blood catecholamines						
82384	6	Assay three catecholamines						
82387	6	Cathepsin-D						
82390	6	Assay ceruloplasmin						
82397	6	Chemiluminescent assay						
82415	6	Assay chloramphenicol						
82435	6	Assay blood chloride						
82436	6	Assay urine chloride						
82438	6	Assay other fluid chlorides						
82441	6	Test for chlorohydrocarbons						
82465	2	Assay serum cholesterol						
82480	6	Assay serum cholinesterase						
82482	6	Assay rbc cholinesterase						
82485	6	Assay chondroitin sulfate						
82486	6	Gas/liquid chromatography						
82487	6	Paper chromatography						
82488	6	Paper chromatography						
82489	6	Thin layer chromatography						
82491	6	Chromotography, quantitative						
82495	6	Assay chromium						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
82507	6	Assay citrate						
82520	6	Assay for cocaine						
82523	6	Collagen crosslinks						
82525	6	Assay copper						
82528	6	Assay corticosterone						
82530	6	Cortisol, free						
82533	6	Total cortisol						
82540	6	Assay creatine						
82550	6	Assay CK (CPK)						
82552	6	Assay CPK in blood						
82553	6	Creatine, MB fraction						
82554	6	Creatine, isoforms						
82565	6	Assay creatinine						
82570	6	Assay urine creatinine						
82575	6	Creatinine clearance test						
82585	6	Assay cryofibrinogen						
82595	6	Assay cryoglobulin						
82600	6	Assay cyanide						
82607	6	Vitamin B-12						
82608	6	B-12 binding capacity						
82615	6	Test for urine cystines						
82626	6	Dehydroepiandrosterone						
82627	6	Dehydroepiandrosterone						
82633	6	Desoxycorticosterone						
82634	6	Deoxycortisol						
82638	6	Assay dibucaine number						
82646	6	Assay of dihydrocodeinone						
82649	6	Assay of dihydromorphinone						
82651	6	Dihydrotestosterone assay						
82652	6	Assay, dihydroxyvitamin D						
82654	6	Assay of dimethadione						
82664	6	Electrophoretic test						
82666	6	Epiandrosterone assay						
82668	6	Erythropoietin						
82670	6	Estradiol						
82671	6	Estrogens assay						
82672	6	Estrogen assay						
82677	6	Estriol						
82679	6	Estrone						
82690	6	Ethchlorvynol						
82693	6	Ethylene glycol						
82696	6	Etiocholanolone						
82705	6	Fats/lipids, feces, qualitativ						
82710	6	Fats/lipids, feces, quantitati						
82715	6	Fecal fat assay						
82725	6	Assay blood fatty acids						
82728	6	Assay ferritin						
82735	6	Assay fluoride						
82742	6	Assay of flurazepam						
82746	6	Blood folic acid serum						
82747	6	Folic acid, RBC						
82757	6	Assay semen fructose						
82759	6	RBC galactokinase assay						
82760	6	Assay galactose						
82775	6	Assay galactose transferase						
82776	6	Galactose transferase test						
82784	6	Assay gammaglobulin IgM						
82785	6	Assay, gammaglobulin IgE						
82787	6	IgG1, 2, 3 and 4						
82800	6	Blood pH						
82803	6	Blood gases: pH, pO2 & pCO2						
82805	6	Blood gases W/02 saturation						
82810	6	Blood gases, O2 sat only						
82820	6	Hemoglobin-oxygen affinity						
82926	6	Assay gastric acid						
82928	6	Assay gastric acid						
82938	6	Gastrin test						
82941	6	Assay of gastrin						
82943	6	Assay of glucagon						
82946	6	Glucagon tolerance test						
82947	2	Assay quantitative, glucose						
82948	6	Reagent strip/blood glucose						
82950	2	Glucose test						
82951	2	Glucose tolerance test (GTT)						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
82952	2	GTT-added samples						
82953	6	Glucose-tolbutamide test						
82955	6	Assay G6PD enzyme						
82960	6	Test for G6PD enzyme						
82962	2	Glucose blood test						
82963	6	Glucosidase assay						
82965	6	Assay GDH enzyme						
82975	6	Assay glutamine						
82977	6	Assay of GGT						
82978	6	Glutathione assay						
82979	6	Assay RBC glutathione enzyme						
82980	6	Assay of glutethimide						
82985	6	Glycated protein						
83001	6	Gonadotropin (FSH)						
83002	6	Gonadotropin (LH)						
83003	6	Assay growth hormone (HGH)						
83008	6	Assay guanosine						
83010	6	Quant assay haptoglobin						
83012	6	Assay haptoglobins						
83015	6	Heavy metal screen						
83018	6	Quantitative screen, metals						
83019	6	Breath isotope test						
83020	6	Assay hemoglobin						
83026	2	Hemoglobin, copper sulfate						
83030	6	Fetal hemoglobin assay						
83033	6	Fetal fecal hemoglobin assay						
83036	6	Glycated hemoglobin test						
83045	6	Blood methemoglobin test						
83050	6	Blood methemoglobin assay						
83051	6	Assay plasma hemoglobin						
83055	6	Blood sulfhemoglobin test						
83060	6	Blood sulfhemoglobin assay						
83065	6	Hemoglobin heat assay						
83068	6	Hemoglobin stability screen						
83069	6	Assay urine hemoglobin						
83070	6	Qualt assay hemosiderin						
83071	6	Quant assay of hemosiderin						
83088	6	Assay histamine						
83150	6	Assay for HVA						
83491	6	Assay of corticosteroids						
83497	6	Assay 5-HIAA						
83498	6	Assay of progesterone						
83499	6	Assay of progesterone						
83500	6	Assay free hydroxyproline						
83505	6	Assay total hydroxyproline						
83516	6	Immunoassay, non antibody						
83518	6	Immunoassay, dipstick						
83519	6	Immunoassay nonantibody						
83520	6	Immunoassay, RIA						
83525	6	Assay of insulin						
83527	6	Assay of insulin						
83528	6	Assay intrinsic factor						
83540	6	Assay iron						
83550	6	Iron binding test						
83570	6	Assay IDH enzyme						
83582	6	Assay ketogenic steroids						
83586	6	Assay 17-(17-KS)ketosteroids						
83593	6	Fractionation ketosteroids						
83605	6	Lactic acid assay						
83615	6	Lactate (LD) (LDH) enzyme						
83625	6	Assay LDH enzymes						
83632	6	Placental lactogen						
83633	6	Test urine for lactose						
83634	6	Assay urine for lactose						
83655	6	Assay for lead						
83661	6	Assay L/S ratio						
83662	6	L/S ratio, foam stability						
83670	6	Assay LAP enzyme						
83690	6	Assay lipase						
83715	6	Assay blood lipoproteins						
83717	6	Assay blood lipoproteins						
83718	2	Blood lipoprotein assay						
83719	6	Blood lipoprotein assay						
83721	6	Blood lipoprotein assay						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
83727	6	LRH hormone assay						
83735	6	Assay magnesium						
83775	6	Assay of md enzyme						
83785	6	Assay of manganese						
83805	6	Assay of meprobamate						
83825	6	Assay mercury						
83835	6	Assay metanephrines						
83840	6	Assay methadone						
83857	6	Assay methemalbumin						
83858	6	Assay methsuximide						
83864	6	Mucopolysaccharides						
83866	6	Mucopolysaccharides screen						
83872	6	Assay synovial fluid mucin						
83873	6	Assay, CSF protein						
83874	6	Myoglobin						
83883	6	Nephelometry, not specified						
83885	6	Assay for nickel						
83887	6	Assay nicotine						
83890	6	Molecular diagnostics						
83892	6	Molecular diagnostics						
83894	6	Molecular diagnostics						
83896	6	Molecular diagnostics						
83898	6	Molecular diagnostics						
83902	6	Molecular diagnostics						
83912	6	Genetic examination						
83915	6	Assay nucleotidase						
83916	6	Oligoclonal bands						
83918	6	Assay organic acids						
83925	6	Opiates						
83930	6	Assay blood osmolality						
83935	6	Assay urine osmolality						
83937	6	Assay for osteocalcin						
83945	6	Assay oxalate						
83970	6	Assay of parathormone						
83986	2	Assay body fluid acidity						
83992	6	Assay for phencyclidine						
84022	6	Assay of phenothiazine						
84030	6	Assay blood PKU						
84035	6	Assay phenylketones						
84060	6	Assay acid phosphatase						
84061	6	Phosphatase, forensic exam						
84066	6	Assay prostate phosphatase						
84075	6	Assay alkaline phosphatase						
84078	6	Assay alkaline phosphatase						
84080	6	Assay alkaline phosphatases						
84081	6	Amniotic fluid enzyme test						
84085	6	Assay RBC PG6D enzyme						
84087	6	Assay phosphohexose enzymes						
84100	6	Assay phosphorus						
84105	6	Assay urine phosphorus						
84106	6	Test for porphobilinogen						
84110	6	Assay porphobilinogen						
84119	6	Test urine for porphyrins						
84120	6	Assay urine porphyrins						
84126	6	Assay feces porphyrins						
84127	6	Porphyrins, feces						
84132	6	Assay serum potassium						
84133	6	Assay urine potassium						
84134	6	Prealbumin						
84135	6	Assay pregnanediol						
84138	6	Assay pregnanetriol						
84140	6	Assay for pregnenolone						
84143	6	Assay/17-hydroxypregnenolone						
84144	6	Assay progesterone						
84146	6	Assay for prolactin						
84150	6	Assay of prostaglandin						
84153	6	Prostate specific antigen						
84155	6	Assay protein						
84160	6	Assay serum protein						
84165	6	Assay serum proteins						
84181	6	Western blot test						
84182	6	Protein, western blot test						
84202	6	Assay RBC protoporphyrin						
84203	6	Test RBC protoporphyrin						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
84206	6	Assay of proinsulin						
84207	6	Assay vitamin B–6						
84210	6	Assay pyruvate						
84220	6	Assay pyruvate kinase						
84228	6	Assay quinine						
84233	6	Assay estrogen						
84234	6	Assay progesterone						
84235	6	Assay endocrine hormone						
84238	6	Assay non-endocrine receptor						
84244	6	Assay of renin						
84252	6	Assay vitamin B–2						
84255	6	Assay selenium						
84260	6	Assay serotonin						
84270	6	Sex hormone globulin (SHBG)						
84275	6	Assay sialic acid						
84285	6	Assay silica						
84295	6	Assay serum sodium						
84300	6	Assay urine sodium						
84305	6	Somatomedin						
84307	6	Somatostatin						
84311	6	Spectrophotometry						
84315	6	Body fluid specific gravity						
84375	6	Chromatogram assay, sugars						
84392	6	Assay urine sulfate						
84402	6	Testosterone						
84403	6	Assay total testosterone						
84425	6	Assay vitamin B-1						
84430	6	Assay thiocyanate						
84432	6	Thyroglobulin						
84436	6	Assay, total thyroxine						
84437	6	Assay neonatal thyroxine						
84439	6	Assay, free thyroxine						
84442	6	Thyroid activity (TBG) assay						
84443	6	Assay thyroid stim hormone						
84445	6	Thyroid immunoglobulins TSI						
84446	6	Assay vitamin E						
84449	6	Assay for transcortin						
84450	6	Transferase (AST) (SGOT)						
84460	6	Alanine amino (ALT) (SGPT)						
84466	6	Transferrin						
84478	2	Assay triglycerides						
84479	6	Assay thyroid (t-3 or t-4)						
84480	6	Assay triiodothyronine (t-3)						
84481	6	Free assay (FT-3)						
84482	6	T3 reverse						
84484	6	Troponin, quant						
84485	6	Assay duodenal fluid trypsin						
84488	6	Test feces for trypsin						
84490	6	Assay feces for trypsin						
84510	6	Assay tyrosine						
84512	6	Troponin, qual						
84520	6	Assay urea nitrogen						
84525	6	Urea nitrogen semi-quant						
84540	6	Assay urine urea-N						
84545	6	Urea-N clearance test						
84550	6	Assay blood uric acid						
84560	6	Assay urine uric acid						
84577	6	Assay feces urobilinogen						
84578	6	Test urine urobilinogen						
84580	6	Assay urine urobilinogen						
84583	6	Assay urine urobilinogen						
84585	6	Assay urine VMA						
84586	6	VIP assay						
84588	6	Assay vasopressin						
84590	6	Assay vitamin-A						
84597	6	Assay vitamin-K						
84600	6	Assay for volatiles						
84620	6	Xylose tolerance test						
84630	6	Assay zinc						
84681	6	Assay C-peptide						
84702	6	Chorionic gonadotropin test						
84703	6	Chorionic gonadotropin assay						
84830	2	Ovulation tests						
84999	6	Clinical chemistry test						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
85002	6	Bleeding time test						
85007	6	Differential WBC count						
85008	6	Nondifferential WBC count						
85009	6	Differential WBC count						
85013	2	Hematocrit						
85014	2	Hematocrit						
85018	2	Hemoglobin						
85021	6	Automated hemogram						
85022	6	Automated hemogram						
85023	6	Automated hemogram						
85024	6	Automated hemogram						
85025	6	Automated hemogram						
85027	6	Automated hemogram						
85029	6	Automated hemogram						
85030	6	Automated hemogram						
85031	6	Manual hemogram, complete cbc						
85041	6	Red blood cell (RBC) count						
85044	6	Reticulocyte count						
85045	6	Reticulocyte count						
85048	6	White blood cell (WBC) count						
85060	6	Blood smear interpretation						
85095	6	Bone marrow aspiration						
85097	6	Bone marrow interpretation						
85102	6	Bone marrow biopsy						
85130	6	Chromogenic substrate assay						
85170	6	Blood clot retraction						
85175	6	Blood clot lysis time						
85210	6	Blood clot factor II test						
85220	6	Blood clot factor V test						
85230	6	Blood clot factor VII test						
85240	6	Blood clot factor VIII test						
85244	6	Blood clot factor VIII test						
85245	6	Blood clot factor VIII test						
85246	6	Blood clot factor VIII test						
85247	6	Blood clot factor VIII test						
85250	6	Blood clot factor IX test						
85260	6	Blood clot factor X test						
85270	6	Blood clot factor XI test						
85280	6	Blood clot factor XII test						
85290	6	Blood clot factor XIII test						
85291	6	Blood clot factor XIII test						
85292	6	Blood clot factor assay						
85293	6	Blood clot factor assay						
85300	6	Antithrombin III test						
85301	6	Antithrombin III test						
85302	6	Blood clot inhibitor antigen						
85303	6	Blood clot inhibitor test						
85305	6	Blood clot inhibitor assay						
85306	6	Blood clot inhibitor test						
85335	6	Factor inhibitor test						
85337	6	Thrombomodulin						
85345	6	Coagulation time						
85347	6	Coagulation time						
85348	6	Coagulation time						
85360	6	Euglobulin lysis						
85362	6	Fibrin degradation products						
85366	6	Fibrinogen test						
85370	6	Fibrinogen test						
85378	6	Fibrin degradation						
85379	6	Fibrin degradation						
85384	6	Fibrinogen						
85385	6	Fibrinogen						
85390	6	Fibrinolysins screen						
85400	6	Fibrinolytic plasmin						
85410	6	Fibrinolytic antiplasmin						
85415	6	Fibrinolytic plasminogen						
85420	6	Fibrinolytic plasminogen						
85421	6	Fibrinolytic plasminogen						
85441	6	Heinz bodies; direct						
85445	6	Heinz bodies; induced						
85460	6	Hemoglobin, fetal						
85461	6	Hemoglobin, fetal						
85475	6	Hemolysin						
85520	6	Heparin assay						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
85525	6	Heparin						
85530	6	Heparin-protamine tolerance						
85535	6	Iron stain, blood cells						
85540	6	Wbc alkaline phosphatase						
85547	6	RBC mechanical fragility						
85549	6	Muramidase						
85555	6	RBC osmotic fragility						
85557	6	RBC osmotic fragility						
85576	6	Blood platelet aggregation						
85585	6	Blood platelet estimation						
85590	6	Platelet manual count						
85595	6	Platelet count, automated						
85597	6	Platelet neutralization						
85610	6	Prothrombin time						
85611	6	Prothrombin test						
85612	6	Viper venom prothrombin time						
85613	6	Russell viper venom, diluted						
85635	6	Reptilase test						
85651	2	Rbc sed rate, nonauto						
85652	6	Rbc sed rate, auto						
85660	6	RBC sickle cell test						
85670	6	Thrombin time, plasma						
85675	6	Thrombin time, titer						
85705	6	Thromboplastin inhibition						
85730	6	Thromboplastin time, partial						
85732	6	Thromboplastin time, partial						
85810	6	Blood viscosity examination						
85999	6	Hematology procedure						
86000	6	Agglutinins; febrile						
86003	6	Allergen specific IgE						
86005	6	Allergen specific IgE						
86021	6	WBC antibody identification						
86022	6	Platelet antibodies						
86023	6	Immunoglobulin assay						
86038	6	Antinuclear antibodies						
86039	6	Antinuclear antibodies (ANA)						
86060	6	Antistreptolysin O titer						
86063	6	Antistreptolysin O screen						
86077	6	Physician blood bank service						
86078	6	Physician blood bank service						
86079	6	Physician blood bank service						
86140	6	C-reactive protein						
86147	6	Cardiolipin antibody						
86148	6	Phospholipid antibody						
86155	6	Chemotaxis assay						
86156	6	Cold agglutinin screen						
86157	6	Cold agglutinin, titer						
86160	6	Complement, antigen						
86161	6	Complement/function activity						
86162	6	Complement, total (CH50)						
86171	6	Complement fixation, each						
86185	6	Counterimmunoelectrophoresis						
86215	6	Deoxyribonuclease, antibody						
86225	6	DNA antibody						
86226	6	DNA antibody, single strand						
86235	6	Nuclear antigen antibody						
86243	6	Fc receptor						
86255	6	Fluorescent antibody; screen						
86256	6	Fluorescent antibody; titer						
86277	6	Growth hormone antibody						
86280	6	Hemagglutination inhibition						
86308	6	Heterophile antibodies						
86309	6	Heterophile antibodies						
86310	6	Heterophile antibodies						
86316	6	Immunoassay, tumor antigen						
86317	6	Immunoassay, infectious agent						
86318	2	Immunoassay, infectious agent						
86320	6	Serum immunoelectrophoresis						
86325	6	Other immunoelectrophoresis						
86327	6	Immunoelectrophoresis assay						
86329	6	Immunodiffusion						
86331	6	Immunodiffusion ouchterlony						
86332	6	Immune complex assay						
86334	6	Immunofixation procedure						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
86337	6	Insulin antibodies						
86340	6	Intrinsic factor antibody						
86341	6	Islet cell antibody						
86343	6	Leukocyte histamine release						
86344	6	Leukocyte phagocytosis						
86353	6	Lymphocyte transformation						
86359	6	T cells, total count						
86360	6	T cell absolute count/ratio						
86361	6	T cell absolute count						
86376	6	Microsomal antibody						
86378	6	Migration inhibitory factor						
86382	6	Neutralization test, viral						
86384	6	Nitroblue tetrazolium dye						
86403	6	Particle agglutination test						
86406	6	Particle agglutination test						
86430	6	Rheumatoid factor test						
86431	6	Rheumatoid factor, quant						
86485	6	Skin test, candida						
86490	6	Coccidioidomycosis skin test						
86510	6	Histoplasmosis skin test						
86580	6	TB intradermal test						
86585	6	TB tine test						
86586	6	Skin test, unlisted						
86588	2	Streptocollus, direct screen						
86590	6	Streptokinase, antibody						
86592	6	Blood serology, qualitative						
86593	6	Blood serology, quantitative						
86602	6	Antinomyces antibody						
86603	6	Adenovirus, antibody						
86606	6	Aspergillus antibody						
86609	6	Bacterium, antibody						
86612	6	Blastomyces, antibody						
86615	6	Bordetella antibody						
86617	6	Lyme disease antibody						
86618	6	Lyme disease antibody						
86619	6	Borrelia antibody						
86622	6	Brucella, antibody						
86625	6	Campylobacter, antibody						
86628	6	Candida, antibody						
86631	6	Chlamydia, antibody						
86632	6	Chlamydia, IgM, antibody						
86635	6	Coccidioides, antibody						
86638	6	Q fever antibody						
86641	6	Cryptococcus antibody						
86644	6	CMV antibody						
86645	6	CMV antibody, IgM						
86648	6	Diphtheria antibody						
86651	6	Encephalitis antibody						
86652	6	Encephalitis antibody						
86653	6	Encephalitis, antibody						
86654	6	Encephalitis, antibody						
86658	6	Enterovirus, antibody						
86663	6	Epstein-barr antibody						
86664	6	Epstein-barr antibody						
86665	6	Epstein-barr, antibody						
86668	6	Francisella tularensis						
86671	6	Fungus, antibody						
86674	6	Giardia lamblia						
86677	6	Helicobacter pylori						
86682	6	Helminth, antibody						
86684	6	Hemophilus influenza						
86687	6	HTLV–I						
86688	6	HTLV–II						
86689	6	HTLV/HIV confirmatory test						
86692	6	Hepatitis, delta agent						
86694	6	Herpes simplex test						
86695	6	Herpes simplex test						
86698	6	Histoplasma						
86701	6	HIV–1						
86702	6	HIV–2						
86703	6	HIV–1/HIV–2, single assay						
86704	6	Hep b core ab test, igg & m						
86705	6	Hep b core ab test, igm						
86706	6	Hepatitis b surface ab test						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
86707	6	Hepatitis be ab test						
86708	6	Hep a ab test, igg & m						
86709	6	Hep a ab test, igm						
86710	6	Influenza virus						
86713	6	Legionella						
86717	6	Leishmania						
86720	6	Leptospira						
86723	6	Listeria monocytogenes						
86727	6	Lymph choriomeningitis						
86729	6	Lympho venereum						
86732	6	Mucormycosis						
86735	6	Mumps						
86738	6	Mycoplasma						
86741	6	Neisseria meningitidis						
86744	6	Nocardia						
86747	6	Parvovirus						
86750	6	Malaria						
86753	6	Protozoa, not elsewhere						
86756	6	Respiratory virus						
86759	6	Rotavirus						
86762	6	Rubella						
86765	6	Rubeola						
86768	6	Salmonella						
86771	6	Shigella						
86774	6	Tetanus						
86777	6	Toxoplasma						
86778	6	Toxoplasma, IgM						
86781	6	Treponema pallidum confirm						
86784	6	Trichinella						
86787	6	Varicella-zoster						
86790	6	Virus, not specified						
86793	6	Yersinia						
86800	6	Thyroglobulin antibody						
86803	6	Hepatitis c ab test						
86804	6	Hep c ab test, confirm						
86805	6	Lymphocytotoxicity assay						
86806	6	Lymphocytotoxicity assay						
86807	6	Cytotoxic antibody screening						
86808	6	Cytotoxic antibody screening						
86812	6	HLA typing, A, B, or C						
86813	6	HLA typing, A, B, or C						
86816	6	HLA typing, DR/DQ						
86817	6	HLA typing, DR/DQ						
86821	6	Lymphocyte culture, mixed						
86822	6	Lymphocyte culture, primed						
86849	6	Immunology procedure						
86850	6	RBC antibody screen						
86860	6	RBC antibody elution						
86870	6	RBC antibody identification						
86880	6	Coombs test						
86885	6	Coombs test						
86886	6	Coombs test						
86890	6	Autologous blood process						
86891	6	Autologous blood, op salvage						
86900	6	Blood typing, ABO						
86901	6	Blood typing, Rh (D)						
86903	6	Blood typing, antigen screen						
86904	6	Blood typing, patient serum						
86905	6	Blood typing, RBC antigens						
86906	6	Blood typing, Rh phenotype						
86910	9	Blood typing, paternity test						
86911	9	Blood typing, antigen system						
86915	6	Bone marrow						
86920	6	Compatibility test						
86921	6	Compatibility test						
86922	6	Compatibility test						
86927	6	Plasma, fresh frozen						
86930	6	Frozen blood prep						
86931	6	Frozen blood thaw						
86932	6	Frozen blood, freeze/thaw						
86940	6	Hemolysins/agglutinins auto						
86941	6	Hemolysins/agglutinins						
86945	6	Blood product/irradiation						
86950	6	Leukacyte transfusion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
86965	6	Pooling blood platelets						
86970	6	RBC pretreatment						
86971	6	RBC pretreatment						
86972	6	RBC pretreatment						
86975	6	RBC pretreatment, serum						
86976	6	RBC pretreatment, serum						
86977	6	RBC pretreatment, serum						
86978	6	RBC pretreatment, serum						
86985	6	Split blood or products						
86999	6	Transfusion procedure						
87001	6	Small animal inoculation						
87003	6	Small animal inoculation						
87015	6	Specimen concentration						
87040	6	Blood culture for bacteria						
87045	6	Stool culture for bacteria						
87060	6	Nose/throat culture,bacteria						
87070	6	Culture specimen, bacteria						
87072	2	Culture of specimen by kit						
87075	6	Culture specimen, bacteria						
87076	6	Bacteria identification						
87081	6	Bacteria culture screen						
87082	6	Culture of specimen by kit						
87083	6	Culture of specimen by kit						
87084	6	Culture of specimen by kit						
87085	6	Culture of specimen by kit						
87086	6	Urine culture, colony count						
87087	6	Urine bacteria culture						
87088	6	Urine bacteria culture						
87101	6	Skin fungus culture						
87102	6	Fungus isolation culture						
87103	6	Blood fungus culture						
87106	6	Fungus identification						
87109	6	Mycoplasma culture						
87110	6	Culture, chlamydia						
87116	6	Mycobacteria culture						
87117	6	Mycobacteria culture						
87118	6	Mycobacteria identification						
87140	6	Culture typing, fluorescent						
87143	6	Culture typing, GLC method						
87145	6	Culture typing, phage method						
87147	6	Culture typing, serologic						
87151	6	Culture typing, serologic						
87155	6	Culture typing, precipitin						
87158	6	Culture typing, added method						
87163	6	Special microbiology culture						
87164	6	Dark field examination						
87166	6	Dark field examination						
87174	6	Endotoxin, bacterial						
87175	6	Assay, endotoxin, bacterial						
87176	6	Endotoxin, bacterial						
87177	6	Ova and parasites smears						
87181	6	Antibiotic sensitivity, each						
87184	6	Antibiotic sensitivity, each						
87186	6	Antibiotic sensitivity, MIC						
87187	6	Antibiotic sensitivity, MBC						
87188	6	Antibiotic sensitivity, each						
87190	6	TB antibiotic sensitivity						
87192	6	Antibiotic sensitivity, each						
87197	6	Bactericidal level, serum						
87205	6	Smear, stain & interpret						
87206	6	Smear, stain & interpret						
87207	6	Smear, stain & interpret						
87208	6	Smear, stain & interpret						
87210	6	Smear, stain & interpret						
87211	6	Smear, stain & interpret						
87220	6	Tissue exam for fungi						
87230	6	Assay, toxin or antitoxin						
87250	6	Virus inoculation for test						
87252	6	Virus inoculation for test						
87253	6	Virus inoculation for test						
87260	6	Adenovirus ag, dfa						
87265	6	Pertussis ag, dfa						
87270	6	Chylmd trach ag, dfa						
87272	6	Cryptosporidum ag, dfa						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
87274	6	Herpes simplex ag, dfa						
87276	6	Influenza ag, dfa						
87278	6	Legion pneumo ag, dfa						
87280	6	Resp syncytial ag, dfa						
87285	6	Trepon pallidum ag, dfa						
87290	6	Varicella ag, dfa						
87299	6	Ag detection nos, dfa						
87301	6	Adenovirus ag, eia						
87320	6	Chylmd trach ag, eia						
87324	6	Clostridium ag, eia						
87328	6	Cryptospor ag, eia						
87332	6	Cytomegalovirus ag, eia						
87335	6	E coli 0157 ag, eia						
87340	6	Hepatitis b surface ag, eia						
87350	6	Hepatitis b ag, eia						
87380	6	Hepatitis delta ag, eia						
87385	6	Histoplasma capsul ag, eia						
87390	6	Hiv-1 ag, eia						
87391	6	Hiv-2 ag, eia						
87420	6	Resp syncytial ag, eia						
87425	6	Rotavirus ag, eia						
87430	6	Strep a ag, eia						
87449	6	Ag detect nos, eia, mult						
87450	6	Ag detect nos, eia, single						
87470	6	Bartonella, dna, dir probe						
87471	6	Bartonella, dna, amp probe						
87472	6	Bartonella, dna, quant						
87475	6	Lyme dis, dna, dir probe						
87476	6	Lyme dis, dna, amp probe						
87477	6	Lyme dis, dna, quant						
87480	6	Candida, dna, dir probe						
87481	6	Candida, dna, amp probe						
87482	6	Candida, dna, quant						
87485	6	Chylmd pneum, dna, dir probe						
87486	6	Chylmd pneum, dna, amp probe						
87487	6	Chylmd pneum, dna, quant						
87490	6	Chylmd trach, dna, dir probe						
87491	6	Chylmd trach, dna, amp probe						
87492	6	Chylmd trach, dna, quant						
87495	6	Cytomeg, dna, dir probe						
87496	6	Cytomeg, dna, amp probe						
87497	6	Cytomeg, dna, quant						
87510	6	Gardner vag, dna, dir probe						
87511	6	Gardner vag, dna, amp probe						
87512	6	Gardner vag, dna, quant						
87515	6	Hepatitis b, dna, dir probe						
87516	6	Hepatitis b, dna, amp probe						
87517	6	Hepatitis b, dna, quant						
87520	6	Hepatitis c, rna, dir probe						
87521	6	Hepatitis c, rna, amp probe						
87522	6	Hepatitis c, rna, quant						
87525	6	Hepatitis g, dna, dir probe						
87526	6	Hepatitis g, dna, amp probe						
87527	6	Hepatitis g, dna, quant						
87528	6	Hsv, dna, dir probe						
87529	6	Hsv, dna, amp probe						
87530	6	Hsv, dna, quant						
87531	6	Hhv-6, dna, dir probe						
87532	6	Hhv-6, dna, amp probe						
87533	6	Hhv-6, dna, quant						
87534	6	Hiv-1, dna, dir probe						
87535	6	Hiv-1, dna, amp probe						
87536	6	Hiv-1, dna, quant						
87537	6	Hiv-2, dna, dir probe						
87538	6	Hiv-2, dna, amp probe						
87539	6	Hiv-2, dna, quant						
87540	6	Legion pneumo, dna, dir prob						
87541	6	Legion pneumo, dna, amp prob						
87542	6	Legion pneumo, dna, quant						
87550	6	Mycobacteria, dna, dir probe						
87551	6	Mycobacteria, dna, amp probe						
87552	6	Mycobacteria, dna, quant						
87555	6	M.tuberculo, dna, dir probe						
87556	6	M.tuberculo, dna, amp probe						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
87557	6	M.tuberculo, dna, quant						
87560	6	M.avium-intra, dna, dir prob						
87561	6	M.avium-intra, dna, amp prob						
87562	6	M.avium-intra, dna, quant						
87580	6	M.pneumon, dna, dir probe						
87581	6	M.pneumon, dna, amp probe						
87582	6	M.pneumon, dna, quant						
87590	6	N.gonorrhoeae, dna, dir prob						
87591	6	N.gonorrhoeae, dna, amp prob						
87592	6	N.gonorrhoeae, dna, quant						
87620	6	Hpv, dna, dir probe						
87621	6	Hpv, dna, amp probe						
87622	6	Hpv, dna, quant						
87650	6	Strep a, dna, dir probe						
87651	6	Strep a, dna, amp probe						
87652	6	Strep a, dna, quant						
87797	6	Detect agent nos, dna, dir						
87798	6	Detect agent nos, dna, amp						
87799	6	Detect agent nos, dna, quant						
87810	6	Chylmd trach assay w/optic						
87850	6	N. gonorrhoeae assay w/optic						
87880	6	Strep a assay w/optic						
87899	6	Agent nos assay w/optic						
87999	6	Microbiology procedure						
88000	9	Autopsy (necropsy), gross						
88005	9	Autopsy (necropsy), gross						
88007	9	Autopsy (necropsy), gross						
88012	9	Autopsy (necropsy), gross						
88014	9	Autopsy (necropsy), gross						
88016	9	Autopsy (necropsy), gross						
88020	9	Autopsy (necropsy), complete						
88025	9	Autopsy (necropsy), complete						
88027	9	Autopsy (necropsy), complete						
88028	9	Autopsy (necropsy), complete						
88029	9	Autopsy (necropsy), complete						
88036	9	Limited autopsy						
88037	9	Limited autopsy						
88040	9	Forensic autopsy (necropsy)						
88045	9	Coroner's autopsy (necropsy)						
88099	9	Necropsy (autopsy) procedure						
88104	6	Cytopathology, fluids						
88106	6	Cytopathology, fluids						
88107	6	Cytopathology, fluids						
88108	6	Cytopath, concentrate tech						
88125	6	Forensic cytopathology						
88130	6	Sex chromatin identification						
88140	6	Sex chromatin identification						
88141	6	Cytopath cerv/vag interpret						
88142	6	Cytopath cerv/vag thin layer						
88150	6	Cytopath cerv/vag						
88152	6	Cytopath cerv/vag auto						
88155	6	Cytopath cerv/vag index						
88156	6	Cytopath cerv/vag tbs						
88158	6	Cytopath cerv/vag tbs auto						
88160	6	Cytopath smear, other source						
88161	6	Cytopath smear, other source						
88162	6	Cytopath smear, other source						
88170	6	Fine needle aspiration						
88171	6	Fine needle aspiration						
88172	6	Evaluation of smear						
88173	6	Interpretation of smear						
88180	6	Cell marker study						
88182	6	Cell marker study						
88199	6	Cytopathology procedure						
88230	6	Tissue culture, lymphocyte						
88233	6	Tissue culture, skin/biopsy						
88235	6	Tissue culture, placenta						
88237	6	Tissue culture, bone marrow						
88239	6	Tissue culture, other						
88245	6	Chromosome analysis						
88248	6	Chromosome analysis						
88250	6	Chromosome analysis						
88260	6	Chromosome analysis: 5 cells						
88261	6	Chromosome analysis: 5 cells						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
88262	6	Chromosome count: 15–20 cells						
88263	6	Chromosome analysis: 45 cells						
88267	6	Chromosome analysis: placenta						
88269	6	Chromosome analysis: amniotic						
88280	6	Chromosome karyotype study						
88283	6	Chromosome banding study						
88285	6	Chromosome count: additional						
88289	6	Chromosome study: additional						
88299	6	Cytogenetic study						
88300	6	Surg path, gross						
88302	6	Tissue exam by pathologist						
88304	6	Tissue exam by pathologist						
88305	6	Tissue exam by pathologist						
88307	6	Tissue exam by pathologist						
88309	6	Tissue exam by pathologist						
88311	6	Decalcify tissue						
88312	6	Special stains						
88313	6	Special stains						
88314	6	Histochemical stain						
88318	6	Chemical histochemistry						
88319	6	Enzyme histochemistry						
88321	6	Microslide consultation						
88323	6	Microslide consultation						
88325	6	Comprehensive review of data						
88329	6	Pathology consult in surgery						
88331	6	Pathology consult in surgery						
88332	6	Pathology consult in surgery						
88342	6	Immunocytochemistry						
88346	6	Immunofluorescent study						
88347	6	Immunofluorescent study						
88348	6	Electron microscopy						
88349	6	Scanning electron microscopy						
88355	6	Analysis, skeletal muscle						
88356	6	Analysis, nerve						
88358	6	Analysis, tumor						
88362	6	Nerve teasing preparations						
88365	6	Tissue hybridization						
88371	6	Protein, western blot tissue						
88372	6	Protein analysis w/probe						
88399	6	Surgical pathology procedure						
89050	6	Body fluid cell count						
89051	6	Body fluid cell count						
89060	6	Exam, synovial fluid crystals						
89100	6	Sample intestinal contents						
89105	6	Sample intestinal contents						
89125	6	Specimen fat stain						
89130	6	Sample stomach contents						
89132	6	Sample stomach contents						
89135	6	Sample stomach contents						
89136	6	Sample stomach contents						
89140	6	Sample stomach contents						
89141	6	Sample stomach contents						
89160	6	Exam feces for meat fibers						
89190	6	Nasal smear for eosinophils						
89250	6	Fertilization of oocyte						
89251	6	Culture oocyte w/embryos						
89252	6	Assist oocyte fertilization						
89253	6	Embryo hatching						
89254	6	Oocyte identification						
89255	6	Prepare embryo for transfer						
89256	6	Prepare cryopreserved embryo						
89257	6	Sperm identification						
89258	6	Cryopreservation, embryo						
89259	6	Cryopreservation, sperm						
89260	6	Sperm isolation, simple						
89261	6	Sperm isolation, complex						
89300	6	Semen analysis						
89310	6	Semen analysis						
89320	6	Semen analysis						
89325	6	Sperm antibody test						
89329	6	Sperm evaluation test						
89330	6	Evaluation, cervical mucus						
89350	6	Sputum specimen collection						
89355	6	Exam feces for starch						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
89360	6	Collect sweat for test						
89365	6	Water load test						
89399	6	Pathology lab procedure						
90700	9	DTaP immunization						
90701	9	DTP immunization						
90702	9	DT immunization						
90703	9	Tetanus immunization						
90704	9	Mumps immunization						
90705	9	Measles immunization						
90706	9	Rubella immunization						
90707	9	MMR virus immunization						
90708	9	Measles-rubella immunization						
90709	9	Rubella & mumps immunization						
90710	9	Combined vaccine						
90711	9	Combined vaccine						
90712	9	Oral poliovirus immunization						
90713	9	Poliomyelitis immunization						
90714	9	Typhoid immunization						
90716	9	Chicken pox vaccine						
90717	9	Yellow fever immunization						
90718	9	Td immunization						
90719	9	Diphtheria immunization						
90720	9	DTP/HIB vaccine						
90721	9	Dtap/hib vaccine						
90724	6	Influenza immunization						
90725	9	Cholera immunization						
90726	9	Rabies immunization						
90727	9	Plague immunization						
90728	9	BCG immunization						
90730	9	Hepatitis A vaccine						
90732	6	Pneumococcal immunization						
90733	9	Meningococcal immunization						
90735	9	Encephalitis virus vaccine						
90737	9	Influenza B immunization						
90741	9	Passive immunization, ISG						
90742	9	Special passive immunization						
90744	6	Hepatitis B vaccine, under 11						
90745	6	Hepatitis B vaccine, 11–19						
90746	6	Hepatitis B vaccine, over 20						
90747	6	Hepatitis B vaccine, ill pat						
90748	6	Hepatitis b/hib vaccine						
90749	6	Immunization procedure						
90780	6	IV infusion therapy, 1 hour						
90781	6	IV infusion, additional hour						
90782	6	Injection (SC)/(IM)						
90783	6	Injection (IA)						
90784	6	Injection (IV)						
90788	6	Injection of antibiotic						
90799	6	Therapeutic/diag injection						
90801	6	Psy dx interview						
90802	6	Intac psy dx interview						
90804	6	Psytx, office (20–30)						
90805	6	Psytx, office (20–30) w/e&m						
90806	6	Psytx, office (45–50)						
90807	6	Psytx, office (45–50) w/e&m						
90808	6	Psytx, office (75–80)						
90809	6	Psytx, office (75–80) w/e&m						
90810	6	Intac psytx, office (20–30)						
90811	6	Intac psytx, off 20–30 w/e&m						
90812	6	Intac psytx, office (45–50)						
90813	6	Intac psytx, off 45–50 w/e&m						
90814	6	Intac psytx, office (75–80)						
90815	6	Intac psytx, off 75–80 w/e&m						
90816	6	Psytx, hosp (20–30)						
90817	6	Psytx, hosp (20–30) w/e&m						
90818	6	Psytx, hosp (45–50)						
90819	6	Psytx, hosp (45–50) w/e&m						
90821	6	Psytx, hosp (75–80)						
90822	6	Psytx, hosp (75–80) w/e&m						
90823	6	Intac psytx, hosp (20–30)						
90824	6	Intac psytx, hsp 20–30 w/e&m						
90826	6	Intac psytx, hosp (45–50)						
90827	6	Intac psytx, hsp 45–50 w/e&m						
90828	6	Intac psytx, hosp (75–80)						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
90829	6	Intac psytx, hsp 75–80 w/e&m						
90845	6	Psychoanalysis						
90846	6	Family psytx w/o patient						
90847	6	Family psytx w/patient						
90849	6	Multiple family group psytx						
90853	6	Group psychotherapy						
90857	6	Intac group psytx						
90862	6	Medication management						
90865	6	Narcosynthesis						
90870	6	Electroconvulsive therapy						
90871	6	Electroconvulsive therapy						
90875	9	Psychophysiological therapy						
90876	9	Psychophysiological therapy						
90880	6	Hypnotherapy						
90882	9	Environmental manipulation						
90885	6	Psy evaluation of records						
90887	6	Consultation with family						
90889	6	Preparation of report						
90899	6	Psychiatric service/therapy						
90901	6	Biofeedback, any method						
90911	6	Biofeedback peri/uro/rectal						
90918	6	ESRD related services, month						
90919	6	ESRD related services, month						
90920	6	ESRD related services, month						
90921	6	ESRD related services, month						
90922	6	ESRD related services, day						
90923	6	Esrd related services, day						
90924	6	Esrd related services, day						
90925	6	Esrd related services, day						
90935	6	Hemodialysis, one evaluation						
90937	6	Hemodialysis, repeated eval.						
90945	6	Dialysis, one evaluation						
90947	6	Dialysis, repeated eval.						
90989	6	Dialysis training/complete						
90993	6	Dialysis training/incomplete						
90997	6	Hemoperfusion						
90999	6	Dialysis procedure						
91000	6	Esophageal intubation						
91010	6	Esophagus motility study						
91011	6	Esophagus motility study						
91012	6	Esophagus motility study						
91020	6	Gastric motility						
91030	6	Acid perfusion of esophagus						
91032	6	Esophagus, acid reflux test						
91033	6	Prolonged acid reflux test						
91052	6	Gastric analysis test						
91055	6	Gastric intubation for smear						
91060	6	Gastric saline load test						
91065	6	Breath hydrogen test						
91100	6	Pass intestine bleeding tube						
91105	6	Gastric intubation treatment						
91122	6	Anal pressure record						
91299	6	Gastroenterology procedure						
92002	6	Eye exam, new patient						
92004	6	Eye exam, new patient						
92012	6	Eye exam established pt						
92014	6	Eye exam & treatment						
92015	9	Refraction						
92018	6	New eye exam & treatment						
92019	6	Eye exam & treatment						
92020	6	Special eye evaluation						
92060	6	Special eye evaluation						
92065	6	Orthoptic/pleoptic training						
92070	6	Fitting of contact lens						
92081	6	Visual field examination(s)						
92082	6	Visual field examination(s)						
92083	6	Visual field examination(s)						
92100	6	Serial tonometry exam(s)						
92120	6	Tonography & eye evaluation						
92130	6	Water provocation tonography						
92140	6	Glaucoma provocative tests						
92225	6	Special eye exam, initial						
92226	6	Special eye exam, subsequent						
92230	6	Eye exam with photos						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
92235	6	Eye exam with photos						
92240	6	Icg angiography						
92250	6	Eye exam with photos						
92260	6	Ophthalmoscopy/dynamometry						
92265	6	Eye muscle evaluation						
92270	6	Electro-oculography						
92275	6	Electroretinography						
92283	6	Color vision examination						
92284	6	Dark adaptation eye exam						
92285	6	Eye photography						
92286	6	Internal eye photography						
92287	6	Internal eye photography						
92310	9	Contact lens fitting						
92311	6	Contact lens fitting						
92312	6	Contact lens fitting						
92313	6	Contact lens fitting						
92314	9	Prescription of contact lens						
92315	6	Prescription of contact lens						
92316	6	Prescription of contact lens						
92317	6	Prescription of contact lens						
92325	6	Modification of contact lens						
92326	6	Replacement of contact lens						
92330	6	Fitting of artificial eye						
92335	6	Fitting of artificial eye						
92340	9	Fitting of spectacles						
92341	9	Fitting of spectacles						
92342	9	Fitting of spectacles						
92352	6	Special spectacles fitting						
92353	6	Special spectacles fitting						
92354	6	Special spectacles fitting						
92355	6	Special spectacles fitting						
92358	6	Eye prosthesis service						
92370	9	Repair & adjust spectacles						
92371	6	Repair & adjust spectacles						
92390	9	Supply of spectacles						
92391	9	Supply of contact lenses						
92392	9	Supply of low vision aids						
92393	9	Supply of artificial eye						
92395	9	Supply of spectacles						
92396	9	Supply of contact lenses						
92499	6	Eye service or procedure						
92502	6	Ear and throat examination						
92504	6	Ear microscopy examination						
92506	6	Speech & hearing evaluation						
92507	6	Speech/hearing therapy						
92508	6	Speech/hearing therapy						
92510	6	Rehab for ear implant						
92511	6	Nasopharyngoscopy						
92512	6	Nasal function studies						
92516	6	Facial nerve function test						
92520	6	Laryngeal function studies						
92525	6	Oral function evaluation						
92526	6	Oral function therapy						
92531	6	Spontaneous nystagmus study						
92532	6	Positional nystagmus study						
92533	6	Caloric vestibular test						
92534	6	Optokinetic nystagmus						
92541	6	Spontaneous nystagmus test						
92542	6	Positional nystagmus test						
92543	6	Caloric vestibular test						
92544	6	Optokinetic nystagmus test						
92545	6	Oscillating tracking test						
92546	6	Sinusoidal rotational test						
92547	6	Supplemental electrical test						
92548	6	Posturography						
92551	9	Pure tone hearing test, air						
92552	6	Pure tone audiometry, air						
92553	6	Audiometry, air & bone						
92555	6	Speech threshold audiometry						
92556	6	Speech audiometry, complete						
92557	6	Comprehensive hearing test						
92559	9	Group audiometric testing						
92560	9	Bekesy audiometry, screen						
92561	6	Bekesy audiometry, diagnosis						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
92562	6	Loudness balance test						
92563	6	Tone decay hearing test						
92564	6	Sisi hearing test						
92565	6	Stenger test, pure tone						
92567	6	Tympanometry						
92568	6	Acoustic reflex testing						
92569	6	Acoustic reflex decay test						
92571	6	Filtered speech hearing test						
92572	6	Staggered spondaic word test						
92573	6	Lombard test						
92575	6	Sensorineural acuity test						
92576	6	Synthetic sentence test						
92577	6	Stenger test, speech						
92579	6	Visual audiometry (vra)						
92582	6	Conditioning play audiometry						
92583	6	Select picture audiometry						
92584	6	Electrocochleography						
92585	6	Auditory evoked potential						
92587	6	Evoked auditory test						
92588	6	Evoked auditory test						
92589	6	Auditory function test(s)						
92590	9	Hearing aid exam, one ear						
92591	9	Hearing aid exam, both ears						
92592	9	Hearing aid check, one ear						
92593	9	Hearing aid check, both ears						
92594	9	Electro hearing aid test,one						
92595	9	Electro hearingaid test,both						
92596	6	Ear protector evaluation						
92597	6	Oral speech device eval						
92598	6	Modify oral speech device						
92599	6	ENT procedure/service						
92950	6	Heart/lung resuscitation(CPR						
92953	6	Temporary external pacing						
92960	6	Heart electroconversion						
92970	6	Cardioassist, internal						
92971	6	Cardioassist, external						
92975	6	Dissolve clot, heart vessel						
92977	6	Dissolve clot, heart vessel						
92978	6	Intravas us, heart (add-on)						
92979	6	Intravas us, heart (add-on)						
92980	6	Insert intracoronary stent						
92981	6	Insert intracoronary stent						
92982	6	Coronary artery dilation						
92984	6	Coronary artery dilation						
92986	6	Revision of aortic valve						
92987	6	Revision of mitral valve						
92990	6	Revision of pulmonary valve						
92992	6	Revision of heart chamber						
92993	6	Revision of heart chamber						
92995	6	Coronary atherectomy						
92996	6	Coronary atherectomy						
92997	6	Pul art balloon repair, perc						
92998	6	Pul art balloon repair, perc						
93000	6	Electrocardiogram, complete						
93005	6	Electrocardiogram, tracing						
93010	6	Electrocardiogram report						
93012	6	Transmission of ecg						
93014	6	Report on transmitted ecg						
93015	6	Cardiovascular stress test						
93016	6	Cardiovascular stress test						
93017	6	Cardiovascular stress test						
93018	6	Cardiovascular stress test						
93024	6	Cardiac drug stress test						
93040	6	Rhythm ECG with report						
93041	6	Rhythm ECG, tracing						
93042	6	Rhythm ECG, report						
93224	6	ECG monitor/report, 24 hrs						
93225	6	ECG monitor/record, 24 hrs						
93226	6	ECG monitor/report, 24 hrs						
93227	6	ECG monitor/review, 24 hrs						
93230	6	ECG monitor/report, 24 hrs						
93231	6	Ecg monitor/record, 24 hrs						
93232	6	ECG monitor/report, 24 hrs						
93233	6	ECG monitor/review, 24 hrs						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
93235	6	ECG monitor/report, 24 hrs						
93236	6	ECG monitor/report, 24 hrs						
93237	6	ECG monitor/review, 24 hrs						
93268	6	ECG record/review						
93270	6	ECG recording						
93271	6	Ecg/monitoring and anaylysis						
93272	6	Ecg/review, interpret only						
93278	6	ECG/signal-averaged						
93303	6	Echo transthoracic						
93304	6	Echo transthoracic						
93307	6	Echo exam of heart						
93308	6	Echo exam of heart						
93312	6	Echo transesophageal						
93313	6	Echo transesophageal						
93314	6	Echo transesophageal						
93315	6	Echo transesophageal						
93316	6	Echo transesophageal						
93317	6	Echo transesophageal						
93320	6	Doppler echo exam, heart						
93321	6	Doppler echo exam, heart						
93325	6	Doppler color flow						
93350	6	Echo transthoracic						
93501	6	Right heart catheterization						
93503	6	Insert/place heart catheter						
93505	6	Biopsy of heart lining						
93508	6	Cath placement, angiography						
93510	6	Left heart catheterization						
93511	6	Left heart catheterization						
93514	6	Left heart catheterization						
93524	6	Left heart catheterization						
93526	6	Rt & Lt heart catheters						
93527	6	Rt & Lt heart catheters						
93528	6	Rt & Lt heart catheters						
93529	6	Rt, Lt heart catheterization						
93530	6	Rt heart cath, congenital						
93531	6	R & l heart cath, congenital						
93532	6	R & l heart cath, congenital						
93533	6	R & l heart cath, congenital						
93536	6	Insert circulation assi						
93539	6	Injection, cardiac cath						
93540	6	Injection, cardiac cath						
93541	6	Injection for lung angiogram						
93542	6	Injection for heart x-rays						
93543	6	Injection for heart x-rays						
93544	6	Injection for aortography						
93545	6	Injection for coronary xrays						
93555	6	Imaging, cardiac cath						
93556	6	Imaging, cardiac cath						
93561	6	Cardiac output measurement						
93562	6	Cardiac output measurement						
93600	6	Bundle of His recording						
93602	6	Intra-atrial recording						
93603	6	Right ventricular recording						
93607	6	Right ventricular recording						
93609	6	Mapping of tachycardia						
93610	6	Intra-atrial pacing						
93612	6	Intraventricular pacing						
93615	6	Esophageal recording						
93616	6	Esophageal recording						
93618	6	Heart rhythm pacing						
93619	6	Electrophysiology evaluation						
93620	6	Electrophysiology evaluation						
93621	6	Electrophysiology evaluation						
93622	6	Electrophysiology evaluation						
93623	6	Stimulation, pacing heart						
93624	6	Electrophysiologic study						
93631	6	Heart pacing, mapping						
93640	6	Evaluation heart device						
93641	6	Electrophysiology evaluation						
93642	6	Electrophysiology evaluation						
93650	6	Ablate heart dysrhythm focus						
93651	6	Ablate heart dysrhythm focus						
93652	6	Ablate heart dysrhythm focus						
93660	6	Tilt table evaluation						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
93720	6	Total body plethysmography						
93721	6	Plethysmography tracing						
93722	6	Plethysmography report						
93724	6	Analyze pacemaker system						
93731	6	Analyze pacemaker system						
93732	6	Analyze pacemaker system						
93733	6	Telephone analysis, pacemaker						
93734	6	Analyze pacemaker system						
93735	6	Analyze pacemaker system						
93736	6	Telephone analysis, pacemaker						
93737	6	Analyze cardio/defibrillator						
93738	6	Analyze cardio/defibrillator						
93740	6	Temperature gradient studies						
93760	9	Cephalic thermogram						
93762	9	Peripheral thermogram						
93770	6	Measure venous pressure						
93784	9	Ambulatory BP monitoring						
93786	9	Ambulatory BP recording						
93788	9	Ambulatory BP analysis						
93790	9	Review/report BP recording						
93797	6	Cardiac rehab						
93798	6	Cardiac rehab/monitor						
93799	6	Cardiovascular procedure						
93875	6	Extracranial study						
93880	6	Extracranial study						
93882	6	Extracranial study						
93886	6	Intracranial study						
93888	6	Intracranial study						
93922	6	Extremity study						
93923	6	Extremity study						
93924	6	Extremity study						
93925	6	Lower extremity study						
93926	6	Lower extremity study						
93930	6	Upper extremity study						
93931	6	Upper extremity study						
93965	6	Extremity study						
93970	6	Extremity study						
93971	6	Extremity study						
93975	6	Vascular study						
93976	6	Vascular study						
93978	6	Vascular study						
93979	6	Vascular study						
93980	6	Penile vascular study						
93981	6	Penile vascular study						
93990	6	Doppler flow testing						
94010	6	Breathing capacity test						
94060	6	Evaluation of wheezing						
94070	6	Evaluation of wheezing						
94150	6	Vital capacity test						
94200	6	Lung function test (MBC/MVV)						
94240	6	Residual lung capacity						
94250	6	Expired gas collection						
94260	6	Thoracic gas volume						
94350	6	Lung nitrogen washout curve						
94360	6	Measure airflow resistance						
94370	6	Breath airway closing volume						
94375	6	Respiratory flow volume loop						
94400	6	CO2 breathing response curve						
94450	6	Hypoxia response curve						
94620	6	Pulmonary stress testing						
94640	6	Airway inhalation treatment						
94642	6	Aerosol inhalation treatment						
94650	6	Pressure breathing (IPPB)						
94651	6	Pressure breathing (IPPB)						
94652	6	Pressure breathing (IPPB)						
94656	6	Initial ventilator mgmt						
94657	6	Cont. ventilator						
94660	6	Pos airway pressure, CPAP						
94662	6	Neg pressure ventilation,cnp						
94664	6	Aerosol or vapor inhalations						
94665	6	Aerosol or vapor inhalations						
94667	6	Chest wall manipulation						
94668	6	Chest wall manipulation						
94680	6	Exhaled air analysis: O2						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
94681	6	Exhaled air analysis: O2,CO2						
94690	6	Exhaled air analysis						
94720	6	Monoxide diffusing capacity						
94725	6	Membrane diffusion capacity						
94750	6	Pulmonary compliance study						
94760	6	Measure blood oxygen level						
94761	6	Measure blood oxygen level						
94762	6	Measure blood oxygen level						
94770	6	Exhaled carbon dioxide test						
94772	6	Breath recording, infant						
94799	6	Pulmonary service/procedure						
95004	6	Allergy skin tests						
95010	6	Sensitivity skin tests						
95015	6	Sensitivity skin tests						
95024	6	Allergy skin tests						
95027	6	Skin end point titration						
95028	6	Allergy skin tests						
95044	6	Allergy patch tests						
95052	6	Photo patch test						
95056	6	Photosensitivity tests						
95060	6	Eye allergy tests						
95065	6	Nose allergy test						
95070	6	Bronchial allergy tests						
95071	6	Bronchial allergy tests						
95075	6	Ingestion challenge test						
95078	6	Provocative testing						
95115	6	Immunotherapy, one injection						
95117	6	Immunotherapy injections						
95120	9	Immunotherapy, one injection						
95125	9	Immunotherapy, many antigens						
95130	9	Immunotherapy, insect venom						
95131	9	Immunotherapy, insect venoms						
95132	9	Immunotherapy, insect venoms						
95133	9	Immunotherapy, insect venoms						
95134	9	Immunotherapy, insect venoms						
95144	6	Antigen therapy services						
95145	6	Antigen therapy services						
95146	6	Antigen therapy services						
95147	6	Antigen therapy services						
95148	6	Antigen therapy services						
95149	6	Antigen therapy services						
95165	6	Antigen therapy services						
95170	6	Antigen therapy services						
95180	6	Rapid desensitization						
95199	6	Allergy immunology services						
95805	6	Multiple sleep latency test						
95806	6	Sleep study, unattended						
95807	6	Sleep study, attended						
95808	6	Polysomnography, 1-3						
95810	6	Polysomnography, 4 or more						
95811	6	Polysomnography w/cpap						
95812	6	Electroencephalogram (EEG)						
95813	6	Electroencephalogram (EEG)						
95816	6	Electroencephalogram (EEG)						
95819	6	Electroencephalogram (EEG)						
95822	6	Sleep electroencephalogram						
95824	6	Electroencephalography						
95827	6	Night electroencephalogram						
95829	6	Surgery electrocorticogram						
95830	6	Insert electrodes for EEG						
95831	6	Limb muscle testing, manual						
95832	6	Hand muscle testing, manual						
95833	6	Body muscle testing, manual						
95834	6	Body muscle testing, manual						
95851	6	Range of motion measurements						
95852	6	Range of motion measurements						
95857	6	Tensilon test						
95858	6	Tensilon test & myogram						
95860	6	Muscle test, one limb						
95861	6	Muscle test, two limbs						
95863	6	Muscle test, 3 limbs						
95864	6	Muscle test, 4 limbs						
95867	6	Muscle test, head or neck						
95868	6	Muscle test, head or neck						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
95869	6	Muscle test, thor paraspinal						
95870	6	Muscle test, non-paraspinal						
95872	6	Muscle test, one fiber						
95875	6	Limb exercise test						
95900	6	Motor nerve conduction test						
95903	6	Motor nerve conduction test						
95904	6	Sense nerve conduction test						
95920	6	Intraoperative nerve testing						
95921	6	Autonomic nervous func test						
95922	6	Autonomic nervous func test						
95923	6	Autonomic nervous func test						
95925	6	Somatosensory testing						
95926	6	Somatosensory testing						
95927	6	Somatosensory testing						
95930	6	Visual evoked potential test						
95933	6	Blink reflex test						
95934	6	'h' reflex test						
95936	6	'h' reflex test						
95937	6	Neuromuscular junction test						
95950	6	Ambulatory eeg monitoring						
95951	6	EEG monitoring/videorecord						
95953	6	EEG monitoring/computer						
95954	6	EEG monitoring/giving drugs						
95955	6	EEG during surgery						
95956	6	EEG monitoring/cable/radio						
95957	6	EEG digital analysis						
95958	6	EEG monitoring/function test						
95961	6	Electrode stimulation, brain						
95962	6	Electrode stimulation, brain						
95999	6	Neurological procedure						
96100	6	Psychological testing						
96105	6	Assessment of aphasia						
96110	6	Developmental test, lim						
96111	6	Developmental test, extend						
96115	6	Neurobehavior status exam						
96117	6	Neuropsych test battery						
96400	6	Chemotherapy, (SC)/(IM)						
96405	6	Intralesional chemo admin						
96406	6	Intralesional chemo admin						
96408	6	Chemotherapy, push technique						
96410	6	Chemotherapy, infusion method						
96412	6	Chemotherapy, infusion method						
96414	6	Chemotherapy, infusion method						
96420	6	Chemotherapy, push technique						
96422	6	Chemotherapy, infusion method						
96423	6	Chemotherapy, infusion method						
96425	6	Chemotherapy, infusion method						
96440	6	Chemotherapy, intracavitary						
96445	6	Chemotherapy, intracavitary						
96450	6	Chemotherapy, into CNS						
96520	6	Pump refilling, maintenance						
96530	6	Pump refilling, maintenance						
96542	6	Chemotherapy injection						
96545	6	Provide chemotherapy agent						
96549	6	Chemotherapy, unspecified						
96900	6	Ultraviolet light therapy						
96902	6	Trichogram						
96910	6	Photochemotherapy with UV–B						
96912	6	Photochemotherapy with UV–A						
96913	6	Photochemotherapy, UV–A or B						
96999	6	Dermatological procedure						
97001	6	Pt evaluation						
97002	6	Pt re-evaluation						
97003	6	Ot evaluation						
97004	6	Ot re-evaluation						
97010	6	Hot or cold packs therapy						
97012	6	Mechanical traction therapy						
97014	6	Electric stimulation therapy						
97016	6	Vasopneumatic device therapy						
97018	6	Paraffin bath therapy						
97020	6	Microwave therapy						
97022	6	Whirlpool therapy						
97024	6	Diathermy treatment						
97026	6	Infrared therapy						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
97028	6	Ultraviolet therapy						
97032	6	Electrical stimulation						
97033	6	Electric current therapy						
97034	6	Contrast bath therapy						
97035	6	Ultrasound therapy						
97036	6	Hydrotherapy						
97039	6	Physical therapy treatment						
97110	6	Therapeutic exercises						
97112	6	Neuromuscular reeducation						
97113	6	Aquatic therapy/exercises						
97116	6	Gait training therapy						
97122	6	Manual traction therapy						
97124	6	Massage therapy						
97139	6	Physical medicine procedure						
97150	6	Group therapeutic procedures						
97250	6	Myofascial release						
97260	6	Regional manipulation						
97261	6	Supplemental manipulations						
97265	6	Joint mobilization						
97504	6	Orthotic training						
97520	6	Prosthetic training						
97530	6	Therapeutic activities						
97535	6	Self care mngment training						
97537	6	Community/work reintegration						
97542	6	Wheelchair mngement training						
97545	6	Work hardening						
97546	6	Work hardening						
97703	6	Prosthetic checkout						
97750	6	Physical performance test						
97770	6	Cognitive skills development						
97780	9	Acupuncture w/o stim						
97781	9	Acupuncture w/stim						
97799	6	Physical medicine procedure						
98925	6	Osteopathic manipulation						
98926	6	Osteopathic manipulation						
98927	6	Osteopathic manipulation						
98928	6	Osteopathic manipulation						
98929	6	Osteopathic manipulation						
98940	6	Chiropractic manipulation						
98941	6	Chiropractic manipulation						
98942	6	Chiropractic manipulation						
98943	9	Chiropractic manipulation						
99000	6	Specimen handling						
99001	6	Specimen handling						
99002	6	Device handling						
99024	6	Post-op follow-up visit						
99025	6	Initial surgical evaluation						
99050	6	Medical services after hrs						
99052	6	Medical services at night						
99054	6	Medical services,unusual hrs						
99056	6	Non-office medical services						
99058	6	Office emergency care						
99070	6	Special supplies						
99071	6	Patient education materials						
99075	9	Medical testimony						
99078	6	Group health education						
99080	6	Special reports or forms						
99082	6	Unusual physician travel						
99090	6	Computer data analysis						
99100	6	Special anesthesia service						
99116	6	Anesthesia with hypothermia						
99135	6	Special anesthesia procedure						
99140	6	Emergency anesthesia						
99141	6	Sedation, iv/im or inhalant						
99142	6	Sedation, oral/rectal/nasal						
99175	6	Induction of vomiting						
99183	6	Hyperbaric oxygen therapy						
99185	6	Regional hypothermia						
99186	6	Total body hypothermia						
99190	6	Special pump services						
99191	6	Special pump services						
99192	6	Special pump services						
99195	6	Phlebotomy						
99199	6	Special service or report						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
99201	6	Office/outpatient visit, new						
99202	6	Office/outpatient visit, new						
99203	6	Office/outpatient visit, new						
99204	6	Office/outpatient visit, new						
99205	6	Office/outpatient visit, new						
99211	6	Office/outpatient visit, est						
99212	6	Office/outpatient visit, est						
99213	6	Office/outpatient visit, est						
99214	6	Office/outpatient visit, est						
99215	6	Office/outpatient visit, est						
99217	6	Observation care discharge						
99218	6	Observation care						
99219	6	Observation care						
99220	6	Observation care						
99221	6	Initial hospital care						
99222	6	Initial hospital care						
99223	6	Initial hospital care						
99231	6	Subsequent hospital care						
99232	6	Subsequent hospital care						
99233	6	Subsequent hospital care						
99234	6	Observ/hosp same date						
99235	6	Observ/hosp same date						
99236	6	Observ/hosp same date						
99238	6	Hospital discharge day						
99239	6	Hospital discharge day						
99241	6	Office consultation						
99242	6	Office consultation						
99243	6	Office consultation						
99244	6	Office consultation						
99245	6	Office consultation						
99251	6	Initial inpatient consult						
99252	6	Initial inpatient consult						
99253	6	Initial inpatient consult						
99254	6	Initial inpatient consult						
99255	6	Initial inpatient consult						
99261	6	Follow-up inpatient consult						
99262	6	Follow-up inpatient consult						
99263	6	Follow-up inpatient consult						
99271	6	Confirmatory consultation						
99272	6	Confirmatory consultation						
99273	6	Confirmatory consultation						
99274	6	Confirmatory consultation						
99275	6	Confirmatory consultation						
99281	6	Emergency dept visit						
99282	6	Emergency dept visit						
99283	6	Emergency dept visit						
99284	6	Emergency dept visit						
99285	6	Emergency dept visit						
99288	6	Direct advanced life support						
99291	6	Critical care, first hour						
99292	6	Critical care, addl 30 min						
99295	6	Neonatal critical care						
99296	6	Neonatal critical care						
99297	6	Neonatal critical care						
99301	6	Nursing facility care						
99302	6	Nursing facility care						
99303	6	Nursing facility care						
99311	6	Nursing facility care, subseq						
99312	6	Nursing facility care, subseq						
99313	6	Nursing facility care, subseq						
99315	6	Nursing fac discharge day						
99316	6	Nursing fac discharge day						
99321	6	Rest home visit, new patient						
99322	6	Rest home visit, new patient						
99323	6	Rest home visit, new patient						
99331	6	Rest home visit, estab pat						
99332	6	Rest home visit, estab pat						
99333	6	Rest home visit, estab pat						
99341	6	Home visit, new patient						
99342	6	Home visit, new patient						
99343	6	Home visit, new patient						
99344	6	Home visit, new patient						
99345	6	Home visit, new patient						
99347	6	Home visit, estab patient						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
99348	6	Home visit, estab patient						
99349	6	Home visit, estab patient						
99350	6	Home visit, estab patient						
99354	6	Prolonged service, office						
99355	6	Prolonged service, office						
99356	6	Prolonged service, inpatient						
99357	6	Prolonged service, inpatient						
99358	6	Prolonged serv, w/o contact						
99359	6	Prolonged serv, w/o contact						
99360	6	Physician standby services						
99361	6	Physician/team conference						
99362	6	Physician/team conference						
99371	6	Physician phone consultation						
99372	6	Physician phone consultation						
99373	6	Physician phone consultation						
99374	6	Home health care supervision						
99375	6	Home health care supervision						
99377	6	Hospice care supervision						
99378	6	Hospice care supervision						
99379	6	Nursing fac care supervision						
99380	6	Nursing fac care supervision						
99381	9	Preventive visit, new, infant						
99382	9	Preventive visit, new, age 1–4						
99383	9	Preventive visit, new, age 5–11						
99384	9	Preventive visit, new, 12–17						
99385	9	Preventive visit, new, 18–39						
99386	9	Preventive visit, new, 40–64						
99387	9	Preventive visit, new, 65 & over						
99391	9	Preventive visit, est, infant						
99392	9	Preventive visit, est, age 1–4						
99393	9	Preventive visit, est, age 5–11						
99394	9	Preventive visit, est, 12–17						
99395	9	Preventive visit, est, 18–39						
99396	9	Preventive visit, est, 40–64						
99397	9	Preventive visit, est, 65 & over						
99401	9	Preventive counseling, indiv						
99402	9	Preventive counseling, indiv						
99403	9	Preventive counseling, indiv						
99404	9	Preventive counseling, indiv						
99411	9	Preventive counseling, group						
99412	9	Preventive counseling, group						
99420	9	Health risk assessment test						
99429	9	Unlisted preventive service						
99431	6	Initial care, normal newborn						
99432	6	Newborn care not in hospital						
99433	6	Normal newborn care,hospital						
99435	6	Hospital NB discharge day						
99436	6	Attendance, birth						
99440	6	Newborn resuscitation						
99450	9	Life/disability evaluation						
99455	6	Disability examination						
99456	6	Disability examination						
99499	6	Unlisted E/M service						
A0021	9	Outside state ambulance serv						
A0030	6	Air ambulance service						
A0040	6	Helicopter ambulance service						
A0050	6	Water amb service emergency						
A0080	9	Noninterest escort in non er						
A0090	9	Interest escort in non er						
A0100	9	Nonemergency transport taxi						
A0110	9	Nonemergency transport bus						
A0120	9	Noner transport mini-bus						
A0130	9	Noner transport wheelch van						
A0140	9	Nonemergency transport air						
A0160	9	Noner transport case worker						
A0170	9	Noner transport parking fees						
A0180	9	Noner transport lodgng recip						
A0190	9	Noner transport meals recip						
A0200	9	Noner transport lodgng escrt						
A0210	9	Noner transport meals escort						
A0225	6	Neonatal emergency transport						
A0300	6	Ambulance basic non-emer all						
A0302	6	Ambulance basic emergeny all						
A0304	6	Amb adv non-er no serv all						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A0306	6	Amb adv non-er spec serv all						
A0308	6	Amb adv er no spec serv all						
A0310	6	Amb adv er spec serv all						
A0320	6	Amb basic non-er + supplies						
A0322	6	Amb basic emerg + supplies						
A0324	6	Adv non-er serv sep mileage						
A0326	6	Adv non-er no serv sep mile						
A0328	6	Adv er no serv sep mileage						
A0330	6	Adv er spec serv sep mile						
A0340	6	Amb basic non-er + mileage						
A0342	6	Ambul basic emer + mileage						
A0344	6	Amb adv non-er no serv +mile						
A0346	6	Amb adv non-er serv + mile						
A0348	6	Adv emer no spec serv + mile						
A0350	6	Adv emer spec serv + mileage						
A0360	6	Basic non-er sep mile & supp						
A0362	6	Basic emer sep mile & supply						
A0364	6	Adv non-er no serv sep mi&su						
A0366	6	Adv non-er serv sep mil&supp						
A0368	6	Adv er no serv sep mile&supp						
A0370	6	Adv er spec serv sep mi&supp						
A0380	6	Basic life support mileage						
A0382	6	Basic support routine suppls						
A0384	6	Bls defibrillation supplies						
A0390	6	Advanced life support mileag						
A0392	6	Als defibrillation supplies						
A0394	6	Als IV drug therapy supplies						
A0396	6	Als esophageal intub suppls						
A0398	6	Als routine disposble suppls						
A0420	6	Ambulance waiting ½ hr						
A0422	6	Ambulance 02 life sustaining						
A0424	6	Extra ambulance attendant						
A0888	9	Noncovered ambulance mileage						
A0999	6	Unlisted ambulance service						
A4206	2	1 CC sterile syringe&needle						
A4207	2	2 CC sterile syringe&needle						
A4208	2	3 CC sterile syringe&needle						
A4209	2	5+ CC sterile syringe&needle						
A4210	9	Nonneedle injection device						
A4211	2	Supp for self-adm injections						
A4212	2	Non coring needle or stylet						
A4213	2	20+ CC syringe only						
A4214	2	30 CC sterile water/saline						
A4215	2	Sterile needle						
A4220	2	Infusion pump refill kit						
A4221	2	Maint drug infus cath per wk						
A4222	2	Drug infusion pump supplies						
A4230	9	Infus insulin pump non needl						
A4231	9	Infusion insulin pump needle						
A4232	9	Syringe w/needle insulin 3cc						
A4244	2	Alcohol or peroxide per pint						
A4245	2	Alcohol wipes per box						
A4246	2	Betadine/phisohex solution						
A4247	2	Betadine/iodine swabs/wipes						
A4250	9	Urine reagent strips/tablets						
A4253	2	Blood glucose/reagent strips						
A4254	2	Battery for glucose monitor						
A4255	2	Glucose monitor platforms						
A4256	2	Calibrator solution/chips						
A4258	2	Lancet device each						
A4259	2	Lancets per box						
A4260	9	Levonorgestrel implant						
A4262	2	Temporary tear duct plug						
A4263	2	Permanent tear duct plug						
A4265	2	Paraffin						
A4270	2	Disposable endoscope sheath						
A4300	2	Cath impl vasc access portal						
A4301	2	Implantable access syst perc						
A4305	2	Drug delivery system >=50 ML						
A4306	2	Drug delivery system <=5 ML						
A4310	6	Insert tray w/o bag/cath						
A4311	6	Catheter w/o bag 2-way latex						
A4312	6	Cath w/o bag 2-way silicone						
A4313	6	Catheter w/bag 3-way						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A4314	6	Cath w/drainage 2-way latex						
A4315	6	Cath w/drainage 2-way silcne						
A4316	6	Cath w/drainage 3-way						
A4320	6	Irrigation tray						
A4321	6	Cath therapeutic irrig agent						
A4322	6	Irrigation syringe						
A4323	6	Saline irrigation solution						
A4326	6	Male external catheter						
A4327	6	Fem urinary collect dev cup						
A4328	6	Fem urinary collect pouch						
A4329	6	External catheter start set						
A4330	6	Stool collection pouch						
A4335	6	Incontinence supply						
A4338	6	Indwelling catheter latex						
A4340	6	Indwelling catheter special						
A4344	6	Cath indw foley 2 way silicn						
A4346	6	Cath indw foley 3 way						
A4347	6	Male external catheter						
A4351	6	Straight tip urine catheter						
A4352	6	Coude tip urinary catheter						
A4353	6	Intermittent urinary cath						
A4354	6	Cath insertion tray w/bag						
A4355	6	Bladder irrigation tubing						
A4356	6	Ext ureth clmp or compr dvc						
A4357	6	Bedside drainage bag						
A4358	6	Urinary leg bag						
A4359	6	Urinary suspensory w/o leg b						
A4361	6	Ostomy face plate						
A4362	6	Solid skin barrier						
A4363	6	Liquid skin barrier						
A4364	6	Ostomy/cath adhesive						
A4365	6	Ostomy adhesive remover wipe						
A4367	6	Ostomy belt						
A4368	6	Ostomy filter						
A4397	6	Irrigation supply sleeve						
A4398	6	Ostomy irrigation bag						
A4399	6	Ostomy irrig cone/cath w brs						
A4400	6	Ostomy irrigation set						
A4402	6	Lubricant per ounce						
A4404	6	Ostomy ring each						
A4421	6	Ostomy supply misc						
A4454	6	Tape all types all sizes						
A4455	6	Adhesive remover per ounce						
A4460	6	Elastic compression bandage						
A4462	6	Abdmnl drssng holder/binder						
A4465	6	Non-elastic extremity binder						
A4470	6	Gravlee jet washer						
A4480	6	Vabra aspirator						
A4481	6	Tracheostoma filter						
A4490	9	Above knee surgical stocking						
A4495	9	Thigh length surg stocking						
A4500	9	Below knee surgical stocking						
A4510	9	Full length surg stocking						
A4550	2	Surgical trays						
A4554	9	Disposable underpads						
A4556	2	Electrodes						
A4557	2	Lead wires						
A4558	2	Conductive paste or gel						
A4560	2	Pessary						
A4565	2	Slings						
A4570	2	Splint						
A4572	2	Rib belt						
A4575	9	Hyperbaric o2 chamber disps						
A4580	2	Cast supplies (plaster)						
A4590	2	Special casting material						
A4595	6	TENS suppl 2 lead per month						
A4611	6	Heavy duty battery						
A4612	6	Battery cables						
A4613	6	Battery charger						
A4615	2	Cannula nasal						
A4616	2	Tubing (oxygen) per foot						
A4617	2	Mouth piece						
A4618	2	Breathing circuits						
A4619	2	Face tent						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A4620	2	Variable concentration mask						
A4621	2	Tracheotomy mask or collar						
A4622	2	Tracheostomy or larngectomy						
A4623	2	Tracheostomy inner cannula						
A4624	2	Tracheal suction tube						
A4625	2	Trach care kit for new trach						
A4626	2	Tracheostomy cleaning brush						
A4627	9	Spacer bag/reservoir						
A4628	2	Oropharyngeal suction cath						
A4629	2	Tracheostomy care kit						
A4630	6	Repl bat t.e.n.s. own by pt						
A4631	6	Wheelchair battery						
A4635	6	Underarm crutch pad						
A4636	6	Handgrip for cane etc						
A4637	6	Repl tip cane/crutch/walker						
A4640	6	Alternating pressure pad						
A4641	9	Diagnostic imaging agent						
A4642	9	Satumomab pendetide per dose						
A4643	9	High dose contrast MRI						
A4644	9	Contrast 100–199 MGs iodine						
A4645	9	Contrast 200–299 MGs iodine						
A4646	9	Contrast 300–399 MGs iodine						
A4647	2	Supp- paramagnetic contr mat						
A4649	2	Surgical supplies						
A4650	2	Supp esrd centrifuge						
A4655	6	Esrd syringe/needle						
A4660	6	Esrd blood pressure device						
A4663	6	Esrd blood pressure cuff						
A4670	9	Auto blood pressure monitor						
A4680	6	Activated carbon filters						
A4690	6	Dialyzers						
A4700	6	Standard dialysate solution						
A4705	6	Bicarb dialysate solution						
A4712	6	Sterile water						
A4714	6	Treated water for dialysis						
A4730	6	Fistula cannulation set dial						
A4735	6	Local/topical anesthetics						
A4740	6	Esrd shunt accessory						
A4750	2	Arterial or venous tubing						
A4755	2	Arterial and venous tubing						
A4760	6	Standard testing solution						
A4765	6	Dialysate concentrate						
A4770	2	Blood testing supplies						
A4771	2	Blood clotting time tube						
A4772	2	Dextrostick/glucose strips						
A4773	2	Hemostix						
A4774	2	Ammonia test paper						
A4780	6	Esrd sterilizing agent						
A4790	6	Esrd cleansing agents						
A4800	6	Heparin/antidote dialysis						
A4820	6	Supplies hemodialysis kit						
A4850	6	Rubber tipped hemostats						
A4860	2	Disposable catheter caps						
A4870	6	Plumbing/electrical work						
A4880	6	Water storage tanks						
A4890	6	Contracts/repair/maintenance						
A4900	6	Capd supply kit						
A4901	6	Ccpd supply kit						
A4905	6	Ipd supply kit						
A4910	6	Esrd nonmedical supplies						
A4912	2	Gomco drain bottle						
A4913	6	Esrd supply						
A4914	2	Preparation kit						
A4918	2	Venous pressure clamp						
A4919	6	Supp dialysis dialyzer holde						
A4920	2	Harvard pressure clamp						
A4921	2	Measuring cylinder						
A4927	2	Gloves						
A5051	6	Pouch clsd w barr attached						
A5052	6	Clsd ostomy pouch w/o barr						
A5053	6	Clsd ostomy pouch faceplate						
A5054	6	Clsd ostomy pouch w/flange						
A5055	6	Stoma cap						
A5061	6	Pouch drainable w barrier at						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A5062	6	Drnble ostomy pouch w/o barr						
A5063	6	Drain ostomy pouch w/flange						
A5064	9	Drain ostomy pouch w/fceplte						
A5065	9	Drain ostomy pouch on fcplte						
A5071	6	Urinary pouch w/barrier						
A5072	6	Urinary pouch w/o barrier						
A5073	6	Urinary pouch on barr w/flng						
A5074	9	Urinary pouch w/faceplate						
A5075	9	Urinary pouch on faceplate						
A5081	6	Continent stoma plug						
A5082	6	Continent stoma catheter						
A5093	6	Ostomy accessory convex inse						
A5102	6	Bedside drain btl w/wo tube						
A5105	6	Urinary suspensory						
A5112	6	Urinary leg bag						
A5113	6	Latex leg strap						
A5114	6	Foam/fabric leg strap						
A5119	2	Skin barrier wipes box pr 50						
A5121	2	Solid skin barrier 6x6						
A5122	2	Solid skin barrier 8x8						
A5123	2	Skin barrier with flange						
A5126	2	Adhesive disc/foam pad						
A5131	2	Appliance cleaner						
A5149	2	Incontinence/ostomy supply						
A5500	6	Diab shoe for density insert						
A5501	6	Diabetic custom molded shoe						
A5502	6	Diabetic shoe density insert						
A5503	6	Diabetic shoe w/roller/rockr						
A5504	6	Diabetic shoe with wedge						
A5505	6	Diab shoe w/metatarsal bar						
A5506	6	Diabetic shoe w/off set heel						
A5507	6	Modification diabetic shoe						
A6020	2	Collagen dressing cover ea						
A6025	9	Silicone gel sheet, each						
A6154	2	Wound pouch each						
A6196	2	Alginate dressing <=16 sq in						
A6197	2	Alginate drsg >16 <=48 sq in						
A6198	2	alginate dressing >48 sq in						
A6199	2	Alginate drsg wound filler						
A6203	2	Composite drsg <= 16 sq in						
A6204	2	Composite drsg >16 <=48 sq in						
A6205	2	Composite drsg > 48 sq in						
A6206	2	Contact layer <= 16 sq in						
A6207	2	Contact layer >16<= 48 sq in						
A6208	2	Contact layer > 48 sq in						
A6209	2	Foam drsg <=16 sq in w/o bdr						
A6210	2	Foam drg >16<=48 sq in w/o b						
A6211	2	Foam drg > 48 sq in w/o brdr						
A6212	2	Foam drg <=16 sq in w/border						
A6213	2	Foam drg ≤16<=48 sq in w/bdr						
A6214	2	Foam drg ≤ 48 sq in w/border						
A6215	2	Foam dressing wound filler						
A6216	2	Non-sterile gauze<=16 sq in						
A6217	2	Non-sterile gauze>16<=48 sq						
A6218	2	Non-sterile gauze > 48 sq in						
A6219	2	Gauze >= 16 sq in w/border						
A6220	2	Gauze >16 <=48 sq in w/bordr						
A6221	2	Gauze > 48 sq in w/border						
A6222	2	Gauze <=16 in no w/sal w/o b						
A6223	2	Gauze >16<=48 no w/sal w/o b						
A6224	2	Gauze > 48 in no w/sal w/o b						
A6228	2	Gauze <= 16 sq in water/sal						
A6229	2	Gauze >16 <=48 sq in watr/sal						
A6230	2	Gauze ≤ 48 sq in water/salne						
A6234	2	Hydrocolld drg ≤=16 w/o bdr						
A6235	2	Hydrocolld drg >16 ≤=48 w/o b						
A6236	2	Hydrocolld drg > 48 in w/o b						
A6237	2	Hydrocolld drg <=16 in w/bdr						
A6238	2	Hydrocolld drg >16 <=48 w/bdr						
A6239	2	Hydrocolld drg > 48 in w/bdr						
A6240	2	Hydrocolld drg filler paste						
A6241	2	Hydrocolloid drg filler dry						
A6242	2	Hydrogel drg <=16 in w/o bdr						
A6243	2	Hydrogel drg >16<=48 w/o bdr						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
A6244	2	Hydrogel drg >48 in w/o bdr						
A6245	2	Hydrogel drg <= 16 in w/bdr						
A6246	2	Hydrogel drg >16<=48 in w/b						
A6247	2	Hydrogel drg > 48 sq in w/b						
A6248	2	Hydrogel drsg gel filler						
A6250	2	Skin seal protect moisturizr						
A6251	2	Absorpt drg <=16 sq in w/o b						
A6252	2	Absorpt drg >16 <=48 w/o bdr						
A6253	2	Absorpt drg > 48 sq in w/o b						
A6254	2	Absorpt drg <=16 sq in w/bdr						
A6255	2	Absorpt drg >16<=48 in w/bdr						
A6256	2	Absorpt drg > 48 sq in w/bdr						
A6257	2	Transparent film <= 16 sq in						
A6258	2	Transparent film >16<=48 in						
A6259	2	Transparent film > 48 sq in						
A6260	2	Wound cleanser any type/size						
A6261	2	Wound filler gel/paste /oz						
A6262	2	Wound filler dry form / gram						
A6263	2	Non-sterile elastic gauze/yd						
A6264	2	Non-sterile no elastic gauze						
A6265	2	Tape per 18 sq inches						
A6266	2	Impreg gauze no h20/sal/yard						
A6402	2	Sterile gauze <= 16 sq in						
A6403	2	Sterile gauze >16 <= 48 sq in						
A6404	2	Sterile gauze > 48 sq in						
A6405	2	Sterile elastic gauze /yd						
A6406	2	Sterile non-elastic gauze/yd						
A9150	9	Misc/exper non-prescript dru						
A9160	9	Podiatrist non-covered servi						
A9170	9	Chiropractor non-covered ser						
A9190	9	Misc/expe personal comfort i						
A9270	9	Non-covered item or service						
A9300	9	Exercise equipment						
A9500	9	Technetium TC 99m sestamibi						
A9502	6	Technetium TC99M tetrofosmin						
A9503	9	Technetium TC 99m medronate						
A9505	9	Thallous chloride TL 201/mci						
A9600	6	Strontium-89 chloride						
B4034	6	Enter feed supkit syr by day						
B4035	6	Enteral feed supp pump per d						
B4036	6	Enteral feed sup kit grav by						
B4081	6	Enteral ng tubing w/ stylet						
B4082	6	Enteral ng tubing w/o stylet						
B4083	6	Enteral stomach tube levine						
B4084	6	Gastrostomy/jejunostomy tubi						
B4085	6	Gastrostomy tube w/ring each						
B4150	6	Enteral formulae category i						
B4151	6	Enteral formulae category i-						
B4152	6	Enteral formulae category ii						
B4153	6	Enteral formulae category ii						
B4154	6	Enteral formulae category IV						
B4155	6	Enteral formulae category v						
B4156	6	Enteral formulae category vi						
B4164	6	Parenteral 50% dextrose solu						
B4168	6	Parenteral sol amino acid 3.						
B4172	6	Parenteral sol amino acid 5.						
B4176	6	Parenteral sol amino acid 7-						
B4178	6	Parenteral sol amino acid >						
B4180	6	Parenteral sol carb > 50%						
B4184	6	Parenteral sol lipids 10%						
B4186	6	Parenteral sol lipids 20%						
B4189	6	Parenteral sol amino acid &						
B4193	6	Parenteral sol 52–73 gm prot						
B4197	6	Parenteral sol 74–100 gm pro						
B4199	6	Parenteral sol ≤ 100gm prote						
B4216	6	Parenteral nutrition additiv						
B4220	6	Parenteral supply kit premix						
B4222	6	Parenteral supply kit homemi						
B4224	6	Parenteral administration ki						
B5000	6	Parenteral sol renal-amirosy						
B5100	6	Parenteral sol hepatic-fream						
B5200	6	Parenteral sol stres-brnch c						
B9000	6	Enter infusion pump w/o alrm						
B9002	6	Enteral infusion pump w/ ala						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
B9004	6	Parenteral infus pump portab						
B9006	6	Parenteral infus pump statio						
B9998	6	Enteral supp not otherwise c						
B9999	6	Parenteral supp not othrws c						
D0120	9	Periodic oral evaluation						
D0140	9	Limit oral eval problm focus						
D0150	6	Comprehensve oral evaluation						
D0160	9	Extensv oral eval prob focus						
D0210	9	Intraor complete film series						
D0220	9	Intraoral periapical first f						
D0230	9	Intraoral periapical ea add						
D0240	6	Intraoral occlusal film						
D0250	6	Extraoral first film						
D0260	6	Extraoral ea additional film						
D0270	6	Dental bitewing single film						
D0272	6	Dental bitewings two films						
D0274	6	Dental bitewings four films						
D0290	9	Dental film skull/facial bon						
D0310	9	Dental saliography						
D0320	9	Dental tmj arthrogram incl i						
D0321	9	Dental other tmj films						
D0322	9	Dental tomographic survey						
D0330	9	Dental panoramic film						
D0340	9	Dental cephalometric film						
D0415	9	Bacteriologic study						
D0425	9	Caries susceptibility test						
D0460	6	Pulp vitality test						
D0470	9	Diagnostic casts						
D0471	6	Diagnostic photographs						
D0501	6	Histopathologic examinations						
D0502	6	Other oral pathology procedu						
D0999	6	Unspecified diagnostic proce						
D1110	9	Dental prophylaxis adult						
D1120	9	Dental prophylaxis child						
D1201	9	Topical fluor w prophy child						
D1203	9	Topical fluor w/o prophy chi						
D1204	9	Topical fluor w/o prophy adu						
D1205	9	Topical fluoride w/ prophy a						
D1310	9	Nutri counsel-control caries						
D1320	9	Tobacco counseling						
D1330	9	Oral hygiene instruction						
D1351	9	Dental sealant per tooth						
D1510	6	Space maintainer fxd unilat						
D1515	6	Fixed bilat space maintainer						
D1520	6	Remove unilat space maintain						
D1525	6	Remove bilat space maintain						
D1550	6	Recement space maintainer						
D2110	9	Amalgam one surface primary						
D2120	9	Amalgam two surfaces primary						
D2130	9	Amalgam three surfaces prima						
D2131	9	Amalgam four/more surf prima						
D2140	9	Amalgam one surface permanen						
D2150	9	Amalgam two surfaces permane						
D2160	9	Amalgam three surfaces perma						
D2161	9	Amalgam 4 or ≤ surfaces perm						
D2210	9	Silcate cement per restorat						
D2330	9	Resin one surface-anterior						
D2331	9	Resin two surfaces-anterior						
D2332	9	Resin three surfaces-anterio						
D2335	9	Resin 4/≤ surf or w incis an						
D2336	9	Composite resin crown						
D2380	9	Resin one surf poster primar						
D2381	9	Resin two surf poster primar						
D2382	9	Resin three/more surf post p						
D2385	9	Resin one surf poster perman						
D2386	9	Resin two surf poster perman						
D2387	9	Resin three/more surf post p						
D2410	9	Dental gold foil one surface						
D2420	9	Dental gold foil two surface						
D2430	9	Dental gold foil three surfa						
D2510	9	Dental inlay metalic 1 surf						
D2520	9	Dental inlay metallic 2 surf						
D2530	9	Dental inlay metl 3/more sur						
D2543	9	Dental onlay metallic 3 surf						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D2544	9	Dental onlay metl 4/more sur						
D2610	9	Inlay porcelain/ceramic 1 su						
D2620	9	Inlay porcelain/ceramic 2 su						
D2630	9	Dental onlay porc 3/more sur						
D2642	9	Dental onlay porcelin 2 surf						
D2643	9	Dental onlay porcelin 3 surf						
D2644	9	Dental onlay porc 4/more sur						
D2650	9	Inlay composite/resin one su						
D2651	9	Inlay composite/resin two su						
D2652	9	Dental inlay resin 3/mre sur						
D2662	9	Dental onlay resin 2 surface						
D2663	9	Dental onlay resin 3 surface						
D2664	9	Dental onlay resin 4/mre sur						
D2710	9	Crown resin laboratory						
D2720	9	Crown resin w/high noble me						
D2721	9	Crown resin w/base metal						
D2722	9	Crown resin w/noble metal						
D2740	9	Crown porcelain/ceramic subs						
D2750	9	Crown porcelain w/h noble m						
D2751	9	Crown porcelain fused base m						
D2752	9	Crown porcelain w/noble met						
D2790	9	Crown full cast high noble m						
D2791	9	Crown full cast base metal						
D2792	9	Crown full cast noble metal						
D2810	9	Crown ¾ cast metallic						
D2910	9	Dental recement inlay						
D2920	9	Dental recement crown						
D2930	9	Prefab stnlss steel crwn pri						
D2931	9	Prefab stnlss steel crown pe						
D2932	9	Prefabricated resin crown						
D2933	9	Prefab stainless steel crown						
D2940	9	Dental sedative filling						
D2950	9	Core build-up incl any pins						
D2951	9	Tooth pin retention						
D2952	9	Post and core cast + crown						
D2954	9	Prefab post/core + crown						
D2955	9	Post removal						
D2960	9	Laminate labial veneer						
D2961	9	Lab labial veneer resin						
D2962	9	Lab labial veneer porcelain						
D2970	6	Temporary-fractured tooth						
D2980	9	Crown repair						
D2999	6	Dental unspec restorative pr						
D3110	9	Pulp cap direct						
D3120	9	Pulp cap indirect						
D3220	9	Therapeutic pulpotomy						
D3230	9	Pulpal therapy anterior prim						
D3240	9	Pulpal therapy posterior pri						
D3310	9	Anterior						
D3320	9	Root canal therapy 2 canals						
D3330	9	Root canal therapy 3 canals						
D3346	9	Retreat root canal anterior						
D3347	9	Retreat root canal bicuspid						
D3348	9	Retreat root canal molar						
D3351	9	Apexification/recalc initial						
D3352	9	Apexification/recalc interim						
D3353	9	Apexification/recalc final						
D3410	9	Apicoect/perirad surg anter						
D3421	9	Root surgery bicuspid						
D3425	9	Root surgery molar						
D3426	9	Root surgery ea add root						
D3430	9	Retrograde filling						
D3450	9	Root amputation						
D3460	6	Endodontic endosseous implan						
D3470	9	Intentional replantation						
D3910	9	Isolation-tooth w rubb dam						
D3920	9	Tooth splitting						
D3950	9	Canal prep/fitting of dowel						
D3960	9	Bleaching of discolored tooth						
D3999	6	Endodontic procedure						
D4210	9	Gingivectomy/plasty per quad						
D4211	9	Gingivectomy/plasty per tooth						
D4220	9	Gingival curettage per quadr						
D4240	9	Gingival flap proc w/planin						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D4249	9	Crown lengthen hard tissue						
D4250	6	Mucogingival surg per quadra						
D4260	6	Osseous surgery per quadrant						
D4263	6	Bone replce graft first site						
D4264	6	Bone replce graft each add						
D4266	9	Guided tiss regen resorble						
D4267	9	Guided tiss regen nonresorb						
D4270	6	Pedicle soft tissue graft pr						
D4271	6	Free soft tissue graft proc						
D4273	6	Subepithelial tissue graft						
D4274	9	Distal/proximal wedge proc						
D4320	9	Provision splnt intracoronal						
D4321	9	Provisional splint extracoro						
D4341	9	Periodontal scaling & root						
D4355	6	Full mouth debridement						
D4381	6	Localized chemo delivery						
D4910	9	Periodontal maint procedures						
D4920	9	Unscheduled dressing change						
D4999	9	Unspecified periodontal proc						
D5110	9	Dentures complete maxillary						
D5120	9	Dentures complete mandible						
D5130	9	Dentures immediat maxillary						
D5140	9	Dentures immediat mandible						
D5211	9	Dentures maxill part resin						
D5212	9	Dentures mand part resin						
D5213	9	Dentures maxill part metal						
D5214	9	Dentures mandibl part metal						
D5281	9	Removable partial denture						
D5410	9	Dentures adjust cmplt maxil						
D5411	9	Dentures adjust cmplt mand						
D5421	9	Dentures adjust part maxill						
D5422	9	Dentures adjust part mandbl						
D5510	9	Dentur repr broken compl bas						
D5520	9	Replace denture teeth complt						
D5610	9	Dentures repair resin base						
D5620	9	Rep part denture cast frame						
D5630	9	Rep partial denture clasp						
D5640	9	Replace part denture teeth						
D5650	9	Add. tooth to partial denture						
D5660	9	Add. clasp to partial denture						
D5710	9	Dentures rebase cmplt maxil						
D5711	9	Dentures rebase cmplt mand						
D5720	9	Dentures rebase part maxill						
D5721	9	Dentures rebase part mandbl						
D5730	9	Denture reln cmplt maxil ch						
D5731	9	Denture reln cmplt mand chr						
D5740	9	Denture reln part maxil chr						
D5741	9	Denture reln part mand chr						
D5750	9	Denture reln cmplt max lab						
D5751	9	Denture reln cmplt mand lab						
D5760	9	Denture reln part maxil lab						
D5761	9	Denture reln part mand lab						
D5810	9	Denture interm cmplt maxill						
D5811	9	Denture interm cmplt mandbl						
D5820	9	Denture interm part maxill						
D5821	9	Denture interm part mandbl						
D5850	9	Denture tiss conditn maxill						
D5851	9	Denture tiss condtin mandbl						
D5860	9	Overdenture complete						
D5861	9	Overdenture partial						
D5862	9	Precision attachment						
D5899	9	Removable prosthodontic proc						
D5911	6	Facial moulage sectional						
D5912	6	Facial moulage complete						
D5913	9	Nasal prosthesis						
D5914	9	Auricular prosthesis						
D5915	9	Orbital prosthesis						
D5916	9	Ocular prosthesis						
D5919	9	Facial prosthesis						
D5922	9	Nasal septal prosthesis						
D5923	9	Ocular prosthesis interim						
D5924	9	Cranial prosthesis						
D5925	9	Facial augmentation implant						
D5926	9	Replacement nasal prosthesis						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D5927	9	Auricular replacement						
D5928	9	Orbital replacement						
D5929	9	Facial replacement						
D5931	9	Surgical obturator						
D5932	9	Postsurgical obturator						
D5933	9	Refitting of obturator						
D5934	9	Mandibular flange prosthesis						
D5935	9	Mandibular denture prosth						
D5936	9	Temp obturator prosthesis						
D5937	9	Trismus appliance						
D5951	6	Feeding aid						
D5952	9	Pediatric speech aid						
D5953	9	Adult speech aid						
D5954	9	Superimposed prosthesis						
D5955	9	Palatal lift prosthesis						
D5958	9	Intraoral con def inter plt						
D5959	9	Intraoral con def mod palat						
D5960	9	Modify speech aid prosthesis						
D5982	9	Surgical stent						
D5983	6	Radiation applicator						
D5984	6	Radiation shield						
D5985	6	Radiation cone locator						
D5986	9	Fluoride applicator						
D5987	6	Commissure splint						
D5988	9	Surgical splint						
D5999	9	Maxillofacial prosthesis						
D6010	9	Odontics endosteal implant						
D6020	9	Odontics abutment placement						
D6040	9	Odontics eposteal implant						
D6050	9	Odontics transosteal implnt						
D6055	9	Implant connecting bar						
D6080	9	Implant maintenance						
D6090	9	Repair implant						
D6095	9	Odontics repr abutment						
D6100	9	Removal of implant						
D6199	9	Implant procedure						
D6210	9	Prosthodont high noble metal						
D6211	9	Bridge base metal cast						
D6212	9	Bridge noble metal cast						
D6240	9	Bridge porcelain high noble						
D6241	9	Bridge porcelain base metal						
D6242	9	Bridge porcelain nobel metal						
D6250	9	Bridge resin w/high noble						
D6251	9	Bridge resin base metal						
D6252	9	Bridge resin w/noble metal						
D6520	9	Dental retainer two surfaces						
D6530	9	Retainer metallic 3+ surface						
D6543	9	Dental retainr onlay 3 surf						
D6544	9	Dental retainr onlay 4/more						
D6545	9	Dental retainr cast metl						
D6720	9	Retain crown resin w hi nble						
D6721	9	Crown resin w/base metal						
D6722	9	Crown resin w/noble metal						
D6750	9	Crown porcelain high noble						
D6751	9	Crown porcelain base metal						
D6752	9	Crown porcelain noble metal						
D6780	9	Crown ¾ high noble metal						
D6790	9	Crown full high noble metal						
D6791	9	Crown full base metal cast						
D6792	9	Crown full noble metal cast						
D6920	6	Dental connector bar						
D6930	9	Dental recement bridge						
D6940	9	Stress breaker						
D6950	9	Precision attachment						
D6970	9	Post & core plus retainer						
D6971	9	Cast post bridge retainer						
D6972	9	Prefab post & core plus reta						
D6973	9	Core build up for retainer						
D6975	9	Coping metal						
D6980	9	Bridge repair						
D6999	9	Fixed prosthodontic proc						
D7110	6	Oral surgery single tooth						
D7120	6	Each add tooth extraction						
D7130	6	Tooth root removal						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D7210	6	Rem imp tooth w mucoper flp						
D7220	6	Impact tooth remov soft tiss						
D7230	6	Impact tooth remov part bony						
D7240	6	Impact tooth remov comp bony						
D7241	6	Impact tooth rem bony w/comp						
D7250	6	Tooth root removal						
D7260	6	Oral antral fistula closure						
D7270	9	Tooth reimplantation						
D7272	9	Tooth transplantation						
D7280	9	Exposure impact tooth orthod						
D7281	9	Exposure tooth aid eruption						
D7285	9	Biopsy of oral tissue hard						
D7286	9	Biopsy of oral tissue soft						
D7290	9	Repositioning of teeth						
D7291	6	Transseptal fiberotomy						
D7310	9	Alveoplasty w/ extraction						
D7320	9	Alveoplasty w/o extraction						
D7340	9	Vestibuloplasty ridge extens						
D7350	9	Vestibuloplasty exten graft						
D7410	9	Rad exc lesion up to 1.25 cm						
D7420	9	Lesion > 1.25 cm						
D7430	9	Exc benign tumor to 1.25 cm						
D7431	9	Benign tumor exc > 1.25 cm						
D7440	9	Malig tumor exc to 1.25 cm						
D7441	9	Malig tumor > 1.25 cm						
D7450	9	Rem odontogen cyst to 1.25cm						
D7451	9	Rem odontogen cyst > 1.25 cm						
D7460	9	Rem nonodonto cyst to 1.25cm						
D7461	9	Rem nonodonto cyst > 1.25 cm						
D7465	9	Lesion destruction						
D7470	9	Rem exostosis maxilla/mandib						
D7480	9	Partial ostectomy						
D7490	9	Mandible resection						
D7510	9	I&d absc intraoral soft tiss						
D7520	9	I&d abscess extraoral						
D7530	9	Removal fb skin/areolar tiss						
D7540	9	Removal of fb reaction						
D7550	9	Removal of sloughed off bone						
D7560	9	Maxillary sinusotomy						
D7610	9	Maxilla open reduct simple						
D7620	9	Clsd reduct simpl maxilla fx						
D7630	9	Open red simpl mandible fx						
D7640	9	Clsd red simpl mandible fx						
D7650	9	Open red simp malar/zygom fx						
D7660	9	Clsd red simp malar/zygom fx						
D7670	9	Open red simple alveolus fx						
D7680	9	Reduct simple facial bone fx						
D7710	9	Maxilla open reduct compound						
D7720	9	Clsd reduct compd maxilla fx						
D7730	9	Open reduct compd mandble fx						
D7740	9	Clsd reduct compd mandble fx						
D7750	9	Open red comp malar/zygma fx						
D7760	9	Clsd red comp malar/zygma fx						
D7770	9	Open reduc compd alveolus fx						
D7780	9	Reduct compnd facial bone fx						
D7810	9	Tmj open reduct-dislocation						
D7820	9	Closed tmp manipulation						
D7830	9	Tmj manipulation under anest						
D7840	9	Removal of tmj condyle						
D7850	9	Tmj meniscectomy						
D7852	9	Tmj repair of joint disc						
D7854	9	Tmj excisn of joint membrane						
D7856	9	Tmj cutting of a muscle						
D7858	9	Tmj reconstruction						
D7860	9	Tmj cutting into joint						
D7865	9	Tmj reshaping components						
D7870	9	Tmj aspiration joint fluid						
D7872	9	Tmj diagnostic arthroscopy						
D7873	9	Tmj arthroscopy lysis adhesn						
D7874	9	Tmj arthroscopy disc reposit						
D7875	9	Tmj arthroscopy synovectomy						
D7876	9	Tmj arthroscopy discectomy						
D7877	9	Tmj arthroscopy debridement						
D7880	9	Occlusal orthotic appliance						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
D7899	9	Tmj unspecified therapy						
D7910	9	Dent sutur recent wnd to 5cm						
D7911	9	Dental suture wound to 5 cm						
D7912	9	Suture complicate wnd > 5 cm						
D7920	9	Dental skin graft						
D7940	6	Reshaping bone orthognathic						
D7941	9	Bone cutting ramus closed						
D7942	9	Bone cutting ramus open						
D7943	9	Cutting ramus open w/graft						
D7944	9	Bone cutting segmented						
D7945	9	Bone cutting body mandible						
D7946	9	Reconstruction maxilla total						
D7947	9	Reconstruct maxilla segment						
D7948	9	Reconstruct midface no graft						
D7949	9	Reconstruct midface w/graft						
D7950	9	Mandible graft						
D7955	9	Repair maxillofacial defects						
D7960	9	Frenulectomy/frenulotomy						
D7970	9	Excision hyperplastic tissue						
D7971	9	Excision pericoronal gingiva						
D7980	9	Sialolithotomy						
D7981	9	Excision of salivary gland						
D7982	9	Sialodochoplasty						
D7983	9	Closure of salivary fistula						
D7990	9	Emergency tracheotomy						
D7991	9	Dental coronoidectomy						
D7995	9	Synthetic graft facial bones						
D7996	9	Implant mandible for augment						
D7999	9	Oral surgery procedure						
D8010	9	Limited dental tx primary						
D8020	9	Limited dental tx transition						
D8030	9	Limited dental tx adolescent						
D8040	9	Limited dental tx adult						
D8050	9	Intercep dental tx primary						
D8060	9	Intercep dental tx transitn						
D8070	9	Compre dental tx transition						
D8080	9	Compre dental tx adolescent						
D8090	9	Compre dental tx adult						
D8210	9	Orthodontic rem appliance tx						
D8220	9	Fixed appliance therapy habt						
D8660	9	Preorthodontic tx visit						
D8670	9	Periodic orthodontc tx visit						
D8680	9	Orthodontic retention						
D8690	9	Orthodontic treatment						
D8999	9	Orthodontic procedure						
D9110	6	Tx dental pain minor proc						
D9210	9	Dent anesthesia w/o surgery						
D9211	9	Regional block anesthesia						
D9212	9	Trigeminal block anesthesia						
D9215	9	Local anesthesia						
D9220	9	General anesthesia						
D9221	9	General anesthesia ea ad 15m						
D9230	6	Analgesia						
D9240	9	Intravenous sedation						
D9310	9	Dental consultation						
D9410	9	Dental house call						
D9420	9	Hospital call						
D9430	9	Office visit during hours						
D9440	9	Office visit after hours						
D9610	9	Dent therapeutic drug inject						
D9630	6	Other drugs/medicaments						
D9910	9	Dent appl desensitizing med						
D9920	9	Behavior management						
D9930	6	Treatment of complications						
D9940	6	Dental occlusal guard						
D9941	9	Fabrication athletic guard						
D9950	6	Occlusion analysis						
D9951	6	Limited occlusal adjustment						
D9952	6	Complete occlusal adjustment						
D9970	9	Enamel microabrasion						
D9999	9	Adjunctive procedure						
E0100	6	Cane adjust/fixed with tip						
E0105	6	Cane adjust/fixed quad/3 pro						
E0110	6	Crutch forearm pair						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0111	6	Crutch forearm each						
E0112	6	Crutch underarm pair wood						
E0113	6	Crutch underarm each wood						
E0114	6	Crutch underarm pair no wood						
E0116	6	Crutch underarm each no wood						
E0130	6	Walker rigid adjust/fixed ht						
E0135	6	Walker folding adjust/fixed						
E0141	6	Rigid walker wheeled wo seat						
E0142	6	Walker rigid wheeled with se						
E0143	6	Walker folding wheeled w/o s						
E0145	6	Walker whled seat/crutch att						
E0146	6	Folding walker wheels w seat						
E0147	6	Walker variable wheel resist						
E0153	6	Forearm crutch platform atta						
E0154	6	Walker platform attachment						
E0155	6	Walker rigd pick-up/wheel at						
E0156	6	Walker seat attachment						
E0157	6	Walker crutch attachment						
E0158	6	Walker leg extensions						
E0159	6	Brake for wheeled walker						
E0160	6	Sitz type bath or equipment						
E0161	6	Sitz bath/equipment w/faucet						
E0162	6	Sitz bath chair						
E0163	6	Commode chair stationry fxd						
E0164	6	Commode chair mobile fixed a						
E0165	6	Commode chair stationry det						
E0166	6	Commode chair mobile detach						
E0167	6	Commode chair pail or pan						
E0175	6	Commode chair foot rest						
E0176	6	Air pressre pad/cushion nonp						
E0177	6	Water press pad/cushion nonp						
E0178	6	Gel pressre pad/cushion nonp						
E0179	6	Dry pressre pad/cushion nonp						
E0180	6	Press pad alternating w pump						
E0181	6	Press pad alternating w/ pum						
E0182	6	Pressure pad alternating pum						
E0184	6	Dry pressure mattress						
E0185	6	Gel pressure mattress pad						
E0186	6	Air pressure mattress						
E0187	6	Water pressure mattress						
E0188	6	Synthetic sheepskin pad						
E0189	6	Lambswool sheepskin pad						
E0191	6	Protector heel or elbow						
E0192	6	Pad wheelchr low press/posit						
E0193	6	Powered air flotation bed						
E0194	6	Air fluidized bed						
E0196	6	Gel pressure mattress						
E0197	6	Air pressure pad for mattres						
E0198	6	Water pressure pad for mattr						
E0199	6	Dry pressure pad for mattres						
E0200	6	Heat lamp without stand						
E0202	6	Phototherapy light w/ photom						
E0205	6	Heat lamp with stand						
E0210	6	Electric heat pad standard						
E0215	6	Electric heat pad moist						
E0217	6	Water circ heat pad w pump						
E0218	6	Water circ cold pad w pump						
E0220	6	Hot water bottle						
E0225	6	Hydrocollator unit						
E0230	6	Ice cap or collar						
E0235	6	Paraffin bath unit portable						
E0236	6	Pump for water circulating p						
E0238	6	Heat pad non-electric moist						
E0239	6	Hydrocollator unit portable						
E0241	6	Bath tub wall rail						
E0242	6	Bath tub rail floor						
E0243	6	Toilet rail						
E0244	6	Toilet seat raised						
E0245	6	Tub stool or bench						
E0246	6	Transfer tub rail attachment						
E0249	6	Pad water circulating heat u						
E0250	6	Hosp bed fixed ht w/ mattres						
E0251	6	Hosp bed fixd ht w/o mattres						
E0255	6	Hospital bed var ht w/ mattr						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0256	6	Hospital bed var ht w/o matt						
E0260	6	Hosp bed semi-electr w/ matt						
E0261	6	Hosp bed semi-electr w/o mat						
E0265	6	Hosp bed total electr w/ mat						
E0266	6	Hosp bed total elec w/o matt						
E0270	6	Hospital bed institutional t						
E0271	6	Mattress innerspring						
E0272	6	Mattress foam rubber						
E0273	6	Bed board						
E0274	6	Over-bed table						
E0275	6	Bed pan standard						
E0276	6	Bed pan fracture						
E0277	6	Powered pres-redu air mattrs						
E0280	6	Bed cradle						
E0290	6	Hosp bed fx ht w/o rails w/m						
E0291	6	Hosp bed fx ht w/o rail w/o						
E0292	6	Hosp bed var ht w/o rail w/o						
E0293	6	Hosp bed var ht w/o rail w/						
E0294	6	Hosp bed semi-elect w/ mattr						
E0295	6	Hosp bed semi-elect w/o matt						
E0296	6	Hosp bed total elect w/ matt						
E0297	6	Hosp bed total elect w/o mat						
E0305	6	Rails bed side half length						
E0310	6	Rails bed side full length						
E0315	6	Bed accessory brd/tbl/supprt						
E0325	6	Urinal male jug-type						
E0326	6	Urinal female jug-type						
E0350	6	Control unit bowel system						
E0352	6	Disposable pack w/bowel syst						
E0370	6	Air elevator for heel						
E0371	6	Nonpower mattress overlay						
E0372	6	Powered air mattress overlay						
E0373	6	Nonpowered pressure mattress						
E0424	6	Stationary compressed gas 02						
E0425	6	Gas system stationary compre						
E0430	6	Oxygen system gas portable						
E0431	6	Portable gaseous 02						
E0434	6	Portable liquid 02						
E0435	6	Oxygen system liquid portabl						
E0439	6	Stationary liquid 02						
E0440	6	Oxygen system liquid station						
E0441	6	Oxygen contents gas per/unit						
E0442	6	Oxygen contents liq per/unit						
E0443	6	Port 02 contents gas/unit						
E0444	6	Port 02 contents liq/unit						
E0450	6	Volume vent stationary/porta						
E0452	6	Intermit assis device w cpap						
E0453	6	Ventilator 12 hrs/less per d						
E0455	6	Oxygen tent excl croup/ped t						
E0457	6	Chest shell						
E0459	6	Chest wrap						
E0460	6	Neg press vent portabl/statn						
E0462	6	Rocking bed w/ or w/o side r						
E0480	6	Percussor elect/pneum home m						
E0500	6	Ippb all types						
E0550	6	Humidif extens supple w ippb						
E0555	6	Humidifier for use w/ regula						
E0560	6	Humidifier supplemental w/ i						
E0565	6	Compressor air power source						
E0570	6	Nebulizer with compression						
E0575	6	Nebulizer ultrasonic						
E0580	6	Nebulizer for use w/ regulat						
E0585	6	Nebulizer w/ compressor & he						
E0600	6	Suction pump portab hom modl						
E0601	6	Cont airway pressure device						
E0605	6	Vaporizer room type						
E0606	6	Drainage board postural						
E0607	6	Blood glucose monitor home						
E0608	6	Apnea monitor						
E0609	6	Blood gluc mon w/special fea						
E0610	6	Pacemaker monitr audible/vis						
E0615	6	Pacemaker monitr digital/vis						
E0621	6	Patient lift sling or seat						
E0625	6	Patient lift bathroom or toi						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0627	6	Seat lift incorp lift-chair						
E0628	6	Seat lift for pt furn-electr						
E0629	6	Seat lift for pt furn-non-el						
E0630	6	Patient lift hydraulic						
E0635	6	Patient lift electric						
E0650	6	Pneuma compresor non-segment						
E0651	6	Pneum compressor segmental						
E0652	6	Pneum compres w/cal pressure						
E0655	6	Pneumatic appliance half arm						
E0660	6	Pneumatic appliance full leg						
E0665	6	Pneumatic appliance full arm						
E0666	6	Pneumatic appliance half leg						
E0667	6	Seg pneumatic appl full leg						
E0668	6	Seg pneumatic appl full arm						
E0669	6	Seg pneumatic appli half leg						
E0671	6	Pressure pneum appl full leg						
E0672	6	Pressure pneum appl full arm						
E0673	6	Pressure pneum appl half leg						
E0690	6	Ultraviolet cabinet						
E0700	6	Safety equipment						
E0710	6	Restraints any type						
E0720	6	Tens two lead						
E0730	6	Tens four lead						
E0731	6	Conductive garment for tens/						
E0740	6	Incontinence treatment systm						
E0744	6	Neuromuscular stim for scoli						
E0745	6	Neuromuscular stim for shock						
E0746	6	Electromyograph biofeedback						
E0747	6	Elec osteogen stim not spine						
E0748	6	Elec osteogen stim spinal						
E0749	6	Elec osteogen stim implanted						
E0751	6	Pulse generator or receiver						
E0753	6	Neurostimul electrodes/leads						
E0755	6	Electronic salivary reflex s						
E0760	6	Osteogen ultrasound stimltor						
E0776	6	Iv pole						
E0781	6	External ambulatory infus pu						
E0782	6	Non-programble infusion pump						
E0783	6	Programmable infusion pump						
E0784	6	Ext amb infusn pump insulin						
E0791	6	Parenteral infusion pump sta						
E0840	6	Tract frame attach headboard						
E0850	6	Traction stand free standing						
E0855	6	Cervical traction equipment						
E0860	6	Tract equip cervical tract						
E0870	6	Tract frame attach footboard						
E0880	6	Trac stand free stand extrem						
E0890	6	Traction frame attach pelvic						
E0900	6	Trac stand free stand pelvic						
E0910	6	Trapeze bar attached to bed						
E0920	6	Fracture frame attached to b						
E0930	6	Fracture frame free standing						
E0935	6	Exercise device passive moti						
E0940	6	Trapeze bar free standing						
E0941	6	Gravity assisted traction de						
E0942	6	Cervical head harness/halter						
E0943	6	Cervical pillow						
E0944	6	Pelvic belt/harness/boot						
E0945	6	Belt/harness extremity						
E0946	6	Fracture frame dual w cross						
E0947	6	Fracture frame attachmnts pe						
E0948	6	Fracture frame attachmnts ce						
E0950	6	Tray						
E0951	6	Loop heel						
E0952	6	Loop tie						
E0953	6	Pneumatic tire						
E0954	6	Wheelchair semi-pneumatic ca						
E0958	6	Whlchr att- conv 1 arm drive						
E0959	6	Amputee adapter						
E0961	6	Wheelchair brake extension						
E0962	6	Wheelchair 1 inch cushion						
E0963	6	Wheelchair 2 inch cushion						
E0964	6	Wheelchair 3 inch cushion						
E0965	6	Wheelchair 4 inch cushion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E0966	6	Wheelchair head rest extensi						
E0967	6	Wheelchair hand rims						
E0968	6	Wheelchair commode seat						
E0969	6	Wheelchair narrowing device						
E0970	6	Wheelchair no. 2 footplates						
E0971	6	Wheelchair anti-tipping devi						
E0972	6	Transfer board or device						
E0973	6	Wheelchair adjustabl height						
E0974	6	Wheelchair grade-aid						
E0975	6	Wheelchair reinforced seat u						
E0976	6	Wheelchair reinforced back u						
E0977	6	Wheelchair wedge cushion						
E0978	6	Wheelchair belt w/airplane b						
E0979	6	Wheelchair belt with velcro						
E0980	6	Wheelchair safety vest						
E0990	6	Whellchair elevating leg res						
E0991	6	Wheelchair upholstry seat						
E0992	6	Wheelchair solid seat insert						
E0993	6	Wheelchair back upholstery						
E0994	6	Wheelchair arm rest						
E0995	6	Wheelchair calf rest						
E0996	6	Wheelchair tire solid						
E0997	6	Wheelchair caster w/ a fork						
E0998	6	Wheelchair caster w/o a fork						
E0999	6	Wheelchr pneumatic tire w/wh						
E1000	6	Wheelchair tire pneumatic ca						
E1001	6	Wheelchair wheel						
E1031	6	Rollabout chair with casters						
E1050	6	Whelchr fxd full length arms						
E1060	6	Wheelchair detachable arms						
E1065	6	Wheelchair power attachment						
E1066	6	Wheelchair battery charger						
E1069	6	Wheelchair deep cycle batter						
E1070	6	Wheelchair detachable foot r						
E1083	6	Hemi-wheelchair fixed arms						
E1084	6	Hemi-wheelchair detachable a						
E1085	6	Hemi-wheelchair fixed arms						
E1086	6	Hemi-wheelchair detachable a						
E1087	6	Wheelchair lightwt fixed arm						
E1088	6	Wheelchair lightweight det a						
E1089	6	Wheelchair lightwt fixed arm						
E1090	6	Wheelchair lightweight det a						
E1091	6	Wheelchair youth						
E1092	6	Wheelchair wide w/ leg rests						
E1093	6	Wheelchair wide w/ foot rest						
E1100	6	Whchr s-recl fxd arm leg res						
E1110	6	Wheelchair semi-recl detach						
E1130	6	Whlchr stand fxd arm ft rest						
E1140	6	Wheelchair standard detach a						
E1150	6	Wheelchair standard w/ leg r						
E1160	6	Wheelchair fixed arms						
E1170	6	Whlchr ampu fxd arm leg rest						
E1171	6	Wheelchair amputee w/o leg r						
E1172	6	Wheelchair amputee detach ar						
E1180	6	Wheelchair amputee w/ foot r						
E1190	6	Wheelchair amputee w/ leg re						
E1195	6	Wheelchair amputee heavy dut						
E1200	6	Wheelchair amputee fixed arm						
E1210	6	Whlchr moto ful arm leg rest						
E1211	6	Wheelchair motorized w/ det						
E1212	6	Wheelchair motorized w full						
E1213	6	Wheelchair motorized w/ det						
E1220	6	Whlchr special size/constrc						
E1221	6	Wheelchair spec size w foot						
E1222	6	Wheelchair spec size w/ leg						
E1223	6	Wheelchair spec size w foot						
E1224	6	Wheelchair spec size w/ leg						
E1225	6	Wheelchair spec sz semi-recl						
E1226	6	Wheelchair spec sz full-recl						
E1227	6	Wheelchair spec sz spec ht a						
E1228	6	Wheelchair spec sz spec ht b						
E1230	6	Power operated vehicle						
E1240	6	Whchr litwt det arm leg rest						
E1250	6	Wheelchair lightwt fixed arm						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
E1260	6	Wheelchair lightwt foot rest						
E1270	6	Wheelchair lightweight leg r						
E1280	6	Whchr h-duty det arm leg res						
E1285	6	Wheelchair heavy duty fixed						
E1290	6	Wheelchair hvy duty detach a						
E1295	6	Wheelchair heavy duty fixed						
E1296	6	Wheelchair special seat heig						
E1297	6	Wheelchair special seat dept						
E1298	6	Wheelchair spec seat depth/w						
E1300	6	Whirlpool portable						
E1310	6	Whirlpool non-portable						
E1340	6	Repair for DME, per 15 min						
E1353	6	Oxygen supplies regulator						
E1355	6	Oxygen supplies stand/rack						
E1372	6	Oxy suppl heater for nebuliz						
E1375	6	Oxygen suppl nebulizer porta						
E1377	6	Oxygen concentrator to 244 c						
E1378	6	Oxygen concentrator to 488 c						
E1379	6	Oxygen concentrator to 732 c						
E1380	6	Oxygen concentrator to 976 c						
E1381	6	Oxygen concentrat to 1220 cu						
E1382	6	Oxygen concentrat to 1464 cu						
E1383	6	Oxygen concentrat to 1708 cu						
E1384	6	Oxygen concentrat to 1952 cu						
E1385	6	Oxygen concentrator >1952 c						
E1399	6	Durable medical equipment mi						
E1400	6	Oxygen concentrator < 2 lite						
E1401	6	Oxygen concentrator 2–3 lite						
E1402	6	Oxygen concentrator 3–4 lite						
E1403	6	Oxygen concentrator 4–5 lite						
E1404	6	Oxygen concentrator >5 lite						
E1405	6	O2/water vapor enrich w/heat						
E1406	6	O2/water vapor enrich w/o he						
E1510	6	Kidney dialysate delivry sys						
E1520	6	Heparin infusion pump for di						
E1530	6	Air bubble detector for dial						
E1540	6	Pressure alarm for dialysis						
E1550	6	Bath conductivity meter						
E1560	6	Blood leak detector for dial						
E1570	6	Adjustable chair for esrd pt						
E1575	6	Transducer protector/fluid b						
E1580	6	Unipuncture control system						
E1590	6	Hemodialysis machine						
E1592	6	Auto interm peritoneal dialy						
E1594	6	Cycler dialysis machine						
E1600	6	Deliv/install equip for dial						
E1610	6	Reverse osmosis water purifi						
E1615	6	Deionizer water purification						
E1620	6	Blood pump for dialysis						
E1625	6	Water softening system						
E1630	6	Reciprocating peritoneal dia						
E1632	6	Wearable artificial kidney						
E1635	6	Compact travel hemodialyzer						
E1636	6	Sorbent cartridges for dialy						
E1640	6	Replacement components for d						
E1699	6	Dialysis equipment unspecifi						
E1700	6	Jaw motion rehab system						
E1701	6	Repl cushions for jaw motion						
E1702	6	Repl measr scales jaw motion						
E1800	6	Adjust elbow ext/flex device						
E1805	6	Adjust wrist ext/flex device						
E1810	6	Adjust knee ext/flex device						
E1815	6	Adjust ankle ext/flex device						
E1820	6	Soft interface material						
E1825	6	Adjust finger ext/flex devc						
E1830	6	Adjust toe ext/flex device						
G0001	2	Drawing blood for specimen						
G0002	2	Temporary urinary catheter						
G0004	2	ECG transm phys review & int						
G0005	2	ECG 24 hour recording						
G0006	2	ECG transmission & analysis						
G0007	2	ECG phy review & interpret						
G0008	6	Admin influenza virus vac						
G0009	6	Admin pneumococcal vaccine						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
G0010	6	Admin hepatitis b vaccine						
G0015	2	Post symptom ECG tracing						
G0016	2	Post symptom ECG md review						
G0025	2	Collagen skin test kit						
G0026	6	Fecal leukocyte examination						
G0027	6	Semen analysis						
G0030	6	PET imaging prev PET single						
G0031	6	PET imaging prev PET multple						
G0032	6	PET follow SPECT 78464 singl						
G0033	6	PET follow SPECT 78464 mult						
G0034	6	PET follow SPECT 76865 singl						
G0035	6	PET follow SPECT 78465 mult						
G0036	6	PET follow cornry angio sing						
G0037	6	PET follow cornry angio mult						
G0038	6	PET follow myocard perf sing						
G0039	6	PET follow myocard perf mult						
G0040	6	PET follow stress echo singl						
G0041	6	PET follow stress echo mult						
G0042	6	PET follow ventriculogm sing						
G0043	6	PET follow ventriculogm mult						
G0044	6	PET following rest ECG singl						
G0045	6	PET following rest ECG mult						
G0046	6	PET follow stress ECG singl						
G0047	6	PET follow stress ECG mult						
G0050	6	Residual urine by ultrasound						
G0101	6	CA screen; pelvic/breast exam						
G0104	1	CA screen; flexi sigmoidscope			446	$175	0.35	Add.
G0105	1	Colorectal scrn; hi risk ind			426	$354	0.70	Add.
G0106	6	Colon CA screen; barium enema						
G0107	6	CA screen; fecal blood test						
G0110	6	Nett pulm-rehab educ; ind						
G0111	6	Nett pulm-rehab educ; group						
G0112	6	Nett; nutrition guid, initial						
G0113	6	Nett; nutrition guid,subseqnt						
G0114	6	Nett; psychosocial consult						
G0115	6	Nett; psychological testing						
G0116	6	Nett; psychosocial counsel						
G0120	6	Colon ca scrn; barium enema						
G0121	9	Colon ca scrn; barium enema						
G0122	9	Colon ca scrn; barium enema						
J0120	9	Tetracyclin injection						
J0150	9	Injection adenosine 6 MG						
J0170	9	Adrenalin epinephrin inject						
J0190	9	Inj biperiden lactate/5 mg						
J0205	9	Alglucerase injection						
J0207	9	Amifostine						
J0210	9	Methyldopate hcl injection						
J0256	9	Alpha 1-proteinase 500 MG						
J0270	9	Alprostadil for injection						
J0280	9	Aminophyllin 250 MG inj						
J0290	9	Ampicillin 500 MG inj						
J0295	9	Ampicillin sodium per 1.5 gm						
J0300	9	Amobarbital 125 MG inj						
J0330	9	Succinycholine chloride inj						
J0340	9	Nandrolon phenpropionate inj						
J0350	9	Injection anistreplase 30 u						
J0360	9	Hydralazine hcl injection						
J0380	9	Inj metaraminol bitartrate						
J0390	9	Chloroquine injection						
J0400	9	Inj trimethaphan camsylate						
J0460	9	Atropine sulfate injection						
J0470	9	Dimecaprol injection						
J0475	9	Baclofen 10 MG injection						
J0500	9	Dicyclomine injection						
J0510	9	Benzquinamide injection						
J0515	9	Inj benztropine mesylate						
J0520	9	Bethanechol chloride inject						
J0530	9	Penicillin g benzathine inj						
J0540	9	Penicillin g benzathine inj						
J0550	9	Penicillin g benzathine inj						
J0560	9	Penicillin g benzathine inj						
J0570	9	Penicillin g benzathine inj						
J0580	9	Penicillin g benzathine inj						
J0585	9	Botulinum toxin a per unit						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J0590	9	Ethylnorepinephrine hcl inj						
J0600	9	Edetate calcium disodium inj						
J0610	9	Calcium gluconate injection						
J0620	9	Calcium glycer & lact/10 ML						
J0630	9	Calcitonin salmon injection						
J0635	9	Calcitriol injection						
J0640	9	Leucovorin calcium injection						
J0670	9	Inj mepivacaine HCL/10 ml						
J0690	9	Cefazolin sodium injection						
J0694	9	Cefoxitin sodium injection						
J0695	9	Cefonocid sodium injection						
J0696	9	Ceftriaxone sodium injection						
J0697	9	Sterile cefuroxime injection						
J0698	9	Cefotaxime sodium injection						
J0702	9	Betamethasone acet&sod phosp						
J0704	9	Betamethasone sod phosp/4 MG						
J0710	9	Cephapirin sodium injection						
J0713	9	Inj ceftazidime per 500 mg						
J0715	9	Ceftizoxime sodium / 500 MG						
J0720	9	Chloramphenicol sodium injec						
J0725	9	Chorionic gonadotropin/1000u						
J0730	9	Chlorpheniramin maleate inj						
J0735	9	Clonidine hydrochloride						
J0740	9	Cidofovir injection						
J0743	9	Cilastatin sodium injection						
J0745	9	Inj codeine phosphate /30 MG						
J0760	9	Colchicine injection						
J0770	9	Colistimethate sodium inj						
J0780	9	Prochlorperazine injection						
J0800	9	Corticotropin injection						
J0810	9	Cortisone injection						
J0835	9	Inj cosyntropin per 0.25 MG						
J0850	9	Cytomegalovirus imm IV /vial						
J0895	9	Deferoxamine mesylate inj						
J0900	9	Testosterone enanthate inj						
J0945	9	Brompheniramine maleate inj						
J0970	9	Estradiol valerate injection						
J1000	9	Depo-estradiol cypionate inj						
J1020	9	Methylprednisolone 20 MG inj						
J1030	9	Methylprednisolone 40 MG inj						
J1040	9	Methylprednisolone 80 MG inj						
J1050	9	Medroxyprogesterone inj						
J1055	9	Medrxyprogester acetate inj						
J1060	9	Testosterone cypionate 1 ML						
J1070	9	Testosterone cypionat 100 MG						
J1080	9	Testosterone cypionat 200 MG						
J1090	9	Testosterone cypionate 50 MG						
J1095	9	Inj dexamethasone acetate						
J1100	9	Dexamethosone sodium phos						
J1110	9	Inj dihydroergotamine mesylt						
J1120	9	Acetazolamid sodium injectio						
J1160	9	Digoxin injection						
J1165	9	Phenytoin sodium injection						
J1170	9	Hydromorphone injection						
J1180	9	Dyphylline injection						
J1190	9	Dexrazoxane HCl injection						
J1200	9	Diphenhydramine hcl injectio						
J1205	9	Chlorothiazide sodium inj						
J1212	9	Dimethyl sulfoxide 50% 50 ML						
J1230	9	Methadone injection						
J1240	9	Dimenhydrinate injection						
J1245	9	Dipyridamole injection						
J1250	9	Inj dobutamine HCL/250 mg						
J1320	9	Amitriptyline injection						
J1325	9	Epoprostenol injection						
J1330	9	Ergonovine maleate injection						
J1362	9	Erythromycin glucep / 250 MG						
J1364	9	Erythro lactobionate /500 MG						
J1380	9	Estradiol valerate 10 MG inj						
J1390	9	Estradiol valerate 20 MG inj						
J1410	9	Inj estrogen conjugate 25 MG						
J1435	9	Injection estrone per 1 MG						
J1436	9	Etidronate disodium inj						
J1440	9	Filgrastim 300 mcg injeciton						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J1441	9	Filgrastim 480 mcg injection						
J1455	9	Foscarnet sodium injection						
J1460	9	Gamma globulin 1 CC inj						
J1470	9	Gamma globulin 2 CC inj						
J1480	9	Gamma globulin 3 CC inj						
J1490	9	Gamma globulin 4 CC inj						
J1500	9	Gamma globulin 5 CC inj						
J1510	9	Gamma globulin 6 CC inj						
J1520	9	Gamma globulin 7 CC inj						
J1530	9	Gamma globulin 8 CC inj						
J1540	9	Gamma globulin 9 CC inj						
J1550	9	Gamma globulin 10 CC inj						
J1560	9	Gamma globulin >10 CC inj						
J1561	9	Immune globulin 500 mg						
J1562	9	Immune globulin 5 gms						
J1565	9	RSV-ivig						
J1570	9	Ganciclovir sodium injection						
J1580	9	Garamycin gentamicin inj						
J1600	9	Gold sodium thiomaleate inj						
J1610	9	Glucagon hydrochloride/1 MG						
J1620	9	Gonadorelin hydroch/ 100 mcg						
J1626	9	Granisetron HCl injection						
J1630	9	Haloperidol injection						
J1631	9	Haloperidol decanoate inj						
J1642	9	Inj heparin sodium per 10 u						
J1644	9	Inj heparin sodium per 1000u						
J1645	9	Dalteparin sodium						
J1650	9	Inj enoxaparin sodium 30 mg						
J1670	9	Tetanus immune globulin inj						
J1690	9	Prednisolone tebutate inj						
J1700	9	Hydrocortisone acetate inj						
J1710	9	Hydrocortisone sodium ph inj						
J1720	9	Hydrocortisone sodium succ i						
J1730	9	Diazoxide injection						
J1739	9	Hydroxyprogesterone cap 125						
J1741	9	Hydroxyprogesterone cap 250						
J1742	9	Ibutilide fumarate injection						
J1760	9	Iron dextran 2 CC inj						
J1770	9	Iron dextran 5 CC inj						
J1780	9	Iron dextran 10 CC inj						
J1785	9	Injection imiglucerase /unit						
J1790	9	Droperidol injection						
J1800	9	Propranolol injection						
J1810	9	Droperidol/fentanyl inj						
J1820	9	Insulin injection						
J1825	9	Interferon beta-1a						
J1830	9	Interferon beta-1b / .25 MG						
J1840	9	Kanamycin sulfate 500 MG inj						
J1850	9	Kanamycin sulfate 75 MG inj						
J1885	9	Ketorolac tromethamine inj						
J1890	9	Cephalothin sodium injection						
J1910	9	Kutapressin injection						
J1930	9	Propiomazine injection						
J1940	9	Furosemide injection						
J1950	9	Leuprolide acetate /3.75 MG						
J1955	9	Inj levocarnitine per 1 gm						
J1960	9	Levorphanol tartrate inj						
J1970	9	Methotrimeprazine injection						
J1980	9	Hyoscyamine sulfate inj						
J1990	9	Chlordiazepoxide injection						
J2000	9	Lidocaine injection						
J2010	9	Lincomycin injection						
J2060	9	Lorazepam injection						
J2150	9	Mannitol injection						
J2175	9	Meperidine hydrochl /100 MG						
J2180	9	Meperidine/promethazine inj						
J2210	9	Methylergonovin maleate inj						
J2240	9	Metocurine iodide injection						
J2250	9	Inj midazolam hydrochloride						
J2260	9	Inj milrinone lactate/5 ML						
J2270	9	Morphine sulfate injection						
J2275	9	Morphine sulfate injection						
J2300	9	Inj nalbuphine hydrochloride						
J2310	9	Inj naloxone hydrochloride						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J2320	9	Nandrolone decanoate 50 MG						
J2321	9	Nandrolone decanoate 100 MG						
J2322	9	Nandrolone decanoate 200 MG						
J2330	9	Thiothixene injection						
J2350	9	Niacinamide/niacin injection						
J2360	9	Orphenadrine injection						
J2370	9	Phenylephrine hcl injection						
J2400	9	Chloroprocaine hcl injection						
J2405	9	Ondansetron hcl injection						
J2410	9	Oxymorphone hcl injection						
J2430	9	Pamidronate disodium /30 MG						
J2440	9	Papaverin hcl injection						
J2460	9	Oxytetracycline injection						
J2480	9	Hydrochlorides of opium inj						
J2510	9	Penicillin g procaine inj						
J2512	9	Inj pentagastrin per 2 ML						
J2515	9	Pentobarbital sodium inj						
J2540	9	Penicillin g potassium inj						
J2545	9	Pentamidine isethionte/300mg						
J2550	9	Promethazine hcl injection						
J2560	9	Phenobarbital sodium inj						
J2590	9	Oxytocin injection						
J2597	9	Inj desmopressin acetate						
J2640	9	Prednisolone sodium ph inj						
J2650	9	Prednisolone acetate inj						
J2670	9	Totazoline hcl injection						
J2675	9	Inj progesterone per 50 MG						
J2680	9	Fluphenazine decanoate 25 MG						
J2690	9	Procainamide hcl injection						
J2700	9	Oxacillin sodium injection						
J2710	9	Neostigmine methylslfte inj						
J2720	9	Inj protamine sulfate/10 MG						
J2725	9	Inj protirelin per 250 mcg						
J2730	9	Pralidoxime chloride inj						
J2760	9	Phentolaine mesylate inj						
J2765	9	Metoclopramide hcl injection						
J2790	9	Rho d immune globulin inj						
J2800	9	Methocarbamol injection						
J2810	9	Inj theophylline per 40 MG						
J2820	9	Sargramostim injection						
J2860	9	Secobarbital sodium inj						
J2910	9	Aurothioglucose injection						
J2912	9	Sodium chloride injection						
J2920	9	Methylprednisolone injection						
J2930	9	Methylprednisolone injection						
J2950	9	Promazine hcl injection						
J2970	9	Methicillin sodium injection						
J2995	9	Inj streptokinase /250000 IU						
J2996	9	Alteplase recombinant inj						
J3000	9	Streptomycin injection						
J3010	9	Fentanyl citrate injection						
J3030	9	Sumatriptan succinate / 6 MG						
J3070	9	Pentazocine hcl injection						
J3080	9	Chlorprothixene injection						
J3105	9	Terbutaline sulfate inj						
J3120	9	Testosterone enanthate inj						
J3130	9	Testosterone enanthate inj						
J3140	9	Testosterone suspension inj						
J3150	9	Testosteron propionate inj						
J3230	9	Chlorpromazine hcl injection						
J3240	9	Thyrotropin injection						
J3250	9	Trimethobenzamide hcl inj						
J3260	9	Tobramycin sulfate injection						
J3265	9	Injection torsemide 10 mg/ml						
J3270	9	Imipramine hcl injection						
J3280	9	Thiethylperazine maleate inj						
J3301	9	Triamcinolone acetonide inj						
J3302	9	Triamcinolone diacetate inj						
J3303	9	Triamcinolone hexacetonl inj						
J3305	9	Inj trimetrexate glucoronate						
J3310	9	Perphenazine injection						
J3320	9	Spectinomycn di-hcl inj						
J3350	9	Urea injection						
J3360	9	Diazepam injection						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J3364	9	Urokinase 5000 IU injection						
J3365	9	Urokinase 250,000 IU inj						
J3370	2	Vancomycin hcl injection						
J3390	9	Methoxamine injection						
J3400	9	Triflupromazine hcl inj						
J3410	9	Hydroxyzine hcl injection						
J3420	9	Vitamin b12 injection						
J3430	9	Vitamin k phytonadione inj						
J3450	9	Mephentermine sulfate inj						
J3470	9	Hyaluronidase injection						
J3475	9	Inj magnesium sulfate						
J3480	9	Inj potassium chloride						
J3490	9	Drugs unclassified injection						
J3520	9	Edetate disodium per 150 mg						
J3530	9	Nasal vaccine inhalation						
J3535	9	Metered dose inhaler drug						
J3570	9	Laetrile amygdalin vit B17						
J7030	9	Normal saline solution infus						
J7040	9	Normal saline solution infus						
J7042	9	5% dextrose/normal saline						
J7050	9	Normal saline solution infus						
J7051	9	Sterile saline/water						
J7060	9	5% dextrose/water						
J7070	9	D5w infusion						
J7100	9	Dextran 40 infusion						
J7110	9	Dextran 75 infusion						
J7120	9	Ringers lactate infusion						
J7130	9	Hypertonic saline solution						
J7190	6	Factor viii						
J7191	6	Factor VIII (porcine)						
J7192	6	Factor viii recombinant						
J7194	6	Factor ix complex						
J7196	6	Othr hemophilia clot factors						
J7197	6	Antithrombin iii injection						
J7300	9	Intraut copper contraceptive						
J7310	9	Ganciclovir long act implant						
J7500	6	Azathiop po tab 50mg 100s ea						
J7501	6	Azathioprine parenteral						
J7503	6	Cyclosporine parenteral						
J7504	6	Lymphocyte immune globulin						
J7505	6	Monoclonal antibodies						
J7506	6	Prednisone oral						
J7507	9	Tacrolimus oral per 1 MG						
J7508	9	Tacrolimus oral per 5 MG						
J7509	6	Methylprednisolone oral						
J7510	6	Prednisolone oral per 5 mg						
J7599	6	Immunosuppressive drug noc						
J7610	9	Acetylcysteine 10% injection						
J7615	9	Acetylcysteine 20% injection						
J7620	9	Albuterol sulfate .083%/ml						
J7625	9	Albuterol sulfate .5% inj						
J7627	9	Bitolterolmesylate inhal sol						
J7630	9	Cromolyn sodium injection						
J7640	9	Epinephrine injection						
J7645	9	Ipratropium bromide .02%/ml						
J7650	9	Isoetharine hcl .1% inj						
J7651	9	Isoetharine hcl .125% inj						
J7652	9	Isoetharine hcl .167% inj						
J7653	9	Isoetharine hcl .2%/ inj						
J7654	9	Isoetharine hcl .25% inj						
J7655	9	Isoetharine hcl 1% inj						
J7660	9	Isoproterenol hcl .5% inj						
J7665	9	Isoproterenol hcl 1% inj						
J7670	9	Metaproterenol sulfate .4%						
J7672	9	Metaproterenol sulfate .6%						
J7675	9	Metaproterenol sulfate 5%						
J7699	9	Inhalation solution for DME						
J7799	9	Non-inhalation drug for DME						
J8499	9	Oral prescrip drug non chemo						
J8530	9	Cyclophosphamide oral 25 MG						
J8560	9	Etoposide oral 50 MG						
J8600	9	Melphalan oral 2 MG						
J8610	9	Methotrexate oral 2.5 MG						
J8999	9	Oral prescription drug chemo						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
J9000	9	Doxorubic hcl 10 MG vl chemo						
J9015	9	Aldesleukin/single use vial						
J9020	9	Asparaginase injection						
J9031	9	Bcg live intravesical vac						
J9040	9	Bleomycin sulfate injection						
J9045	9	Carboplatin injection						
J9050	9	Carmus bischl nitro inj						
J9060	9	Cisplatin 10 MG injection						
J9062	9	Cisplatin 50 MG injection						
J9065	9	Inj cladribine per 1 MG						
J9070	9	Cyclophosphamide 100 MG inj						
J9080	9	Cyclophosphamide 200 MG inj						
J9090	9	Cyclophosphamide 500 MG inj						
J9091	9	Cyclophosphamide 1.0 grm inj						
J9092	9	Cyclophosphamide 2.0 grm inj						
J9093	9	Cyclophosphamide lyophilized						
J9094	9	Cyclophosphamide lyophilized						
J9095	9	Cyclophosphamide lyophilized						
J9096	9	Cyclophosphamide lyophilized						
J9097	9	Cyclophosphamide lyophilized						
J9100	9	Cytarabine hcl 100 MG inj						
J9110	9	Cytarabine hcl 500 MG inj						
J9120	9	Dactinomycin actinomycin d						
J9130	9	Dacarbazine 10 MG inj						
J9140	9	Dacarbazine 200 MG inj						
J9150	9	Daunorubicin						
J9165	9	Diethylstilbestrol injection						
J9170	9	Docetaxel						
J9181	9	Etoposide 10 MG inj						
J9182	9	Etoposide 100 MG inj						
J9185	9	Fludarabine phosphate inj						
J9190	9	Fluorouracil injection						
J9200	9	Floxuridine injection						
J9201	9	Gemcitabine HCl						
J9202	9	Goserelin acetate implant						
J9206	9	Irinotecan injection						
J9208	9	Ifosfomide injection						
J9209	9	Mesna injection						
J9211	9	Idarubicin hcl injection						
J9213	9	Interferon alfa-2a inj						
J9214	9	Interferon alfa-2b inj						
J9215	9	Interferon alfa-n3 inj						
J9216	9	Interferon gamma 1-b inj						
J9217	9	Leuprolide acetate suspnsion						
J9218	9	Leuprolide acetate injection						
J9230	9	Mechlorethamine hcl inj						
J9245	9	Inj melphalan hydrochl 50 MG						
J9250	9	Methotrexate sodium inj						
J9260	9	Methotrexate sodium inj						
J9265	9	Paclitaxel injection						
J9266	9	Pegaspargase/singl dose vial						
J9268	9	Pentostatin injection						
J9270	9	Plicamycin (mithramycin) inj						
J9280	9	Mitomycin 5 MG inj						
J9290	9	Mitomycin 20 MG inj						
J9291	9	Mitomycin 40 MG inj						
J9293	9	Mitoxantrone hydrochl / 5 MG						
J9320	9	Streptozocin injection						
J9340	9	Thiotepa injection						
J9350	9	Topotecan						
J9360	9	Vinblastine sulfate inj						
J9370	9	Vincristine sulfate 1 MG inj						
J9375	9	Vincristine sulfate 2 MG inj						
J9380	9	Vincristine sulfate 5 MG inj						
J9390	9	Vinorelbine tartrate/10 mg						
J9600	9	Porfimer sodium						
J9999	9	Chemotherapy drug						
K0001	6	Standard wheelchair						
K0002	6	Stnd hemi (low seat) whlchr						
K0003	6	Lightweight wheelchair						
K0004	6	High strength ltwt whlchr						
K0005	6	Ultralightweight wheelchair						
K0006	6	Heavy duty wheelchair						
K0007	6	Extra heavy duty wheelchair						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0008	6	Cstm manual wheelchair/base						
K0009	6	Other manual wheelchair/base						
K0010	6	Stnd wt frame power whlchr						
K0011	6	Stnd wt pwr whlchr w control						
K0012	6	Ltwt portbl power whlchr						
K0013	6	Custom power whlchr base						
K0014	6	Other power whlchr base						
K0015	6	Detach non-adjus hght armrst						
K0016	6	Detach adjust armrst cmplete						
K0017	6	Detach adjust armrest base						
K0018	6	Detach adjust armrst upper						
K0019	6	Arm pad each						
K0020	6	Fixed adjust armrest pair						
K0021	6	Anti-tipping device each						
K0022	6	Reinforced back upholstery						
K0023	6	Planr back insrt foam w/strp						
K0024	6	Plnr back insrt foam w/hrdwr						
K0025	6	Hook-on headrest extension						
K0026	6	Back upholst lgtwt whlchr						
K0027	6	Back upholst other whlchr						
K0028	6	Fully reclining back						
K0029	6	Reinforced seat upholstery						
K0030	6	Solid plnr seat sngl dnsfoam						
K0031	6	Safety belt/pelvic strap						
K0032	6	Seat uphols lgtwt whlchr						
K0033	6	Seat upholstery other whlchr						
K0034	6	Heel loop each						
K0035	6	Heel loop with ankle strap						
K0036	6	Toe loop each						
K0037	6	High mount flip-up footrest						
K0038	6	Leg strap each						
K0039	6	Leg strap h style each						
K0040	6	Adjustable angle footplate						
K0041	6	Large size footplate each						
K0042	6	Standard size footplate each						
K0043	6	Ftrst lower extension tube						
K0044	6	Ftrst upper hanger bracket						
K0045	6	Footrest complete assembly						
K0046	6	Elevat legrst low extension						
K0047	6	Elevat legrst up hangr brack						
K0048	6	Elevate legrest complete						
K0049	6	Calf pad each						
K0050	6	Ratchet assembly						
K0051	6	Cam relese assem ftrst/lgrst						
K0052	6	Swingaway detach footrest						
K0053	6	Elevate footrest articulate						
K0054	6	Seat wdth 10–12/15/17/20 wc						
K0055	6	Seat dpth 15/17/18 ltwt wc						
K0056	6	Seat ht <17 or <=21 ltwt wc						
K0057	6	Seat wdth 19/20 hvy dty wc						
K0058	6	Seat dpth 17/18 power wc						
K0059	6	Plastic coated handrim each						
K0060	6	Steel handrim each						
K0061	6	Aluminum handrim each						
K0062	6	Handrim 8–10 vert/obliq proj						
K0063	6	Hndrm 12–16 vert/obliq proj						
K0064	6	Zero pressure tube flat free						
K0065	6	Spoke protectors						
K0066	6	Solid tire any size each						
K0067	6	Pneumatic tire any size each						
K0068	6	Pneumatic tire tube each						
K0069	6	Rear whl complete solid tire						
K0070	6	Rear whl compl pneum tire						
K0071	6	Front castr compl pneum tire						
K0072	6	Frnt cstr cmpl sem-pneum tir						
K0073	6	Caster pin lock each						
K0074	6	Pneumatic caster tire each						
K0075	6	Semi-pneumatic caster tire						
K0076	6	Solid caster tire each						
K0077	6	Front caster assem complete						
K0078	6	Pneumatic caster tire tube						
K0079	6	Wheel lock extension pair						
K0080	6	Anti-rollback device pair						
K0081	6	Wheel lock assembly complete						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0082	6	22 nf deep cycl acid battery						
K0083	6	22 nf gel cell battery each						
K0084	6	Grp 24 deep cycl acid battry						
K0085	6	Group 24 gel cell battery						
K0086	6	U–1 lead acid battery each						
K0087	6	U–1 gel cell battery each						
K0088	6	Battry chrgr acid/gel cell						
K0089	6	Battery charger dual mode						
K0090	6	Rear tire power wheelchair						
K0091	6	Rear tire tube power whlchr						
K0092	6	Rear assem cmplt powr whlchr						
K0093	6	Rear zero pressure tire tube						
K0094	6	Wheel tire for power base						
K0095	6	Wheel tire tube each base						
K0096	6	Wheel assem powr base complt						
K0097	6	Wheel zero presure tire tube						
K0098	6	Drive belt power wheelchair						
K0099	6	Front caster power whelchair						
K0100	6	Amputee adapter pair						
K0101	6	One-arm drive attachment						
K0102	6	Crutch and cane holder						
K0103	6	Transfer board < 25″						
K0104	6	Cylinder tank carrier						
K0105	6	Iv hanger						
K0106	6	Arm trough each						
K0107	6	Wheelchair tray						
K0108	6	Other accessories						
K0109	6	Customize whlchr base frame						
K0112	6	Trunk vest supprt innr frame						
K0113	6	Trunk vest suprt w/o inr frm						
K0114	6	Whlchr back suprt inr frame						
K0115	6	Back module orthotic system						
K0116	6	Back & seat modul orthot sys						
K0119	6	Azathioprine oral tab 50 MG						
K0120	6	Azathioprine prentrl 100 MG						
K0121	6	Cyclosporine oral 25 MG						
K0122	6	Cyclosporine prentrl 250 MG						
K0123	6	Imun/antitymocyt glob 250 MG						
K0137	6	Skin barrier liquid per oz						
K0138	6	Skin barrier paste per oz						
K0139	6	Skin barrier powder per oz						
K0168	6	Disposable nebulizer set						
K0169	6	Disposable nebulizer small						
K0170	6	Non disposable nebulizer set						
K0171	6	Filtered nebulizer set						
K0172	6	Disposable nebulizer unfill						
K0173	6	Disposable nebulizer prefill						
K0174	6	Reservoir bottle w nebulizer						
K0175	6	Disposable corrugated tubing						
K0176	6	Non dispos corrugated tubing						
K0177	6	Water collec dev w nebulizer						
K0178	6	Disposbl filter w compressor						
K0179	6	Non-dispos filter w/compress						
K0180	6	Aerosol mask with nebulizer						
K0181	6	Dome & mouthpiece w/ nebuliz						
K0182	6	Water distilled w/ nebulizer						
K0183	6	Nasal application with cpap						
K0184	6	Nasal pillows/seals pair						
K0185	6	Headgear with cpap device						
K0186	6	Chin strap with cpap device						
K0187	6	Tubing with cpap device						
K0188	6	Filter disposable with cpap						
K0189	6	Filter non-disposable w/cpap						
K0190	6	Disposable canister w/pump						
K0191	6	Non-disposbl canister w/pump						
K0192	6	Tubing used w/suction pump						
K0193	6	Airway pressure dev/w hmdfer						
K0194	6	Assist device w/humidifier						
K0195	6	Elevating whlchair leg rests						
K0268	6	Humidifier with cpap device						
K0269	6	Aerosol compressor cpap dev						
K0270	6	Ultrasonic generator w nebul						
K0277	6	Skin barrier solid 4x4 equiv						
K0278	6	Skin barrier with flange						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0279	6	Skin barrier extended wear						
K0280	6	Extension drainage tubing						
K0281	6	Lubricant catheter insertion						
K0283	6	Saline solution dispenser						
K0284	6	External infusion pump reuse						
K0400	6	Skin support attachment each						
K0401	6	Diabetic deluxe shoe						
K0407	6	Urinary cath skin attachment						
K0408	6	Urinary cath leg strap						
K0409	6	Sterile H2O irrigation solut						
K0410	6	Male ext cath w/adh coating						
K0411	6	Male ext cath w/adh strip						
K0412	6	Mycophenolate mofetil 25o mg						
K0415	6	RX antiemetic drg, oral NOS						
K0416	6	Rx antiemetic drg, rectal NOS						
K0417	6	Mech infus pump sht trm drug						
K0418	6	Oral cyclosporin						
K0419	6	Drainable plstic pch w fcplt						
K0420	6	Drainable rubber pch w fcplt						
K0421	6	drainable plstic pch w/o fp						
K0422	6	Drainable rubber pch w/o fp						
K0423	6	Urinary plstic pouch w fcplt						
K0424	6	Urinary rubber pouch w fcplt						
K0425	6	Urinary plstic pouch w/o fp						
K0426	6	Urinary hvy plstc pch w/o fp						
K0427	6	Urinary rubber pouch w/o fp						
K0428	6	Ostomy faceplt/silicone ring						
K0429	6	Skin barrier solid ext wear						
K0430	6	Skin barrier w flang ex wear						
K0431	6	Closed pouch w st wear bar						
K0432	6	Drainable pch w ex wear bar						
K0433	6	Drainable pch w st wear bar						
K0434	6	Drainable pch ex wear convex						
K0435	6	Urinary pouch w ex wear bar						
K0436	6	Urinary pouch w st wear bar						
K0437	6	Urine pch w ex wear bar conv						
K0438	6	Ostomy pouch liq deodorant						
K0439	6	Ostomy pouch solid deodorant						
K0440	6	Nasal prosthesis						
K0441	6	Midfacial prosthesis						
K0442	6	Orbital prosthesis						
K0443	6	Upper facial prosthesis						
K0444	6	Hemi-facial prosthesis						
K0445	6	Auricular prosthesis						
K0446	6	Partial facial prosthesis						
K0447	6	Nasal septal prosthesis						
K0448	6	Unspec maxillofacial prosth						
K0449	6	Repair maxillofacial prosth						
K0450	6	Liq adhes for facial prosth						
K0451	6	Adhesive remover wipes						
K0452	6	Wheelchair bearings						
K0453	6	Amphotericin B						
K0455	6	Pump uninterrupted infusion						
K0501	6	Aerosol compressor for svneb						
K0503	6	Acetylcysteine inh sol u d						
K0504	6	Albuterol inh sol con						
K0505	6	Albuterol inh sol u d						
K0506	6	Atropine inh sol con						
K0507	6	Atropine inh sol u d						
K0508	6	Bitolterol mes inh sol con						
K0509	6	Bitolterol mes inh sol u d						
K0511	6	Cromolyn sodium inh sol u d						
K0512	6	Dexamethasone inh sol con						
K0513	6	Dexamethasone inh sol u d						
K0514	6	Domase alpha inh sol u d						
K0515	6	Glycopyrrolate inh sol con						
K0516	6	Glycopyrrolate inh sol u d						
K0518	6	Ipratropium brom inh sol u d						
K0519	6	Isoetharine HCl inh sol con						
K0520	6	Isoetharine HCl inh sol u d						
K0521	6	IsoproterenolHCl inh sol con						
K0522	6	IsoproterenolHCl inh sol u d						
K0523	6	Metaproterenol inh sol con						
K0524	6	Metaproterenol inh sol u d						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
K0525	6	Terbutaline SO4 inh sol con						
K0526	6	Terbutaline SO4 inh sol u d						
K0527	6	Triamcinolone inh sol con						
K0528	6	Triamcinolone inh sol u d						
K0529	6	Sterile H20 or nss w lv neb						
K0530	6	Nebulizer not used w oxygen						
L0100	6	Cerv craniosten helmet mold						
L0110	6	Cerv craniostenosis hel non-						
L0120	6	Cerv flexible non-adjustable						
L0130	6	Flex thermoplastic collar mo						
L0140	6	Cervical semi-rigid adjustab						
L0150	6	Cerv semi-rig adj molded chn						
L0160	6	Cerv semi-rig wire occ/mand						
L0170	6	Cervical collar molded to pt						
L0172	6	Cerv col thermplas foam 2 pi						
L0174	6	Cerv col foam 2 piece w thor						
L0180	6	Cer post col occ/man sup adj						
L0190	6	Cerv collar supp adj cerv ba						
L0200	6	Cerv col supp adj bar & thor						
L0210	6	Thoracic rib belt						
L0220	6	Thor rib belt custom fabrica						
L0300	6	TLSO flex surgical support						
L0310	6	Tlso flexible custom fabrica						
L0315	6	Tlso flex elas rigid post pa						
L0317	6	Tlso flex hypext elas post p						
L0320	6	Tlso a-p contrl w apron frnt						
L0330	6	Tlso ant-pos-lateral control						
L0340	6	Tlso a-p-l-rotary with apron						
L0350	6	Tlso flex compress jacket cu						
L0360	6	Tlso flex compress jacket mo						
L0370	6	Tlso a-p-l-rotary hyperexten						
L0380	6	Tlso a-p-l-rot w/ pos extens						
L0390	6	Tlso a-p-l control molded						
L0400	6	Tlso a-p-l w interface mater						
L0410	6	Tlso a-p-l two piece constr						
L0420	6	Tlso a-p-l 2 piece w interfa						
L0430	6	Tlso a-p-l w interface custm						
L0440	6	Tlso a-p-l overlap frnt cust						
L0500	6	Lso flex surgical support						
L0510	6	Lso flexible custom fabricat						
L0515	6	Lso flex elas w/ rig post pa						
L0520	6	Lso a-p-l control with apron						
L0530	6	Lso ant-pos control w apron						
L0540	6	Lso lumbar flexion a-p-l						
L0550	6	Lso a-p-l control molded						
L0560	6	Lso a-p-l w interface						
L0565	6	Lso a-p-l control custom						
L0600	6	Sacroiliac flex surg support						
L0610	6	Sacroiliac flexible custm fa						
L0620	6	Sacroiliac semi-rig w apron						
L0700	6	Ctlso a-p-l control molded						
L0710	6	Ctlso a-p-l control w/ inter						
L0810	6	Halo cervical into jckt vest						
L0820	6	Halo cervical into body jack						
L0830	6	Halo cerv into milwaukee typ						
L0860	6	Magnetic resonanc image comp						
L0900	6	Torso/ptosis support						
L0910	6	Torso & ptosis supp custm fa						
L0920	6	Torso/pendulous abd support						
L0930	6	Pendulous abdomen supp custm						
L0940	6	Torso/postsurgical support						
L0950	6	Post surg support custom fab						
L0960	6	Post surgical support pads						
L0970	6	Tlso corset front						
L0972	6	Lso corset front						
L0974	6	Tlso full corset						
L0976	6	Lso full corset						
L0978	6	Axillary crutch extension						
L0980	6	Peroneal straps pair						
L0982	6	Stocking supp grips set of f						
L0984	6	Protective body sock each						
L0999	6	Add to spinal orthosis NOS						
L1000	6	Ctlso milwauke initial model						
L1010	6	Ctlso axilla sling						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L1020	6	Kyphosis pad						
L1025	6	Kyphosis pad floating						
L1030	6	Lumbar bolster pad						
L1040	6	Lumbar or lumbar rib pad						
L1050	6	Sternal pad						
L1060	6	Thoracic pad						
L1070	6	Trapezius sling						
L1080	6	Outrigger						
L1085	6	Outrigger bil w/ vert extens						
L1090	6	Lumbar sling						
L1100	6	Ring flange plastic/leather						
L1110	6	Ring flange plas/leather mol						
L1120	6	Covers for upright each						
L1200	6	Furnsh initial orthosis only						
L1210	6	Lateral thoracic extension						
L1220	6	Anterior thoracic extension						
L1230	6	Milwaukee type superstructur						
L1240	6	Lumbar derotation pad						
L1250	6	Anterior asis pad						
L1260	6	Anterior thoracic derotation						
L1270	6	Abdominal pad						
L1280	6	Rib gusset (elastic) each						
L1290	6	Lateral trochanteric pad						
L1300	6	Body jacket mold to patient						
L1310	6	Post-operative body jacket						
L1499	6	Spinal orthosis NOS						
L1500	6	Thkao mobility frame						
L1510	6	Thkao standing frame						
L1520	6	Thkao swivel walker						
L1600	6	Abduct hip flex frejka w cvr						
L1610	6	Abduct hip flex frejka covr						
L1620	6	Abduct hip flex pavlik harne						
L1630	6	Abduct control hip semi-flex						
L1640	6	Pelv band/spread bar thigh c						
L1650	6	HO abduction hip adjustable						
L1660	6	HO abduction static plastic						
L1680	6	Pelvic & hip control thigh c						
L1685	6	Post-op hip abduct custom fa						
L1686	6	HO post-op hip abduction						
L1700	6	Leg perthes orth toronto typ						
L1710	6	Legg perthes orth newington						
L1720	6	Legg perthes orthosis trilat						
L1730	6	Legg perthes orth scottish r						
L1750	6	Legg perthes sling						
L1755	6	Legg perthes patten bottom t						
L1800	6	Knee orthoses elas w stays						
L1810	6	Ko elastic with joints						
L1815	6	Elastic with condylar pads						
L1820	6	Ko elas w/ condyle pads & jo						
L1825	6	Ko elastic knee cap						
L1830	6	Ko immobilizer canvas longit						
L1832	6	KO adj jnt pos rigid support						
L1834	6	Ko w/0 joint rigid molded to						
L1840	6	Ko derot ant cruciate custom						
L1843	6	KO single upright custom fit						
L1844	6	Ko w/adj jt rot cntrl molded						
L1845	6	Ko w/ adj flex/ext rotat cus						
L1846	6	Ko w adj flex/ext rotat mold						
L1850	6	Ko swedish type						
L1855	6	Ko plas doub upright jnt mol						
L1858	6	Ko polycentric pneumatic pad						
L1860	6	Ko supracondylar socket mold						
L1870	6	Ko doub upright lacers molde						
L1880	6	Ko doub upright cuffs/lacers						
L1885	6	Knee upright w/resistance						
L1900	6	Afo sprng wir drsflx calf bd						
L1902	6	Afo ankle gauntlet						
L1904	6	Afo molded ankle gauntlet						
L1906	6	Afo multiligamentus ankle su						
L1910	6	Afo sing bar clasp attach sh						
L1920	6	Afo sing upright w/ adjust s						
L1930	6	Afo plastic						
L1940	6	Afo molded to patient plasti						
L1945	6	Afo molded plas rig ant tib						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L1950	6	Afo spiral molded to pt plas						
L1960	6	Afo pos solid ank plastic mo						
L1970	6	Afo plastic molded w/ankle j						
L1980	6	Afo sing solid stirrup calf						
L1990	6	Afo doub solid stirrup calf						
L2000	6	Kafo sing fre stirr thi/calf						
L2010	6	Kafo sng solid stirrup w/o j						
L2020	6	Kafo dbl solid stirrup band/						
L2030	6	Kafo dbl solid stirrup w/o j						
L2035	6	KAFO plastic pediatric size						
L2036	6	Kafo plas doub free knee mol						
L2037	6	Kafo plas sing free knee mol						
L2038	6	Kafo w/o joint multi-axis an						
L2039	6	KAFO, plstic, medlat rotat con						
L2040	6	Hkafo torsion bil rot straps						
L2050	6	Hkafo torsion cable hip pelv						
L2060	6	Hkafo torsion ball bearing j						
L2070	6	Hkafo torsion unilat rot str						
L2080	6	Hkafo unilat torsion cable						
L2090	6	Hkafo unilat torsion ball br						
L2102	6	Afo tibial fx cast plstr mol						
L2104	6	Afo tib fx cast synthetic mo						
L2106	6	Afo tib fx cast plaster mold						
L2108	6	Afo tib fx cast molded to pt						
L2112	6	Afo tibial fracture soft						
L2114	6	Afo tib fx semi-rigid						
L2116	6	Afo tibial fracture rigid						
L2122	6	Kafo fem fx cast plaster mol						
L2124	6	Kafo fem fx cast synthet mol						
L2126	6	Kafo fem fx cast thermoplas						
L2128	6	Kafo fem fx cast molded to p						
L2132	6	Kafo femoral fx cast soft						
L2134	6	Kafo fem fx cast semi-rigid						
L2136	6	Kafo femoral fx cast rigid						
L2180	6	Plas shoe insert w ank joint						
L2182	6	Drop lock knee						
L2184	6	Limited motion knee joint						
L2186	6	Adj motion knee jnt lerman t						
L2188	6	Quadrilateral brim						
L2190	6	Waist belt						
L2192	6	Pelvic band & belt thigh fla						
L2200	6	Limited ankle motion ea jnt						
L2210	6	Dorsiflexion assist each joi						
L2220	6	Dorsi & plantar flex ass/res						
L2230	6	Split flat caliper stirr & p						
L2240	6	Round caliper and plate atta						
L2250	6	Foot plate molded stirrup at						
L2260	6	Reinforced solid stirrup						
L2265	6	Long tongue stirrup						
L2270	6	Varus/valgus strap padded/li						
L2275	6	Plastic mod low ext pad/line						
L2280	6	Molded inner boot						
L2300	6	Abduction bar jointed adjust						
L2310	6	Abduction bar-straight						
L2320	6	Non-molded lacer						
L2330	6	Lacer molded to patient mode						
L2335	6	Anterior swing band						
L2340	6	Pre-tibial shell molded to p						
L2350	6	Prosthetic type socket molde						
L2360	6	Extended steel shank						
L2370	6	Patten bottom						
L2375	6	Torsion ank & half solid sti						
L2380	6	Torsion straight knee joint						
L2385	6	Straight knee joint heavy du						
L2390	6	Offset knee joint each						
L2395	6	Offset knee joint heavy duty						
L2397	6	Suspension sleeve lower ext						
L2405	6	Knee joint drop lock ea jnt						
L2415	6	Knee joint cam lock each joi						
L2425	6	Knee disc/dial lock/adj flex						
L2430	6	Knee jnt ratchet lock ea jnt						
L2435	6	Knee joint polycentric joint						
L2492	6	Knee lift loop drop lock rin						
L2500	6	Thi/glut/ischia wgt bearing						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L2510	6	Th/wght bear quad-lat brim m						
L2520	6	Th/wght bear quad-lat brim c						
L2525	6	Th/wght bear nar m-l brim mo						
L2526	6	Th/wght bear nar m-l brim cu						
L2530	6	Thigh/wght bear lacer non-mo						
L2540	6	Thigh/wght bear lacer molded						
L2550	6	Thigh/wght bear high roll cu						
L2570	6	Hip clevis type 2 posit jnt						
L2580	6	Pelvic control pelvic sling						
L2600	6	Hip clevis/thrust bearing fr						
L2610	6	Hip clevis/thrust bearing lo						
L2620	6	Pelvic control hip heavy dut						
L2622	6	Hip joint adjustable flexion						
L2624	6	Hip adj flex ext abduct cont						
L2627	6	Plastic mold recipro hip & c						
L2628	6	Metal frame recipro hip & ca						
L2630	6	Pelvic control band & belt u						
L2640	6	Pelvic control band & belt b						
L2650	6	Pelv & thor control gluteal						
L2660	6	Thoracic control thoracic ba						
L2670	6	Thorac cont paraspinal uprig						
L2680	6	Thorac cont lat support upri						
L2750	6	Plating chrome/nickel pr bar						
L2755	6	Carbon graphite lamination						
L2760	6	Extension per extension per						
L2770	6	Low ext orthosis per bar/jnt						
L2780	6	Non-corrosive finish						
L2785	6	Drop lock retainer each						
L2795	6	Knee control full kneecap						
L2800	6	Knee cap medial or lateral p						
L2810	6	Knee control condylar pad						
L2820	6	Soft interface below knee se						
L2830	6	Soft interface above knee se						
L2840	6	Tibial length sock fx or equ						
L2850	6	Femoral lgth sock fx or equa						
L2860	6	Torsion mechanism knee/ankle						
L2999	6	Lower extremity orthosis NOS						
L3000	6	Ft insert ucb berkeley shell						
L3001	6	Foot insert remov molded spe						
L3002	6	Foot insert plastazote or eq						
L3003	6	Foot insert silicone gel eac						
L3010	6	Foot longitudinal arch suppo						
L3020	6	Foot longitud/metatarsal sup						
L3030	6	Foot arch support remov prem						
L3040	6	Ft arch suprt premold longit						
L3050	6	Foot arch supp premold metat						
L3060	6	Foot arch supp longitud/meta						
L3070	6	Arch suprt att to sho longit						
L3080	6	Arch supp att to shoe metata						
L3090	6	Arch supp att to shoe long/m						
L3100	6	Hallus-valgus nght dynamic s						
L3140	6	Abduction rotation bar shoe						
L3150	6	Abduct rotation bar w/o shoe						
L3160	6	Shoe styled positioning dev						
L3170	6	Foot plastic heel stabilizer						
L3201	6	Oxford w supinat/pronat inf						
L3202	6	Oxford w/ supinat/pronator c						
L3203	6	Oxford w/ supinator/pronator						
L3204	6	Hightop w/ supp/pronator inf						
L3206	6	Hightop w/ supp/pronator chi						
L3207	6	Hightop w/ supp/pronator jun						
L3208	6	Surgical boot each infant						
L3209	6	Surgical boot each child						
L3211	6	Surgical boot each junior						
L3212	6	Benesch boot pair infant						
L3213	6	Benesch boot pair child						
L3214	6	Benesch boot pair junior						
L3215	6	Orthopedic ftwear ladies oxf						
L3216	6	Orthoped ladies shoes dpth i						
L3217	6	Ladies shoes hightop depth i						
L3218	6	Ladies surgical boot each						
L3219	6	Orthopedic mens shoes oxford						
L3221	6	Orthopedic mens shoes dpth i						
L3222	6	Mens shoes hightop depth inl						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L3223	6	Mens surgical boot each						
L3224	6	Woman's shoe oxford brace						
L3225	6	Man's shoe oxford brace						
L3230	6	Custom shoes depth inlay						
L3250	6	Custom mold shoe remov prost						
L3251	6	Shoe molded to pt silicone s						
L3252	6	Shoe molded plastazote cust						
L3253	6	Shoe molded plastazote cust						
L3254	6	Orth foot non-stndard size/w						
L3255	6	Orth foot non-standard size/						
L3257	6	Orth foot add charge split s						
L3260	6	Ambulatory surgical boot eac						
L3265	6	Plastazote sandal each						
L3300	6	Sho lift taper to metatarsal						
L3310	6	Shoe lift elev heel/sole neo						
L3320	6	Shoe lift elev heel/sole cor						
L3330	6	Lifts elevation metal extens						
L3332	6	Shoe lifts tapered to one-ha						
L3334	6	Shoe lifts elevation heel /i						
L3340	6	Shoe wedge sach						
L3350	6	Shoe heel wedge						
L3360	6	Shoe sole wedge outside sole						
L3370	6	Shoe sole wedge between sole						
L3380	6	Shoe clubfoot wedge						
L3390	6	Shoe outflare wedge						
L3400	6	Shoe metatarsal bar wedge ro						
L3410	6	Shoe metatarsal bar between						
L3420	6	Full sole/heel wedge btween						
L3430	6	Sho heel count plast reinfor						
L3440	6	Heel leather reinforced						
L3450	6	Shoe heel sach cushion type						
L3455	6	Shoe heel new leather standa						
L3460	6	Shoe heel new rubber standar						
L3465	6	Shoe heel thomas with wedge						
L3470	6	Shoe heel thomas extend to b						
L3480	6	Shoe heel pad & depress for						
L3485	6	Shoe heel pad removable for						
L3500	6	Shoe misc add insole leather						
L3510	6	Shoe misc addition insole ru						
L3520	6	Shoe insole felt cver w/ lea						
L3530	6	Shoe misc additions sole hal						
L3540	6	Shoe misc additions sole ful						
L3550	6	Shoe misc add toe tap standa						
L3560	6	Shoe misc add toe tap horses						
L3570	6	Shoe special extension to in						
L3580	6	Shoe convert instep velcro c						
L3590	6	Shoe convert firm to soft cn						
L3595	6	Shoe misc additions march ba						
L3600	6	Trans shoe calip plate exist						
L3610	6	Trans shoe caliper plate new						
L3620	6	Trans shoe solid stirrup exi						
L3630	6	Trans shoe solid stirrup new						
L3640	6	Shoe dennis browne splint bo						
L3649	6	Unlist proc orth shoe modif/						
L3650	6	Shlder fig 8 abduct restrain						
L3660	6	Abduct restrainer canvas&web						
L3670	6	Acromio/clavicular canvas&we						
L3700	6	Elbow orthoses elas w stays						
L3710	6	Elbow elastic with metal joi						
L3720	6	Forearm/arm cuffs free motio						
L3730	6	Forearm/arm cuffs ext/flex a						
L3740	6	Cuffs adj lock w/ active con						
L3800	6	Whfo short opponen no attach						
L3805	6	Whfo long opponens no attach						
L3810	6	Whfo thumb abduction bar						
L3815	6	Whfo second m.p. abduction a						
L3820	6	Whfo ip ext asst w/ mp ext s						
L3825	6	Whfo m.p. extension stop						
L3830	6	Whfo m.p. extension assist						
L3835	6	Whfo m.p. spring extension a						
L3840	6	Whfo spring swivel thumb						
L3845	6	Whfo thumb ip ext ass w/ mp						
L3850	6	Action wrist w/ dorsiflex as						
L3855	6	Whfo adj m.p. flexion contro						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L3860	6	Whfo adj m.p. flex ctrl & i.						
L3890	6	Torsion mechanism wrist/elbo						
L3900	6	Hinge extension/flex wrist/f						
L3901	6	Hinge ext/flex wrist finger						
L3902	6	Whfo ext power compress gas						
L3904	6	Whfo electric custom fitted						
L3906	6	Wrist gauntlet molded to pt						
L3907	6	Whfo wrst gauntlt thmb spica						
L3908	6	Wrist cock-up non-molded						
L3910	6	Whfo swanson design						
L3912	6	Flex glove w/elastic finger						
L3914	6	WHO wrist extension cock-up						
L3916	6	Whfo wrist extens w/ outrigg						
L3918	6	HFO knuckle bender						
L3920	6	Knuckle bender with outrigge						
L3922	6	Knuckle bend 2 seg to flex j						
L3924	6	Oppenheimer						
L3926	6	Thomas suspension						
L3928	6	Finger extension w/ clock sp						
L3930	6	Finger extension with wrist						
L3932	6	Safety pin spring wire						
L3934	6	Safety pin modified						
L3936	6	Palmer						
L3938	6	Dorsal wrist						
L3940	6	Dorsal wrist w/ outrigger at						
L3942	6	Reverse knuckle bender						
L3944	6	Reverse knuckle bend w/ outr						
L3946	6	HFO composite elastic						
L3948	6	Finger knuckle bender						
L3950	6	Oppenheimer w/ knuckle bend						
L3952	6	Oppenheimer w/ rev knuckle 2						
L3954	6	Spreading hand						
L3956	6	Add. joint upper ext orthosis						
L3960	6	Sewho airplan desig abdu pos						
L3962	6	Sewho erbs palsey design abd						
L3963	6	Molded w/ articulating elbow						
L3964	6	Seo mobile arm sup att to wc						
L3965	6	Arm supp att to wc rancho ty						
L3966	6	Mobile arm supports reclinin						
L3968	6	Friction dampening arm supp						
L3969	6	Monosuspension arm/hand supp						
L3970	6	Elevat proximal arm support						
L3972	6	Offset/lat rocker arm w/ ela						
L3974	6	Mobile arm support supinator						
L3980	6	Upp ext fx orthosis humeral						
L3982	6	Upper ext fx orthosis rad/ul						
L3984	6	Upper ext fx orthosis wrist						
L3985	6	Forearm hand fx orth w/ wr h						
L3986	6	Humeral rad/ulna wrist fx or						
L3995	6	Sock fracture or equal each						
L3999	6	Upper limb orthosis NOS						
L4000	6	Repl girdle milwaukee orth						
L4010	6	Replace trilateral socket br						
L4020	6	Replace quadlat socket brim						
L4030	6	Replace socket brim cust fit						
L4040	6	Replace molded thigh lacer						
L4045	6	Replace non-molded thigh lac						
L4050	6	Replace molded calf lacer						
L4055	6	Replace non-molded calf lace						
L4060	6	Replace high roll cuff						
L4070	6	Replace prox & dist upright						
L4080	6	Repl met band kafo-afo prox						
L4090	6	Repl met band kafo-afo calf/						
L4100	6	Repl leath cuff kafo prox th						
L4110	6	Repl leath cuff kafo-afo cal						
L4130	6	Replace pretibial shell						
L4205	6	Ortho dvc repair per 15 min						
L4210	6	Orth dev repair/repl minor p						
L4310	6	Mult-podus/eq orth prep mgmt						
L4320	6	Low ext mgmt sys ft pos afo						
L4350	6	Pneumatic ankle cntrl splint						
L4360	6	Pneumatic walking splint						
L4370	6	Pneumatic full leg splint						
L4380	6	Pneumatic knee splint						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L4390	6	Replace multi-podus splint						
L4392	6	Replace ankle contrac splint						
L4394	6	Replace foot drop splint						
L4396	6	Ankle contracture splint						
L4398	6	Foot drop splint recumbent						
L5000	6	Sho insert w arch toe filler						
L5010	6	Mold socket ank hgt w/ toe f						
L5020	6	Tibial tubercle hgt w/ toe f						
L5050	6	Ank symes mold sckt sach ft						
L5060	6	Symes met fr leath socket ar						
L5100	6	Molded socket shin sach foot						
L5105	6	Plast socket jts/thgh lacer						
L5150	6	Mold sckt ext knee shin sach						
L5160	6	Mold socket bent knee shin s						
L5200	6	Kne sing axis fric shin sach						
L5210	6	No knee/ankle joints w/ ft b						
L5220	6	No knee joint with artic ali						
L5230	6	Fem focal defic constant fri						
L5250	6	Hip canad sing axi cons fric						
L5270	6	Tilt table locking hip sing						
L5280	6	Hemipelvect canad sing axis						
L5300	6	Bk sach soft cover & finish						
L5310	6	Knee disart sach soft cv/fin						
L5320	6	Ak open end sach soft cv/fin						
L5330	6	Hip canadian sach sft cv/fin						
L5340	6	Hemipelvectomy canad cv/fin						
L5400	6	Postop dress & 1 cast chg bk						
L5410	6	Postop dsg bk ea add cast ch						
L5420	6	Postop dsg & 1 cast chg ak/d						
L5430	6	Postop dsg ak ea add cast ch						
L5450	6	Postop app non-wgt bear dsg						
L5460	6	Postop app non-wgt bear dsg						
L5500	6	Init bk ptb plaster direct						
L5505	6	Init ak ischal plstr direct						
L5510	6	Prep BK ptb plaster molded						
L5520	6	Perp BK ptb thermopls direct						
L5530	6	Prep BK ptb thermopls molded						
L5535	6	Prep BK ptb open end socket						
L5540	6	Prep BK ptb laminated socket						
L5560	6	Prep AK ischial plast molded						
L5570	6	Prep AK ischial direct form						
L5580	6	Prep AK ischial thermo mold						
L5585	6	Prep AK ischial open end						
L5590	6	Prep AK ischial laminated						
L5595	6	Hip disartic sach thermopls						
L5600	6	Hip disart sach laminat mold						
L5610	6	Above knee hydracadence						
L5611	6	Ak 4 bar link w/fric swing						
L5613	6	Ak 4 bar ling w/hydraul swig						
L5614	6	4-bar link above knee w/swng						
L5616	6	Ak univ multiplex sys frict						
L5617	6	AK/BK self-aligning unit ea						
L5618	6	Test socket symes						
L5620	6	Test socket below knee						
L5622	6	Test socket knee disarticula						
L5624	6	Test socket above knee						
L5626	6	Test socket hip disarticulat						
L5628	6	Test socket hemipelvectomy						
L5629	6	Below knee acrylic socket						
L5630	6	Syme typ expandabl wall sckt						
L5631	6	Ak/knee disartic acrylic soc						
L5632	6	Symes type ptb brim design s						
L5634	6	Symes type poster opening so						
L5636	6	Symes type medial opening so						
L5637	6	Below knee total contact						
L5638	6	Below knee leather socket						
L5639	6	Below knee wood socket						
L5640	6	Knee disarticulat leather so						
L5642	6	Above knee leather socket						
L5643	6	Hip flex inner socket ext fr						
L5644	6	Above knee wood socket						
L5645	6	Ak flexibl inner socket ext						
L5646	6	Below knee air cushion socke						
L5647	6	Below knee suction socket						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L5648	6	Above knee air cushion socke						
L5649	6	Isch containmt/narrow m-l so						
L5650	6	Tot contact ak/knee disart s						
L5651	6	Ak flex inner socket ext fra						
L5652	6	Suction susp ak/knee disart						
L5653	6	Knee disart expand wall sock						
L5654	6	Socket insert symes						
L5655	6	Socket insert below knee						
L5656	6	Socket insert knee articulat						
L5658	6	Socket insert above knee						
L5660	6	Sock insrt syme silicone gel						
L5661	6	Multi-durometer symes						
L5662	6	Socket insert bk silicone ge						
L5663	6	Sock knee disartic silicone						
L5664	6	Socket insert ak silicone ge						
L5665	6	Multi-durometer below knee						
L5666	6	Below knee cuff suspension						
L5667	6	Socket insert w lock lower						
L5668	6	Socket insert w/o lock lower						
L5669	6	Below knee socket w/o lock						
L5670	6	Bk molded supracondylar susp						
L5672	6	Bk removable medial brim sus						
L5674	6	Bk latex sleeve suspension/e						
L5675	6	Bk latex sleeve susp/eq hvy						
L5676	6	Bk knee joints single axis p						
L5677	6	Bk knee joints polycentric p						
L5678	6	Bk joint covers pair						
L5680	6	Bk thigh lacer non-molded						
L5682	6	Bk thigh lacer glut/ischia m						
L5684	6	Bk fork strap						
L5686	6	Bk back check						
L5688	6	Bk waist belt webbing						
L5690	6	Bk waist belt padded and lin						
L5692	6	Ak pelvic control belt light						
L5694	6	Ak pelvic control belt pad/l						
L5695	6	Ak sleeve susp neoprene/equa						
L5696	6	Ak/knee disartic pelvic join						
L5697	6	Ak/knee disartic pelvic band						
L5698	6	Ak/knee disartic silesian ba						
L5699	6	Shoulder harness						
L5700	6	Replace socket below knee						
L5701	6	Replace socket above knee						
L5702	6	Replace socket hip						
L5704	6	Custom shape covr below knee						
L5705	6	Custm shape cover above knee						
L5706	6	Custm shape cvr knee disart						
L5707	6	Custm shape cover hip disart						
L5710	6	Kne-shin exo sng axi mnl loc						
L5711	6	Knee-shin exo mnl lock ultra						
L5712	6	Knee-shin exo frict swg & st						
L5714	6	Knee-shin exo variable frict						
L5716	6	Knee-shin exo mech stance ph						
L5718	6	Knee-shin exo frct swg & sta						
L5722	6	Knee-shin pneum swg frct exo						
L5724	6	Knee-shin exo fluid swing ph						
L5726	6	Knee-shin ext jnts fld swg e						
L5728	6	Knee-shin fluid swg & stance						
L5780	6	Knee-shin pneum/hydra pneum						
L5785	6	Exoskeletal bk ultralt mater						
L5790	6	Exoskeletal ak ultra-light m						
L5795	6	Exoskel hip ultra-light mate						
L5810	6	Endoskel knee-shin mnl lock						
L5811	6	Endo knee-shin mnl lck ultra						
L5812	6	Endo knee-shin frct swg & st						
L5814	6	Endo knee-shin hydral swg ph						
L5816	6	Endo knee-shin polyc mch sta						
L5818	6	Endo knee-shin frct swg & st						
L5822	6	Endo knee-shin pneum swg frc						
L5824	6	Endo knee-shin fluid swing p						
L5826	6	Pediatric knee joint						
L5828	6	Endo knee-shin fluid swg/sta						
L5830	6	Endo knee-shin pneum/swg pha						
L5840	6	Multi-axial knee/shin system						
L5845	6	Knee-shin sys stance flexion						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L5846	6	Knee-shin sys microprocessor						
L5850	6	Endo ak/hip knee extens assi						
L5855	6	Mech hip extension assist						
L5910	6	Endo below knee alignable sy						
L5920	6	Endo ak/hip alignable system						
L5925	6	Above knee manual lock						
L5930	6	High activity knee frame						
L5940	6	Endo bk ultra-light material						
L5950	6	Endo ak ultra-light material						
L5960	6	Endo hip ultra-light materia						
L5962	6	Below knee flex cover system						
L5964	6	Above knee flex cover system						
L5966	6	Hip flexible cover system						
L5970	6	Foot external keel sach foot						
L5972	6	Flexible keel foot						
L5974	6	Foot single axis ankle/foot						
L5976	6	Energy storing foot						
L5978	6	Ft prosth multiaxial ankl/ft						
L5979	6	Multi-axial ankle/ft prosth						
L5980	6	Flex foot system						
L5981	6	Flex-walk sys low ext prosth						
L5982	6	Exoskeletal axial rotation u						
L5984	6	Endoskeletal axial rotation						
L5985	6	Lwr ext dynamic prosth pylon						
L5986	6	Multi-axial rotation unit						
L5987	6	Shank ft w vert load pylon						
L5999	6	Lowr extremity prosthes NOS						
L6000	6	Par hand robin-aids thum rem						
L6010	6	Hand robin-aids little/ring						
L6020	6	Part hand robin-aids no fing						
L6050	6	Wrst MLd sck flx hng tri pad						
L6055	6	Wrst mold sock w/exp interfa						
L6100	6	Elb mold sock flex hinge pad						
L6110	6	Elbow mold sock suspension t						
L6120	6	Elbow mold doub splt soc ste						
L6130	6	Elbow stump activated lock h						
L6200	6	Elbow mold outsid lock hinge						
L6205	6	Elbow molded w/ expand inter						
L6250	6	Elbow inter loc elbow forarm						
L6300	6	Shlder disart int lock elbow						
L6310	6	Shoulder passive restor comp						
L6320	6	Shoulder passive restor cap						
L6350	6	Thoracic intern lock elbow						
L6360	6	Thoracic passive restor comp						
L6370	6	Thoracic passive restor cap						
L6380	6	Postop dsg cast chg wrst/elb						
L6382	6	Postop dsg cast chg elb dis/						
L6384	6	Postop dsg cast chg shlder/t						
L6386	6	Postop ea cast chg & realign						
L6388	6	Postop applicat rigid dsg on						
L6400	6	Below elbow prosth tiss shap						
L6450	6	Elb disart prosth tiss shap						
L6500	6	Above elbow prosth tiss shap						
L6550	6	Shldr disar prosth tiss shap						
L6570	6	Scap thorac prosth tiss shap						
L6580	6	Wrist/elbow bowden cable mol						
L6582	6	Wrist/elbow bowden cbl dir f						
L6584	6	Elbow fair lead cable molded						
L6586	6	Elbow fair lead cable dir fo						
L6588	6	Shdr fair lead cable molded						
L6590	6	Shdr fair lead cable direct						
L6600	6	Polycentric hinge pair						
L6605	6	Single pivot hinge pair						
L6610	6	Flexible metal hinge pair						
L6615	6	Disconnect locking wrist uni						
L6616	6	Disconnect insert locking wr						
L6620	6	Flexion-friction wrist unit						
L6623	6	Spring-ass rot wrst w/ latch						
L6625	6	Rotation wrst w/ cable lock						
L6628	6	Quick disconn hook adapter o						
L6629	6	Lamination collar w/ couplin						
L6630	6	Stainless steel any wrist						
L6632	6	Latex suspension sleeve each						
L6635	6	Lift assist for elbow						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L6637	6	Nudge control elbow lock						
L6640	6	Shoulder abduction joint pai						
L6641	6	Excursion amplifier pulley t						
L6642	6	Excursion amplifier lever ty						
L6645	6	Shoulder flexion-abduction j						
L6650	6	Shoulder universal joint						
L6655	6	Standard control cable extra						
L6660	6	Heavy duty control cable						
L6665	6	Teflon or equal cable lining						
L6670	6	Hook to hand cable adapter						
L6672	6	Harness chest/shlder saddle						
L6675	6	Harness figure of 8 sing con						
L6676	6	Harness figure of 8 dual con						
L6680	6	Test sock wrist disart/bel e						
L6682	6	Test sock elbw disart/above						
L6684	6	Test socket shldr disart/tho						
L6686	6	Suction socket						
L6687	6	Frame typ socket bel elbow/w						
L6688	6	Frame typ sock above elb/dis						
L6689	6	Frame typ socket shoulder di						
L6690	6	Frame typ sock interscap-tho						
L6691	6	Removable insert each						
L6692	6	Silicone gel insert or equal						
L6700	6	Terminal device model #3						
L6705	6	Terminal device model #5						
L6710	6	Terminal device model #5x						
L6715	6	Terminal device model #5xa						
L6720	6	Terminal device model #6						
L6725	6	Terminal device model #7						
L6730	6	Terminal device model #7lo						
L6735	6	Terminal device model #8						
L6740	6	Terminal device model #8x						
L6745	6	Terminal device model #88x						
L6750	6	Terminal device model #10p						
L6755	6	Terminal device model #10x						
L6765	6	Terminal device model #12p						
L6770	6	Terminal device model #99x						
L6775	6	Terminal device model #555						
L6780	6	Terminal device model #ss555						
L6790	6	Hooks-accu hook or equal						
L6795	6	Hooks-2 load or equal						
L6800	6	Hooks-aprl vc or equal						
L6805	6	Modifier wrist flexion unit						
L6806	6	Trs grip vc or equal						
L6807	6	Term device grip ½ or equal						
L6808	6	Term device infant or child						
L6809	6	Trs super sport passive						
L6810	6	Pincher tool otto bock or eq						
L6825	6	Hands dorrance vo						
L6830	6	Hand aprl vc						
L6835	6	Hand sierra vo						
L6840	6	Hand becker imperial						
L6845	6	Hand becker lock grip						
L6850	6	Term dvc-hand becker plylite						
L6855	6	Hand robin-aids vo						
L6860	6	Hand robin-aids vo soft						
L6865	6	Hand passive hand						
L6867	6	Hand detroit infant hand						
L6868	6	Passive inf hand steeper/hos						
L6870	6	Hand child mitt						
L6872	6	Hand nyu child hand						
L6873	6	Hand mech inf steeper or equ						
L6875	6	Hand bock vc						
L6880	6	Hand bock vo						
L6890	6	Production glove						
L6895	6	Custom glove						
L6900	6	Hand restorat thumb/1 finger						
L6905	6	Hand restoration multiple fi						
L6910	6	Hand restoration no fingers						
L6915	6	Hand restoration replacmnt g						
L6920	6	Wrist disarticul switch ctrl						
L6925	6	Wrist disart myoelectronic c						
L6930	6	Below elbow switch control						
L6935	6	Below elbow myoelectronic ct						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L6940	6	Elbow disarticulation switch						
L6945	6	Elbow disart myoelectronic c						
L6950	6	Above elbow switch control						
L6955	6	Above elbow myoelectronic ct						
L6960	6	Shldr disartic switch contro						
L6965	6	Shldr disartic myoelectronic						
L6970	6	Interscapular-thor switch ct						
L6975	6	Interscap-thor myoelectronic						
L7010	6	Hand otto back steeper/eq sw						
L7015	6	Hand sys teknik village swit						
L7020	6	Electronic greifer switch ct						
L7025	6	Electron hand myoelectronic						
L7030	6	Hand sys teknik vill myoelec						
L7035	6	Electron greifer myoelectro						
L7040	6	Prehensile actuator hosmer s						
L7045	6	Electron hook child michigan						
L7170	6	Electronic elbow hosmer swit						
L7180	6	Electronic elbow utah myoele						
L7185	6	Electron elbow adolescent sw						
L7186	6	Electron elbow child switch						
L7190	6	Elbow adolescent myoelectron						
L7191	6	Elbow child myoelectronic ct						
L7260	6	Electron wrist rotator otto						
L7261	6	Electron wrist rotator utah						
L7266	6	Servo control steeper or equ						
L7272	6	Analogue control unb or equa						
L7274	6	Proportional ctl 12 volt uta						
L7360	6	Six volt bat otto bock/eq ea						
L7362	6	Battery chrgr six volt otto						
L7364	6	Twelve volt battery utah/equ						
L7366	6	Battery chrgr 12 volt utah/e						
L7499	6	Upper extremity prosthes NOS						
L7500	6	Prosthetic dvc repair hourly						
L7510	6	Prosthetic device repair rep						
L7520	6	Repair prosthesis per 15 min						
L7900	6	Vacuum erection system						
L8000	6	Mastectomy bra						
L8010	6	Mastectomy sleeve						
L8020	6	Mastectomy form						
L8030	6	Breast prosthesis silicone/e						
L8039	6	Breast prosthesis NOS						
L8100	6	Elas suprt stock bk med wgt						
L8110	6	Elastic supp stocking bk hvy						
L8120	6	Elastic supp stockng bk surg						
L8130	6	Elastic supp stocking ak med						
L8140	6	Elastic supp stocking ak hvy						
L8150	6	Elastic supp stockng ak surg						
L8160	6	Supp stocking full lgth med						
L8170	6	Supp stocking full lgth hvy						
L8180	6	Supp stocking heavy surg wei						
L8190	6	Elas stocking leotards med w						
L8200	6	Elas stocking leotards surg						
L8210	6	Elastic stocking custom made						
L8220	6	Elastic stocking lymphedema						
L8230	6	Elastic stocking garter belt						
L8239	6	Elastic support NOS						
L8300	6	Truss single w/ standard pad						
L8310	6	Truss double w/ standard pad						
L8320	6	Truss addition to std pad wa						
L8330	6	Truss add to std pad scrotal						
L8400	6	Sheath below knee						
L8410	6	Sheath above knee						
L8415	6	Sheath upper limb						
L8417	6	Pros sheath/sock w gel cushn						
L8420	6	Sock wool below knee						
L8430	6	Sock wool above knee						
L8435	6	Sock wool upper limb						
L8440	6	Shrinker below knee						
L8460	6	Shrinker above knee						
L8465	6	Shrinker upper limb						
L8470	6	Stump sock single below knee						
L8480	6	Stump sock single above knee						
L8485	6	Stump sock fitting uppr limb						
L8490	6	Air seal suction reten systm						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
L8499	6	Unlisted misc prosthetic ser						
L8500	6	Artificial larynx						
L8501	6	Tracheostomy speaking valve						
L8600	6	Implant breast silicone/eq						
L8603	6	Collagen imp urinary 2.5 CC						
L8610	6	Ocular implant						
L8612	6	Aqueous shunt prosthesis						
L8613	6	Ossicular implant						
L8614	6	Cochlear device/system						
L8619	6	Replace cochlear processor						
L8630	6	Metacarpophalangeal implant						
L8641	6	Metatarsal joint implant						
L8642	6	Hallux implant						
L8658	6	Interphalangeal joint implnt						
L8670	6	Vascular graft, synthetic						
L8699	6	Prosthetic implant NOS						
M0064	6	Visit for drug monitoring						
M0075	9	Cellular therapy						
M0076	9	Prolotherapy						
M0100	9	Intragastric hypothermia						
M0101	4	Foot care hygienic/pm						
M0300	9	IV chelationtherapy						
M0301	9	Fabric wrapping of aneurysm						
M0302	9	Assessment of cardiac output						
P2028	6	Cephalin floculation test						
P2029	6	Congo red blood test						
P2031	9	Hair analysis						
P2033	6	Blood thymol turbidity						
P2038	6	Blood mucoprotein						
P3000	6	Screen pap by tech w md supv						
P3001	6	Screening pap smear by phys						
P7001	9	Culture bacterial urine						
P9010	9	Whole blood for transfusion						
P9011	9	Blood split unit						
P9012	9	Cryoprecipitate each unit						
P9013	9	Unit/s blood fibrinogen						
P9014	9	Gamma globulin 1 ML						
P9015	9	Rh immune globulin 1 ML						
P9016	9	Leukocyte poor blood, unit						
P9017	9	One donor fresh frozn plasma						
P9018	9	Plasma protein fract, unit						
P9019	9	Platelet concentrate unit						
P9020	9	Plaelet rich plasma unit						
P9021	9	Red blood cells unit						
P9022	9	Washed red blood cells unit						
P9603	6	One-way allow prorated miles						
P9604	6	One-way allow prorated trip						
P9610	6	Urine specimen collect singl						
P9615	6	Urine specimen collect mult						
Q0034	6	Admin of influenza vaccine						
Q0035	6	Cardiokymography						
Q0068	6	Extracorpeal plasmapheresis						
Q0081	6	Infusion ther other than che						
Q0082	6	Activity therapy w/partial h						
Q0083	6	Chemo by other than infusion						
Q0084	6	Chemotherapy by infusion						
Q0085	6	Chemo by both infusion and o						
Q0086	6	Physical therapy evaluation/						
Q0091	6	Obtaining screen pap smear						
Q0092	6	Set up port xray equipment						
Q0111	6	Wet mounts/ w preparations						
Q0112	6	Potassium hydroxide preps						
Q0113	6	Pinworm examinations						
Q0114	6	Fern test						
Q0115	6	Post-coital mucous exam						
Q0132	6	Dispensing fee DME neb drug						
Q0136	6	Non esrd epoetin alpha inj						
Q0144	9	Azithromycin dihydrate, oral						
Q0156	6	Human albumin 5%						
Q0157	6	Human albumin 25%						
Q9920	9	Epoetin with hct <= 20						
Q9921	9	Epoetin with hct = 21						
Q9922	9	Epoetin with hct = 22						
Q9923	9	Epoetin with hct = 23						

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CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
Q9924	9	Epoetin with hct = 24						
Q9925	9	Epoetin with hct = 25						
Q9926	9	Epoetin with hct = 26						
Q9927	9	Epoetin with hct = 27						
Q9928	9	Epoetin with hct = 28						
Q9929	9	Epoetin with hct = 29						
Q9930	9	Epoetin with hct = 30						
Q9931	9	Epoetin with hct = 31						
Q9932	9	Epoetin with hct = 32						
Q9933	9	Epoetin with hct = 33						
Q9934	9	Epoetin with hct = 34						
Q9935	9	Epoetin with hct = 35						
Q9936	9	Epoetin with hct = 36						
Q9937	9	Epoetin with hct = 37						
Q9938	9	Epoetin with hct = 38						
Q9939	9	Epoetin with hct = 39						
Q9940	9	Epoetin with hct ≤= 40						
R0070	6	Transport portable x-ray						
R0075	6	Transport port x-ray multipl						
R0076	6	Transport portable EKG						
V2020	6	Vision svcs frames purchases						
V2025	9	Eyeglasses delux frames						
V2100	6	Lens spher single plano 4.00						
V2101	6	Single visn sphere 4.12–7.00						
V2102	6	Singl visn sphere 7.12–20.00						
V2103	6	Spherocylindr 4.00d/12–2.00d						
V2104	6	Spherocylindr 4.00d/2.12–4d						
V2105	6	Spherocylinder 4.00d/4.25–6d						
V2106	6	Spherocylinder 4.00d/>6.00d						
V2107	6	Spherocylinder 4.25d/12–2d						
V2108	6	Spherocylinder 4.25d/2.12–4d						
V2109	6	Spherocylinder 4.25d/4.25–6d						
V2110	6	Spherocylinder 4.25d/over 6d						
V2111	6	Spherocylindr 7.25d/.25–2.25						
V2112	6	Spherocylindr 7.25d/2.25–4d						
V2113	6	Spherocylindr 7.25d/4.25–6d						
V2114	6	Spherocylinder over 12.00d						
V2115	6	Lens lenticular bifocal						
V2116	6	Nonaspheric lens bifocal						
V2117	6	Aspheric lens bifocal						
V2118	6	Lens aniseikonic single						
V2199	6	Lens single vision not oth c						
V2200	6	Lens spher bifoc plano 4.00d						
V2201	6	Lens sphere bifocal 4.12–7.0						
V2202	6	Lens sphere bifocal 7.12–20.						
V2203	6	Lens sphcyl bifocal 4.00d/.1						
V2204	6	Lens sphcy bifocal 4.00d/2.1						
V2205	6	Lens sphcy bifocal 4.00d/4.2						
V2206	6	Lens sphcy bifocal 4.00d/ove						
V2207	6	Lens sphcy bifocal 4.25–7d/.						
V2208	6	Lens sphcy bifocal 4.25–7/2.						
V2209	6	Lens sphcy bifocal 4.25–7/4.						
V2210	6	Lens sphcy bifocal 4.25–7/ov						
V2211	6	Lens sphcy bifo 7.25–12/.25–						
V2212	6	Lens sphcyl bifo 7.25–12/2.2						
V2213	6	Lens sphcyl bifo 7.25–12/4.2						
V2214	6	Lens sphcyl bifocal over 12.						
V2215	6	Lens lenticular bifocal						
V2216	6	Lens lenticular nonaspheric						
V2217	6	Lens lenticular aspheric bif						
V2218	6	Lens aniseikonic bifocal						
V2219	6	Lens bifocal seg width over						
V2220	6	Lens bifocal add over 3.25d						
V2299	6	Lens bifocal speciality						
V2300	6	Lens sphere trifocal 4.00d						
V2301	6	Lens sphere trifocal 4.12–7.						
V2302	6	Lens sphere trifocal 7.12–20						
V2303	6	Lens sphcy trifocal 4.0/.12–						
V2304	6	Lens sphcy trifocal 4.0/2.25						
V2305	6	Lens sphcy trifocal 4.0/4.25						
V2306	6	Lens sphcyl trifocal 4.00/>6						
V2307	6	Lens sphcy trifocal 4.25–7/.						
V2308	6	Lens sphc trifocal 4.25–7/2.						
V2309	6	Lens sphc trifocal 4.25–7/4.						

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[2] Codes proposed for additions to or deletions from ASC list.

ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
V2310	6	Lens sphc trifocal 4.25–7/>6						
V2311	6	Lens sphc trifo 7.25–12/.25–						
V2312	6	Lens sphc trifo 7.25–12/2.25						
V2313	6	Lens sphc trifo 7.25–12/4.25						
V2314	6	Lens sphcyl trifocal over 12						
V2315	6	Lens lenticular trifocal						
V2316	6	Lens lenticular nonaspheric						
V2317	6	Lens lenticular aspheric tri						
V2318	6	Lens aniseikonic trifocal						
V2319	6	Lens trifocal seg width > 28						
V2320	6	Lens trifocal add over 3.25d						
V2399	6	Lens trifocal speciality						
V2410	6	Lens variab asphericity sing						
V2430	6	Lens variable asphericity bi						
V2499	6	Variable asphericity lens						
V2500	6	Contact lens pmma spherical						
V2501	6	Cntct lens pmma-toric/prism						
V2502	6	Contact lens pmma bifocal						
V2503	6	Cntct lens pmma color vision						
V2510	6	Cntct gas permeable sphericl						
V2511	6	Cntct toric prism ballast						
V2512	6	Cntct lens gas permbl bifocl						
V2513	6	Contact lens extended wear						
V2520	6	Contact lens hydrophilic						
V2521	6	Cntct lens hydrophilic toric						
V2522	6	Cntct lens hydrophil bifocl						
V2523	6	Cntct lens hydrophil extend						
V2530	6	Contact lens gas impermeable						
V2531	6	Contact lens gas permeable						
V2599	6	Contact lens/es other type						
V2600	6	Hand held low vision aids						
V2610	6	Single lens spectacle mount						
V2615	6	Telescop/othr compound lens						
V2623	6	Plastic eye prosth custom						
V2624	6	Polishing artifical eye						
V2625	6	Enlargemnt of eye prosthesis						
V2626	6	Reduction of eye prosthesis						
V2627	6	Scleral cover shell						
V2628	6	Fabrication & fitting						
V2629	6	Prosthetic eye other type						
V2630	2	Anter chamber intraocul lens						
V2631	2	Iris support intraoclr lens						
V2632	2	Post chmbr intraocular lens						
V2700	6	Balance lens						
V2710	6	Glass/plastic slab off prism						
V2715	6	Prism lens/es						
V2718	6	Fresnell prism press-on lens						
V2730	6	Special base curve						
V2740	6	Rose tint plastic						
V2741	6	Non-rose tint plastic						
V2742	6	Rose tint glass						
V2743	6	Non-rose tint glass						
V2744	6	Tint photochromatic lens/es						
V2750	6	Anti-reflective coating						
V2755	6	UV lens/es						
V2760	6	Scratch resistant coating						
V2770	6	Occluder lens/es						
V2780	6	Oversize lens/es						
V2781	6	Progressive lens per lens						
V2785	2	Corneal tissue processing						
V2799	6	Miscellaneous vision service						
V5008	9	Hearing screening						
V5010	9	Assessment for hearing aid						
V5011	9	Hearing aid fitting/checking						
V5014	9	Hearing aid repair/modifying						
V5020	9	Conformity evaluation						
V5030	9	Body-worn hearing aid air						
V5040	9	Body-worn hearing aid bone						
V5050	9	Body-worn hearing aid in ear						
V5060	9	Behind ear hearing aid						
V5070	9	Glasses air conduction						
V5080	9	Glasses bone conduction						
V5090	9	Hearing aid dispensing fee						
V5100	9	Body-worn bilat hearing aid						

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ADDENDUM A.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS	ASC payment indicator	Description	Current payment group	Current payment rate	Proposed APC group	Proposed payment rate	Relative value factor	Add [2]/ Delete
V5110	9	Hearing aid dispensing fee						
V5120	9	Body-worn binaur hearing aid						
V5130	9	In ear binaural hearing aid						
V5140	9	Behind ear binaur hearing ai						
V5150	9	Glasses binaural hearing aid						
V5160	9	Dispensing fee binaural						
V5170	9	Within ear cros hearing aid						
V5180	9	Behind ear cros hearing aid						
V5190	9	Glasses cros hearing aid						
V5200	9	Cros hearing aid dispens fee						
V5210	9	In ear bicros hearing aid						
V5220	9	Behind ear bicros hearing ai						
V5230	9	Glasses bicros hearing aid						
V5240	9	Dispensing fee bicros						
V5299	6	Hearing service						
V5336	9	Repair communication device						
V5362	6	Speech screening						
V5363	6	Language screening						
V5364	6	Dysphagia screening						

ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION

APC group	CPT [1]/ HCPCS	Description
122	19100	BIOPSY OF BREAST; NEEDLE CORE (SEPARATE PROCEDURE)
122	20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE
122	32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE
122	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE
122	38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)
122	42400	BIOPSY OF SALIVARY GLAND; NEEDLE
122	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS
122	48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE
122	49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE
122	50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE
122	50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS
122	54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)
122	54800	BIOPSY OF EPIDIDYMIS, NEEDLE
122	60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE
122	62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE
122	67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS
132	19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP
132	20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME
132	21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;
132	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB
132	21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION
132	21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION
132	23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA
132	23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA
132	23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA
132	23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA
132	27301	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED BURSA, OR HEMATOMA, THIGH OR KNEE REGION
132	27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA
132	28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT
132	38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE
132	38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE
132	51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS
132	54015	INCISION AND DRAINAGE OF PENIS, DEEP
132	54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)
132	55100	DRAINAGE OF SCROTAL WALL ABSCESS
152	16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL
152	16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR LARGE, OR WITH MAJOR DEBRIDEMENT
152	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM
152	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0–50.0 SQ CM
152	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM
152	46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL
152	46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
152	46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY
152	46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY
152	46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION
152	46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD
152	54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL
152	54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION
152	54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY
152	54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY
152	54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION
152	54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE, ANY METHOD
152	56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD
152	56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD
162	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE
162	11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE
162	11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM
162	11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM
162	11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM
162	11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM
162	11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE
162	16035	ESCHAROTOMY
162	16040	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; UP TO ONE PERCENT TOTAL BODY SURFACE AREA
162	16041	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; GREATER THAN ONE PERCENT AND UP TO NINE PERCENT TOTAL BODY SURFACE AREA
162	16042	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG, SYNTHETIC MESH), ANY ANATOMIC SITE; EACH ADDITIONAL NINE PERCENT TOTAL BODY SURFACE AREA, OR PART THEREOF
162	17304	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; FIRST STAGE, FRESH TISSUE TECHNIQUE, UP TO 5 SPECIMENS
162	17305	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; SECOND STAGE, FIXED OR FRESH TISSUE, UP TO 5 SPECIMENS
162	17306	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; THIRD STAGE, FIXED OR FRESH TISSUE, UP TO 5 SPECIMENS
162	17307	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; ADDITIONAL STAGE(S), UP TO 5 SPECIMENS, EACH STAGE
162	17310	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND COMPLETE HISTOPATHOLOGIC PREPARATION; MORE THAN 5 SPECIMENS, FIXED OR FRESH TISSUE, ANY STAGE
162	20200	BIOPSY, MUSCLE; SUPERFICIAL
162	20205	BIOPSY, MUSCLE; DEEP
162	20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)
162	20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)
162	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)
162	23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, OPEN METHOD
162	23075	EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS
162	24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS
162	25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS
162	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL
162	27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL
162	28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS
162	37609	LIGATION OR BIOPSY, TEMPORAL ARTERY
162	54100	BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)
162	54105	BIOPSY OF PENIS; DEEP STRUCTURES
162	67350	BIOPSY OF EXTRAOCULAR MUSCLE
162	68100	BIOPSY OF CONJUNCTIVA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
162	68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM
162	68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM
162	68135	DESTRUCTION OF LESION, CONJUNCTIVA
163	10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED
163	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTANEOUS TISSUES
163	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE
163	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE
163	11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM
163	11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM
163	11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM
163	11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR
163	11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR
163	11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR
163	11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR
163	11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR
163	11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR
163	11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM
163	11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM
163	11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM
163	11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM
163	11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM
163	11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL; WITH AMPUTATION OF TUFT OF DISTAL PHALANX
163	11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE
163	11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED
163	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS
163	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)
163	15781	DERMABRASION; SEGMENTAL, FACE
163	15782	DERMABRASION; REGIONAL, OTHER THAN FACE
163	15811	SALABRASION; OVER 20 SQ CM
163	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD
163	15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE
163	15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;
163	15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY
163	15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;
163	15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)
163	15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;
163	15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY
163	20240	BIOPSY, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)
163	20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)
163	20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED
163	20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)
163	21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS
163	21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR
163	21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP
163	21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK
163	21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK
163	22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)
163	23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP
163	23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR
163	23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA
163	23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS
163	23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER PROSTHESIS REMOVAL)
163	24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP
163	24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
163	24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA
163	24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP
163	25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP
163	25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
163	25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA
163	26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUBCUTANEOUS
163	26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR
163	26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER
163	26320	REMOVAL OF IMPLANT FROM FINGER OR HAND
163	27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP
163	27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS
163	27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
163	27049	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA
163	27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP
163	27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS
163	27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR
163	27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA
163	27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA
163	27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP
163	27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS
163	27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
163	28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP
163	28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED
163	69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR
163	69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL
163	69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA
181	11760	REPAIR OF NAIL BED
181	11762	RECONSTRUCTION OF NAIL BED WITH GRAFT
181	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS
181	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM
181	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM
181	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS
181	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC
181	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC
181	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC
181	12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS
181	12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM
181	12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM
181	12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM
181	12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM
181	12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM
181	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS
181	12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM
181	12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM
181	12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM
181	12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM
181	12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM
181	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM
181	12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE
181	12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING
181	12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS
181	12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM
181	12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM
181	12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM
181	12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM
181	12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS
181	12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM
181	12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM
181	12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM
181	12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM
181	12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS
181	12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM
181	12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM
181	12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM
181	12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM
181	12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
181	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT
181	20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)
182	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM
182	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM
182	13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM
182	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM
182	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM
182	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM
182	13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS
182	13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM
182	13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM
182	13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED
182	13300	REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM, ANY AREA
182	43870	CLOSURE OF GASTROSTOMY, SURGICAL
183	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION
183	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS
183	12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM
183	12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM
183	12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM
183	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS
183	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/ OR LEGS; DEFECT 10 SQ CM OR LESS
183	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/ OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS
183	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS
183	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM
183	14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA
183	14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE
183	15000	EXCISIONAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF ESSENTIALLY INTACT SKIN (INCLUDING SUBCUTANEOUS TISSUES), SCAR, OR OTHER LESION PRIOR TO REPAIR WITH FREE SKIN GRAFT (LIST AS SEPARATE SERVICE IN ADDITION TO SKIN GRAFT)
183	15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO DEFECT SIZE 2 CM DIAMETER
183	15100	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
183	15101	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
183	15120	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; 100 SQ CM OR LESS, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
183	15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
183	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS
183	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM
183	15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS
183	15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM
183	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS
183	15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM
183	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS
183	15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM
183	15350	APPLICATION OF ALLOGRAFT, SKIN
183	15400	APPLICATION OF XENOGRAFT, SKIN
183	15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK
183	15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS
183	15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET
183	15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL
183	15580	CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE
183	15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK
183	15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS
183	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS (EXCEPT 15625), OR FEET
183	15625	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CROSS FINGER FLAP

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
183	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS
183	15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, ''WALKING'' TUBE), ANY LOCATION
183	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS
183	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS
183	15819	CERVICOPLASTY
183	15820	BLEPHAROPLASTY, LOWER EYELID;
183	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD
183	15822	BLEPHAROPLASTY, UPPER EYELID;
183	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID
183	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, ''P–FLAP'')
183	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
183	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK
183	20910	CARTILAGE GRAFT; COSTOCHONDRAL
183	20912	CARTILAGE GRAFT; NASAL SEPTUM
183	20920	FASCIA LATA GRAFT; BY STRIPPER
183	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET
183	20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)
183	23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION
183	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION
183	44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
183	44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
183	65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE
184	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)
184	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK
184	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY
184	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY
184	15740	FLAP; ISLAND PEDICLE
184	15750	FLAP; NEUROVASCULAR PEDICLE
184	15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA
184	15770	GRAFT; DERMA–FAT–FASCIA
184	15824	RHYTIDECTOMY; FOREHEAD
184	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES
184	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK
184	15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN (ABDOMINOPLASTY)
184	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH
184	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG
184	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP
184	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM
184	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND
184	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA
184	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)
184	15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)
184	15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE
184	15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER
184	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK
184	15877	SUCTION ASSISTED LIPECTOMY; TRUNK
184	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY
184	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY
184	15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE
184	15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;
184	15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY
184	15936	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;
184	15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY
184	15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;
184	15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY
184	15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE
184	15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;
184	15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY
184	15956	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;
184	15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY
197	19101	BIOPSY OF BREAST; INCISIONAL
197	19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT
197	19112	EXCISION OF LACTIFEROUS DUCT FISTULA
197	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19140), MALE OR FEMALE, ONE OR MORE LESIONS
197	19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION
197	19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER
197	19140	MASTECTOMY FOR GYNECOMASTIA
197	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;
197	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESION
197	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
198	19160	MASTECTOMY, PARTIAL;
198	19162	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY
198	19180	MASTECTOMY, SIMPLE, COMPLETE
198	19182	MASTECTOMY, SUBCUTANEOUS
198	19316	MASTOPEXY
198	19318	REDUCTION MAMMAPLASTY
198	19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT
198	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT
198	19328	REMOVAL OF INTACT MAMMARY IMPLANT
198	19330	REMOVAL OF MAMMARY IMPLANT MATERIAL
198	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION
198	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION
198	19350	NIPPLE/AREOLA RECONSTRUCTION
198	19355	CORRECTION OF INVERTED NIPPLES
198	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION
198	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE
198	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST
198	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST
198	19380	REVISION OF RECONSTRUCTED BREAST
207	21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH
207	21820	CLOSED TREATMENT OF STERNUM FRACTURE
207	22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)
207	22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING
207	22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH AND INCLUDING CASTING AND/ OR BRACING, WITH OR WITHOUT ANESTHESIA, BY MANIPULATION OR TRACTION
207	23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION
207	23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION
207	23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION
207	23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION
207	23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION
207	23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION
207	23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION
207	23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT SHOULDER JOINT INVOLVEMENT)
207	23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA
207	26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA
207	26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH
207	26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION, EACH
207	26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH
207	26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH
207	26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH
207	26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA
207	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE
207	28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION
207	28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION
207	28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH
207	28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH
207	28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA
207	28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA
207	31585	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION
209	23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION
209	23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
209	23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION
209	23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION
209	23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION
209	23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION
209	24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION
209	24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
209	24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT MANIPULATION
209	24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION
209	24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION
209	24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION
209	24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION
209	24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA
209	24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
209	24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, ''NURSEMAID ELBOW'', WITH MANIPULATION
209	24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION
209	24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION
209	24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION
209	24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION
209	25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION
209	25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION
209	25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)
209	25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION
209	25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION
209	25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION
209	25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION
209	25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITHOUT MANIPULATION
209	25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITH MANIPULATION
209	25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION
209	25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION
209	25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH BONE
209	25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE
209	25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE
209	25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION
209	25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION
209	25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION
209	25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION
209	26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE
209	26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE
209	26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE
209	26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION
209	26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION
209	26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA
209	26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION
209	26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH
209	27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION
209	27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION
209	27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION
209	27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION
209	27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION
209	27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA
209	27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION
209	27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA
209	27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION
209	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT MANIPULATION
209	27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION
209	27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION
209	27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION
209	27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
209	27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION
209	27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION
209	27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION
209	27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION
209	27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA
209	27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA
209	27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION
209	27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
209	27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION
209	27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
209	27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION
209	27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION
209	27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION
209	27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION
209	27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION
209	27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION
209	27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION
209	27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION
209	27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITHOUT MANIPULATION
209	27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION
209	27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA
209	27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA
209	28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION
209	28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION
209	28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION
209	28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION
209	28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH
209	28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH
209	28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH
209	28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH
209	28530	CLOSED TREATMENT OF SESAMOID FRACTURE
209	28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA
209	28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA
209	28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA
209	31586	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION
210	22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION
210	23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA
210	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)
210	24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA
210	26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA
210	26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA
210	26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA
210	27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA
210	27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA
210	27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA
210	27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA
210	27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA
210	27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA
210	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)
210	27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA
210	27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION
210	27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)
210	28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA
210	28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA
210	28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA
210	28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA
210	28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA
216	21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION
216	21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH
216	23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;
216	23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
216	23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;
216	23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
216	23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION
216	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES);
216	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES); WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT
216	23630	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION
216	23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
216	23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
216	24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS
216	24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION
216	24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT INTERCONDYLAR EXTENSION
216	24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH INTERCONDYLAR EXTENSION
216	24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
216	24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
216	24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS);
216	24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY
216	24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION
216	24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;
216	24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WITH RADIAL HEAD PROSTHETIC REPLACEMENT
216	24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION
216	25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), INCLUDES REPAIR OF TRIANGULAR CARTILAGE
216	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA
216	25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA
216	25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, REQUIRING MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION
216	25620	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE
216	25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES
216	25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
216	25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION
216	25695	OPEN TREATMENT OF LUNATE DISLOCATION
216	26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE
216	26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE
216	26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION
216	26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION
216	26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAYED REDUCTION
216	26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH
216	26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
216	26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION
216	26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE
216	27202	OPEN TREATMENT OF COCCYGEAL FRACTURE
216	27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION
216	27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS REPAIR OR AUGMENTATION/RECONSTRUCTION
216	27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY
216	27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA
216	27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)
216	27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
216	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE
216	27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP
216	27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP
216	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF FIBULA ONLY
216	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY
216	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF BOTH TIBIA AND FIBULA
216	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR WITH EXCISION OF PROXIMAL FIBULA
216	27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL FIXATION
216	27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION
216	28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION
216	28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;
216	28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)
216	28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION
216	28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH
216	28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH
216	28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION
216	28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
216	28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION
216	28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION
216	28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION
216	28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION
216	28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION
216	28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
216	28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION
216	28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
217	24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE
217	24365	ARTHROPLASTY, RADIAL HEAD;
217	25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION
217	25447	INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
217	25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT
217	26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH
217	26535	ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH
217	27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA
217	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS
217	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;
217	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
217	27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS;
217	27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
217	27700	ARTHROPLASTY, ANKLE;
218	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT
218	24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT
218	24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION
218	24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (''TOTAL ELBOW'')
218	24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT
218	25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS
218	25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA
218	25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)
218	25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE
218	25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM
218	25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (''TOTAL WRIST'')
218	26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH
218	26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH
218	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS
231	21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP
231	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE
231	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)
231	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)
231	21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE
231	21031	EXCISION OF TORUS MANDIBULARIS
231	21032	EXCISION OF MAXILLARY TORUS PALATINUS
231	21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE
231	21041	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX
231	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)
231	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL
231	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)
231	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL
231	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)
231	21282	LATERAL CANTHOPEXY
231	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH
231	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH
231	21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION
231	21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION
231	21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION
231	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION
231	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED
231	21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION
231	21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION
231	21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT ''BLOWOUT''; WITHOUT MANIPULATION
231	21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT ''BLOWOUT''; WITH MANIPULATION
231	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
231	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION
231	21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT
231	21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT
231	21493	CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION
231	21494	CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION
231	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE
231	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES
231	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES
232	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT
232	21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE
232	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;
232	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
232	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
232	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)
232	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE
232	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)
232	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
232	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
232	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL
232	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)
232	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)
232	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION
232	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)
232	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)
232	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)
232	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)
232	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)
232	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT
232	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)
232	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL
232	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE
232	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL
232	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE
232	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH
232	21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH
232	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL
232	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION
232	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION
232	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM
232	21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION
232	21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION
232	21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF CANTHAL LIGAMENTS AND/OR THE NASOLACRIMAL APPARATUS
232	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE
232	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT
232	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT 5116
232	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
232	21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION
232	21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION
232	21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION
232	21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION
232	21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION
232	21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION
232	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE
232	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION
232	67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION
232	67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY
232	67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE
232	67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BIOPSY
251	20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED
251	20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC
251	20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL
251	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)
251	20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW RING(S) OR BAR(S))
251	20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM
251	20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)
251	23100	ARTHROTOMY WITH BIOPSY, GLENOHUMERAL JOINT
251	23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;
251	23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW
251	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY
251	24105	EXCISION, OLECRANON BURSA
251	24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;
251	24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;
251	24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH
251	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION
251	25000	TENDON SHEATH INCISION; AT RADIAL STYLOID (EG, FOR DEQUERVAIN'S DISEASE)
251	25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT
251	25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA
251	25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; INFECTED BURSA
251	25035	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST
251	25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)
251	25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY
251	25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST
251	25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS
251	25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
251	25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST
251	25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
251	25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION
251	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION
251	26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA
251	26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA
251	27000	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)
251	27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT
251	27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT
251	27060	EXCISION; ISCHIAL BURSA
251	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION
251	27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH OR WITHOUT AUTOGRAFT
251	27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE
251	27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP
251	27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN
251	27306	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE
251	27307	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE
251	27340	EXCISION, PREPATELLAR BURSA
251	27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)
251	27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY
251	27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
251	27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY
251	27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
251	27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE
251	27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, ONE LEG
251	27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE, BILATERAL
251	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);
251	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;
251	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION
251	27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY
251	27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY
251	27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)
251	27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA
251	27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA
251	27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE
251	27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE
251	27656	REPAIR, FASCIAL DEFECT OF LEG
251	27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH
251	27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH
251	27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH
251	27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY
251	27704	REMOVAL OF ANKLE IMPLANT
251	27707	OSTEOTOMY; FIBULA
251	27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION
251	27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
251	28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BURSAL SPACE, SPECIFY
251	28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE AREAS
252	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM
252	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)
252	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)
252	20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE
252	20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)
252	21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY
252	21600	EXCISION OF RIB, PARTIAL
252	21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)
252	23040	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	23101	ARTHROTOMY WITH BIOPSY, OR WITH EXCISION OF TORN CARTILAGE, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT
252	23105	ARTHROTOMY WITH SYNOVECTOMY; GLENOHUMERAL JOINT

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
252	23106	ARTHROTOMY WITH SYNOVECTOMY; STERNOCLAVICULAR JOINT
252	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT
252	23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;
252	23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT
252	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE
252	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA
252	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK
252	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE
252	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA
252	23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS
252	23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)
252	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE
252	23406	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION
252	24000	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
252	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)
252	24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY
252	24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT
252	24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT
252	24130	EXCISION, RADIAL HEAD
252	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS
252	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK
252	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS
252	24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS
252	24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK
252	24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
252	24160	IMPLANT REMOVAL; ELBOW JOINT
252	24164	IMPLANT REMOVAL; RADIAL HEAD
252	24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320–24331)
252	24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH
252	24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS);
252	24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT
252	24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION
252	24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH STRIPPING
252	24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, ''TENNIS ELBOW'' OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY
252	24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION
252	24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)
252	24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION
252	25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
252	25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY
252	25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX
252	25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;
252	25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA
252	25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);
252	25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT
252	25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;
252	25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT
252	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
252	25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA
252	25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS
252	25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)
252	25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)
252	25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)
252	25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING ''TOTAL WRIST''
252	25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE
252	25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE
252	25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE
252	25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE
252	25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE
252	25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EACH TENDON OR MUSCLE
252	25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
252	25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
252	25300	TENODESIS AT WRIST; FLEXORS OF FINGERS
252	25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS
252	25360	OSTEOTOMY; ULNA
252	25365	OSTEOTOMY; RADIUS AND ULNA
252	25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
252	25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
252	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN
252	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY
252	27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT
252	27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION
252	27080	COCCYGECTOMY, PRIMARY
252	27097	HAMSTRING RECESSION, PROXIMAL
252	27098	ADDUCTOR TRANSFER TO ISCHIUM
252	27310	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
252	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY
252	27331	ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES
252	27332	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL
252	27333	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL
252	27334	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR OR POSTERIOR
252	27335	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA
252	27350	PATELLECTOMY OR HEMIPATELLECTOMY
252	27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;
252	27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT
252	27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356, OR 27357)
252	27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL TIBIA AND/ OR FIBULA
252	27393	LENGTHENING OF HAMSTRING TENDON; SINGLE
252	27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG
252	27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE
252	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR
252	27425	LATERAL RETINACULAR RELEASE (ANY METHOD)
252	27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
252	27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING
252	27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
252	27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;
252	27626	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY
252	27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;
252	27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
252	27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT
252	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); FIBULA
252	27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH
252	27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY
252	27680	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; SINGLE
252	27681	TENOLYSIS, INCLUDING TIBIA, FIBULA, AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH
252	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)
252	27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH
252	27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)
252	27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL
252	27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS
252	27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)
252	27709	OSTEOTOMY; TIBIA AND FIBULA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
252	27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA
252	27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA
252	27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA
252	27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;
252	27889	ANKLE DISARTICULATION
253	23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE)
253	23120	CLAVICULECTOMY; PARTIAL
253	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL
253	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY
253	23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;
253	23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)
253	23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE
253	23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUMERUS AND HUMERAL HEAD
253	23800	ARTHRODESIS, SHOULDER JOINT; WITH OR WITHOUT LOCAL BONE GRAFT
253	23802	ARTHRODESIS, SHOULDER JOINT; WITH PRIMARY AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
253	24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)
253	24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)
253	24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);
253	24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT
253	24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)
253	24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)
253	24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT
253	24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)
253	24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
253	24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
253	24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)
253	24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERUS
253	24800	ARTHRODESIS, ELBOW JOINT; WITH OR WITHOUT LOCAL AUTOGRAFT OR ALLOGRAFT
253	24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT OTHER THAN LOCALLY OBTAINED)
253	25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON
253	25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON
253	25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;
253	25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER
253	25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, ANY METHOD (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY
253	25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)
253	25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT
253	25350	OSTEOTOMY, RADIUS; DISTAL THIRD
253	25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD
253	25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA
253	25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA
253	25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA
253	25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA
253	25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)
253	25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA
253	25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA
253	25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS
253	25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA
253	25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND ULNA
253	25800	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT
253	25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT
253	25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
253	25830	DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (EG, SAUVE-KAPANDJI PROCEDURE), WITH OR WITHOUT BONE GRAFT
253	27033	ARTHROTOMY, HIP, WITH EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY
253	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)
253	27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)
253	27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER
253	27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK
253	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, BILATERAL
253	27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
253	27400	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR (EGGERS TYPE PROCEDURE)
253	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL
253	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE
253	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS
253	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, FOR CHONDROMALACIA PATELLAE)
253	27420	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE)
253	27422	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELL, GOLDWAITE TYPE PROCEDURE)
253	27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY
253	27430	QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE)
253	27435	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE
253	27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); TIBIA
253	27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS
253	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;
253	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)
253	27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT
253	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)
253	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)
253	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON
253	27705	OSTEOTOMY; TIBIA
253	27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR
253	27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA
253	27870	ARTHRODESIS, ANKLE, ANY METHOD
253	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL
254	23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); ACUTE
254	23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); CHRONIC
254	23420	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)
254	23430	TENODESIS OF LONG TENDON OF BICEPS
254	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION
254	23455	CAPSULORRHAPHY, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING
254	23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK
254	23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER
254	23465	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK
254	23466	CAPSULORRHAPHY WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY
254	27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR
254	27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)
254	27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR
261	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY
261	25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT
261	25820	INTERCARPAL FUSION; WITHOUT BONE GRAFT
261	26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM
261	26025	DRAINAGE OF PALMAR BURSA; SINGLE, ULNAR OR RADIAL
261	26030	DRAINAGE OF PALMAR BURSA; MULTIPLE OR COMPLICATED
261	26034	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER
261	26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)
261	26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)
261	26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)
261	26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT
261	26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT
261	26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; METACARPOPHALANGEAL JOINT
261	26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH
261	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY; CARPOMETACARPAL JOINT
261	26105	ARTHROTOMY WITH SYNOVIAL BIOPSY; METACARPOPHALANGEAL JOINT
261	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH
261	26130	SYNOVECTOMY, CARPOMETACARPAL JOINT
261	26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT
261	26145	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR, PALM OR FINGER, SINGLE, EACH DIGIT
261	26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER
261	26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH
261	26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE)
261	26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)
261	26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;
261	26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;
261	26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
261	26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL
261	26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
261	26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF FINGER
261	26250	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL;
261	26260	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER;
261	26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
261	26262	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL PHALANX OF FINGER
261	26410	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON
261	26418	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON
261	26432	EXTENSOR TENDON REPAIR, DISTAL INSERTION (''MALLET FINGER''), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PINNING
261	26433	EXTENSOR TENDON REPAIR, DISTAL INSERTION (''MALLET FINGER''), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT
261	26437	EXTENSOR TENDON REALIGNMENT, HAND
261	26440	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON
261	26445	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON
261	26450	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH
261	26455	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH
261	26460	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH
261	26471	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION
261	26474	TENODESIS; FOR DISTAL JOINT STABILIZATION
261	26476	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH
261	26477	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH
261	26478	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH
261	26479	TENDON SHORTENING, FLEXOR, HAND OR FINGER, SINGLE, EACH
261	26500	TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)
261	26508	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE
261	26520	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH
261	26525	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH
261	26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT
261	26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)
261	26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS
261	26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE
261	26593	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)
261	26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE
261	26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)
262	25210	CARPECTOMY; ONE BONE
262	25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW
262	25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26040	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; PERCUTANEOUS
262	26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL
262	26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)
262	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT);
262	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
262	26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT
262	26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26350	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN ''NO MAN'S LAND''; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON
262	26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN ''NO MAN'S LAND''; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN ''NO MAN'S LAND''; PRIMARY, EACH TENDON
262	26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN ''NO MAN'S LAND''; SECONDARY, EACH TENDON
262	26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN ''NO MAN'S LAND''; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26370	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY
262	26372	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
262	26373	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT
262	26390	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER
62	26392	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER
262	26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26415	EXTENSOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED EXTENSOR TENDON GRAFT, HAND OR FINGER

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
262	26416	REMOVAL OF TUBE OR ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER
262	26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
262	26426	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES
262	26428	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
262	26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION (''MALLET FINGER''), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
262	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON
262	26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR FINGER, INCLUDING HAND AND FOREARM
262	26480	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH
262	26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26485	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITHOUT FREE TENDON GRAFT
262	26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
262	26490	OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE
262	26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT)
262	26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER
262	26496	OPPONENSPLASTY; OTHER METHODS
262	26497	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER
262	26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS
262	26499	CORRECTION CLAW FINGER, OTHER METHODS
262	26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)
262	26504	TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)
262	26510	CROSS INTRINSIC TRANSFER
262	26516	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT
262	26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS
262	26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS
262	26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
262	26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT
262	26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)
262	26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT
262	26550	POLLICIZATION OF A DIGIT
262	26555	POSITIONAL CHANGE OF OTHER FINGER
262	26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS
262	26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)
262	26565	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL
262	26567	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER
262	26568	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX
262	26580	REPAIR CLEFT HAND
262	26585	REPAIR BIFID DIGIT
262	26590	REPAIR MACRODACTYLIA
262	26591	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)
262	26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES
262	26597	RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS, REARRANGEMENT FLAPS, OR Z-PLASTIES, HAND AND/OR FINGER
262	26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
262	26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;
262	26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;
262	26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;
262	26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;
262	26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT
262	26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
262	26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT
262	26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER
271	27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); *LOCAL ANESTHESIA
271	28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT
271	28008	FASCIOTOMY, FOOT AND/OR TOE
271	28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE
271	28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
271	28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT
271	28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT
271	28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT
271	28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR
271	28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT
271	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT
271	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT
271	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT
271	28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH
271	28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR
271	28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR
271	28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT
271	28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES
271	28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;
271	28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;
271	28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT
271	28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD
271	28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)
271	28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD
271	28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (CLAYTON TYPE PROCEDURE)
271	28116	OSTECTOMY, EXCISION OF TARSAL COALITION
271	28118	OSTECTOMY, CALCANEUS;
271	28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE
271	28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TALAR BOSSING), TALUS OR CALCANEUS
271	28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING), TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS
271	28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOSSING), PHALANX OF TOE
271	28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, SINGLE TOE, EACH
271	28130	TALECTOMY (ASTRAGALECTOMY)
271	28140	METATARSECTOMY
271	28150	PHALANGECTOMY OF TOE, SINGLE, EACH
271	28153	RESECTION, HEAD OF PHALANX, TOE
271	28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH
271	28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)
271	28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL
271	28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE
271	28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
271	28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON
271	28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
271	28220	TENOLYSIS, FLEXOR, FOOT; SINGLE
271	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)
271	28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE
271	28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)
271	28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)
271	28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)
271	28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE
271	28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE
271	28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPARATE PROCEDURE)
271	28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)
271	28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE)
271	28285	HAMMERTOE OPERATION, ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)
271	28286	COCK-UP FIFTH TOE OPERATION WITH PLASTIC SKIN CLOSURE (RUIZ-MORA TYPE PROCEDURE)
271	28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)
271	28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE
271	28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY
271	28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)
271	28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION
271	28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION
271	28737	ARTHRODESIS, MIDTARSAL NAVICULAR–CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)
271	28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT
271	28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
271	28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE
271	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
271	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT
271	29893	ENDOSCOPIC PLANTAR FASCIOTOMY
272	28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)
272	28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)
272	28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH
272	28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH
272	28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
272	28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT
272	28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
272	28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT
272	28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
272	28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)
272	28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (''STEINDLER STRIPPING'') (SEPARATE PROCEDURE)
272	28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)
272	28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING
272	28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY
272	28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)
272	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD
272	28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION
272	28302	OSTEOTOMY; TALUS
272	28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;
272	28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)
272	28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL
272	28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL WITH AUTOGRAFT
272	28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHER THAN FIRST METATARSAL
272	28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)
272	28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)
272	28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)
272	28344	RECONSTRUCTION, TOE(S); POLYDACTYLY
272	28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB
272	28360	RECONSTRUCTION, CLEFT FOOT
272	28705	PANTALAR ARTHRODESIS
272	28715	TRIPLE ARTHRODESIS
272	28725	SUBTALAR ARTHRODESIS
272	28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE
272	28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION
272	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT
272	28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES TYPE PROCEDURE)
276	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)
276	28290	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY (SILVER TYPE PROCEDURE)
276	28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE
276	28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT
276	28294	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON TRANSPLANTS (JOPLIN TYPE PROCEDURE)
276	28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)
276	28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE
276	28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY
276	28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)
280	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29815	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
280	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
281	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL
281	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
281	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL
281	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE
281	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED
281	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE
281	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION
281	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE
281	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
281	29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL
281	29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE
281	29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED
281	29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE
281	29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE
281	29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL
281	29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE
281	29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT
281	29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY
281	29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT
281	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
281	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
281	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM
281	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY
281	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)
281	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
281	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)
281	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING
281	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)
281	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)
281	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)
281	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION
281	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
281	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL
281	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED
281	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE
282	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE
282	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)
282	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
282	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
282	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)
282	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION
282	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT
286	29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
286	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION
286	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONSTRUCTION
286	29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH OR WITHOUT INTERNAL FIXATION (INCLUDES ARTHROSCOPY)
312	30801	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); SUPERFICIAL
312	30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE PROCEDURE); INTRAMURAL
312	30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC
312	31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION
312	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS
312	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX
312	41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE
312	41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE–THIRD OF TONGUE
312	41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX
312	41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K–WIRE)
312	41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)
312	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
312	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE
312	42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED
312	42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL
312	42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL
312	42405	BIOPSY OF SALIVARY GLAND; INCISIONAL
312	42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR
312	42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH
312	42800	BIOPSY; OROPHARYNX
312	42802	BIOPSY; HYPOPHARYNX
312	42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE
312	42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION
312	42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD
312	60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED
312	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA
312	69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA
312	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA
313	30115	EXCISION, NASAL POLYP(S), EXTENSIVE
313	30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)
313	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA
313	30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE
313	30130	EXCISION TURBINATE, PARTIAL OR COMPLETE
313	30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE
313	30150	RHINECTOMY; PARTIAL
313	30160	RHINECTOMY; TOTAL
313	30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA
313	30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY
313	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)
313	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT
313	30540	REPAIR CHOANAL ATRESIA; INTRANASAL
313	30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)
313	30600	REPAIR FISTULA; ORONASAL
313	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)
313	30630	REPAIR NASAL SEPTAL PERFORATIONS
313	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL
313	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS
313	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS
313	31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;
313	31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)
313	31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)
313	31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR
313	31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC
313	31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL
313	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SINGER PROSTHESIS)
313	31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION
313	31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION
313	31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR
313	31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR
313	31830	REVISION OF TRACHEOSTOMY SCAR
313	40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT
313	40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE
313	40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE
313	40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)
313	40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)
313	40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION
313	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY
313	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT
313	40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX
313	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR
313	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE
313	40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT
313	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)
313	40840	VESTIBULOPLASTY; ANTERIOR
313	40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL
313	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID
313	41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE
313	41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE
313	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
313	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)
313	41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL
313	41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL
313	41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR
313	41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE
313	41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS
313	41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD
313	41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP
313	41116	EXCISION, LESION OF FLOOR OF MOUTH
313	41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE
313	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)
313	41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR
313	42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE
313	42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION
313	42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM
313	42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX
313	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY
313	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY
313	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION
313	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE
313	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP
313	42260	REPAIR OF NASOLABIAL FISTULA
313	42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);
313	42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS
313	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL
313	42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)
313	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)
313	42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION
313	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND
313	42450	EXCISION OF SUBLINGUAL GLAND
313	42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE
313	42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED
313	42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);
313	42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND
313	42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS
313	42600	CLOSURE SALIVARY FISTULA
313	42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH
313	42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES
313	42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX
313	42900	SUTURE PHARYNX FOR WOUND OR INJURY
313	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)
313	42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)
313	42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); WITH SECONDARY SURGICAL INTERVENTION
313	42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL INTERVENTION
313	43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY
313	43030	CRICOPHARYNGEAL MYOTOMY
313	69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION
313	69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL
313	69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION
313	69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION
313	69450	TYMPANOLYSIS, TRANSCANAL
313	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)
314	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP
314	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP
314	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR
314	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
314	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
314	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY
314	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES
314	30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE
314	31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH
314	31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)
314	31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)
314	31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)
314	31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION
314	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION
314	31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION
314	31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
314	31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)
314	31201	ETHMOIDECTOMY; INTRANASAL, TOTAL
314	31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL
314	31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY
314	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH
314	31420	EPIGLOTTIDECTOMY
314	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)
314	31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE
314	31750	TRACHEOPLASTY; CERVICAL
314	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE
314	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL
314	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE
314	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES
314	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE
314	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING OF PEDICLE
314	40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL
314	40844	VESTIBULOPLASTY; ENTIRE ARCH
314	40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)
314	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)
314	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP
314	42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP
314	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP
314	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
314	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
314	42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE
314	42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS
314	42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE
314	42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCAL)
314	42890	LIMITED PHARYNGECTOMY
314	42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS
314	69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION
314	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION) (SEPARATE PROCEDURE)
314	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE
314	69501	TRANSMASTOID ANTROTOMY (''SIMPLE'' MASTOIDECTOMY)
314	69502	MASTOIDECTOMY; COMPLETE
314	69505	MASTOIDECTOMY; MODIFIED RADICAL
314	69511	MASTOIDECTOMY; RADICAL
314	69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY
314	69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL
314	69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID
314	69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY
314	69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY
314	69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY
314	69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY
314	69605	REVISION MASTOIDECTOMY; WITH APICECTOMY
314	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION)
314	69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL OSSICULAR REPLACEMENT PROSTHESIS (TORP))
314	69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION
314	69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS (PORP), TOTAL OSSICULAR REPLACEMENT PROSTHESIS (TORP))
314	69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION
314	69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION
314	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION
314	69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
314	69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION
314	69650	STAPES MOBILIZATION
314	69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;
314	69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT
314	69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY
314	69666	REPAIR OVAL WINDOW FISTULA
314	69667	REPAIR ROUND WINDOW FISTULA
314	69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)
314	69676	TYMPANIC NEURECTOMY
314	69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)
314	69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE
314	69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION
314	69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION
314	69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION
314	69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION
314	69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); TRANSCANAL
314	69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE DRUGS (SINGLE OR MULTIPLE PERFUSIONS); WITH MASTOIDECTOMY
314	69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT
314	69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT
314	69820	FENESTRATION SEMICIRCULAR CANAL
314	69840	REVISION FENESTRATION OPERATION
314	69905	LABYRINTHECTOMY; TRANSCANAL
314	69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY
314	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH
317	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY
318	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD
318	30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD
318	30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL
318	30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT
318	42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE
318	42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NASAL PACKS, WITH OR WITHOUT ANTERIOR PACKS AND/OR CAUTERIZATION
319	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12
319	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER
319	42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12
319	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER
319	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12
319	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER
319	42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12
319	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER
319	42860	EXCISION OF TONSIL TAGS
319	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)
320	32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT
320	32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION
320	32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR
320	33010	PERICARDIOCENTESIS; INITIAL
320	33011	PERICARDIOCENTESIS; SUBSEQUENT
320	49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL
320	49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT
332	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)
332	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)
332	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)
332	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS
332	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION
332	31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY
332	31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY
332	31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION
332	31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION
332	31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION
332	31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN
332	31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN
332	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE
332	31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
332	31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT
332	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY
332	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY
332	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION
332	31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)
332	31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY
332	31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL
332	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY
333	31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY
333	31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)
333	31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)
333	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY
333	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS
333	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS
333	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY
333	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS
333	31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR
333	31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL
333	31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE
333	31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY
333	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE
333	31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS
333	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE
333	31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY
333	31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE
333	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC
333	31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE
336	31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION
336	31622	BRONCHOSCOPY; DIAGNOSTIC, (FLEXIBLE OR RIGID), WITH OR WITHOUT CELL WASHING OR BRUSHING
336	31625	BRONCHOSCOPY; WITH BIOPSY
336	31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE
336	31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY
336	31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE
336	31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT
336	31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY
336	31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR
336	31641	BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER)
336	31645	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS)
336	31646	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT
346	36488	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, AGE 2 YEARS OR UNDER
346	36489	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); PERCUTANEOUS, OVER AGE 2
346	36490	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, AGE 2 YEARS OR UNDER
346	36491	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, FOR CENTRAL VENOUS PRESSURE, HYPERALIMENTATION, HEMODIALYSIS, OR CHEMOTHERAPY); CUTDOWN, OVER AGE 2
346	36493	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE
346	36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN
360	33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER
360	33223	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR
360	36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP
360	36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP
360	36531	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
360	36532	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
360	36534	REVISION OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR
360	36535	REMOVAL OF IMPLANTABLE VENOUS ACCESS PORT AND/OR SUBCUTANEOUS RESERVOIR
367	30915	LIGATION ARTERIES; ETHMOIDAL
367	30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL
367	37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY
367	37650	LIGATION OF FEMORAL VEIN
367	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
367	37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS
367	37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS
367	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA
367	37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT
367	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
367	37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG
368	35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK
368	35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER
368	35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT;
368	35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT
368	36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)
368	36530	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP
368	36533	INSERTION OF IMPLANTABLE VENOUS ACCESS PORT, WITH OR WITHOUT SUBCUTANEOUS RESERVOIR
368	36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN
368	36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)
368	36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE
368	36821	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE PROCEDURE)
368	36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); AUTOGENOUS GRAFT
368	36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS GRAFT
368	36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS GRAFT (SEPARATE PROCEDURE)
368	36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)
368	36860	CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER
368	36861	CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER
368	37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA
396	38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS
396	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)
396	38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)
396	38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD
396	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)
396	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)
396	38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR DISSECTION
397	38542	DISSECTION, DEEP JUGULAR NODE(S)
397	38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR DISSECTION
397	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL
397	38745	AXILLARY LYMPHADENECTOMY; COMPLETE
397	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)
397	60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS
397	60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY
397	60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY
397	60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY
397	60240	THYROIDECTOMY, TOTAL OR COMPLETE
397	60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;
397	60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT
406	43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES
406	43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE
406	43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE
406	43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA
407	43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES
407	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES
407	43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY
407	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
407	43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
407	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)
407	43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE
407	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD
417	43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
417	43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE
417	43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMALL DIAMETER FLEXIBLE ENDOSCOPE) (SEPARATE PROCEDURE)
417	43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
417	43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE
417	43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)
417	44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)
418	43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRANSENDOSCOPIC TUBE OR CATHETER PLACEMENT
418	43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL AND/OR GASTRIC VARICES
418	43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC VARICES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
418	43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DILATION OF GASTRIC OUTLET FOR OBSTRUCTION, ANY METHOD
418	43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE
418	43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF FOREIGN BODY
418	43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF ESOPHAGUS OVER GUIDE WIRE
418	43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)
418	43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
418	43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
418	43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH CONTROL OF BLEEDING, ANY METHOD
418	43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE
419	44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
419	44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE
419	44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN BODY
419	44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
419	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
419	44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD
419	44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE
419	44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE
419	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
419	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE
419	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD
426	44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
426	44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE
426	44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
426	44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH BIOPSY, SINGLE OR MULTIPLE
426	44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
426	44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE
426	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)
426	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE
426	G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK
427	44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY
427	44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING, ANY METHOD
427	44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
427	44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
427	45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE
427	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY
427	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING, ANY METHOD
427	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
427	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
437	46604	ANOSCOPY; WITH DILATION, ANY METHOD
437	46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY
437	46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
437	46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE
437	46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
437	46614	ANOSCOPY; WITH CONTROL OF BLEEDING, ANY METHOD
437	46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
446	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
446	45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE
446	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
446	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE
446	G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY
447	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION, ANY METHOD
447	45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY
447	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
447	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE
447	45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
447	45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING, ANY METHOD
447	45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)
447	45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS
448	45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY
448	45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
448	45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD
448	45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD
448	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
449	43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT
449	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S), NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION
449	43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
449	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE
452	45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
452	45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM
452	45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS
452	45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)
452	45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA
452	45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
452	45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
452	45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA
452	46030	REMOVAL OF ANAL SETON, OTHER MARKER
452	46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)
452	46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL
452	46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)
452	46210	CRYPTECTOMY; SINGLE
452	46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL
453	45108	ANORECTAL MYOMECTOMY
453	45150	DIVISION OF STRICTURE OF RECTUM
453	45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH
453	45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH
453	45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPROACH
453	45500	PROCTOPLASTY; FOR STENOSIS
453	45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE
453	45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)
453	46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA
453	46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT PLACEMENT OF SETON
453	46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY
453	46211	CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)
453	46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE
453	46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE
453	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY
453	46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
453	46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE
453	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY
453	46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
453	46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS
453	46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR
453	46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON
453	46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE
453	46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP
453	46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT
453	46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT
453	46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE
453	46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT
453	46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)
453	46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER
453	46937	CRYOSURGERY OF RECTAL TUMOR; BENIGN
453	46938	CRYOSURGERY OF RECTAL TUMOR; MALIGNANT
456	43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
456	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE
456	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY
456	43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI (PANCREATIC DUCT OR COMMON BILE DUCT)
456	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS
456	43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD
456	43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF NASOBILIARY OR NASOPANCREATIC DRAINAGE TUBE
456	43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE INSERTION OF TUBE OR STENT INTO BILE OR PANCREATIC DUCT
456	43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGN BODY AND/OR CHANGE OF TUBE OR STENT
456	43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S)
458	47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE
458	47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE
458	47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING AND/OR WASHING (SEPARATE PROCEDURE)
458	47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE
458	47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF STONE(S)
458	47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT
458	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT
458	47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE)
459	49085	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY
459	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)
459	49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY
459	49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT
459	49426	REVISION OF PERITONEAL-VENOUS SHUNT
466	49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE
466	49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED
466	49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE
466	49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED
466	49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE
466	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED
466	49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE
466	49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED
466	49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE
466	49540	REPAIR LUMBAR HERNIA
466	49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;
466	49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; INCARCERATED OR STRANGULATED
466	49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE
466	49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED
466	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE
466	49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED
466	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE
466	49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED
466	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
466	49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)
466	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED
466	49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE
466	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED
466	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE
466	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED
466	49590	REPAIR SPIGELIAN HERNIA
466	49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE
466	51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR
466	55040	EXCISION OF HYDROCELE; UNILATERAL
466	55041	EXCISION OF HYDROCELE; BILATERAL
470	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT
470	43760	CHANGE OF GASTROSTOMY TUBE
470	43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRITION
470	47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER
470	47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE
470	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER
470	49429	REMOVAL OF PERITONEAL-VENOUS SHUNT
470	50688	CHANGE OF URETEROSTOMY TUBE
470	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE
470	51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED
521	50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE
521	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)
521	52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA
522	50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
522	50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER
522	50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY
522	50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY
522	50559	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE WITH OR WITHOUT BIOPSY AND/OR FULGURATION
522	50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
522	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
522	52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH BIOPSY OF URETER AND/OR RENAL PELVIS
522	52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RADIOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE
522	52204	CYSTOURETHROSCOPY, WITH BIOPSY
522	52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA, OR PERIURETHRAL GLANDS
522	52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUT BIOPSY
522	52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
522	52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE
522	52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE
522	52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY
522	52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE
522	52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE
522	52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION OF POLYP(S) OF URETHRA, BLADDER NECK, AND/OR TRIGONE
522	52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL
522	52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL
522	52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL
522	52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE
522	52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE
522	52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); COMPLICATED
522	52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL
522	52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA, ANY METHOD
522	53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
523	50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
523	50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER
523	50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY
523	50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY
523	50959	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY AND/OR FULGURATION (NOT INCLUDING PROVISION OF MATERIAL)
523	50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
523	51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL
523	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION
523	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE
523	51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)
523	51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION
523	51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS
523	51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)
523	51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)
523	52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM)
523	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)
523	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S)
523	52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION
523	52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)
523	52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT
523	52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)
523	52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)
523	52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS
523	52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)
523	52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS
523	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)
523	52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE
523	52335	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD);
523	52336	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)
523	52338	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION
523	52339	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH RESECTION OF TUMOR
523	52340	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS
523	52450	TRANSURETHRAL INCISION OF PROSTATE
523	52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)
523	52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME
523	52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE
523	52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS
523	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE
523	55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED
523	55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY
524	52337	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)
524	52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
524	52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION)
524	52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED)
524	52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE
524	52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
524	52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
524	52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
524	53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY
524	53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY
527	50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE
531	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK
531	53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA
531	53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL
531	53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT
531	53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT
531	53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS
531	53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST
531	53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)
531	53200	BIOPSY OF URETHRA
531	53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)
531	53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA
531	53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE
531	53270	EXCISION OR FULGURATION; SKENE'S GLANDS
531	53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE
531	53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE
531	53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE
531	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE
531	53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL
531	53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
531	54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN
531	54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN
532	53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE
532	53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE
532	53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA
532	53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE
532	53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE
532	53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE
532	53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)
532	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION
532	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA
532	53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE
532	53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE
532	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA
532	53447	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF
532	53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE
532	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT
532	53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)
532	53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS
532	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)
536	54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN
536	54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN
536	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN
536	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN
537	37790	PENILE VENOUS OCCLUSIVE PROCEDURE
537	54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);
537	54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH
537	54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH
537	54120	AMPUTATION OF PENIS; PARTIAL
537	54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE
537	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA
537	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS
537	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM
537	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM
537	54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA
537	54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)
537	54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP)
537	54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-FLAP, PREPUCIAL FLAP)
537	54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
537	54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS, SKIN GRAFT PATCH, AND/OR ISLAND FLAP
537	54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE
537	54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT
537	54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)
537	54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS FLAPS OR GRAFTS
537	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION
537	54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;
537	54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE
537	54402	REMOVAL OR REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS
537	54407	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS
537	54409	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE (MULTI-COMPONENT) PROSTHESIS INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS
537	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL
537	54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM
537	54440	PLASTIC OPERATION OF PENIS FOR INJURY
538	53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS
538	53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR
538	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)
538	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)
538	54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR
546	54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)
546	54510	EXCISION OF LOCAL LESION OF TESTIS
546	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH
546	54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH
546	54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)
546	54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS
546	54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)
546	54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR
546	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)
546	54670	SUTURE OR REPAIR OF TESTICULAR INJURY
546	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)
546	54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)
546	54820	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY
546	54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS
546	54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY
546	54860	EPIDIDYMECTOMY; UNILATERAL
546	54861	EPIDIDYMECTOMY; BILATERAL
546	54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL
546	54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL
546	55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)
546	55110	SCROTAL EXPLORATION
546	55120	REMOVAL OF FOREIGN BODY IN SCROTUM
546	55150	RESECTION OF SCROTUM
546	55175	SCROTOPLASTY; SIMPLE
546	55180	SCROTOPLASTY; COMPLICATED
546	55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
546	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)
546	55400	VASOVASOSTOMY, VASOVASORRHAPHY
546	55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
546	55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)
546	55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)
546	55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)
546	55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH
546	55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR
546	55680	EXCISION OF MULLERIAN DUCT CYST
547	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH
547	55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH
550	56351	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C
550	56352	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)
550	56353	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)
550	56354	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA
550	56355	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY
550	56356	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
551	56300	LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE)
551	56301	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)
551	56302	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)
551	56303	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD
551	56304	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)
551	56305	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)
551	56306	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)
551	56346	LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPARATE PROCEDURE)
552	56307	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)
552	56309	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)
552	56311	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE
552	56312	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY
552	56313	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE
552	56316	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA
552	56317	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA
552	56318	LAPAROSCOPY, SURGICAL; ORCHIECTOMY
552	56320	LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE
552	56343	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)
552	56344	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY
552	56362	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY
552	56363	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY
562	56350	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)
562	56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST
562	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING
562	56720	HYMENOTOMY, SIMPLE INCISION
562	56740	EXCISION OF BARTHOLIN'S GLAND OR CYST
562	56800	PLASTIC REPAIR OF INTROITUS
562	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)
562	57000	COLPOTOMY; WITH EXPLORATION
562	57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS
562	57020	COLPOCENTESIS (SEPARATE PROCEDURE)
562	57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD
562	57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)
562	57130	EXCISION OF VAGINAL SEPTUM
562	57135	EXCISION OF VAGINAL CYST OR TUMOR
562	57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)
562	57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)
562	57230	PLASTIC REPAIR OF URETHROCELE
562	57400	DILATION OF VAGINA UNDER ANESTHESIA
562	57410	PELVIC EXAMINATION UNDER ANESTHESIA
562	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA
562	57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX
562	57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL
562	57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH
562	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEROSALPINGOGRAPHY
562	58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS
562	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD
562	59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN
562	59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL
562	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)
563	56620	VULVECTOMY SIMPLE; PARTIAL
563	56625	VULVECTOMY SIMPLE; COMPLETE
563	57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)
563	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE
563	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY
563	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;
563	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR
563	57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)
563	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGINAL PROLAPSE)
563	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)
563	57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY
563	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT
563	57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH
563	57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER
563	57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP ELECTRODE EXCISION
563	57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)
563	57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;
563	57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
563	57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE
563	58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH
563	58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH
563	58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN
567	57820	DILATION AND CURETTAGE OF CERVICAL STUMP
567	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)
567	59160	CURRETTAGE, POSTPARTUM
586	59840	INDUCED ABORTION, BY DILATION AND CURETTAGE
586	59841	INDUCED ABORTION, BY DILATION AND EVACUATION
587	59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY
587	59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER
587	59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER
587	59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE
600	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC
600	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)
602	61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL
602	61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS
602	61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION
602	61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT
602	61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)
602	61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2)
602	61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE
602	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER
602	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER
602	62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX
602	62273	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH
602	62274	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, SINGLE
602	62275	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, CERVICAL OR THORACIC, SINGLE
602	62276	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, DIFFERENTIAL
602	62277	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, CONTINUOUS
602	62278	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, SINGLE
602	62279	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, CONTINUOUS
602	62280	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); SUBARACHNOID
602	62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC
602	62282	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, LUMBAR OR CAUDAL
602	62288	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; SUBARACHNOID (SEPARATE PROCEDURE)
602	62289	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; LUMBAR OR CAUDAL EPIDURAL (SEPARATE PROCEDURE)
602	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVELS, LUMBAR
602	62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL
602	62298	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS, EPIDURAL, CERVICAL OR THORACIC (SEPARATE PROCEDURE)
616	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL
616	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE
616	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE
616	64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE
616	64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
616	64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE
616	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE
616	64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE
616	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
617	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM
617	62350	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; WITHOUT LAMINECTOMY
617	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER
617	62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION
617	63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES
617	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
617	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT
617	63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT
617	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
617	64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
618	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER
618	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
618	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR
618	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP
618	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING
618	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
618	64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
631	27315	NEURECTOMY, HAMSTRING MUSCLE
631	27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)
631	28030	NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT
631	28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)
631	61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); GASSERIAN GANGLION
631	62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR
631	63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR RECORDING)
631	63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY
631	63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD
631	64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT
631	64704	NEUROPLASTY; NERVE OF HAND OR FOOT
631	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED
631	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE
631	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS
631	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS
631	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)
631	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW
631	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST
631	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL
631	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)
631	64726	DECOMPRESSION; PLANTAR DIGITAL NERVE
631	64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)
631	64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE
631	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE
631	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE
631	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY
631	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE
631	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE
631	64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE
631	64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE
631	64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE
631	64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL
631	64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL
631	64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE
631	64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT
631	64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)
631	64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE
631	64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)
631	64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC
631	64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)
631	64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE
631	64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE
631	64795	BIOPSY OF NERVE
631	64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR)
632	64786	EXCISION OF NEUROMA; SCIATIC NERVE
632	64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)
632	64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE
632	64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE
632	64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE
632	64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR
632	64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR
632	64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT
632	64840	SUTURE OF POSTERIOR TIBIAL NERVE
632	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
632	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION
632	64858	SUTURE OF SCIATIC NERVE
632	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE
632	64861	SUTURE OF; BRACHIAL PLEXUS
632	64862	SUTURE OF; LUMBAR PLEXUS
632	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL
632	64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING
632	64870	ANASTOMOSIS; FACIAL–PHRENIC
632	64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)
632	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
632	64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
632	64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH
632	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH
632	64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH
632	64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH
632	64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH
632	64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH
632	64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH
632	64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH
632	64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH
632	64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH
632	64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND
632	64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)
632	64905	NERVE PEDICLE TRANSFER; FIRST STAGE
632	64907	NERVE PEDICLE TRANSFER; SECOND STAGE
649	65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)
649	65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)
649	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)
649	66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE)
649	66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)
649	66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)
649	67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES)
651	65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION
651	65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY
651	65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA
651	65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT
651	65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)
651	65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION
651	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
651	65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, WITH OR WITHOUT AIR INJECTION
651	65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION
651	65820	GONIOTOMY
651	66130	EXCISION OF LESION, SCLERA
651	66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION
651	66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE
651	66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION
651	66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)
651	66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)
651	66700	CILIARY BODY DESTRUCTION; DIATHERMY
651	66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION
651	66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY
651	66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)
651	66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)
652	65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS
652	65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE
652	65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE
652	65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM
652	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT
652	65770	KERATOPROSTHESIS
652	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
652	65850	TRABECULOTOMY AB EXTERNO
652	65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOSYNECHIAE
652	65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE
652	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
652	65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); CORNEOVITREAL ADHESIONS
652	65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE
652	65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE
652	65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE
652	66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY
652	66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY
652	66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY
652	66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS
652	66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY
652	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)
652	66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)
652	66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR
652	66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT
652	66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE
652	66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY
652	66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)
652	66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)
652	66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTURE)
652	66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS
652	66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)
652	68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA
652	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT
652	68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)
652	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)
667	66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES
667	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION
667	66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY
667	66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR
667	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS
667	66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
668	66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)
668	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
668	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL
668	66986	EXCHANGE OF INTRAOCULAR LENS
670	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR
670	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)
670	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)
670	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)
676	65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE
676	65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION
676	66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT
676	67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL
676	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY
676	67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)
676	67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH
676	67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID
676	67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY)
676	67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)
676	67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR
676	67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR
676	67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY
676	67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY
676	67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE)
676	67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY
677	65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE
677	67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE
677	67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
677	67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)
677	67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)
677	67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE
677	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)
677	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES
677	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY)
677	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION
677	67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (REPORT IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)
677	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)
677	67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)
683	65175	REMOVAL OF OCULAR IMPLANT
683	65410	BIOPSY OF CORNEA
683	65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS
683	65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS
683	66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID
683	66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION
683	67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID–GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEPARATE PROCEDURE)
683	67715	CANTHOTOMY (SEPARATE PROCEDURE)
683	67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN
683	67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;
683	67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS
683	68510	BIOPSY OF LACRIMAL GLAND
683	68525	BIOPSY OF LACRIMAL SAC
683	68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;
684	65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT
684	65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT
684	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT
684	65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT
684	65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT
684	65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL
684	65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT
684	65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT
684	65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT
684	65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT
684	67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT
684	67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT
684	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY
684	67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY
684	67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION
684	67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY
684	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION
684	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION
684	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE
684	67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT
684	67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE
684	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID–FOREHEAD OR CORONAL APPROACH)
684	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL
684	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
684	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH
684	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH
684	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
684	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)
684	67909	REDUCTION OF OVERCORRECTION OF PTOSIS
684	67911	CORRECTION OF LID RETRACTION
684	67914	REPAIR OF ECTROPION; SUTURE
684	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE
684	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)
684	67921	REPAIR OF ENTROPION; SUTURE
684	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE
684	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)
684	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)
684	67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID MARGIN

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ADDENDUM B.—PROPOSED AMBULATORY SURGICAL CENTER (ASC) LIST BY AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS AND RELATED INFORMATION—Continued

APC group	CPT [1]/ HCPCS	Description
684	67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MARGIN
684	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE
684	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE
684	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE
684	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE
684	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT
684	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)
684	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT
684	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)
684	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)
684	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS
684	68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL
684	68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL
684	68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)
684	68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH
684	68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY
684	68700	PLASTIC REPAIR OF CANALICULI
684	68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)
684	68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE
684	68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT
684	68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)
684	68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA
684	68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT
690	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;
690	67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING
690	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION
690	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION
690	67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING PROCEDURE), WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTOCOAGULATION, AND DRAINAGE OF SUBRETINAL FLUID
690	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME TECHNIQUE
690	67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINAL DETACHMENT REPAIR(S) USING SCLERAL BUCKLING OR VITRECTOMY TECHNIQUES

ADDENDUM C.—LIST OF APC GROUPS AND RELATED INFORMATION

APC group	Group title	Proposed ASC payment rate	Proposed ASC relative value factor
122	level II needle biopsy.aspiration	$186	0.37
132	level II incision & drainage	$162	0.32
152	level II debridement/destruction	$213	0.42
162	level II excision/biopsy	$187	0.37
163	level III excision/biopsy	$449	0.89
181	level I skin repair	$150	0.30
182	level II skin repair	$383	0.76
183	level III skin repair	$465	0.92
184	level IV skin repair	$565	1.12
197	incision/excision breast	$411	0.81
198	breast reconstruction/mastectomy	$596	1.18
207	closed treatment fracture finger/toe/trunk	$53	0.11
209	closed treatment fracture/dislocation/except finger/toe/trunk	$71	0.14
210	bone/joint manipulation under anesthesia	$397	0.79
216	open/percutaneous treatment fracture or dislocation	$580	1.15
217	arthroplasty	$695	1.38
218	arthroplasty with prosthesis	$730	1.45
231	level I skull and facial bone procedures	$437	0.87
232	level II skull and facial bone procedures	$814	1.62
251	level I musculoskeletal procedures	$504	1.00

ADDENDUM C.—LIST OF APC GROUPS AND RELATED INFORMATION—Continued

APC group	Group title	Proposed ASC payment rate	Proposed ASC relative value factor
252	level II musculoskeletal procedures	$574	1.14
253	level III musculoskeletal procedures	$775	1.54
254	level IV musculoskeletal procedures	$1,110	2.20
261	level I hand musculoskeletal procedures	$494	0.98
262	level II hand musculoskeletal procedures	$543	1.08
271	level I foot musculoskeletal procedures	$510	1.01
272	level II foot musculoskeletal procedures	$546	1.08
279	bunion procedures	$680	1.35
280	diagnostic arthroscopy	$675	1.34
281	level I surgical arthroscopy	$807	1.60
282	level II surgical arthroscopy	$860	1.71
286	arthroscopy aided procedures	$1,110	2.20
312	level II ENT procedures	$233	0.46
313	level III ENT procedures	$537	1.07
314	level IV ENT procedures	$946	1.88
317	implantaton of cochlear device	$962	1.91
318	nasal cauterization/packing	$77	0.15
319	tonsil/adenoid procedures	$648	1.29
320	thoracentesis/lavage procedures	$126	0.25
332	level II endoscopy upper airway	$423	0.84
333	level III endoscropy upper airway	$653	1.30
336	endoscopy lower airway	$407	0.81
346	placement transvenous caths/cutdown	$195	0.39
360	removal/revision pacemaker/vascular device	$397	0.79
367	vascular ligation	$682	1.35
368	vascular repair/fistula construction	$841	1.67
396	lymph node excisions	$440	0.87
397	thyroid/lymphadenectomy procedures	$630	1.25
406	esophageal dilation without endoscopy	$187	0.37
407	esophagoscopy	$302	0.60
417	diagnostic upper GI endoscopy	$327	0.65
418	therapeutic upper GI endoscopy	$348	0.69
419	small intestine endoscopy	$364	0.72
426	diagnostic lower GI endoscopy	$354	0.70
427	therapeutic lower GI endoscopy	$405	0.80
437	therapeutic anoscopy	$150	0.30
446	diagnostic sigmoidoscopy	$175	0.35
447	therapeutic proctosigmoidoscopy	$210	0.42
448	therapeutic flexible sigmoidoscopy	$225	0.45
449	complex GI endoscopy	$415	0.82
452	level II anal/rectal procedures	$301	0.60
453	level III anal/rectal procedures	$631	1.25
456	endoscopic retrograde cholangio-pancreatography (ERCP)	$473	0.94
458	percutaneous bilary endoscopic procedures	$473	0.94
459	pentoneal and abdominal procedures	$611	1.21
466	hemia/hydrocele procedures	$739	1.47
470	tube procedures	$119	0.24
521	level I cystourethroscopy and other genitourinary procedures	$212	0.42
522	level II cystourethroscopy and other genitourinary procedures	$393	0.78
523	level III cystourethroscopy and other genitourinary procedures	$504	1.00
524	level IV cystourethroscopy and other genitourinary procedures	$1,131	2.24
527	lithotripsy	$2,107	4.18
531	level I urethral procedures	$418	0.83
532	level II urethral procedures	$644	1.28
536	circumcision	$459	0.91
537	penile procedures	$1,221	2.42
538	insertion of penile prosthesis B94	$1,221	2.42
546	testes/epididymis procedures	$523	1.04
547	prostate biopsy	$265	0.53
550	surgical hysteroscopy	$610	1.21
551	level I laparoscopy	$831	1.65
552	level II laparoscopy	$1,383	2.74
562	level II female reproductive procedures	$481	0.95
563	level III female reproductive procedures	$601	1.19
567	D & C	$458	0.91
586	therapeutic abortion	$448	0.89
587	spontaneous abortion	$503	1.00

ADDENDUM C.—LIST OF APC GROUPS AND RELATED INFORMATION—Continued

APC group	Group title	Proposed ASC payment rate	Proposed ASC relative value factor
600	spinal tap	$101	0.20
602	level II nervous system injections	$241	0.48
616	implantation of neurostimulator electrodes	$391	0.78
617	revision/removal neurological device	$391	0.78
618	implantation neurological devices	$841	1.67
631	level I nerve procedures	$600	1.19
632	level II nerve procedures	$666	1.32
649	laser eye procedures except retinal	$274	0.54
651	level I anterior segment eye procedures	$297	0.59
652	level II anterior segment eye procedures	$415	0.82
667	cataract procedures	$661	1.31
668	cataract procedures with IOL insert	$863	1.71
670	corneal transplant B117	$1,648	3.27
676	posterior segment eye procedures	$336	0.67
677	strabismus/muscle procedures	$523	1.04
683	level III eye procedure	$317	0.63
684	level IV eye procedure	$491	0.97
690	vitrectomy	$983	1.95

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS

Urban area (Constituent counties or county equivalents)	Wage index
0040 Abilene, TX	0.8287
Taylor, TX	
0060 Aguadilla, PR	0.4188
Aguada, PR	
Aguadilla, PR	
Moca, PR	
0080 Akron, OH	0.9772
Portage, OH	
Summit, OH	
0120 Albany, GA	0.7914
Dougherty, GA	
Lee, GA	
0160 Albany-Schenectady-Troy, NY	0.8480
Albany, NY	
Montgomery, NY	
Rensselaer, NY	
Saratoga, NY	
Schenectady, NY	
Schoharie, NY	
0200 Albuquerque, NM	0.9309
Bernalillo, NM	
Sandoval, NM	
Valencia, NM	
0220 Alexandria, LA	0.8162
Rapides, LA	
0240 Allentown-Bethlehem-Easton, PA	1.0086
Carbon, PA	
Lehigh, PA	
Northampton, PA	
0280 Altoona, PA	0.9137
Blair, PA	
0320 Amarillo, TX	0.9425
Potter, TX	
Randall, TX	
0380 AK Anchorage, AK	1.2842
Anchorage,	
0440 Ann Arbor, MI	1.1785
Lenawee, MI	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Livingston, MI	
Washtenaw, MI	
0450 Anniston, AL	0.8266
Calhoun, AL	
0460 Appleton-Oshkosh-Neenah, WI	0.8996
Calumet, WI	
Outagamie, WI	
Winnebago, WI	
0470 Arecibo, PR	0.4218
Arecibo, PR	
Camuy, PR	
Hatillo, PR	
0480 Asheville, NC	0.9072
Buncombe, NC	
Madison, NC	
0500 Athens, GA	0.9087
Clarke, GA	
Madison, GA	
Oconee, GA	
0520 *Atlanta, GA	0.9823
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	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Walton, GA	
0560 Atlantic City-Cape May, NJ	1.1155
Atlantic City, NJ	
Cape May, NJ	
0600 Augusta-Aiken, GA–SC	0.9333
Columbia, GA	
McDuffie, GA	
Richmond, GA	
Aiken, SC	
Edgefield, SC	
0640 Austin-San Marcos, TX	0.9133
Bastrop, TX	
Caldwell, TX	
Hays, TX	
Travis, TX	
Williamson, TX	
0680 Bakersfield, CA	1.0014
Kern, CA	
0720 *Baltimore, MD	0.9689
Anne Arundel, MD	
Baltimore, MD	
Baltimore City, MD	
Carroll, MD	
Harford, MD	
Howard, MD	
Queen Annes, MD	
0733 Bangor, ME	0.9478
Penobscot, ME	
0743 Barnstable-Yarmouth, MA	1.4291
Barnstable, MA	
0760 Baton Rouge, LA	0.8382
Ascension, LA	
East Baton Rouge, LA	
Livingston, LA	
West Baton Rouge, LA	
0840 Beaumont-Port Arthur, TX	0.8593
Hardin, TX	
Jefferson, TX	
Orange, TX	
0860 Bellingham, WA	1.1221

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Whatcom, WA	
0870 Benton Harbor, MI	0.8634
Berrien, MI	
0875 *Bergen-Passaic, NJ	1.2156
Bergen, NJ	
Passaic, NJ	
0880 Billings, MT	0.9783
Yellowstone, MT	
0920 Biloxi-Gulfport-Pascagoula, MS	0.8415
Hancock, MS	
Harrison, MS	
Jackson, MS	
0960 Binghamton, NY	0.8914
Broome, NY	
Tioga, NY	
1000 Birmingham, AL	0.9005
Blount, AL	
Jefferson, AL	
St. Clair, AL	
Shelby, AL	
1010 Bismarck, ND	0.7695
Burleigh, ND	
Morton, ND	
1020 Bloomington, IN	0.9128
Monroe, IN	
1040 Bloomington-Normal, IL	0.8733
McLean, IL	
1080 Boise City, ID	0.8856
Ada, ID	
Canyon, ID	
1123 *Boston-Worcester Lawrence-Lowell-Brockton, MA–NH	1.1506
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1125 Boulder-Longmont, CO	1.0015
Boulder, CO	
1145 Brazoria, TX	0.9341
Brazoria, TX	
1150 Bremerton, WA	1.0999
Kitsap, WA	
1240 Brownsville-Harlingen-San Benito, TX	0.8740
Cameron, TX	
1260 Bryan-College Station, TX	0.8571
Brazos, TX	
1280 *Buffalo-Niagara Falls, NY	0.9272
Erie, NY	
Niagara, NY	
1303 Burlington, VT	1.0142
Chittenden, VT	
Franklin, VT	
Grand Isle, VT	
1310 Caguas, PR	0.4459
Caguas, PR	
Cayey, PR	
Cidra, PR	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Gurabo, PR	
San Lorenzo, PR	
1320 Canton-Massillon, OH	0.8961
Carroll, OH	
Stark, OH	
1350 Casper, WY	0.9013
Natrona, WY	
1360 Cedar Rapids, IA	0.8529
Linn, IA	
1400 Champaign-Urbana, IL	0.8824
Champaign, IL	
1440 Charleston-North Charleston, SC	0.8807
Berkeley, SC	
Charleston, SC	
Dorchester, SC	
1480 Charleston, WV	0.9142
Kanawha, WV	
Putnam, WV	
1520 *Charlotte-Gastonia-Rock Hill, NC–SC	0.9710
Cabarrus, NC	
Gaston, NC	
Lincoln, NC	
Mecklenburg, NC	
Rowan, NC	
Union, NC	
York, SC	
1540 Charlottesville, VA	0.9051
Albemarle, VA	
Charlottesville City, VA	
Fluvanna, VA	
Greene, VA	
1560 Chattanooga, TN–GA	0.8658
Catoosa, GA	
Dade, GA	
Walker, GA	
Hamilton, TN	
Marion, TN	
1580 Cheyenne, WY	0.7555
Laramie, WY	
1600 *Chicago, IL	1.0860
Cook, IL	
DeKalb, IL	
DuPage, IL	
Grundy, IL	
Kane, IL	
Kendall, IL	
Lake, IL	
McHenry, IL	
Will, IL	
1620 Chico-Paradise, CA	1.0429
Butte, CA	
1640 *Cincinnati, OH–KY–IN	0.9474
Dearborn, IN	
Ohio, IN	
Boone, KY	
Campbell, KY	
Gallatin, KY	
Grant, KY	
Kenton, KY	
Pendleton, KY	
Brown, OH	
Clermont, OH	
Hamilton, OH	
Warren, OH	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
1660 Clarksville-Hopkinsville, TN–KY	0.7852
Christian, KY	
Montgomery, TN	
1680 *Cleveland-Lorain-Elyria, OH	0.9804
Ashtabula, OH	
Cuyahoga, OH	
Geauga, OH	
Lake, OH	
Lorain, OH	
Medina, OH	
1720 Colorado Springs, CO	0.9316
El Paso, CO	
1740 Columbia, MO	0.9001
Boone, MO	
1760 Columbia, SC	0.9192
Lexington, SC	
Richland, SC	
1800 Columbus, GA–AL	0.8288
Russell, AL	
Chattanoochee, GA	
Harris, GA	
Muscogee, GA	
1840 *Columbus, OH	0.9793
Delaware, OH	
Fairfield, OH	
Franklin, OH	
Licking, OH	
Madison, OH	
Pickaway, OH	
1880 Corpus Christi, TX	0.8945
Nueces, TX	
San Patricio, TX	
1900 Cumberland, MD–WV	0.8822
Allegany, MD	
Mineral, WV	
1920 *Dallas, TX	0.9703
Collin, TX	
Dallas, TX	
Denton, TX	
Ellis, TX	
Henderson, TX	
Hunt, TX	
Kaufman, TX	
Rockwall, TX	
1950 Danville, VA	0.8146
Danville City, VA	
Pittsylvania, VA	
1960 Davenport-Rock Island-Moline, IA–IL	0.8405
Scott, IA	
Henry, IL	
Rock Island, IL	
2000 Dayton-Springfield, OH	0.9584
Clark, OH	
Greene, OH	
Miami, OH	
Montgomery, OH	
2020 Daytona Beach, FL	0.8375
Flagler, FL	
Volusia, FL	
2030 Decatur, AL	0.8286
Lawrence, AL	
Morgan, AL	
2040 Decatur, IL	0.7915

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Macon, IL	
2080 *Denver, CO	1.0386
Adams, CO	
Arapahoe, CO	
Denver, CO	
Douglas, CO	
Jefferson, CO	
2120 Des Moines, IA	0.8837
Dallas, IA	
Polk, IA	
Warren, IA	
2160 *Detroit, MI	1.0825
Lapeer, MI	
Macomb, MI	
Monroe, MI	
Oakland, MI	
St. Clair, MI	
Wayne, MI	
2180 Dothan, AL	0.8070
Dale, AL	
Houston, AL	
2190 Dover, DE	0.9303
Kent, DE	
2200 Dubuque, IA	0.8088
Dubuque, IA	
2240 Duluth-Superior, MN–WI	0.9779
St. Louis, MN	
Douglas, WI	
2281 Dutchess County, NY	1.0632
Dutchess, NY	
2290 Eau Claire, WI	0.8764
Chippewa, WI	
Eau Claire, WI	
2320 El Paso, TX	1.0123
El Paso, TX	
2330 Elkhart-Goshen, IN	0.9081
Elkhart, IN	
2335 Elmira, NY	0.8247
Chemung, NY	
2340 Enid, OK	0.7962
Garfield, OK	
2360 Erie, PA	0.8862
Erie, PA	
2400 Eugene-Springfield, OR	1.1435
Lane, OR	
2440 Evansville-Henderson, IN–KY	0.8641
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2520 Fargo-Moorhead, ND–MN	0.8837
Clay, MN	
Cass, ND	
2560 Fayetteville, NC	0.8734
Cumberland, NC	
2580 Fayetteville-Springdale-Rogers, AR	0.7461
Benton, AR	
Washington, AR	
2620 Flagstaff, AZ–UT	0.9115
Coconino, AZ	
Kane, UT	
2640 Flint, MI	1.1171
Genesee, MI	
2650 Florence, AL	0.7551

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Colbert, AL	
Lauderdale, AL	
2655 Florence, SC	0.8711
Florence, SC	
2670 Fort Collins-Loveland, CO	1.0248
Larimer, CO	
2680 *Ft. Lauderdale, FL	1.0448
Broward, FL	
2700 Fort Myers-Cape Coral, FL	0.8788
Lee, FL	
2710 Fort Pierce-Port St. Lucie, FL	1.0257
Martin, FL	
St. Lucie, FL	
2720 Fort Smith, AR–OK	0.7769
Crawford, AR	
Sebastian, AR	
Sequoyah, OK	
2750 Fort Walton Beach, FL	0.8765
Okaloosa, FL	
2760 Fort Wayne, IN	0.8901
Adams, IN	
Allen, IN	
DeKalb, IN	
Huntington, IN	
Wells, IN	
Whitley, IN	
2800 *Forth Worth-Arlington, TX	0.9979
Hood, TX	
Johnson, TX	
Parker, TX	
Tarrant, TX	
2840 Fresno, CA	1.0607
Fresno, CA	
Madera, CA	
2880 Gadsden, AL	0.8815
Etowah, AL	
2900 Gainesville, FL	0.9616
Alachua, FL	
2920 Galveston-Texas City, TX	1.0564
Galveston, TX	
2960 Gary, IN	0.9633
Lake, IN	
Porter, IN	
2975 Glens Falls, NY	0.8386
Warren, NY	
Washington, NY	
2980 Goldsboro, NC	0.8443
Wayne, NC	
2985 Grand Forks, ND–MN	0.8745
Polk, MN	
Grand Forks, ND	
2995 Grand Junction, CO	0.9090
Mesa, CO	
3000 Grand Rapids-Muskegon-Holland, MI	1.0147
Allegan, MI	
Kent, MI	
Muskegon, MI	
Ottawa, MI	
3040 Great Falls, MT	0.8803
Cascade, MT	
3060 Greeley, CO	1.0097
Weld, CO	
3080 Green Bay, WI	0.9097
Brown, WI	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
3120 *Greensboro-Winston-Salem-High Point, NC	0.9351
Alamance, NC	
Davidson, NC	
Davie, NC	
Forsyth, NC	
Guilford, NC	
Randolph, NC	
Stokes, NC	
Yadkin, NC	
3150 Greenville, NC	0.9064
Pitt, NC	
3160 Greenville-Spartanburg-Anderson, SC	0.9059
Anderson, SC	
Cherokee, SC	
Greenville, SC	
Pickens, SC	
Spartanburg, SC	
3180 Hagerstown, MD	0.9681
Washington, MD	
3200 Hamilton-Middletown, OH	0.8767
Butler, OH	
3240 Harrisburg-Lebanon-Carlisle, PA	1.0187
Cumberland, PA	
Dauphin, PA	
Lebanon, PA	
Perry, PA	
3283 *Hartford, CT	1.2562
Hartford, CT	
Litchfield, CT	
Middlesex, CT	
Tolland, CT	
3285 Hattiesburg, MS	0.7192
Forrest, MS	
Lamar, MS	
3290 Hickory-Morganton-Lenoir, NC	0.8686
Alexander, NC	
Burke, NC	
Caldwell, NC	
Catawba, NC	
3320 Honolulu, HI	1.1816
Honolulu, HI	
3350 Houma, LA	0.7854
Lafourche, LA	
Terrebonne, LA	
3360 *Houston, TX	0.9855
Chambers, TX	
Fort Bend, TX	
Harris, TX	
Liberty, TX	
Montgomery, TX	
Waller, TX	
3400 Huntington-Ashland, WV–KY–OH	0.9160
Boyd, KY	
Carter, KY	
Greenup, KY	
Lawrence, OH	
Cabell, WV	
Wayne, WV	
3440 Huntsville, AL	0.8485
Limestone, AL	
Madison, AL	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
3480 *Indianapolis, IN	0.9848
Boone, IN	
Hamilton, IN	
Hancock, IN	
Hendricks, IN	
Johnson, IN	
Madison, IN	
Marion, IN	
Morgan, IN	
Shelby, IN	
3500 Iowa City, IA	0.9413
Johnson, IA	
3520 Jackson, MI	0.9052
Jackson, MI	
3560 Jackson, MS	0.7760
Hinds, MS	
Madison, MS	
Rankin, MS	
3580 Jackson, TN	0.8522
Madison, TN	
Chester, TN	
3600 Jacksonville, FL	0.8969
Clay, FL	
Duval, FL	
Nassau, FL	
St. Johns, FL	
3605 Jacksonville, NC	0.6973
Onslow, NC	
3610 Jamestown, NY	0.7552
Chautaqua, NY	
3620 Janesville-Beloit, WI	0.8824
Rock, WI	
3640 Jersey City, NJ	1.1412
Hudson, NJ	
3660 Johnson City-Kingsport-Bristol, TN–VA	0.9114
Carter, TN	
Hawkins, TN	
Sullivan, TN	
Unicoi, TN	
Washington, TN	
Bristol City, VA	
Scott, VA	
Washington, VA	
3680 Johnstown, PA	0.8378
Cambria, PA	
Somerset, PA	
3700 Jonesboro, AR	0.7443
Craighead, AR	
3710 Joplin, MO	0.7510
Jasper, MO	
Newton, MO	
3720 Kalamazoo-Battlecreek, MI	1.0668
Calhoun, MI	
Kalamazoo, MI	
Van Buren, MI	
3740 Kankakee, IL	0.8653
Kankakee, IL	
3760 *Kansas City, KS–MO	0.9564
Johnson, KS	
Leavenworth, KS	
Miami, KS	
Wyandotte, KS	
Cass, MO	
Clay, MO	
Clinton, MO	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Jackson, MO	
Lafayette, MO	
Platte, MO	
Ray, MO	
3800 Kenosha, WI	0.9196
Kenosha, WI	
3810 Killeen-Temple, TX	1.0252
Bell, TX	
Coryell, TX	
3840 Knoxville, TN	0.8831
Anderson, TN	
Blount, TN	
Knox, TN	
Loudon, TN	
Sevier, TN	
Union, TN	
3850 Kokomo, IN	0.8416
Howard, IN	
Tipton, IN	
3870 La Crosse, WI–MN	0.8749
Houston, MN	
La Crosse, WI	
3880 Lafayette, LA	0.8206
Acadia, LA	
Lafayette, LA	
St. Landry, LA	
St. Martin, LA	
3920 Lafayette, IN	0.9174
Clinton, IN	
Tippecanoe, IN	
3960 Lake Charles, LA	0.7776
Calcasieu, LA	
3980 Lakeland-Winter Haven, FL	0.8806
Polk, FL	
4000 Lancaster, PA	0.9481
Lancaster, PA	
4040 Lansing-East Lansing, MI	1.0088
Clinton, MI	
Eaton, MI	
Ingham, MI	
4080 Laredo, TX	0.7325
Webb, TX	
4100 Las Cruces, NM	0.8646
Dona Ana, NM	
4120 *Las Vegas, NV–AZ	1.0592
Mohave, AZ	
Clark, NV	
Nye, NV	
4150 Lawrence, KS	0.8608
Douglas, KS	
4200 Lawton, OK	0.9045
Comanche, OK	
4243 Lewiston-Auburn, ME	0.9536
Androscoggin, ME	
4280 Lexington, KY	0.8390
Bourbon, KY	
Clark, KY	
Fayette, KY	
Jessamine, KY	
Madison, KY	
Scott, KY	
Woodford, KY	
4320 Lima, OH	0.9185
Allen, OH	
Eagles, OH	
4360 Lincoln, NE	0.9231

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Lancaster, NE	
4400 Little Rock-North Little Rock, AR	0.8490
Faulkner, AR	
Laennec, AR	
Pulaski, AR	
Saline, AR	
4420 Longview-Marshall, TX	0.8613
Gregg, TX	
Harrison, TX	
Upshur, TX	
4480 *Los Angeles-Long Beach, CA	1.2232
Los Angeles, CA	
4520 Louisville, KY–IN	0.9507
Clark, IN	
Floyd, IN	
Harrison, IN	
Scott, IN	
Bullitt, KY	
Jefferson, KY	
Oldham, KY	
4600 Lubbock, TX	0.8400
Lubbock, TX	
4640 Lynchburg, VA	0.8228
Amherst, VA	
Bedford, VA	
Bedford City, VA	
Campbell, VA	
Lynchburg City, VA	
4680 Macon, GA	0.9227
Bibb, GA	
Houston, GA	
Jones, GA	
Peach, GA	
Twiggs, GA	
4720 Madison, WI	1.0055
Dane, WI	
4800 Mansfield, OH	0.8639
Crawford, OH	
Richland, OH	
4840 Mayaguez, PR	0.4475
Anasco, PR	
Cabo Rojo, PR	
Hormigueros, PR	
Mayaguez, PR	
Sabana Grande, PR	
San German, PR	
4880 McAllen-Edinburg-Mission, TX	0.8371
Hidalgo, TX	
4890 Medford-Ashland, OR	1.0354
Jackson, OR	
4900 Melbourne-Titusville-Palm Bay, FL	0.8819
Brevard, FL	
4920 *Memphis, TN–AR–MS	0.8589
Crittenden, AR	
DeSoto, MS	
Fayette, TN	
Shelby, TN	
Tipton, TN	
4940 Merced, CA	1.0947
Merced, CA	
5000 *Miami, FL.	
Dade, FL	0.9859

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
5015 *Middlesex-Somerset-Hunterdon, NJ	1.1059
Hunterdon, NJ	
Middlesex, NJ	
Somerset, NJ	
5080 *Milwaukee-Waukesha, WI	0.9819
Milwaukee, WI	
Ozaukee, WI	
Washington, WI	
Waukesha, WI	
5120 *Minneapolis-St. Paul, MN–WI	1.0733
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	
5160 Mobile, AL	0.8455
Baldwin, AL	
Mobile, AL	
5170 Modesto, CA	1.0794
Stanislaus, CA	
5190 *Monmouth-Ocean, NJ	1.0934
Monmouth, NJ	
Ocean, NJ	
5200 Monroe, LA	0.8414
Ouachita, LA	
5240 Montgomery, AL	0.7671
Autauga, AL	
Elmore, AL	
Montgomery, AL	
5280 Muncie, IN	0.9173
Delaware, IN	
5330 Myrtle Beach, SC	0.8072
Horry, SC	
5345 Naples, FL	1.0109
Collier, FL	
5360 *Nashville, TN	0.9182
Cheatham, TN	
Davidson, TN	
Dickson, TN	
Robertson, TN	
Rutherford TN	
Sumner, TN	
Williamson, TN	
Wilson, TN	
5380 *Nassau-Suffolk, NY	1.3807
Nassau, NY	
Suffolk, NY	
5483 *New Haven-Bridgeport-Stamford-Danbury-Waterbury, CT.	
Fairfield, CT	1.2618
New Haven, CT	
5523 New London-Norwich, CT	1.2013
New London, CT	
5560 *New Orleans, LA	0.9566
Jefferson, LA	
Orleans, LA	
Plaquemines, LA	
St. Bernard, LA	
St. Charles, LA	
St. James, LA	
St. John Baptist, LA	
St. Tammany, LA	
5600 *New York, NY	1.4449
Bronx, NY	
Kings, NY	
New York, NY	
Putnam, NY	
Queens, NY	
Richmond, NY	
Rockland, NY	
Westchester, NY	
5640 *Newark, NJ	1.1980
Essex, NJ	
Morris, NJ	
Sussex, NJ	
Union, NJ	
Warren, NJ	
5660 Newburgh, NY–PA	1.1283
Orange, NY	
Pike, PA	
5720 *Norfolk-Virginia Beach-Newport News, VA–NC	0.8316
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	1.5068
Alameda, CA	
Contra Costa, CA	
5790 Ocala, FL	0.9032
Marion, FL	
5800 Odessa-Midland, TX	0.8660
Ector, TX	
Midland, TX	
5880 *Oklahoma City, OK	0.8481
Canadian, OK	
Cleveland, OK	
Logan, OK	
McClain, OK	
Oklahoma, OK	
Pottawatomie, OK	
5910 Olympia, WA	1.0901
Thurston, WA	
5920 Omaha, NE–IA	0.9421
Pottawattamie, IA	
Cass, NE	
Douglas, NE	
Sarpy, NE	
Washington, NE	
5945 *Orange County, CA	1.1605
Orange, CA	
5960 *Orlando, FL	0.9397
Lake, FL	
Orange, FL	
Osceola, FL	
Seminole, FL	
5990 Owensboro, KY	0.7480
Daviess, KY	
6015 Panama City, FL	0.8337
Bay, FL	
6020 Parkersburg-Marietta, WV–OH	0.8046
Washington, OH	
Wood, WV	
6080 Pensacola, FL	0.8193
Escambia, FL	
Santa Rosa, FL	
6120 Peoria-Pekin, IL	0.8571
Peoria, IL	
Tazewell, IL	
Woodford, IL	
6160 *Philadelphia, PA–NJ	1.1398
Burlington, NJ	
Camden, NJ	
Gloucester, NJ	
Salem, NJ	
Bucks, PA	
Chester, PA	
Delaware, PA	
Montgomery, PA	
Philadelphia, PA	
6200 *Phoenix-Mesa, AZ	0.9606
Maricopa, AZ	
Pinal, AZ	
6240 Pine Bluff, AR	0.7826
Jefferson, AR	
6280 *Pittsburgh, PA	0.9725
Allegheny, PA	
Beaver, PA	
Butler, PA	
Fayette, PA	
Washington, PA	
Westmoreland, PA	
6323 Pittsfield, MA	1.0960
Berkshire, MA	
6340 Pocatello, ID	0.9586
Bannock, ID	
6360 Ponce, PR	0.4589
Guayanilla, PR	
Juana Diaz, PR	
Penuelas, PR	
Ponce, PR	
Villalba, PR	
Yauco, PR	
6403 Portland, ME	0.9627
Cumberland, ME	
Sagadahoc, ME	
York, ME	
6440 *Portland-Vancouver, OR–WA	1.1344
Clackamas, OR	
Columbia, OR	
Multnomah, OR	
Washington, OR	
Yamhill, OR	
Clark, WA	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
6483 Providence-Warwick-Pawtucket, RI	1.1049
Bristol, RI	
Kent, RI	
Newport, RI	
Providence, RI	
Washington, RI	
Statewide, RI	
6520 Provo-Orem, UT	1.0073
Utah, UT	
6560 Pueblo, CO	0.8450
Pueblo, CO	
6580 Punta Gorda, FL	0.8725
Charlotte, FL	
6600 Racine, WI	0.8934
Racine, WI	
6640 Raleigh-Durham-Chapel Hill, NC	0.9818
Chatham, NC	
Durham, NC	
Franklin, NC	
Johnston, NC	
Orange, NC	
Wake, NC	
6660 Rapid City, SD	0.8345
Pennington, SD	
6680 Reading, PA	0.9516
Berks, PA	
6690 Redding, CA	1.1790
Shasta, CA	
6720 Reno, NV	1.0768
Washoe, NV	
6740 Richland-Kennewick-Pasco, WA	0.9918
Benton, WA	
Franklin, WA	
6760 Richmond-Petersburg, VA	0.9152
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	1.1307
Riverside, CA	
San Bernardino, CA	
6800 Roanoke, VA	0.8402
Botetourt, VA	
Roanoke, VA	
Roanoke City, VA	
Salem City, VA	
6820 Rochester, MN	1.0502
Olmsted, MN	
6840 *Rochester, NY	0.9524
Genesee, NY	
Livingston, NY	
Monroe, NY	
Ontario, NY	
Orleans, NY	
Wayne, NY	
6880 Rockford, IL	0.9081
Boone, IL	
Ogle, IL	
Winnebago, IL	
6895 Rocky Mount, NC	0.9029
Edgecombe, NC	
Nash, NC	
6920 *Sacramento, CA	1.2202
El Dorado, CA	
Placer, CA	
Sacramento, CA	
6960 Saginaw-Bay City-Midland, MI	0.9564
Bay, MI	
Midland, MI	
Saginaw, MI	
6980 St. Cloud, MN	0.9544
Benton, MN	
Stearns, MN	
7000 St. Joseph, MO	0.8366
Andrews, MO	
Buchanan, MO	
7040 *St. Louis, MO–IL	0.9130
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	0.9965
Marion, OR	
Polk, OR	
7120 Salinas, CA	1.4513
Monterey, CA	
7160 *Salt Lake City-Ogden, UT	0.9857
Davis, UT	
Salt Lake, UT	
Weber, UT	
7200 San Angelo, TX	0.7780
Tom Green, TX	
7240 *San Antonio, TX	0.8499
Bexar, TX	
Comal, TX	
Guadalupe, TX	
Wilson, TX	
7320 *San Diego, CA	1.2193
San Diego, CA	
7360 *San Francisco, CA	1.4180
Marin, CA	
San Francisco, CA	
San Mateo, CA	
7400 *San Jose, CA	1.4332
Santa Clara, CA	
7440 *San Juan-Bayamon, PR	0.4625
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	1.1374
San Luis Obispo, CA	
7480 Santa Barbara-Santa Maria-Lompoc, CA	1.0688
Santa Barbara, CA	
7485 Santa Cruz-Watsonville, CA	1.4187
Santa Cruz, CA	
7490 Santa Fe, NM	1.0332
Los Alamos, NM	
Santa Fe, NM	
7500 Santa Rosa, CA	1.2815
Sonoma, CA	
7510 Sarasota-Bradenton, FL	0.9757
Manatee, FL	
Sarasota, FL	
7520 Savannah, GA	0.8638
Bryan, GA	
Chatham, GA	
Effingham, GA	
7560 Scranton-Wilkes-Barre-Hazleton, PA	0.8539
Columbia, PA	
Lackawanna, PA	
Luzerne, PA	
Wyoming, PA	
7600 *Seattle-Bellevue-Everett, WA	1.1339
Island, WA	
King, WA	
Snohomish, WA	
7610 Sharon, PA	0.8783
Mercer, PA	
7620 Sheboygan, WI	0.7862
Sheboygan, WI	
7640 Sherman-Denison, TX	0.8499
Grayson, TX	
7680 Shreveport-Bossier City, LA	0.9381
Bossier, LA	
Caddo, LA	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
Webster, LA	
7720 Sioux City, IA–NE	0.8031
Woodbury, IA	
Dakota, NE	
7760 Sioux Falls, SD	0.8712
Lincoln, SD	
Minnehaha, SD	
7800 South Bend, IN	0.9868
St. Joseph, IN	
7840 Spokane, WA	1.0486
Spokane, WA	
7880 Springfield, IL	0.8713
Menard, IL	
Sangamon, IL	
7920 Springfield, MO	0.7989
Christian, MO	
Greene, MO	
Webster, MO	
8003 Springfield, MA	1.0740
Hampden, MA	
Hampshire, MA	
8050 State College, PA	0.9635
Centre, PA	
8080 Steubenville-Weirton, OH–WV	0.8645
Jefferson, OH	
Brooke, WV	
Hancock, WV	
8120 Stockton-Lodi, CA	1.1496
San Joaquin, CA	
8140 Sumter, SC	0.7842
Sumter, SC	
8160 Syracuse, NY	0.9464
Cayuga, NY	
Madison, NY	
Onondaga, NY	
Oswego, NY	
8200 Tacoma, WA	1.1016
Pierce, WA	
8240 Tallahassee, FL	0.8332
Gadsden, FL	
Leon, FL	
8280 *Tampa-St. Petersburg-Clearwater, FL	0.9103
Hernando, FL	
Hillsborough, FL	
Pasco, FL	
Pinellas, FL	
8320 Terre Haute, IN	0.8614
Clay, IN	
Vermillion, IN	
Vigo, IN	
8360 Texarkana, AR-Texarkana, TX	0.8664
Miller, AR	
Bowie, TX	
8400 Toledo, OH	1.0390
Fulton, OH	
Lucas, OH	
Wood, OH	
8440 Topeka, KS	0.9438
Shawnee, KS	
8480 Trenton, NJ	1.0380
Mercer, NJ	
8520 Tucson, AZ	0.9180
Pima, AZ	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
8560 Tulsa, OK	0.8074
Creek, OK	
Osage, OK	
Rogers, OK	
Tulsa, OK	
Wagoner, OK	
8600 Tuscaloosa, AL	0.8187
Tuscaloosa, AL	
8640 Tyler, TX	0.9567
Smith, TX	
8680 Utica-Rome, NY	0.8398
Herkimer, NY	
Oneida, NY	
8720 Vallejo-Fairfield-Napa, CA	1.3754
Napa, CA	
Solano, CA	
8735 Ventura, CA	1.0946
Ventura, CA	
8750 Victoria, TX	0.8474
Victoria, TX	
8760 Vineland-Millville-Bridgeton, NJ	1.0110
Cumberland, NJ	
8780 Visalia-Tulare-Porterville, CA	0.9924
Tulare, CA	
8800 Waco, TX	0.7696
McLennan, TX	
8840 *Washington, DC–MD–VA–WV	1.0911
District of Columbia, DC	
Calvert, MD	
Charles, MD	
Frederick, MD	
Montgomery, MD	
Prince Georges, MD	
Alexandria City, VA	
Arlington, VA	
Clarke, VA	
Culpepper, 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	0.8640
Black Hawk, IA	
8940 Wausau, WI	1.0545
Marathon, WI	
8960 West Palm Beach-Boca Raton, FL	1.0372
Palm Beach, FL	
9000 Wheeling, OH–WV	0.7707
Belmont, OH	
Marshall, WV	
Ohio, WV	

ADDENDUM D.—WAGE INDEX FOR URBAN AREAS—Continued

Urban area (Constituent counties or county equivalents)	Wage index
9040 Wichita, KS	0.9403
Butler, KS	
Harvey, KS	
Sedgwick, KS	
9080 Wichita Falls, TX	0.7646
Archer, TX	
Wichita, TX	
9140 Williamsport, PA	0.8548
Lycoming, PA	
9160 Wilmington-Newark, DE–MD	1.1538
New Castle, DE	
Cecil, MD	
9200 Wilmington, NC	0.9322
New Hanover, NC	
Brunswick, NC	
9260 Yakima, WA	1.0102
Yakima, WA	
9270 Yolo, CA	1.1431
Yolo, CA	
9280 York, PA	0.9415
York, PA	
9320 Youngstown-Warren, OH	0.9937
Columbiana, OH	
Mahoning, OH	
Trumbull, OH	
9340 Yuba City, CA	1.0324
Sutter, CA	
Yuba, CA	
9360 Yuma, AZ	0.9732
Yuma, AZ	

*Large Urban Area

WAGE INDEX FOR RURAL AREAS

Nonurban area	Wage index
Alabama	0.7260
Alaska	1.2302
Arizona	0.7989
Arkansas	0.6995
California	0.9977
Colorado	0.8129
Connecticut	1.2617
Delaware	0.8925
Florida	0.8838
Georgia	0.7761
Hawaii	1.0229
Idaho	0.8221
Illinois	0.7644
Indiana	0.8161
Iowa	0.7391
Kansas	0.7203
Kentucky	0.7772
Louisiana	0.7383
Maine	0.8468
Maryland	0.8617
Massachusetts	1.0718
Michigan	0.8923
Minnesota	0.8179
Mississippi	0.6911
Missouri	0.7205
Montana	0.8302
Nebraska	0.7401
Nevada	0.8914

WAGE INDEX FOR RURAL AREAS—Continued

Nonurban area	Wage index
New Hampshire	0.9717
New Jersey [1]	.....
New Mexico	0.8070
New York	0.8401
North Carolina	0.7937
North Dakota	0.7360
Ohio	0.8434
Oklahoma	0.7072
Oregon	0.9975
Pennsylvania	0.8421
Puerto Rico	0.3939
Rhode Island [1]	.....
South Carolina	0.7921
South Dakota	0.6983
Tennessee	0.7353
Texas	0.7404
Utah	0.8926
Vermont	0.9314
Virginia	0.7782
Washington	1.0221
West Virginia	0.7938
Wisconsin	0.8471
Wyoming	0.8247

[1] All counties within the State are classified urban.

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