

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L3213	A	Benesch boot pair child .....	.....	.....	.....	.....	.....
L3214	A	Benesch boot pair junior .....	.....	.....	.....	.....	.....
L3215	A	Orthopedic ftwear ladies oxf .....	.....	.....	.....	.....	.....
L3216	A	Orthoped ladies shoes dpth i .....	.....	.....	.....	.....	.....
L3217	A	Ladies shoes hightop depth i .....	.....	.....	.....	.....	.....
L3218	A	Ladies surgical boot each .....	.....	.....	.....	.....	.....
L3219	A	Orthopedic mens shoes oxford .....	.....	.....	.....	.....	.....
L3221	A	Orthopedic mens shoes dpth i .....	.....	.....	.....	.....	.....
L3222	A	Mens shoes hightop depth inl .....	.....	.....	.....	.....	.....
L3223	A	Mens surgical boot each .....	.....	.....	.....	.....	.....
L3224	A	Woman's shoe oxford brace .....	.....	.....	.....	.....	.....
L3225	A	Man's shoe oxford brace .....	.....	.....	.....	.....	.....
L3230	A	Custom shoes depth inlay .....	.....	.....	.....	.....	.....
L3250	A	Custom mold shoe remov prost .....	.....	.....	.....	.....	.....
L3251	A	Shoe molded to pt silicone s .....	.....	.....	.....	.....	.....
L3252	A	Shoe molded plastazote cust .....	.....	.....	.....	.....	.....
L3253	A	Shoe molded plastazote cust .....	.....	.....	.....	.....	.....
L3254	A	Orth foot non-standard size/w .....	.....	.....	.....	.....	.....
L3255	A	Orth foot non-standard size/ .....	.....	.....	.....	.....	.....
L3257	A	Orth foot add charge split s .....	.....	.....	.....	.....	.....
L3260	A	Ambulatory surgical boot eac .....	.....	.....	.....	.....	.....
L3265	A	Plastazote sandal each .....	.....	.....	.....	.....	.....
L3300	A	Sho lift taper to metatarsal .....	.....	.....	.....	.....	.....
L3310	A	Shoe lift elev heel/sole neo .....	.....	.....	.....	.....	.....
L3320	A	Shoe lift elev heel/sole cor .....	.....	.....	.....	.....	.....
L3330	A	Lifts elevation metal extens .....	.....	.....	.....	.....	.....
L3332	A	Shoe lifts tapered to one-ha .....	.....	.....	.....	.....	.....
L3334	A	Shoe lifts elevation heel /i .....	.....	.....	.....	.....	.....
L3340	A	Shoe wedge sach .....	.....	.....	.....	.....	.....
L3350	A	Shoe heel wedge .....	.....	.....	.....	.....	.....
L3360	A	Shoe sole wedge outside sole .....	.....	.....	.....	.....	.....
L3370	A	Shoe sole wedge between sole .....	.....	.....	.....	.....	.....
L3380	A	Shoe clubfoot wedge .....	.....	.....	.....	.....	.....
L3390	A	Shoe outflare wedge .....	.....	.....	.....	.....	.....
L3400	A	Shoe metatarsal bar wedge ro .....	.....	.....	.....	.....	.....
L3410	A	Shoe metatarsal bar between .....	.....	.....	.....	.....	.....
L3420	A	Full sole/heel wedge btween .....	.....	.....	.....	.....	.....
L3430	A	Sho heel count plast reinfor .....	.....	.....	.....	.....	.....
L3440	A	Heel leather reinforced .....	.....	.....	.....	.....	.....
L3450	A	Shoe heel sach cushion type .....	.....	.....	.....	.....	.....
L3455	A	Shoe heel new leather standa .....	.....	.....	.....	.....	.....
L3460	A	Shoe heel new rubber standar .....	.....	.....	.....	.....	.....
L3465	A	Shoe heel thomas with wedge .....	.....	.....	.....	.....	.....
L3470	A	Shoe heel thomas extend to b .....	.....	.....	.....	.....	.....
L3480	A	Shoe heel pad & depress for .....	.....	.....	.....	.....	.....
L3485	A	Shoe heel pad removable for .....	.....	.....	.....	.....	.....
L3500	A	Shoe misc add insole leather .....	.....	.....	.....	.....	.....
L3510	A	Shoe misc addition insole ru .....	.....	.....	.....	.....	.....
L3520	A	Shoe insole felt cver w/ lea .....	.....	.....	.....	.....	.....
L3530	A	Shoe misc additions sole hal .....	.....	.....	.....	.....	.....
L3540	A	Shoe misc additions sole ful .....	.....	.....	.....	.....	.....
L3550	A	Shoe misc add toe tap standa .....	.....	.....	.....	.....	.....
L3560	A	Shoe misc add toe tap horses .....	.....	.....	.....	.....	.....
L3570	A	Shoe special extension to in .....	.....	.....	.....	.....	.....
L3580	A	Shoe convert instep velcro c .....	.....	.....	.....	.....	.....
L3590	A	Shoe convert firm to soft cn .....	.....	.....	.....	.....	.....
L3595	A	Shoe misc additions march ba .....	.....	.....	.....	.....	.....
L3600	A	Trans shoe calip plate exist .....	.....	.....	.....	.....	.....
L3610	A	Trans shoe caliper plate new .....	.....	.....	.....	.....	.....
L3620	A	Trans shoe solid stirrup exi .....	.....	.....	.....	.....	.....
L3630	A	Trans shoe solid stirrup new .....	.....	.....	.....	.....	.....
L3640	A	Shoe dennis browne splint bo .....	.....	.....	.....	.....	.....
L3649	A	Unlist proc orth shoe modif/ .....	.....	.....	.....	.....	.....
L3650	A	Shlder fig 8 abduct restrain .....	.....	.....	.....	.....	.....
L3660	A	Abduct restrainer canvas & web .....	.....	.....	.....	.....	.....
L3670	A	Acromio/clavicular canvas & we .....	.....	.....	.....	.....	.....
L3700	A	Elbow orthoses elas w stays .....	.....	.....	.....	.....	.....
L3710	A	Elbow elastic with metal joi .....	.....	.....	.....	.....	.....
L3720	A	Forearm/arm cuffs free motio .....	.....	.....	.....	.....	.....
L3730	A	Forearm/arm cuffs ext/flex a .....	.....	.....	.....	.....	.....
L3740	A	Cuffs adj lock w/ active con .....	.....	.....	.....	.....	.....
L3800	A	Whfo short opponen no attach .....	.....	.....	.....	.....	.....
L3805	A	Whfo long opponens no attach .....	.....	.....	.....	.....	.....
L3810	A	Whfo thumb abduction bar .....	.....	.....	.....	.....	.....
L3815	A	Whfo second m.p. abduction a .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L3820	A	Whfo ip ext asst w/ mp ext s .....	.....	.....	.....	.....	.....
L3825	A	Whfo m.p. extension stop .....	.....	.....	.....	.....	.....
L3830	A	Whfo m.p. extension assist .....	.....	.....	.....	.....	.....
L3835	A	Whfo m.p. spring extension a .....	.....	.....	.....	.....	.....
L3840	A	Whfo spring swivel thumb .....	.....	.....	.....	.....	.....
L3845	A	Whfo thumb ip ext ass w/ mp .....	.....	.....	.....	.....	.....
L3850	A	Action wrist w/ dorsiflex as .....	.....	.....	.....	.....	.....
L3855	A	Whfo adj m.p. flexion contro .....	.....	.....	.....	.....	.....
L3860	A	Whfo adj m.p. flex ctrl & i .....	.....	.....	.....	.....	.....
L3890	A	Torsion mechanism wrist/elbo .....	.....	.....	.....	.....	.....
L3900	A	Hinge extension/flex wrist/f .....	.....	.....	.....	.....	.....
L3901	A	Hinge ext/flex wrist finger .....	.....	.....	.....	.....	.....
L3902	A	Whfo ext power compress gas .....	.....	.....	.....	.....	.....
L3904	A	Whfo electric custom fitted .....	.....	.....	.....	.....	.....
L3906	A	Wrist gauntlet molded to pt .....	.....	.....	.....	.....	.....
L3907	A	Whfo wrst gauntlt thmb spica .....	.....	.....	.....	.....	.....
L3908	A	Wrist cock-up non-molded .....	.....	.....	.....	.....	.....
L3910	A	Whfo swanson design .....	.....	.....	.....	.....	.....
L3912	A	Flex glove w/elastic finger .....	.....	.....	.....	.....	.....
L3914	A	WHO wrist extension cock-up .....	.....	.....	.....	.....	.....
L3916	A	Whfo wrist extens w/ outrigg .....	.....	.....	.....	.....	.....
L3918	A	HFO knuckle bender .....	.....	.....	.....	.....	.....
L3920	A	Knuckle bender with outrigge .....	.....	.....	.....	.....	.....
L3922	A	Knuckle bend 2 seg to flex j .....	.....	.....	.....	.....	.....
L3924	A	Oppenheimer .....	.....	.....	.....	.....	.....
L3926	A	Thomas suspension .....	.....	.....	.....	.....	.....
L3928	A	Finger extension w/ clock sp .....	.....	.....	.....	.....	.....
L3930	A	Finger extension with wrist .....	.....	.....	.....	.....	.....
L3932	A	Safety pin spring wire .....	.....	.....	.....	.....	.....
L3934	A	Safety pin modified .....	.....	.....	.....	.....	.....
L3936	A	Palmer .....	.....	.....	.....	.....	.....
L3938	A	Dorsal wrist .....	.....	.....	.....	.....	.....
L3940	A	Dorsal wrist w/outrigger at .....	.....	.....	.....	.....	.....
L3942	A	Reverse knuckle bender .....	.....	.....	.....	.....	.....
L3944	A	Reverse knuckle bend w/ outr .....	.....	.....	.....	.....	.....
L3946	A	HFO composite elastic .....	.....	.....	.....	.....	.....
L3948	A	Finger knuckle bender .....	.....	.....	.....	.....	.....
L3950	A	Oppenheimer w/ knuckle bend .....	.....	.....	.....	.....	.....
L3952	A	Oppenheimer w/ rev knuckle 2 .....	.....	.....	.....	.....	.....
L3954	A	Spreading hand .....	.....	.....	.....	.....	.....
L3956	A	Add joint upper ext orthosis .....	.....	.....	.....	.....	.....
L3960	A	Sewho airplan desig abdu pos .....	.....	.....	.....	.....	.....
L3962	A	Sewho erbs palsey design abd .....	.....	.....	.....	.....	.....
L3963	A	Molded w/ articulating elbow .....	.....	.....	.....	.....	.....
L3964	A	Seo mobile arm sup att to wc .....	.....	.....	.....	.....	.....
L3965	A	Arm supp att to wc rancho ty .....	.....	.....	.....	.....	.....
L3966	A	Mobile arm supports reclinin .....	.....	.....	.....	.....	.....
L3968	A	Friction dampening arm supp .....	.....	.....	.....	.....	.....
L3969	A	Monosuspension arm/hand supp .....	.....	.....	.....	.....	.....
L3970	A	Elevat proximal arm support .....	.....	.....	.....	.....	.....
L3972	A	Offset/lat rocker arm w/ ela .....	.....	.....	.....	.....	.....
L3974	A	Mobile arm support supinator .....	.....	.....	.....	.....	.....
L3980	A	Upp ext fx orthosis humeral .....	.....	.....	.....	.....	.....
L3982	A	Upper ext fx orthosis rad/ul .....	.....	.....	.....	.....	.....
L3984	A	Upper ext fx orthosis wrist .....	.....	.....	.....	.....	.....
L3985	A	Forearm hand fx orth w/ wr h .....	.....	.....	.....	.....	.....
L3986	A	Humeral rad/ulna wrist fx or .....	.....	.....	.....	.....	.....
L3995	A	Sock fracture or equal each .....	.....	.....	.....	.....	.....
L3999	A	Upper limb orthosis NOS .....	.....	.....	.....	.....	.....
L4000	A	Repl girdle milwaukee orth .....	.....	.....	.....	.....	.....
L4010	A	Replace trilateral socket br .....	.....	.....	.....	.....	.....
L4020	A	Replace quadlat socket brim .....	.....	.....	.....	.....	.....
L4030	A	Replace socket brim cust fit .....	.....	.....	.....	.....	.....
L4040	A	Replace molded thigh lacer .....	.....	.....	.....	.....	.....
L4045	A	Replace non-molded thigh lac .....	.....	.....	.....	.....	.....
L4050	A	Replace molded calf lacer .....	.....	.....	.....	.....	.....
L4055	A	Replace non-molded calf lace .....	.....	.....	.....	.....	.....
L4060	A	Replace high roll cuff .....	.....	.....	.....	.....	.....
L4070	A	Replace prox & dist upright .....	.....	.....	.....	.....	.....
L4080	A	Repl met band kafo-afo prox .....	.....	.....	.....	.....	.....
L4090	A	Repl met band kafo-afo calf/ .....	.....	.....	.....	.....	.....
L4100	A	Repl leath cuff kafo prox th .....	.....	.....	.....	.....	.....
L4110	A	Repl leath cuff kafo-afo cal .....	.....	.....	.....	.....	.....
L4130	A	Replace pretibial shell .....	.....	.....	.....	.....	.....
L4205	A	Ortho dvc repair per 15 min .....	.....	.....	.....	.....	.....

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CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L4210	A	Orth dev repair/repl minor p .....	.....	.....	.....	.....	.....
L4310	A	Multi-podus/eq orth prep mgmt .....	.....	.....	.....	.....	.....
L4320	A	Low ext mgmt sys ft pos afo .....	.....	.....	.....	.....	.....
L4350	A	Pneumatic ankle cntrl splint .....	.....	.....	.....	.....	.....
L4360	A	Pneumatic walking splint .....	.....	.....	.....	.....	.....
L4370	A	Pneumatic full leg splint .....	.....	.....	.....	.....	.....
L4380	A	Pneumatic knee splint .....	.....	.....	.....	.....	.....
L4390	A	Replace multi-podus splint .....	.....	.....	.....	.....	.....
L4392	A	Replace ankle contrac splint .....	.....	.....	.....	.....	.....
L4394	A	Replace foot drop splint .....	.....	.....	.....	.....	.....
L4396	A	Ankle contracture splint .....	.....	.....	.....	.....	.....
L4398	A	Foot drop splint recumbent .....	.....	.....	.....	.....	.....
L5000	A	Sho insert w arch toe filler .....	.....	.....	.....	.....	.....
L5010	A	Mold socket ank hgt w/ toe f .....	.....	.....	.....	.....	.....
L5020	A	Tibial tubercle hgt w/ toe f .....	.....	.....	.....	.....	.....
L5050	A	Ank symes mold sckt sach ft .....	.....	.....	.....	.....	.....
L5060	A	Symes met fr leath socket ar .....	.....	.....	.....	.....	.....
L5100	A	Molded socket shin sach foot .....	.....	.....	.....	.....	.....
L5105	A	Plast socket jts/thgh lacer .....	.....	.....	.....	.....	.....
L5150	A	Mold sckt ext knee shin sach .....	.....	.....	.....	.....	.....
L5160	A	Mold socket bent knee shin s .....	.....	.....	.....	.....	.....
L5200	A	Kne sing axis fric shin sach .....	.....	.....	.....	.....	.....
L5210	A	No knee/ankle joints w/ ft b .....	.....	.....	.....	.....	.....
L5220	A	No knee joint with artic ali .....	.....	.....	.....	.....	.....
L5230	A	Fem focal defic constant fri .....	.....	.....	.....	.....	.....
L5250	A	Hip canad sing axi cons fric .....	.....	.....	.....	.....	.....
L5270	A	Tilt table locking hip sing .....	.....	.....	.....	.....	.....
L5280	A	Hemipelvect canad sing axis .....	.....	.....	.....	.....	.....
L5300	A	Bk sach soft cover & finish .....	.....	.....	.....	.....	.....
L5310	A	Knee disart sach soft cv/fin .....	.....	.....	.....	.....	.....
L5320	A	Ak open end sach soft cv/fin .....	.....	.....	.....	.....	.....
L5330	A	Hip canadian sach sft cv/fin .....	.....	.....	.....	.....	.....
L5340	A	Hemipelvectomy canad cv/fin .....	.....	.....	.....	.....	.....
L5400	A	Postop dress & 1 cast chg bk .....	.....	.....	.....	.....	.....
L5410	A	Postop dsq bk ea add cast ch .....	.....	.....	.....	.....	.....
L5420	A	Postop dsq & 1 cast chg ak/d .....	.....	.....	.....	.....	.....
L5430	A	Postop dsq ak ea add cast ch .....	.....	.....	.....	.....	.....
L5450	A	Postop app non-wgt bear dsq .....	.....	.....	.....	.....	.....
L5460	A	Postop app non-wgt bear dsq .....	.....	.....	.....	.....	.....
L5500	A	Init bk ptb plaster direct .....	.....	.....	.....	.....	.....
L5505	A	Init ak ischal plstr direct .....	.....	.....	.....	.....	.....
L5510	A	Prep BK ptb plaster molded .....	.....	.....	.....	.....	.....
L5520	A	Prep BK ptb thermopls direct .....	.....	.....	.....	.....	.....
L5530	A	Prep BK ptb thermopls molded .....	.....	.....	.....	.....	.....
L5535	A	Prep BK ptb open end socket .....	.....	.....	.....	.....	.....
L5540	A	Prep BK ptb laminated socket .....	.....	.....	.....	.....	.....
L5560	A	Prep AK ischial plast molded .....	.....	.....	.....	.....	.....
L5570	A	Prep AK ischial direct form .....	.....	.....	.....	.....	.....
L5580	A	Prep AK ischial thermo mold .....	.....	.....	.....	.....	.....
L5585	A	Prep AK ischial open end .....	.....	.....	.....	.....	.....
L5590	A	Prep AK ischial laminated .....	.....	.....	.....	.....	.....
L5595	A	Hip disartic sach thermopls .....	.....	.....	.....	.....	.....
L5600	A	Hip disart sach laminat mold .....	.....	.....	.....	.....	.....
L5610	A	Above knee hydracadence .....	.....	.....	.....	.....	.....
L5611	A	Ak 4 bar link w/fric swing .....	.....	.....	.....	.....	.....
L5613	A	Ak 4 bar ling w/hydraul swig .....	.....	.....	.....	.....	.....
L5614	A	4-bar link above knee w/swng .....	.....	.....	.....	.....	.....
L5616	A	Ak univ multiplex sys frict .....	.....	.....	.....	.....	.....
L5617	A	AK/BK self-aligning unit ea .....	.....	.....	.....	.....	.....
L5618	A	Test socket symes .....	.....	.....	.....	.....	.....
L5620	A	Test socket below knee .....	.....	.....	.....	.....	.....
L5622	A	Test socket knee disarticula .....	.....	.....	.....	.....	.....
L5624	A	Test socket above knee .....	.....	.....	.....	.....	.....
L5626	A	Test socket hip disarticulat .....	.....	.....	.....	.....	.....
L5628	A	Test socket hemipelvectomy .....	.....	.....	.....	.....	.....
L5629	A	Below knee acrylic socket .....	.....	.....	.....	.....	.....
L5630	A	Syme typ expandabl wall sckt .....	.....	.....	.....	.....	.....
L5631	A	Ak/knee disartic acrylic soc .....	.....	.....	.....	.....	.....
L5632	A	Symes type ptb brim design s .....	.....	.....	.....	.....	.....
L5634	A	Symes type poster opening so .....	.....	.....	.....	.....	.....
L5636	A	Symes type medial opening so .....	.....	.....	.....	.....	.....
L5637	A	Below knee total contact .....	.....	.....	.....	.....	.....
L5638	A	Below knee leather socket .....	.....	.....	.....	.....	.....
L5639	A	Below knee wood socket .....	.....	.....	.....	.....	.....
L5640	A	Knee disarticulat leather so .....	.....	.....	.....	.....	.....

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CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L5642	A	Above knee leather socket .....	.....	.....	.....	.....	.....
L5643	A	Hip flex inner socket ext fr .....	.....	.....	.....	.....	.....
L5644	A	Above knee wood socket .....	.....	.....	.....	.....	.....
L5645	A	Ak flexibl inner socket ext .....	.....	.....	.....	.....	.....
L5646	A	Below knee air cushion socke .....	.....	.....	.....	.....	.....
L5647	A	Below knee suction socket .....	.....	.....	.....	.....	.....
L5648	A	Above knee air cushion socke .....	.....	.....	.....	.....	.....
L5649	A	Isch containmt/narrow m-l so .....	.....	.....	.....	.....	.....
L5650	A	Tot contact ak/knee disart s .....	.....	.....	.....	.....	.....
L5651	A	Ak flex inner socket ext fra .....	.....	.....	.....	.....	.....
L5652	A	Suction susp ak/knee disart .....	.....	.....	.....	.....	.....
L5653	A	Knee disart expand wall sock .....	.....	.....	.....	.....	.....
L5654	A	Socket insert symes .....	.....	.....	.....	.....	.....
L5655	A	Socket insert below knee .....	.....	.....	.....	.....	.....
L5656	A	Socket insert knee articulac .....	.....	.....	.....	.....	.....
L5658	A	Socket insert above knee .....	.....	.....	.....	.....	.....
L5660	A	Sock insrt syme silicone gel .....	.....	.....	.....	.....	.....
L5661	A	Multi-durometer symes .....	.....	.....	.....	.....	.....
L5662	A	Socket insert bk silicone ge .....	.....	.....	.....	.....	.....
L5663	A	Sock knee disartic silicone .....	.....	.....	.....	.....	.....
L5664	A	Socket insert ak silicone ge .....	.....	.....	.....	.....	.....
L5665	A	Multi-durometer below knee .....	.....	.....	.....	.....	.....
L5666	A	Below knee cuff suspension .....	.....	.....	.....	.....	.....
L5667	A	Socket insert w lock lower .....	.....	.....	.....	.....	.....
L5668	A	Socket insert w/o lock lower .....	.....	.....	.....	.....	.....
L5669	A	Below knee socket w/o lock .....	.....	.....	.....	.....	.....
L5670	A	Bk molded supracondylar susp .....	.....	.....	.....	.....	.....
L5672	A	Bk removable medial brim sus .....	.....	.....	.....	.....	.....
L5674	A	Bk latex sleeve suspension/e .....	.....	.....	.....	.....	.....
L5675	A	Bk latex sleeve susp/eq hvy .....	.....	.....	.....	.....	.....
L5676	A	Bk knee joints single axis p .....	.....	.....	.....	.....	.....
L5677	A	Bk knee joints polycentric p .....	.....	.....	.....	.....	.....
L5678	A	Bk joint covers pair .....	.....	.....	.....	.....	.....
L5680	A	Bk thigh lacer non-molded .....	.....	.....	.....	.....	.....
L5682	A	Bk thigh lacer glut/ischia m .....	.....	.....	.....	.....	.....
L5684	A	Bk fork strap .....	.....	.....	.....	.....	.....
L5686	A	Bk back check .....	.....	.....	.....	.....	.....
L5688	A	Bk waist belt webbing .....	.....	.....	.....	.....	.....
L5690	A	Bk waist belt padded and lin .....	.....	.....	.....	.....	.....
L5692	A	Ak pelvic control belt light .....	.....	.....	.....	.....	.....
L5694	A	Ak pelvic control belt pad/l .....	.....	.....	.....	.....	.....
L5695	A	Ak sleeve susp neoprene/equa .....	.....	.....	.....	.....	.....
L5696	A	Ak/knee disartic pelvic join .....	.....	.....	.....	.....	.....
L5697	A	Ak/knee disartic pelvic band .....	.....	.....	.....	.....	.....
L5698	A	Ak/knee disartic silesian ba .....	.....	.....	.....	.....	.....
L5699	A	Shoulder harness .....	.....	.....	.....	.....	.....
L5700	A	Replace socket below knee .....	.....	.....	.....	.....	.....
L5701	A	Replace socket above knee .....	.....	.....	.....	.....	.....
L5702	A	Replace socket hip .....	.....	.....	.....	.....	.....
L5704	A	Custom shape covr below knee .....	.....	.....	.....	.....	.....
L5705	A	Custm shape cover above knee .....	.....	.....	.....	.....	.....
L5706	A	Custm shape cvr knee disart .....	.....	.....	.....	.....	.....
L5707	A	Custm shape cover hip disart .....	.....	.....	.....	.....	.....
L5710	A	Knee-shin exo sng axi mnl loc .....	.....	.....	.....	.....	.....
L5711	A	Knee-shin exo mnl lock ultra .....	.....	.....	.....	.....	.....
L5712	A	Knee-shin exo frict swg & st .....	.....	.....	.....	.....	.....
L5714	A	Knee-shin exo variable frict .....	.....	.....	.....	.....	.....
L5716	A	Knee-shin exo mech stance ph .....	.....	.....	.....	.....	.....
L5718	A	Knee-shin exo frct swg & sta .....	.....	.....	.....	.....	.....
L5722	A	Knee-shin pneum swg frct exo .....	.....	.....	.....	.....	.....
L5724	A	Knee-shin exo fluid swing ph .....	.....	.....	.....	.....	.....
L5726	A	Knee-shin ext jnts fld swg e .....	.....	.....	.....	.....	.....
L5728	A	Knee-shin fluid swg & stance .....	.....	.....	.....	.....	.....
L5780	A	Knee-shin pneum/hydra pneum .....	.....	.....	.....	.....	.....
L5785	A	Exoskeletal bk ultra mater .....	.....	.....	.....	.....	.....
L5790	A	Exoskeletal ak ultra-light m .....	.....	.....	.....	.....	.....
L5795	A	Exoskel hip ultra-light mate .....	.....	.....	.....	.....	.....
L5810	A	Endoskel knee-shin mnl lock .....	.....	.....	.....	.....	.....
L5811	A	Endo knee-shin mnl lck ultra .....	.....	.....	.....	.....	.....
L5812	A	Endo knee-shin frct swg & st .....	.....	.....	.....	.....	.....
L5814	A	Endo knee-shin hydral swg ph .....	.....	.....	.....	.....	.....
L5816	A	Endo knee-shin polyc mch sta .....	.....	.....	.....	.....	.....
L5818	A	Endo knee-shin frct swg & st .....	.....	.....	.....	.....	.....
L5822	A	Endo knee-shin pneum swg frc .....	.....	.....	.....	.....	.....
L5824	A	Endo knee-shin fluid swing p .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L5826	A	Pediatric knee joint .....	.....	.....	.....	.....	.....
L5828	A	Endo knee-shin fluid swg/sta .....	.....	.....	.....	.....	.....
L5830	A	Endo knee-shin pneum/swg pha .....	.....	.....	.....	.....	.....
L5840	A	Multi-axial knee/shin system .....	.....	.....	.....	.....	.....
L5845	A	Knee-shin sys stance flexion .....	.....	.....	.....	.....	.....
L5846	A	Knee-shin sys microprocessor .....	.....	.....	.....	.....	.....
L5850	A	Endo ak/hip knee extens assi .....	.....	.....	.....	.....	.....
L5855	A	Mech hip extension assist .....	.....	.....	.....	.....	.....
L5910	A	Endo below knee alignable sy .....	.....	.....	.....	.....	.....
L5920	A	Endo ak/hip alignable system .....	.....	.....	.....	.....	.....
L5925	A	Above knee manual lock .....	.....	.....	.....	.....	.....
L5930	A	High activity knee frame .....	.....	.....	.....	.....	.....
L5940	A	Endo bk ultra-light material .....	.....	.....	.....	.....	.....
L5950	A	Endo ak ultra-light material .....	.....	.....	.....	.....	.....
L5960	A	Endo hip ultra-light materia .....	.....	.....	.....	.....	.....
L5962	A	Below knee flex cover system .....	.....	.....	.....	.....	.....
L5964	A	Above knee flex cover system .....	.....	.....	.....	.....	.....
L5966	A	Hip flexible cover system .....	.....	.....	.....	.....	.....
L5970	A	Foot external keel sach foot .....	.....	.....	.....	.....	.....
L5972	A	Flexible keel foot .....	.....	.....	.....	.....	.....
L5974	A	Foot single axis ankle/foot .....	.....	.....	.....	.....	.....
L5976	A	Energy storing foot .....	.....	.....	.....	.....	.....
L5978	A	Ft prosth multiaxial anl/ft .....	.....	.....	.....	.....	.....
L5979	A	Multi-axial ankle/ft prosth .....	.....	.....	.....	.....	.....
L5980	A	Flex foot system .....	.....	.....	.....	.....	.....
L5981	A	Flex-walk sys low ext prosth .....	.....	.....	.....	.....	.....
L5982	A	Exoskeletal axial rotation u .....	.....	.....	.....	.....	.....
L5984	A	Endoskeletal axial rotation .....	.....	.....	.....	.....	.....
L5985	A	Lwr ext dynamic prosth pylon .....	.....	.....	.....	.....	.....
L5986	A	Multi-axial rotation unit .....	.....	.....	.....	.....	.....
L5987	A	Shank ft w vert load pylon .....	.....	.....	.....	.....	.....
L5999	A	Lowr extremity prosthes NOS .....	.....	.....	.....	.....	.....
L6000	A	Par hand robin-aids thum rem .....	.....	.....	.....	.....	.....
L6010	A	Hand robin-aids little/ring .....	.....	.....	.....	.....	.....
L6020	A	Part hand robin-aids no fing .....	.....	.....	.....	.....	.....
L6050	A	Wrst MLd sock flx hng tri pad .....	.....	.....	.....	.....	.....
L6055	A	Wrst mold sock w/exp interfa .....	.....	.....	.....	.....	.....
L6100	A	Elb mold sock flex hinge pad .....	.....	.....	.....	.....	.....
L6110	A	Elbow mold sock suspension t .....	.....	.....	.....	.....	.....
L6120	A	Elbow mold doub splt soc ste .....	.....	.....	.....	.....	.....
L6130	A	Elbow stump activated lock h .....	.....	.....	.....	.....	.....
L6200	A	Elbow mold outsid lock hinge .....	.....	.....	.....	.....	.....
L6205	A	Elbow molded w/ expand inter .....	.....	.....	.....	.....	.....
L6250	A	Elbow inter loc elbow forarm .....	.....	.....	.....	.....	.....
L6300	A	Shlder disart int lock elbow .....	.....	.....	.....	.....	.....
L6310	A	Shoulder passive restor comp .....	.....	.....	.....	.....	.....
L6320	A	Shoulder passive restor cap .....	.....	.....	.....	.....	.....
L6350	A	Thoracic intern lock elbow .....	.....	.....	.....	.....	.....
L6360	A	Thoracic passive restor comp .....	.....	.....	.....	.....	.....
L6370	A	Thoracic passive restor cap .....	.....	.....	.....	.....	.....
L6380	A	Postop dsg cast chg wrst/elb .....	.....	.....	.....	.....	.....
L6382	A	Postop dsg cast chg elb dis/ .....	.....	.....	.....	.....	.....
L6384	A	Postop dsg cast chg shlder/t .....	.....	.....	.....	.....	.....
L6386	A	Postop ea cast chg & realign .....	.....	.....	.....	.....	.....
L6388	A	Postop applicat rigid dsg on .....	.....	.....	.....	.....	.....
L6400	A	Below elbow prosth tiss shap .....	.....	.....	.....	.....	.....
L6450	A	Elb disart prosth tiss shap .....	.....	.....	.....	.....	.....
L6500	A	Above elbow prosth tiss shap .....	.....	.....	.....	.....	.....
L6550	A	Shldr disar prosth tiss shap .....	.....	.....	.....	.....	.....
L6570	A	Scap thorac prosth tiss shap .....	.....	.....	.....	.....	.....
L6580	A	Wrist/elbow bowden cable mol .....	.....	.....	.....	.....	.....
L6582	A	Wrist/elbow bowden cbl dir f .....	.....	.....	.....	.....	.....
L6584	A	Elbow fair lead cable molded .....	.....	.....	.....	.....	.....
L6586	A	Elbow fair lead cable dir fo .....	.....	.....	.....	.....	.....
L6588	A	Shdr fair lead cable molded .....	.....	.....	.....	.....	.....
L6590	A	Shdr fair lead cable direct .....	.....	.....	.....	.....	.....
L6600	A	Polycentric hinge pair .....	.....	.....	.....	.....	.....
L6605	A	Single pivot hinge pair .....	.....	.....	.....	.....	.....
L6610	A	Flexible metal hinge pair .....	.....	.....	.....	.....	.....
L6615	A	Disconnect locking wrist uni .....	.....	.....	.....	.....	.....
L6616	A	Disconnect insert locking wr .....	.....	.....	.....	.....	.....
L6620	A	Flexion-friction wrist unit .....	.....	.....	.....	.....	.....
L6623	A	Spring-ass rot wrst w/ latch .....	.....	.....	.....	.....	.....
L6625	A	Rotation wrst w/ cable lock .....	.....	.....	.....	.....	.....
L6628	A	Quick disconn hook adapter o .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L6629	A	Lamination collar w/couplin .....	.....	.....	.....	.....	.....
L6630	A	Stainless steel any wrist .....	.....	.....	.....	.....	.....
L6632	A	Latex suspension sleeve each .....	.....	.....	.....	.....	.....
L6635	A	Lift assist for elbow .....	.....	.....	.....	.....	.....
L6637	A	Nudge control elbow lock .....	.....	.....	.....	.....	.....
L6640	A	Shoulder abduction joint pai .....	.....	.....	.....	.....	.....
L6641	A	Excursion amplifier pulley t .....	.....	.....	.....	.....	.....
L6642	A	Excursion amplifier lever ty .....	.....	.....	.....	.....	.....
L6645	A	Shoulder flexion-abduction j .....	.....	.....	.....	.....	.....
L6650	A	Shoulder universal joint .....	.....	.....	.....	.....	.....
L6655	A	Standard control cable extra .....	.....	.....	.....	.....	.....
L6660	A	Heavy duty control cable .....	.....	.....	.....	.....	.....
L6665	A	Teflon or equal cable lining .....	.....	.....	.....	.....	.....
L6670	A	Hook to hand cable adapter .....	.....	.....	.....	.....	.....
L6672	A	Harness chest/shlder saddle .....	.....	.....	.....	.....	.....
L6675	A	Harness figure of 8 sing con .....	.....	.....	.....	.....	.....
L6676	A	Harness figure of 8 dual con .....	.....	.....	.....	.....	.....
L6680	A	Test sock wrist disart/bel e .....	.....	.....	.....	.....	.....
L6682	A	Test sock elbw disart/above .....	.....	.....	.....	.....	.....
L6684	A	Test socket shldr disart/tho .....	.....	.....	.....	.....	.....
L6686	A	Suction socket .....	.....	.....	.....	.....	.....
L6687	A	Frame typ socket bel elbow/w .....	.....	.....	.....	.....	.....
L6688	A	Frame typ sock above elb/dis .....	.....	.....	.....	.....	.....
L6689	A	Frame typ socket shoulder di .....	.....	.....	.....	.....	.....
L6690	A	Frame typ sock interscap-tho .....	.....	.....	.....	.....	.....
L6691	A	Removable insert each .....	.....	.....	.....	.....	.....
L6692	A	Silicone gel insert or equal .....	.....	.....	.....	.....	.....
L6700	A	Terminal device model #3 .....	.....	.....	.....	.....	.....
L6705	A	Terminal device model #5 .....	.....	.....	.....	.....	.....
L6710	A	Terminal device model #5x .....	.....	.....	.....	.....	.....
L6715	A	Terminal device model #5xa .....	.....	.....	.....	.....	.....
L6720	A	Terminal device model #6 .....	.....	.....	.....	.....	.....
L6725	A	Terminal device model #7 .....	.....	.....	.....	.....	.....
L6730	A	Terminal device model #7lo .....	.....	.....	.....	.....	.....
L6735	A	Terminal device model #8 .....	.....	.....	.....	.....	.....
L6740	A	Terminal device model #8x .....	.....	.....	.....	.....	.....
L6745	A	Terminal device model #88x .....	.....	.....	.....	.....	.....
L6750	A	Terminal device model #10p .....	.....	.....	.....	.....	.....
L6755	A	Terminal device model #10x .....	.....	.....	.....	.....	.....
L6765	A	Terminal device model #12p .....	.....	.....	.....	.....	.....
L6770	A	Terminal device model #99x .....	.....	.....	.....	.....	.....
L6775	A	Terminal device model#555 .....	.....	.....	.....	.....	.....
L6780	A	Terminal device model #ss555 .....	.....	.....	.....	.....	.....
L6790	A	Hooks-accu hook or equal .....	.....	.....	.....	.....	.....
L6795	A	Hooks-2 load or equal .....	.....	.....	.....	.....	.....
L6800	A	Hooks-aprl vc or equal .....	.....	.....	.....	.....	.....
L6805	A	Modifier wrist flexion unit .....	.....	.....	.....	.....	.....
L6806	A	Trs grip vc or equal .....	.....	.....	.....	.....	.....
L6807	A	Term device grip1/2 or equal .....	.....	.....	.....	.....	.....
L6808	A	Term device infant or child .....	.....	.....	.....	.....	.....
L6809	A	Trs super sport passive .....	.....	.....	.....	.....	.....
L6810	A	Pincher tool otto bock or eq .....	.....	.....	.....	.....	.....
L6825	A	Hands dorrance vo .....	.....	.....	.....	.....	.....
L6830	A	Hand aprl vc .....	.....	.....	.....	.....	.....
L6835	A	Hand sierra vo .....	.....	.....	.....	.....	.....
L6840	A	Hand becker imperial .....	.....	.....	.....	.....	.....
L6845	A	Hand becker lock grip .....	.....	.....	.....	.....	.....
L6850	A	Term dvc-hand becker plylite .....	.....	.....	.....	.....	.....
L6855	A	Hand robin-aids vo .....	.....	.....	.....	.....	.....
L6860	A	Hand robin-aids vo soft .....	.....	.....	.....	.....	.....
L6865	A	Hand passive hand .....	.....	.....	.....	.....	.....
L6867	A	Hand detroit infant hand .....	.....	.....	.....	.....	.....
L6868	A	Passive inf hand steeper/hos .....	.....	.....	.....	.....	.....
L6870	A	Hand child mitt .....	.....	.....	.....	.....	.....
L6872	A	Hand nyu child hand .....	.....	.....	.....	.....	.....
L6873	A	Hand mech inf steeper or equ .....	.....	.....	.....	.....	.....
L6875	A	Hand bock vc .....	.....	.....	.....	.....	.....
L6880	A	Hand bock vo .....	.....	.....	.....	.....	.....
L6890	A	Production glove .....	.....	.....	.....	.....	.....
L6895	A	Custom glove .....	.....	.....	.....	.....	.....
L6900	A	Hand restorat thumb/1 finger .....	.....	.....	.....	.....	.....
L6905	A	Hand restoration multiple fi .....	.....	.....	.....	.....	.....
L6910	A	Hand restoration no fingers .....	.....	.....	.....	.....	.....
L6915	A	Hand restoration replacmnt g .....	.....	.....	.....	.....	.....
L6920	A	Wrist disartical switch ctrl .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L6925	A	Wrist disart myoelectronic c .....	.....	.....	.....	.....	.....
L6930	A	Below elbow switch control .....	.....	.....	.....	.....	.....
L6935	A	Below elbow myoelectronic ct .....	.....	.....	.....	.....	.....
L6940	A	Elbow disarticulation switch .....	.....	.....	.....	.....	.....
L6945	A	Elbow disart myoelectronic c .....	.....	.....	.....	.....	.....
L6950	A	Above elbow switch control .....	.....	.....	.....	.....	.....
L6955	A	Above elbow myoelectronic ct .....	.....	.....	.....	.....	.....
L6960	A	Shldr disartic switch contro .....	.....	.....	.....	.....	.....
L6965	A	Shldr disartic myoelectronic .....	.....	.....	.....	.....	.....
L6970	A	Interscapular-thor switch ct .....	.....	.....	.....	.....	.....
L6975	A	Interscap-thor myoelectronic .....	.....	.....	.....	.....	.....
L7010	A	Hand otto back steeper/eq sw .....	.....	.....	.....	.....	.....
L7015	A	Hand sys teknik village swit .....	.....	.....	.....	.....	.....
L7020	A	Electronic greifer switch ct .....	.....	.....	.....	.....	.....
L7025	A	Electron hand myoelectronic .....	.....	.....	.....	.....	.....
L7030	A	Hand sys teknik vill myoelec .....	.....	.....	.....	.....	.....
L7035	A	Electron greifer myoelectro .....	.....	.....	.....	.....	.....
L7040	A	Prehensile actuator hosmer s .....	.....	.....	.....	.....	.....
L7045	A	Electron hook child michigan .....	.....	.....	.....	.....	.....
L7170	A	Electronic elbow hosmer swit .....	.....	.....	.....	.....	.....
L7180	A	Electronic elbow utah myoele .....	.....	.....	.....	.....	.....
L7185	A	Electron elbow adolescent sw .....	.....	.....	.....	.....	.....
L7186	A	Electron elbow child switch .....	.....	.....	.....	.....	.....
L7190	A	Elbow adolescent myoelectron .....	.....	.....	.....	.....	.....
L7191	A	Elbow child myoelectronic ct .....	.....	.....	.....	.....	.....
L7260	A	Electron wrist rotator otto .....	.....	.....	.....	.....	.....
L7261	A	Electron wrist rotator utah .....	.....	.....	.....	.....	.....
L7266	A	Servo control steeper or equ .....	.....	.....	.....	.....	.....
L7272	A	Analogue control unb or equa .....	.....	.....	.....	.....	.....
L7274	A	Proportional ctl 12 volt uta .....	.....	.....	.....	.....	.....
L7360	A	Six volt bat otto bock/eq ea .....	.....	.....	.....	.....	.....
L7362	A	Battery chrgr six volt otto .....	.....	.....	.....	.....	.....
L7364	A	Twelve volt battery utah/equ .....	.....	.....	.....	.....	.....
L7366	A	Battery chrgr 12 volt utah/e .....	.....	.....	.....	.....	.....
L7499	A	Upper extremity prosthes NOS .....	.....	.....	.....	.....	.....
L7500	A	Prosthetic dvc repair hourly .....	.....	.....	.....	.....	.....
L7510	A	Prosthetic device repair rep .....	.....	.....	.....	.....	.....
L7520	A	Repair prosthesis per 15 min .....	.....	.....	.....	.....	.....
L7900	A	Vacuum erection system .....	.....	.....	.....	.....	.....
L8000	A	Mastectomy bra .....	.....	.....	.....	.....	.....
L8010	A	Mastectomy sleeve .....	.....	.....	.....	.....	.....
L8020	A	Mastectomy form .....	.....	.....	.....	.....	.....
L8030	A	Breast prosthesis silicone/e .....	.....	.....	.....	.....	.....
L8039	A	Breast prosthesis NOS .....	.....	.....	.....	.....	.....
L8100	A	Elas suprt stock bk med wgt .....	.....	.....	.....	.....	.....
L8110	A	Elastic supp stocking bk hvy .....	.....	.....	.....	.....	.....
L8120	A	Elastic supp stockng bk surg .....	.....	.....	.....	.....	.....
L8130	A	Elastic supp stocking ak med .....	.....	.....	.....	.....	.....
L8140	A	Elastic supp stocking ak hvy .....	.....	.....	.....	.....	.....
L8150	A	Elastic supp stockng ak surg .....	.....	.....	.....	.....	.....
L8160	A	Supp stocking full lgth med .....	.....	.....	.....	.....	.....
L8170	A	Supp stocking full lgth hvy .....	.....	.....	.....	.....	.....
L8180	A	Supp stocking heavy surg wei .....	.....	.....	.....	.....	.....
L8190	A	Elas stocking leotards med w .....	.....	.....	.....	.....	.....
L8200	A	Elas stocking leotards surg .....	.....	.....	.....	.....	.....
L8210	A	Elastic stocking custom made .....	.....	.....	.....	.....	.....
L8220	A	Elastic stocking lymphedema .....	.....	.....	.....	.....	.....
L8230	A	Elastic stocking garter belt .....	.....	.....	.....	.....	.....
L8239	A	Elastic support NOS .....	.....	.....	.....	.....	.....
L8300	A	Truss single w/ standard pad .....	.....	.....	.....	.....	.....
L8310	A	Truss double w/ standard pad .....	.....	.....	.....	.....	.....
L8320	A	Truss addition to std pad wa .....	.....	.....	.....	.....	.....
L8330	A	Truss add to std pad scrotal .....	.....	.....	.....	.....	.....
L8400	A	Sheath below knee .....	.....	.....	.....	.....	.....
L8410	A	Sheath above knee .....	.....	.....	.....	.....	.....
L8415	A	Sheath upper limb .....	.....	.....	.....	.....	.....
L8417	A	Pros sheath/sock w gel cushn .....	.....	.....	.....	.....	.....
L8420	A	Sock wool below knee .....	.....	.....	.....	.....	.....
L8430	A	Sock wool above knee .....	.....	.....	.....	.....	.....
L8435	A	Sock wool upper limb .....	.....	.....	.....	.....	.....
L8440	A	Shrinker below knee .....	.....	.....	.....	.....	.....
L8460	A	Shrinker above knee .....	.....	.....	.....	.....	.....
L8465	A	Shrinker upper limb .....	.....	.....	.....	.....	.....
L8470	A	Stump sock single below knee .....	.....	.....	.....	.....	.....
L8480	A	Stump sock single above knee .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L8485	A	Stump sock fitting uppr limb .....					
L8490	A	Air seal suction reten systm .....					
L8499	A	Unlisted misc prosthetic ser .....					
L8500	A	Artificial larynx .....					
L8501	A	Tracheostomy speaking valve .....					
L8600	A	Implant breast silicone/eq .....					
L8603	A	Collagen imp urinary 2.5 CC .....					
L8610	A	Ocular implant .....					
L8612	A	Aqueous shunt prosthesis .....					
L8613	A	Ossicular implant .....					
L8614	A	Cochlear device/system .....					
L8619	A	Replace cochlear processor .....					
L8630	A	Metacarpophalangeal implant .....					
L8641	A	Metatarsal joint implant .....					
L8642	A	Hallux implant .....					
L8658	A	Interphalangeal joint implnt .....					
L8670	A	Vascular graft, synthetic .....					
L8699	A	Prosthetic implant NOS .....					
M0064	X	Visit for drug monitoring .....	090	0.85	\$45.05	\$12.43	\$9.01
M0075	E	Cellular therapy .....					
M0076	E	Prolotherapy .....					
M0100	E	Intragastric hypothermia .....					
M0101	E	Foot care hygienic/pm .....					
M0300	E	IV chelation therapy .....					
M0301	E	Fabric wrapping of aneurysm .....					
M0302	E	Assessment of cardiac output .....					
P2028	A	Cephalin flocculation test .....					
P2029	A	Congo red blood test .....					
P2031	E	Hair analysis .....					
P2033	A	Blood thymol turbidity .....					
P2038	A	Blood mucoprotein .....					
P3000	A	Screen pap by tech w md supv .....					
P3001	A	Screening pap smear by phys .....					
P7001	E	Culture bacterial urine .....					
P9010	N	Whole blood for transfusion .....					
P9011	N	Blood split unit .....					
P9012	N	Cryoprecipitate each unit .....					
P9013	N	Unit/s blood fibrinogen .....					
P9014	N	Gamma globulin 1 ML .....					
P9015	N	Rh immune globulin 1 ML .....					
P9016	N	Leukocyte poor blood, unit .....					
P9017	N	One donor fresh frozn plasma .....					
P9018	N	Plasma protein fract, unit .....					
P9019	N	Platelet concentrate unit .....					
P9020	N	Platelet rich plasma unit .....					
P9021	N	Red blood cells unit .....					
P9022	N	Washed red blood cells unit .....					
P9603	N	One-way allow prorated miles .....					
P9604	N	One-way allow prorated trip .....					
P9610	E	Urine specimen collect singl .....					
P9615	E	Urine specimen collect mult .....					
Q0034	X	Admin of influenza vaccine .....	901	0.07	\$3.92	\$2.49	\$7.78
Q0035	X	Cardiokymography .....	950	0.35	\$18.61	\$15.82	\$3.72
Q0068	T	Extracorpeal plasmapheresis .....	369	4.33	\$229.19	\$97.18	\$45.84
Q0081	X	Infusion ther other than che .....	906	1.46	\$77.38	\$42.49	\$15.48
Q0082	X	Activity therapy w/partial h .....					
Q0083	S	Chemo by other than infusion .....	987	0.65	\$34.28	\$13.33	\$6.86
Q0084	S	Chemotherapy by infusion .....	989	1.72	\$91.09	\$40.68	\$18.22
Q0085	S	Chemo by both infusion and o .....	989	1.72	\$91.09	\$40.68	\$18.22
Q0086	A	Physical therapy evaluation/ .....					
Q0091	T	Obtaining screen pap smear .....	561	1.52	\$80.32	\$24.63	\$16.06
Q0092	N	Set up port xray equipment .....					
Q0111	A	Wet mounts/ w preparations .....					
Q0112	A	Potassium hydroxide preps .....					
Q0113	A	Pinworm examinations .....					
Q0114	A	Fern test .....					
Q0115	A	Post-coital mucous exam .....					
Q0132	A	Dispensing fee DME neb drug .....					
Q0136	N	Non esrd epoetin alpha inj .....					
Q0144	E	Azithromycin dihydrate, oral .....					
Q0156	N	Human albumin 5% .....					
Q0157	N	Human albumin 25% .....					
Q9920	A	Epoetin with hct <= 20 .....					
Q9921	A	Epoetin with hct = 21 .....					
Q9922	A	Epoetin with hct = 22 .....					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
Q9923	A	Epoetin with hct = 23					
Q9924	A	Epoetin with hct = 24					
Q9925	A	Epoetin with hct = 25					
Q9926	A	Epoetin with hct = 26					
Q9927	A	Epoetin with hct = 27					
Q9928	A	Epoetin with hct = 28					
Q9929	A	Epoetin with hct = 29					
Q9930	A	Epoetin with hct = 30					
Q9931	A	Epoetin with hct = 31					
Q9932	A	Epoetin with hct = 32					
Q9933	A	Epoetin with hct = 33					
Q9934	A	Epoetin with hct = 34					
Q9935	A	Epoetin with hct = 35					
Q9936	A	Epoetin with hct = 36					
Q9937	A	Epoetin with hct = 37					
Q9938	A	Epoetin with hct = 38					
Q9939	A	Epoetin with hct = 39					
Q9940	A	Epoetin with hct >= 40					
R0070	N	Transport portable x-ray					
R0075	N	Transport port x-ray multipl					
R0076	N	Transport portable EKG					
V2020	A	Vision svcs frames purchases					
V2025	E	Eyeglasses delux frames					
V2100	A	Lens spher single plano 4.00					
V2101	A	Single visn sphere 4.12-7.00					
V2102	A	Singl visn sphere 7.12-20.00					
V2103	A	Sphero cylindr 4.00d/12-2.00d					
V2104	A	Sphero cylindr 4.00d/2.12-4d					
V2105	A	Sphero cylinder 4.00d/4.25-6d					
V2106	A	Sphero cylinder 4.00d/>6.00d					
V2107	A	Sphero cylinder 4.25d/12-2d					
V2108	A	Sphero cylinder 4.25d/2.12-4d					
V2109	A	Sphero cylinder 4.25d/4.25-6d					
V2110	A	Sphero cylinder 4.25d/over 6d					
V2111	A	Sphero cylindr 7.25d/.25-2.25					
V2112	A	Sphero cylindr 7.25d/2.25-4d					
V2113	A	Sphero cylindr 7.25d/4.25-6d					
V2114	A	Sphero cylinder over 12.00d					
V2115	A	Lens lenticular bifocal					
V2116	A	Nonaspheric lens bifocal					
V2117	A	Aspheric lens bifocal					
V2118	A	Lens aniseikonic single					
V2199	A	Lens single vision not oth c					
V2200	A	Lens spher bifoc plano 4.00d					
V2201	A	Lens sphere bifocal 4.12-7.0					
V2202	A	Lens sphere bifocal 7.12-20					
V2203	A	Lens sphcyl bifocal 4.00d/.1					
V2204	A	Lens sphcy bifocal 4.00d/2.1					
V2205	A	Lens sphcy bifocal 4.00d/4.2					
V2206	A	Lens sphcy bifocal 4.00d/ove					
V2207	A	Lens sphcy bifocal 4.25-7d/					
V2208	A	Lens sphcy bifocal 4.25-7/2					
V2209	A	Lens sphcy bifocal 4.25-7/4					
V2210	A	Lens sphcy bifocal 4.25-7/ov					
V2211	A	Lens sphcy bifo 7.25-12/.25-					
V2212	A	Lens sphcyl bifo 7.25-12/2.2					
V2213	A	Lens sphcyl bifo 7.25-12/4.2					
V2214	A	Lens sphcyl bifocal over 12					
V2215	A	Lens lenticular bifocal					
V2216	A	Lens lenticular nonaspheric					
V2217	A	Lens lenticular aspheric bif					
V2218	A	Lens aniseikonic bifocal					
V2219	A	Lens bifocal seg width over					
V2220	A	Lens bifocal add over 3.25d					
V2299	A	Lens bifocal speciality					
V2300	A	Lens sphere trifocal 4.00d					
V2301	A	Lens sphere trifocal 4.12-7					
V2302	A	Lens sphere trifocal 7.12-20					
V2303	A	Lens sphcy trifocal 4.0/.12-					
V2304	A	Lens sphcy trifocal 4.0/2.25					
V2305	A	Lens sphcy trifocal 4.0/4.25					
V2306	A	Lens sphcyl trifocal 4.00/>6					
V2307	A	Lens sphcy trifocal 4.25-7/					
V2308	A	Lens sphc trifocal 4.25-7/2					
V2309	A	Lens sphc trifocal 4.25-7/4					

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
V2310	A	Lens sphc trifocal 4.25-7/>6 .....	.....	.....	.....	.....	.....
V2311	A	Lens sphc trifo 7.25-12/2.25- .....	.....	.....	.....	.....	.....
V2312	A	Lens sphc trifo 7.25-12/2.25 .....	.....	.....	.....	.....	.....
V2313	A	Lens sphc trifo 7.25-12/4.25 .....	.....	.....	.....	.....	.....
V2314	A	Lens sphcyl trifocal over 12 .....	.....	.....	.....	.....	.....
V2315	A	Lens lenticular trifocal .....	.....	.....	.....	.....	.....
V2316	A	Lens lenticular nonaspheric .....	.....	.....	.....	.....	.....
V2317	A	Lens lenticular aspheric tri .....	.....	.....	.....	.....	.....
V2318	A	Lens aniseikonic trifocal .....	.....	.....	.....	.....	.....
V2319	A	Lens trifocal seg width > 28 .....	.....	.....	.....	.....	.....
V2320	A	Lens trifocal add over 3.25d .....	.....	.....	.....	.....	.....
V2399	A	Lens trifocal speciality .....	.....	.....	.....	.....	.....
V2410	A	Lens variab asphericity sing .....	.....	.....	.....	.....	.....
V2430	A	Lens variable asphericity bi .....	.....	.....	.....	.....	.....
V2499	A	Variable asphericity lens .....	.....	.....	.....	.....	.....
V2500	A	Contact lens pmma spherical .....	.....	.....	.....	.....	.....
V2501	A	Cntct lens pmma-toric/prism .....	.....	.....	.....	.....	.....
V2502	A	Contact lens pmma bifocal .....	.....	.....	.....	.....	.....
V2503	A	Cntct lens pmma color vision .....	.....	.....	.....	.....	.....
V2510	A	Cntct gas permeable sphericl .....	.....	.....	.....	.....	.....
V2511	A	Cntct toric prism ballast .....	.....	.....	.....	.....	.....
V2512	A	Cntct lens gas permbl bifocl .....	.....	.....	.....	.....	.....
V2513	A	Contact lens extended wear .....	.....	.....	.....	.....	.....
V2520	A	Contact lens hydrophilic .....	.....	.....	.....	.....	.....
V2521	A	Cntct lens hydrophilic toric .....	.....	.....	.....	.....	.....
V2522	A	Cntct lens hydrophil bifocl .....	.....	.....	.....	.....	.....
V2523	A	Cntct lens hydrophil extend .....	.....	.....	.....	.....	.....
V2530	A	Contact lens gas impermeable .....	.....	.....	.....	.....	.....
V2531	A	Contact lens gas permeable .....	.....	.....	.....	.....	.....
V2599	A	Contact lens/es other type .....	.....	.....	.....	.....	.....
V2600	A	Hand held low vision aids .....	.....	.....	.....	.....	.....
V2610	A	Single lens spectacle mount .....	.....	.....	.....	.....	.....
V2615	A	Telescop/othr compound lens .....	.....	.....	.....	.....	.....
V2623	A	Plastic eye prosth custom .....	.....	.....	.....	.....	.....
V2624	A	Polishing artifical eye .....	.....	.....	.....	.....	.....
V2625	A	Enlargemnt of eye prosthesis .....	.....	.....	.....	.....	.....
V2626	A	Reduction of eye prosthesis .....	.....	.....	.....	.....	.....
V2627	A	Scleral cover shell .....	.....	.....	.....	.....	.....
V2628	A	Fabrication & fitting .....	.....	.....	.....	.....	.....
V2629	A	Prosthetic eye other type .....	.....	.....	.....	.....	.....
V2630	N	Anter chamber intraocul lens .....	.....	.....	.....	.....	.....
V2631	N	Iris support intraoclr lens .....	.....	.....	.....	.....	.....
V2632	N	Post chmbr intraocular lens .....	.....	.....	.....	.....	.....
V2700	A	Balance lens .....	.....	.....	.....	.....	.....
V2710	A	Glass/plastic slab off prism .....	.....	.....	.....	.....	.....
V2715	A	Prism lens/es .....	.....	.....	.....	.....	.....
V2718	A	Fresnell prism press-on lens .....	.....	.....	.....	.....	.....
V2730	A	Special base curve .....	.....	.....	.....	.....	.....
V2740	A	Rose tint plastic .....	.....	.....	.....	.....	.....
V2741	A	Non-rose tint plastic .....	.....	.....	.....	.....	.....
V2742	A	Rose tint glass .....	.....	.....	.....	.....	.....
V2743	A	Non-rose tint glass .....	.....	.....	.....	.....	.....
V2744	A	Tint photochromatic lens/es .....	.....	.....	.....	.....	.....
V2750	A	Anti-reflective coating .....	.....	.....	.....	.....	.....
V2755	A	UV lens/es .....	.....	.....	.....	.....	.....
V2760	A	Scratch resistant coating .....	.....	.....	.....	.....	.....
V2770	A	Occluder lens/es .....	.....	.....	.....	.....	.....
V2780	A	Oversize lens/es .....	.....	.....	.....	.....	.....
V2781	A	Progressive lens per lens .....	.....	.....	.....	.....	.....
V2785	N	Corneal tissue processing .....	.....	.....	.....	.....	.....
V2799	A	Miscellaneous vision service .....	.....	.....	.....	.....	.....
V5008	E	Hearing screening .....	.....	.....	.....	.....	.....
V5010	E	Assessment for hearing aid .....	.....	.....	.....	.....	.....
V5011	E	Hearing aid fitting/checking .....	.....	.....	.....	.....	.....
V5014	E	Hearing aid repair/modifying .....	.....	.....	.....	.....	.....
V5020	E	Conformity evaluation .....	.....	.....	.....	.....	.....
V5030	E	Body-worn hearing aid air .....	.....	.....	.....	.....	.....
V5040	E	Body-worn hearing aid bone .....	.....	.....	.....	.....	.....
V5050	E	Body-worn hearing aid in ear .....	.....	.....	.....	.....	.....
V5060	E	Behind ear hearing aid .....	.....	.....	.....	.....	.....
V5070	E	Glasses air conduction .....	.....	.....	.....	.....	.....
V5080	E	Glasses bone conduction .....	.....	.....	.....	.....	.....
V5090	E	Hearing aid dispensing fee .....	.....	.....	.....	.....	.....
V5100	E	Body-worn bilat hearing aid .....	.....	.....	.....	.....	.....
V5110	E	Hearing aid dispensing fee .....	.....	.....	.....	.....	.....

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

CPT 1/ HCPCS 2	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
V5120	E	Body-worn binaur hearing aid .....	.....	.....	.....	.....	.....
V5130	E	In ear binaural hearing aid .....	.....	.....	.....	.....	.....
V5140	E	Behind ear binaur hearing ai .....	.....	.....	.....	.....	.....
V5150	E	Glasses binaural hearing aid .....	.....	.....	.....	.....	.....
V5160	E	Dispensing fee binaural .....	.....	.....	.....	.....	.....
V5170	E	Within ear cros hearing aid .....	.....	.....	.....	.....	.....
V5180	E	Behind ear cros hearing aid .....	.....	.....	.....	.....	.....
V5190	E	Glasses cros hearing aid .....	.....	.....	.....	.....	.....
V5200	E	Cros hearing aid dispens fee .....	.....	.....	.....	.....	.....
V5210	E	In ear bicros hearing aid .....	.....	.....	.....	.....	.....
V5220	E	Behind ear bicros hearing ai .....	.....	.....	.....	.....	.....
V5230	E	Glasses bicros hearing aid .....	.....	.....	.....	.....	.....
V5240	E	Dispensing fee bicros .....	.....	.....	.....	.....	.....
V5299	A	Hearing service .....	.....	.....	.....	.....	.....
V5336	E	Repair communication device .....	.....	.....	.....	.....	.....
V5362	A	Speech screening .....	.....	.....	.....	.....	.....
V5363	A	Language screening .....	.....	.....	.....	.....	.....
V5364	A	Dysphagia screening .....	.....	.....	.....	.....	.....

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
031		Dental procedures	S	1.34	\$67.90	\$13.58	\$13.58
031	D0150	Comprehensive oral evaluation					
031	D0240	Intraoral occlusal film					
031	D0250	Extraoral first film					
031	D0260	Extraoral ea additional film					
031	D0270	Dental bitewing single film					
031	D0272	Dental bitewings two films					
031	D0274	Dental bitewings four films					
031	D0460	Pulp vitality test					
031	D0471	Diagnostic photographs					
031	D0501	Histopathologic examinations					
031	D0502	Other oral pathology procedure					
031	D0999	Unspecified diagnostic procedure					
031	D1510	Space maintainer fxd unilat					
031	D1515	Fixed bilat space maintainer					
031	D1520	Remove unilat space maintain					
031	D1525	Remove bilat space maintain					
031	D1550	Recement space maintainer					
031	D2970	Temporary- fractured tooth					
031	D2999	Dental unspec restorative pr					
031	D3460	Endodontic endosseous implant					
031	D3999	Endodontic procedure					
031	D4250	Mucogingival surg per quadra					
031	D4260	Osseous surgery per quadrant					
031	D4263	Bone replce graft first site					
031	D4264	Bone replce graft each add					
031	D4270	Pedicle soft tissue graft pr					
031	D4271	Free soft tissue graft proc					
031	D4273	Subepithelial tissue graft					
031	D4355	Full mouth debridement					
031	D4381	Localized chemo delivery					
031	D5911	Facial moulage sectional					
031	D5912	Facial moulage complete					
031	D5983	Radiation applicator					
031	D5984	Radiation shield					
031	D5985	Radiation cone locator					
031	D5987	Commissure splint					
031	D6920	Dental connector bar					
031	D7110	Oral surgery single tooth					
031	D7120	Each add tooth extraction					
031	D7130	Tooth root removal					
031	D7210	Rem imp tooth w mucoper flap					
031	D7220	Impact tooth remov soft tiss					
031	D7230	Impact tooth remov part bony					
031	D7240	Impact tooth remov comp bony					
031	D7241	Impact tooth rem bony w/comp					
031	D7250	Tooth root removal					
031	D7260	Oral antral fistula closure					
031	D7291	Transseptal fiberotomy					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
031	D7940	Reshaping bone orthognathic					
031	D9630	Other drugs/medicaments					
031	D9930	Treatment of complications					
031	D9940	Dental occlusal guard					
031	D9950	Occlusion analysis					
031	D9951	Limited occlusal adjustment					
031	D9952	Complete occlusal adjustment					
031	K0445	Auricular prosthesis					
061	Level I Chemotherapeutic agents		X	1.04	\$52.70	\$36.61	\$10.54
061	J8610	Methotrexate oral 2.5 MG					
061	J8999	Oral prescription drug chemo					
061	J9015	Aldesleukin/single use vial					
061	J9070	Cyclophosphamide 100 MG inj					
061	J9080	Cyclophosphamide 200 MG inj					
061	J9090	Cyclophosphamide 500 MG inj					
061	J9093	Cyclophosphamide lyophilized					
061	J9094	Cyclophosphamide lyophilized					
061	J9095	Cyclophosphamide lyophilized					
061	J9100	Cytarabine hcl 100 MG inj					
061	J9110	Cytarabine hcl 500 MG inj					
061	J9120	Dactinomycin actinomycin d					
061	J9130	Dacarbazine 10 MG inj					
061	J9140	Dacarbazine 200 MG inj					
061	J9165	Diethylstilbestrol injection					
061	J9170	Docetaxel					
061	J9181	Etoposide 10 MG inj					
061	J9190	Fluorouracil injection					
061	J9201	Gemcitabine HCl					
061	J9206	Irinotecan injection					
061	J9214	Interferon alfa-2b inj					
061	J9215	Interferon alfa-n3 inj					
061	J9218	Leuprolide acetate injection					
061	J9230	Mechlorethamine hcl inj					
061	J9250	Methotrexate sodium inj					
061	J9260	Methotrexate sodium inj					
061	J9266	Pegaspargase/singl dose vial					
061	J9350	Topotecan					
061	J9360	Vinblastine sulfate inj					
061	J9390	Vinorelbine tartrate/10 mg					
061	J9600	Porfimer sodium					
061	J9999	Chemotherapy drug					
062	Level II Chemotherapeutic agents		X	1.69	\$85.63	\$36.61	\$17.13
062	J9000	Doxorubic hcl 10 MG vl chemo					
062	J9020	Asparaginase injection					
062	J9060	Cisplatin 10 MG injection					
062	J9065	Inj cladribine per 1 MG					
062	J9091	Cyclophosphamide 1.0 grm inj					
062	J9092	Cyclophosphamide 2.0 grm inj					
062	J9096	Cyclophosphamide lyophilized					
062	J9097	Cyclophosphamide lyophilized					
062	J9150	Daunorubicin					
062	J9211	Idarubicin hcl injection					
062	J9213	Interferon alfa-2a inj					
062	J9265	Paclitaxel injection					
062	J9268	Pentostatin injection					
062	J9370	Vincristine sulfate 1 MG inj					
063	Level III Chemotherapeutic agents		X	2.89	\$146.43	\$110.97	\$29.29
063	J9031	Bcg live intravesical vac					
063	J9040	Bleomycin sulfate injection					
063	J9045	Carboplatin injection					
063	J9050	Carmus bischl nitro inj					
063	J9062	Cisplatin 50 MG injection					
063	J9182	Etoposide 100 MG inj					
063	J9185	Fludarabine phosphate inj					
063	J9200	Floxuridine injection					
063	J9202	Goserelin acetate implant					
063	J9208	Ifosfomide injection					
063	J9209	Mesna injection					
063	J9216	Interferon gamma 1-b inj					
063	J9270	Plicamycin (mithramycin) inj					
063	J9280	Mitomycin 5 MG inj					
063	J9320	Streptozocin injection					
063	J9340	Thiotepa injection					
063	J9375	Vincristine sulfate 2 MG inj					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
063	J9380	Vincristine sulfate 5 MG inj					
064	Level IV	Chemotherapeutic agents	X	4.17	\$211.29	\$140.12	\$42.26
064	J0640	Leucovorin calcium injection					
064	J9217	Leuprolide acetate suspnsion					
064	J9245	Inj melphalan hydrochl 50 MG					
064	J9290	Mitomycin 20 MG inj					
064	J9291	Mitomycin 40 MG inj					
064	J9293	Mitoxantrone hydrochl / 5 MG					
089	Neuropsychological Testing		X	2.54	\$128.7	\$37.29	\$25.74
089	96100	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, INTELLECTUAL ABILITIES, EG, WAIS-R, RORSCHACH, MMPI) WITH INTERPRETATION AND REPORT, PER HOUR					
089	96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT					
089	96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT					
089	96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, EG, BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND REPORT, PER HOUR					
089	96115	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, MEMORY, VISUAL SPATIAL ABILITIES, LANGUAGE FUNCTIONS, PLANNING) WITH INTERPRETATION AND REPORT, PER HOUR					
089	96117	NEUROPSYCHOLOGICAL TESTING BATTERY (EG, HALSTEAD-REITAN, LURIA, WAIS-R) WITH INTERPRETATION AND REPORT, PER HOUR					
090	Monitoring	psychiatric drugs	X	0.85	\$43.07	\$12.43	\$8.61
090	90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY					
090	M0064	Visit for drug monitoring					
091	Brief Individual Psychotherapy		S	1.09	\$55.23	\$14.01	\$11.05
091	90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;					
091	90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES					
091	90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;					
091	90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M					
091	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE					
092	Extended Individual Psychotherapy		S	1.57	\$79.55	\$21.92	\$15.91
092	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION					
092	90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF COMMUNICATION					
092	90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES					
092	90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES					
092	90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M					
092	90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;					
092	90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH M					
092	90845	PSYCHOANALYSIS					
092	90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL) INTERVIEW					
092	90880	HYPNOTHERAPY					
093	Family Psychotherapy		S	1.54	\$78.03	\$20.11	\$15.61

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
093	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)					
093	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)					
094	Group Psychotherapy		S	1.24	\$62.83	\$20.11	\$12.57
094	90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY					
094	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)					
094	90857	INTERACTIVE GROUP PSYCHOTHERAPY					
121	Level I needle biopsy/aspiration		T	0.67	\$33.95	\$20.91	\$6.79
121	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE					
121	19000	PUNCTURE ASPIRATION OF CYST OF BREAST;					
121	19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST					
121	20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST					
121	55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION					
121	60001	ASPIRATION AND/OR INJECTION, THYROID CYST					
121	60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM					
121	85095	BONE MARROW; ASPIRATION ONLY					
121	85102	BONE MARROW BIOPSY, NEEDLE OR TROCAR					
121	88170	FINE NEEDLE ASPIRATION WITH OR WITHOUT PREPARATION OF SMEARS; SUPERFICIAL TISSUE (EG, THYROID, BREAST, PROSTATE)					
121	88171	FINE NEEDLE ASPIRATION WITH OR WITHOUT PREPARATION OF SMEARS; DEEP TISSUE UNDER RADIOLOGIC GUIDANCE					
122	Level II needle biopsy/aspiration		T	4.87	\$246.76	\$115.03	\$49.35
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	47399	UNLISTED PROCEDURE, LIVER					
122	48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE					
122	48999	UNLISTED PROCEDURE, PANCREAS					
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					
131	Level I incision & drainage		T	1.94	\$98.30	\$36.61	\$19.66
131	10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)					
131	10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE					
131	10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE					
131	10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE					
131	10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED					
131	10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE					
131	10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION					
131	10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST					
131	10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION					
131	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES					
131	20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL					
131	26010	DRAINAGE OF FINGER ABSCESS; SIMPLE					
131	26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)					
131	69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE					
131	69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED					
131	69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS					
132	Level II incision & drainage		T	6.04	\$306.04	\$134.13	\$61.21
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
132	38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE					
132	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM					
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					
137	Nail procedures		T	0.46	\$23.31	\$4.66	\$4.66
137	11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER					
137	11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE					
137	11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE					
137	11740	EVACUATION OF SUBUNGUAL HEMATOMA					
137	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)					
141	Level I Destruction of lesion		T	0.59	\$29.90	\$9.49	\$5.98
141	17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; FIRST LESION					
141	17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; SECOND THROUGH 14 LE					
141	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM					
141	17110	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS					
142	Level II Destruction of lesion		T	3.77	\$191.02	\$73.00	\$38.20
142	17004	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES) OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS, INCLUDING LOCAL ANESTHESIA; 15 OR MORE LESIONS					
142	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0–50.0 SQ CM					
142	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM					
142	17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR MORE LESIONS					
151	Level I debridement/destruction		T	1.74	\$88.16	\$35.71	\$17.63
151	11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE					
151	11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE					
151	11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS					
151	11041	DEBRIDEMENT; SKIN, FULL THICKNESS					
151	11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE					
151	11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION					
151	11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO FOUR LESIONS					
151	11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN FOUR LESIONS					
151	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCYTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS					
151	11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCYTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS					
151	11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
151	11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
151	11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
151	11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM					
151	11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
151	11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
151	11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
151	11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM					
151	11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS					
151	11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM					
151	11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM					
151	11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM					
151	11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE					
151	11731	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SECOND NAIL PLATE					
151	11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE					
151	11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)					
151	11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS					
151	11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS					
151	15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)					
151	15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)					
151	15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS					
151	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL					
151	15789	CHEMICAL PEEL, FACIAL; DERMAL					
151	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL					
151	15793	CHEMICAL PEEL, NONFACIAL; DERMAL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
151	15810	SALABRASION; 20 SQ CM OR LESS					
151	15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON					
151	15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON					
151	15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)					
151	16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED					
151	16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL					
151	16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)					
151	16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)					
151	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)					
151	17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
151	17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
151	17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
151	17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM					
151	17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM					
151	17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM					
151	17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
151	17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
151	17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
151	17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM					
151	17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM					
151	17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM					
151	17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS					
151	17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM					
151	17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM					
151	17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM					
151	17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM					
151	17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM					
151	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE					
151	17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)					
151	17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR					
151	42809	REMOVAL OF FOREIGN BODY FROM PHARYNX					
151	69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)					
152	Level II debridement/destruction		T	10.43	\$528.48	\$261.71	\$105.7
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	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					
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					
161	Level I excision/biopsy		T	3.50	\$177.34	\$75.48	\$35.47
161	11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); SINGLE LESION					
161	11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED (SEPARATE PROCEDURE); EACH SEPARATE/ADDITIONAL LESION					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
161	11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
161	11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
161	11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
161	11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM					
161	11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
161	11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
161	11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
161	11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM					
161	11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS					
161	11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM					
161	11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM					
161	11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM					
161	11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS					
161	11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM					
161	11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM					
161	11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM					
161	11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS					
161	11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM					
161	11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM					
161	11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM					
161	11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS					
161	11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM					
161	11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM					
161	11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM					
161	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL;					
161	20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE					
161	21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX					
161	21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL					
161	23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL					
161	24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL					
161	24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS					
161	25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL					
161	27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL					
161	28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS					
161	56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION					
161	56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION					
161	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)					
161	69100	BIOPSY EXTERNAL EAR					
161	69105	BIOPSY EXTERNAL AUDITORY CANAL					
162	Level II excision/biopsy		T	5.67	\$287.30	\$125.43	\$57.46
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; FI					
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; SE					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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; TH					
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; AD					
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; MO					
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	37799	UNLISTED PROCEDURE, VASCULAR SURGERY					
162	54100	BIOPSY OF PENIS; CUTANEOUS (SEPARATE PROCEDURE)					
162	54105	BIOPSY OF PENIS; DEEP STRUCTURES					
162	67350	BIOPSY OF EXTRAOCULAR MUSCLE					
162	67399	UNLISTED PROCEDURE, OCULAR MUSCLE					
162	68100	BIOPSY OF CONJUNCTIVA					
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					
162	68399	UNLISTED PROCEDURE, CONJUNCTIVA					
163	Level III excision/biopsy		T	10.69	\$541.66	\$264.65	\$108.33
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					
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	15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM					
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					
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	Level I skin repair		T	2.19	\$110.97	\$43.84	\$22.19
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
181	20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)					
182	Level II skin repair		T	4.	\$202.68	\$84.98	\$40.54
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	Level III skin repair		T	11.17	\$565.98	\$286.46	\$113.20
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 XENOGRFT, 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					
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	Level IV skin repair		T	15.17	\$768.66	\$396.40	\$153.73
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Incision/excision breast		T	12.13	\$614.62	\$310.75	\$122.92
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					
197	19499	UNLISTED PROCEDURE, BREAST					
198	Breast reconstruction/mastectomy		T	19.17	\$971.33	\$530.20	\$194.27
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					
200	Arthrocentesis & Ligament/Tendon Injection		T	1.89	\$95.77	\$39.10	\$19.15
200	20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST					
200	20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)					
200	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)					
200	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)					
207	Closed treatment fracture finger/toe/trunk		T	1.70	\$86.14	\$31.64	\$17.23
207	21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH					
207	21820	CLOSED TREATMENT OF STERNUM FRACTURE					
207	21899	UNLISTED PROCEDURE, NECK OR THORAX					
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	22899	UNLISTED PROCEDURE, SPINE					
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	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	23929	UNLISTED PROCEDURE, SHOULDER					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	26989	UNLISTED PROCEDURE, HANDS OR FINGERS					
207	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE					
207	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT					
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	28899	UNLISTED PROCEDURE, FOOT OR TOES					
207	31585	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION					
207	31599	UNLISTED PROCEDURE, LARYNX					
209		Closed treatment fracture/dislocation/except finger/toe/trunk	T	1.94	\$98.30	\$37.29	\$19.66
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					
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	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW					
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	25999	UNLISTED PROCEDURE, FOREARM OR WRIST					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	27599	UNLISTED PROCEDURE, FEMUR OR KNEE					
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					
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	27899	UNLISTED PROCEDURE, LEG OR ANKLE					
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	Bone/joint manipulation under anesthesia		T	10.46	\$530.00	\$283.40	\$106.00
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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		Open/percutaneous treatment fracture or dislocation	T	20.13	\$1,019.98	\$520.82	\$204.00
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					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
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 LIGAMENOUS 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 (SYNDESOSIS) 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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Arthroplasty		T	20.48	\$1,037.71	\$526.81	\$207.54
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					
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	Arthroplasty with prosthesis		T	27.49	\$1,392.90	\$715.52	\$278.58
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					
226	Maxillofacial prostheses		T	1.59	\$80.56	\$21.92	\$16.11
226	21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS					
226	21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS					
226	21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS					
226	21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS					
226	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS					
226	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS					
226	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS					
226	21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS					
226	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS					
226	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS					
226	21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS					
226	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE					
231	Level I skull and facial bone procedures		T	12.02	\$609.05	\$299.9	\$121.81
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)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
231	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES					
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 AP- PROACH					
231	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL AP- PROACH					
231	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE					
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 MANIPULA- TION					
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 FIXA- TION 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	21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD					
231	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES					
231	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES					
232	Level II skull and facial bone procedures		T	23.93	\$1,212.52	\$639.35	\$242.50
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)					
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 RE- PAIR 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					
232	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 BI- OPSY					
251	Level I musculoskeletal procedures		T	14.26	\$722.55	\$366.12	\$144.51
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					
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;					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 OSTEOATOMY					
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	Level II Musculoskeletal Procedures		T	19.39	\$982.48	\$509.18	\$196.5
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					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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 OSTEOATOMY					
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 RESECTION (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					
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	Level III Musculoskeletal Procedures		T	26.33	\$1,334.13	\$699.24	\$266.83
253	23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE)					
253	23120	CLAVICULECTOMY; PARTIAL					
253	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL					
253	23415	CORACOCROMIAL 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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
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	Level IV Musculoskeletal Procedures		T	34.37	\$1,741.51	\$937.11	\$348.30
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	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR					
254	27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)					
254	27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR					
261	Level I Hand Musculoskeletal Procedures		T	10.54	\$534.06	\$261.48	\$106.81
261	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
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					
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 ("MALLETT FINGER"), CLOSED, SPLINTING WITH OR WITHOUT PERCUTANEOUS PINNING					
261	26433	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT 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	Level II Hand Musculoskeletal Procedures		T	18.35	\$929.78	\$480.82	\$185.96
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)					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
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					
262	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					
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 ("MALLETT 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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Level I Foot Musculoskeletal Procedures		T	14.41	\$730.15	\$368.38	\$146.03
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					
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)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
271	28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)					
271	28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) (KELIKIAN TYPE PROCEDURE)					
271	28285	HAMMERTOES 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					
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	Level II Foot Musculoskeletal Procedures		T	16.56	\$839.09	\$409.74	\$167.82
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	Bunion Procedures		T	19.19	\$972.35	\$500.14	\$194.47
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Diagnostic Arthroscopy		T	22.2	\$1,124.86	\$581.72	\$224.97
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)					
280	29909	UNLISTED PROCEDURE, ARTHROSCOPY					
281	Level I Surgical Arthroscopy		T	22.65	\$1,147.66	\$590.20	\$229.53
281	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL					
281	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY					
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 FIBROCARILAGE 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	Level II Surgical Arthroscopy		T	23.94	\$1,213.03	\$614.04	\$242.61
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	Arthroscopically-Aided Procedures		T	26.76	\$1,355.91	\$802.41	\$271.18
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)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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)					
311	Level I ENT Procedures		T	1.43	\$72.46	\$20.57	\$14.49
311	30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH					
311	30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM					
311	30100	BIOPSY, INTRANASAL					
311	30110	EXCISION, NASAL POLYP(S), SIMPLE					
311	30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH					
311	30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS					
311	30210	DISPLACEMENT THERAPY (PROETZ TYPE)					
311	30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)					
311	30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE					
311	30560	LYSIS INTRANASAL SYNECHIA					
311	31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)					
311	31002	LAVAGE BY CANNULATION; SPHENOID SINUS					
311	31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL					
311	31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE					
311	40490	BIOPSY OF LIP					
311	40799	UNLISTED PROCEDURE, LIPS					
311	40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE					
311	40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED					
311	40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE					
311	40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED					
311	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)					
311	40808	BIOPSY, VESTIBULE OF MOUTH					
311	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR					
311	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR					
311	40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)					
311	40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH					
311	41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL					
311	41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL					
311	41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS					
311	41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD					
311	41108	BIOPSY OF FLOOR OF MOUTH					
311	41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE					
311	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)					
311	41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH					
311	41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES					
311	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE					
311	41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT					
311	41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES					
311	41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR					
311	41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR					
311	41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)					
311	41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTIEITIS OR SEQUESTRECTOMY					
311	41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES					
311	41870	PERIODONTAL MUCOSAL GRAFTING					
311	41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)					
311	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)					
311	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES					
311	42000	DRAINAGE OF ABSCESS OF PALATE, UVULA					
311	42100	BIOPSY OF PALATE, UVULA					
311	42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE					
311	42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE					
311	42140	UVULECTOMY, EXCISION OF UVULA					
311	42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)					
311	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS					
311	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS					
311	42299	UNLISTED PROCEDURE, PALATE, UVULA					
311	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL					
311	42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL					
311	42650	DILATION SALIVARY DUCT					
311	42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION					
311	42665	LIGATION SALIVARY DUCT, INTRAORAL					
311	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS					
311	69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA					
311	69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS					
311	69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)					
311	69399	UNLISTED PROCEDURE, EXTERNAL EAR					
311	69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION					
311	69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC					
311	69410	FOCAL APPLICATION OF PHASE CONTROL SUBSTANCE, MIDDLE EAR (BAFFLE TECHNIQUE)					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
311	69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION					
311	69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN					
311	69540	EXCISION AURAL POLYP					
311	69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH					
311	69799	UNLISTED PROCEDURE, MIDDLE EAR					
311	92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA					
312	Level II ENT Procedures		T	7.26	\$367.86	\$178.31	\$73.57
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					
12	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					
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 THYROID GLAND 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	Level III ENT Procedures		T	15.81	\$801.08	\$411.09	\$160.22
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 ANROTOMY 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 (ANROTOMY); INTRANASAL					
313	31030	SINUSOTOMY, MAXILLARY (ANROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS					
313	31032	SINUSOTOMY, MAXILLARY (ANROTOMY); 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 SHAPE), WITH MUCOSAL ADVANCEMENT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
313	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE					
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	Level IV ENT Procedures		T	25.65	\$1,299.67	\$693.37	\$259.93
314	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
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 ANTROSTOMY ("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 REPL					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
314	69635	TYMPANOPLASTY WITH ANROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION					
314	69636	TYMPANOPLASTY WITH ANROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION					
314	69637	TYMPANOPLASTY WITH ANROTOMY 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					
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					
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					
314	69949	UNLISTED PROCEDURE, INNER EAR					
317	Implantation of Cochlear Device		T				
317	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY					
318	Nasal Cauterization/Packing		T	2.07	\$104.89	\$38.65	\$20.98
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;					
318	30999	UNLISTED PROCEDURE, NOSE					
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					
318	42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS					
319	Tonsil/Adenoid Procedures		T	17.30	\$876.58	\$480.02	\$175.32
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	Thoracentesis/Lavage Procedures		T	3.17	\$160.62	\$79.33	\$32.12
320	32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
320	32002	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOTHORAX) (SEPARATE					
320	32020	TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA) (SEPARATE PROCEDURE)					
320	32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION					
320	32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR					
320	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA					
320	33010	PERICARDIOCENTESIS; INITIAL					
320	33011	PERICARDIOCENTESIS; SUBSEQUENT					
320	33999	UNLISTED PROCEDURE, CARDIAC SURGERY					
320	49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL					
320	49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); SUBSEQUENT					
331	Level I Endoscopy Upper Airway		T	0.69	\$34.96	\$14.01	\$6.99
331	31231	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)					
331	31299	UNLISTED PROCEDURE, ACCESSORY SINUSES					
331	31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC					
331	31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC					
331	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY					
331	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)					
332	Level II Endoscopy Upper Airway		T	9.74	\$493.52	\$244.98	\$98.70
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					
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					
333	Level III Endoscopy Upper Airway		T	17.24	\$873.54	\$464.20	\$174.71
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	Endoscopy Lower Airway		T	7.44	\$376.98	\$197.98	\$75.40
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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					
336	31656	BRONCHOSCOPY; WITH INJECTION OF CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY (FIBERSCOPE ONLY)					
336	31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI					
339		Injection of Sclerosing Solution	T	1.02	\$51.68	\$19.66	\$10.34
339	36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK					
339	36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE					
339	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN					
339	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG					
339	45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE					
341		Level I Needle and Catheter Placement	T	.13	\$6.59	\$2.94	\$1.32
341	36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES. NOT TO BE USED FOR ROUTINE VENIPUNCTURE.					
341	36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR					
341	36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER					
342		Level II Needle and Catheter Placement	T	3.20	\$162.14	\$80.23	\$32.43
342	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA					
342	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)					
342	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)					
342	36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY					
342	36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY					
342	36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY					
342	36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY					
342	36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY					
342	36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY					
342	36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR					
342	36200	INTRODUCTION OF CATHETER, AORTA					
342	36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING					
342	36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS					
342	36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN					
342	38794	CANNULATION, THORACIC DUCT					
343		Level III Needle and Catheter Placement	T	9.52	\$482.37	\$224.87	\$96.47
343	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY					
343	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY					
343	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY					
343	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (USE IN ADDITION TO 36216 OR 36217 AS APPROPRIATE)					
343	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY					
343	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY					
343	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY					
343	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (USE IN ADDITION TO 36246 OR 36247 AS APPROPRIATE)					
343	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD					
343	93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR VENOUS CORONARY BYPASS GRAFT(S) FOR CORONARY ANGIOGRAPHY WITHOUT CONCOMITANT LEFT HEART CATHETERIZATION					
346		Placement Transvenous Caths/Cutdown	T	4.83	\$244.73	\$120.23	\$48.95
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					
347		Injection Procedures for Interventional Radiology	T	2.93	\$148.46	\$62.15	\$29.69
347	19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM					
347	20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)					
347	21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
347	23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY					
347	24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY					
347	25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY					
347	27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA					
347	27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA					
347	27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY					
347	27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY					
347	30200	INJECTION INTO TURBINATE(S), THERAPEUTIC					
347	31708	INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY OR BRONCHOGRAPHY, WITHOUT CATHETERIZATION					
347	31710	CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF CONTRAST MATERIAL					
347	31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY					
347	36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)					
347	38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY					
347	38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY					
347	42550	INJECTION PROCEDURE FOR SIALOGRAPHY					
347	47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY					
347	47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUTANEOUS TRANSHEPATIC OR T-TUBE)					
347	49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)					
347	49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)					
347	49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VEINUS SHUNT					
347	50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS					
347	50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS					
347	50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, ANTEGRADE PYELOURETEROGRAMS) THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER					
347	50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS					
347	50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER					
347	50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE					
347	51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY					
347	51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYSTOGRAPHY					
347	51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY					
347	54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY					
347	55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL					
347	58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY					
347	62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)					
347	62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR					
347	62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL					
347	68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY					
360	Removal/Revision, Pacemaker/Vascular Device		T	6.09	\$308.58	\$140.12	\$61.72
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	36299	UNLISTED PROCEDURE, VASCULAR INJECTION					
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					
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					
419	44799	UNLISTED PROCEDURE, INTESTINE					
426	Diagnostic Lower GI Endoscopy		T	6.85	\$347.09	\$187.81	\$69.42
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 Ca screening, pt at high risk					
427	Therapeutic Lower GI Endoscopy		T	8.22	\$416.5	\$224.19	\$83.3
427	44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Therapeutic Anoscopy		T	2.91	\$147.45	\$76.61	\$29.49
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					
446	Diagnostic Sigmoidoscopy		T	2.59	\$131.23	\$65.09	\$26.25
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 Ca screening					
447	Therapeutic Proctosigmoidoscopy		T	6.87	\$348.10	\$184.76	\$69.62
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	Therapeutic Flexible Sigmoidoscopy		T	5.37	\$272.09	\$141.25	\$54.42
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	Complex GI Endoscopy		T	7.8	\$395.22	\$215.38	\$79.04
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					
451	Level I Anal/Rectal Procedures		T	2.56	\$129.71	\$54.24	\$25.94
451	46070	INCISION, ANAL SEPTUM (INFANT)					
451	46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL					
451	46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)					

(See Addendum D. for Payment of Medical Visits)

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
451	46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)					
451	46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE					
451	46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID					
451	46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS					
451	46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL					
451	46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL					
451	46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL					
451	46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL					
451	46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT					
451	46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE					
451	46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES					
452	Level II Anal/Rectal Procedures		T	4.82	\$244.23	\$109.61	\$48.85
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 PROCDENTIA (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	45999	UNLISTED PROCEDURE, RECTUM					
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					
452	46999	UNLISTED PROCEDURE, ANUS					
453	Level III Anal/Rectal Procedures		T	16.87	\$854.79	\$445.22	\$170.96
453	45108	ANORECTAL MYOMECTOMY					
453	45150	DIVISION OF STRICTURE OF RECTUM					
453	45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL 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					
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	Endoscopic Retrograde Cholangiopancreatography (ERCP)		T	9.78	\$495.55	\$257.19	\$99.11
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					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
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	Percutaneous Biliary Endoscopic Procedures		T	7.23	\$366.34	\$181.59	\$73.27
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	Peritoneal and Abdominal Procedures		T	18.06	\$915.09	\$496.52	\$183.02
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	49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)					
459	49426	REVISION OF PERITONEAL-VEIN SHUNT					
466	Hernia/Hydrocele Procedures		T	21.43	\$1,085.85	\$562.97	\$217.17
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)					
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	Tube Procedures		T	2.22	\$112.49	\$54.92	\$22.50
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	43999	UNLISTED PROCEDURE, STOMACH					
470	47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER					
470	47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE					
470	47999	UNLISTED PROCEDURE, BILIARY TRACT					
470	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER					
470	49429	REMOVAL OF PERITONEAL-VEIN SHUNT					

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## ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT 1/ HCPCS 2	HCPCS Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
470	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM					
470	50688	CHANGE OF URETEROSTOMY TUBE					
470	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE					
470	51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED					
521	Level I Cystourethroscopy and other Genitourinary Procedures		T	5.06	\$256.39	\$112.10	\$51.28
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	Level II Cystourethroscopy and other Genitourinary Procedures		T	10.46	\$530.00	\$262.39	\$106.00
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					
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					
523	Level III Cystourethroscopy and other Genitourinary Procedures		T	16.87	\$854.79	\$447.03	\$170.96
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 PROVIS)					
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					

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